

Submission to inform the development of the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032

National Coalition on Child Safety and Wellbeing

Prepared by Families Australia

Submission Details

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Acknowledgement of Country

Families Australia celebrates more than 65,000 years of custodianship and connection to Lands and Sea Country of First Nations people.

We acknowledge the Traditional Owners of Country throughout Australia and pay our respects to Elders and Ancestors.

For millennia, Aboriginal and Torres Strait Islander communities have been nurturing children and young people through lore, kinship systems and the powerful cultural role of Elders.

The wellbeing of Aboriginal and Torres Strait Islander families, children, and young people is fundamental to the health and prosperity of this country.

Families Australia's vision is for a stronger future for every family, everywhere.

To achieve this, Aboriginal and Torres Strait Islander organisations and communities must be at the forefront of policy and community conversations on strengthening all families.



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Executive Summary

This Submission by Families Australia, in collaboration with the National Coalition on Child Safety and Wellbeing, responds to the Australian Government's call for submissions to support the development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022-2032* (the National Plan to End Violence). The focus of this Submission is on children and young people as victim-survivors of violence in their own right, one of the five priority areas identified by the Australian Government for the Second Action Plan.¹

All children and young people have the right to a safe home, to be protected from harm, and to be healthy, well and reach their full potential. However, many are exposed to domestic and family violence alone or alongside other forms of child maltreatment. Children's voices are not heard, and interventions are not available to their parents, or care givers, to address issues that increase the risk of harm or that support recovery and healing.

Children and young people are not merely witnesses, an extension of their parents, or secondary victims of family and domestic violence. They are directly harmed by violence and in ways that are specific to their age, developmental stage and relationships. Child-specific does not mean child-only. This means children have distinct experiences of, and needs relating to, family and domestic violence - alone or alongside other forms of child maltreatment - requiring services that prevent, intervene early, respond, and support their recovery and healing.

Further, services are often designed on the assumption and expectation that children and young people will access support through a parent victim-survivor, predominately a mother. However, this approach burdens the very person the violence has already harmed, and for children and young people in out-of-home care there is no parental gateway to access services.

The First Action Plan under the National Plan to End Violence actions, and their implementation, monitoring and reporting architecture, largely subsumed children and young people into adult-focused actions and aggregate data. As a result, services are not configured to engage children and young people directly – not only through their parents – and their distinct experiences, needs and outcomes as victim-survivors are not clearly identified, measured, reported or meet.

Services must be designed to support children and young people to heal and recover from violence *and*, where safe and appropriate, keep them at home with their families. This requires child-specific services to be accompanied by services that support parents to address issues that increase the risk of family and domestic violence - alone or alongside other types of child maltreatment (such as alcohol and other drug misuse, mental health issues, housing insecurity and poverty) and interventions that address violence within the family home, where appropriate.

¹ The five priority areas are: (1) Victim-survivors of domestic, family and sexual violence; (2) Prevention and early intervention; (3) Children and young people as victim-survivors in their own right; (4) People who use violence; (5) System integration and workforce. See *Evidence to action: informing direction for the Second Action Plan*, Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032, May 2026, at [Consultation papers – engage.dss.gov.au](https://engage.dss.gov.au).



For children and young people in out-of-home, removed from their parents and often the most harmed by violence, access to services that support recovery and healing from violence *and* support sustained relationships with family and siblings, where safe and appropriate, are the minimum standard governments and systems owe to them and, in practice, rarely deliver on.

For the Second Action Plan to deliver for children and young people as victim-survivors of violence, child-specific actions are essential to achieve:

- **Visibility** of children and young people in data, reporting and evaluation.
- **Child-specific indicators and outcomes** that are measurable across the four domains in the National Plan to End Violence².
- **Prevention** by addressing the key drivers of violence before children and young people are harmed, including parental mental ill-health, substance misuse, and housing insecurity.
- **Identification and help** supporting children and young people at risk of violence or its re-occurrence, with a particular focus on those without a trusted adult to facilitate disclosure and service pathways and access.
- **Entitlements** to child-specific assessments, safety planning, supports and services.
- **Child-centred service pathways and supports** that are accessible, resourced and provide dedicated case management, with interventions and supports for children, young people.
- **Services and supports parents and families address issues that increase the risk of child maltreatment and family and domestic violence.**
- **Genuine and age-appropriate participation** in service design, delivery and evaluation, and in decisions that affect them.

² Australian Government Department of Social Services. (2022). *National Plan to End Violence against Women and Children 2022–2032*. Commonwealth of Australia.
<https://www.dss.gov.au/system/files/resources/national-plan-end-violence-against-women-and-children-2022-2032.pdf>



Recommendations

The recommendations in this Submission correspond to the questions in the Australian Government's consultation paper to support the development of the Second Action Plan, under the priority area children and young people as victim-survivors of violence in their own right.

1. What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

Measuring and reporting on outcomes

1.1 All actions in the Second Action Plan:

- a. have clearly identified, measurable performance indicators specific to children and young people as victim-survivors of domestic violence;
- b. identify the available data sources against which each indicator will be measured;
- c. publicly report on progress and outcomes for children and young people across the four domains of the National Plan to End Violence: prevention; early intervention; response; and recovery and healing; and
- d. disaggregate reported outcomes of children and young people from adult data and also report by age, gender, disability status, geographic location, and out-of-home care experience, so that progress for the most vulnerable cohorts is visible and accountable.

1.2 The Second Action Plan include an action for:

- a. an annual, publicly available Child Outcomes Report under the National Plan to End Violence, reporting against each of the four domains of early intervention; response; and recovery and healing; and
- b. the Child Outcomes Report is to be jointly prepared by the National Children's Commissioner, the Aboriginal and Torres Strait Islander Commissioner for Children and Young People, and the Family and Sexual Violence Commission.

Nationally consistent data and reporting

1.3 The Minister for Social Services direct the Department of Social Services and the Australian Institute of Health and Welfare, working in partnership with the states and territories, to:

- a. develop a nationally consistent child protection definition of exposure to domestic violence; and
- b. the definition is added, as a sub-category for reporting under the existing category of emotional abuse in the National Child Protection Minimum Data Set.



Embedding Child Rights

- 1.4 In developing the Second Action Plan the Australian Government, in partnership with the states and territories, give effect to the recognition of children and young people as victim-survivors of violence in their own right by mapping and aligning actions against child rights in the United Nations Convention on the Rights of the Child.

Child-centred therapeutic services to heal and recover

- 1.5 The Australian Government, in partnership with states and territories, commit to meeting the demand and adequately resource the design, implementation, monitoring and evaluation of age-appropriate and specialised programs for children and young people who are victim-survivors of domestic violence. These child-specific services are to include:
- a. accessible therapeutic counselling services;
 - b. appropriate domestic violence crisis accommodation for children and young people who need it, particularly those seeking safety on their own; and
 - c. child-specific and age-appropriate case management for priority cohorts.
- 1.6 The Minister for Social Services and the Minister for Health and Ageing undertake a review (consulted with relevant ministers including the Minister for Education) of professional development for therapists and counsellors, social workers, and teachers with the intent of establishing training and development opportunities in trauma informed responses for children and young people disclosing, and recovering from, domestic violence.

Dedicated actions for children and young people in out-of-home care as victim-survivors of violence

- 1.7 The Second Action plan include a dedicated action for children and young people in out-of-home care to access recovery and healing services, through the Department of Health, Disability and Ageing, the Australian Institute of Health and Welfare, and the states and territories, working together to:
- a. monitor and report on compliance with the health and developmental assessments and plans set out in the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*; and
 - b. include compliance reporting against the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* in the annual Child Outcomes Report under the National Plan to End Violence.
- 1.8 The Second Action plan include an action for the Australian Government, working with states and territories, to undertake an implementation planning study for a health access card that provides an entitlement to children and young people with an out-of-home care experience to health and other services to support he recovery and healing.



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

Alignment with national plans, strategies, agreements

2.1 In developing the Second Action Plan under the National Plan to End Violence, the Australian Government, working in partnership with the states and territories:

- a. map and align actions, performance indicators and outcomes measures in related strategies and plans, including *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036*, the Second Action Plan and the Second Aboriginal and Torres Strait Islander Action Plan under *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*, the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*, *Australia's Disability Strategy 2021-2031* and the *National Agreement on Closing the Gap*;
- b. unify data, measurement, evaluation and reporting across these strategies, plans and agreements; and
- c. coordinate and embed ongoing participation mechanisms with children across these strategies, plans and agreements, with focus on people in one or more identified cohorts including Aboriginal and Torres Strait Islander children and young people, in out-of-home care, culturally and linguistically diverse children and young people, with a disability and/or in remote areas.

3. What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?

3.1 The Australian, state and territory governments commit to resource and deliver programs and interventions that reduce the risk of children and young people who have experienced significant and cumulative adverse childhood experiences from perpetrating future violence, which are:

- a. specifically designed to meet their needs;
- b. grounded in evidence-based approaches;
- c. therapeutic;
- d. intensive;
- e. culturally responsive;
- f. connected to broader support services systems, including health and education; and
- g. tailored to the individual circumstances of a child or young person and their family.



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

- 4.1 In developing the Second Action Plan, the Australian Government in partnership with the states and territories resource specific, sustained and age-appropriate feedback loops for children and young people into policy design, service delivery, decisions that affect them, monitoring, reporting and evaluation.
- 4.2 The Second Action Plan include an action for an annual, publicly available *Child Outcomes Report under the National Plan* that reports on how children and young people are meaningfully involved in shaping the policies, programs, services and decisions that affect them in each domain.

“The success of the National Plan to end violence against women and children by 2050 depends on the design, implementation, monitoring and review of the next Action Plan.”

Domestic, Family and Sexual Violence Commission, Yearly Report to Parliament, October 2025, p 16.



About Us

Families Australia

Families Australia is a not-for-profit national peak body that strives to improve the wellbeing of Australian families, especially those experiencing the greatest vulnerability and marginalisation. Families Australia represents more than 600 members and stakeholders around Australia, all of whom work to advance family wellbeing and participation. It has a 'hands-on' approach by partnering with government, service delivery organisations and researchers to suggest, trial and deliver practical, innovative solutions to problems facing families. As well as focusing on improving the safety and wellbeing of children, and ending family and domestic violence, Families Australia has a strong interest in policies that encourage workforce participation while maintaining healthy family dynamics. Families Australia does its work by advising the Federal Government and Australian Parliament on ways to improve the wellbeing of families, especially those experiencing vulnerability and marginalisation.

Families Australia's Commitment to Self-Determination

Families Australia recognises the wisdom and expertise of Aboriginal and Torres Strait Islander community-controlled organisations, communities and cultural knowledge holders and the important role they play in strengthening connection to family, community, culture and supporting children to be healthy, well and thriving.

Families Australia and its members partner with Aboriginal and Torres Strait Islander peak bodies and community-controlled organisations to support the implementation of national agreements, including the *National Agreement on Closing the Gap* and *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*. This includes a commitment to self-determination, shifting resources, decision-making and services to community-controlled organisations in recognition of their central role in achieving improved outcomes for Aboriginal and Torres Strait Islander children, young people and families.

The National Coalition on Child Safety and Wellbeing

The National Coalition on Child Safety and Wellbeing (National Coalition) is a national, non-partisan network of organisations, researchers, practitioners and advocates committed to driving system-wide transformation to improve the safety and wellbeing of children and young people in Australia, auspiced by Families Australia.

The National Coalition advocates for a shared responsibility approach. It recognises that child safety and wellbeing is shaped across families, communities, services and systems. The National Coalition works to:

- Drive ambitious reform to improve child safety and wellbeing outcomes in policy and practice.
- Promote prevention and early intervention approaches as a better way to support child safety and wellbeing.



- Strengthen connections between research, policy, and practice.
- Support national alignment and shared priorities across jurisdictions.
- Ensure children, young people and families remain at the centre of system design and implementation.

The National Coalition is supported by a Steering Committee that brings together expertise from research, policy, service delivery, and lived experience.

National Coalition Steering Committee Members

Name	Role	Organisation
Suzanne Greenwood (Chair)	CEO	Families Australia
Prof. Leah Bromfield	Director, Australian Centre for Child Protection	University of Adelaide
Matthew Hall	National Manager	Australian Federation of Disability Organisations
Felicity Kime	Co-founder, leader and lived experience advocate	Family Inclusion Strategies
Dr Lauren Lines	Senior Lecturer	Flinders University
Catherine Liddle	CEO	SNAICC
Paul McDonald	CEO	Anglicare Victoria
Annette Michaux	Senior Advisor	FrameWorks
Chris Twomey	Leader of Policy and Research	Western Australian Council of Social Services
Prof. Amy Conley Wright	Professor	University of Sydney



Detailed Submission

The National Plan to End Violence against Women and Children

The National Plan to End Violence

The National Plan to End Violence is Australia's ten-year national strategy to prevent and respond to family and domestic violence against women and children. It establishes both a national commitment and policy framework to guide the work of the Australian, state and territory governments, policy makers, business, workplaces, family, domestic and sexual violence organisations and working in addressing, preventing and responding to violence in Australia.

Through the National Plan to End Violence, the Australian, state and territory governments have committed to implement actions and investments across four domains:

1. **Prevention:** stopping violence before it starts.
2. **Early intervention:** helping early when people are at risk.
3. **Response:** supporting people when violence happens.
4. **Recovery and healing:** helping people heal and rebuild their lives.

The roles and responsibilities of the Australian, State and Territory Governments under the National Plan to End Violence

In committing to implement actions across the four domains under the National Plan to End Violence, the Australian, state and territory governments have recognised their respective roles and responsibilities.

The Australian Government:

- Take national and strategic leadership in delivering overarching national programs designed to eliminate family, domestic and sexual violence.
- Provide support for organisations, services and authorities that respond to and address the impacts of gender-based violence, for example Medicare, social security, the National Disability Insurance Scheme (NDIS), mental health services, Aboriginal and Torres Strait Islander organisations, industrial relations and settlement services.
- Improve the federal justice system, including reforming the family law system, building and maintaining technological solutions and support legal assistance services.³

The State and Territory Governments:

- Primary responsibility for funding and delivering state-based services to respond to gender-based violence including justice; policing; housing; health and mental health; and child protection services.

³ First Action Plan 2023-2027 Under the National Plan to End Violence against Women and Children 2022-2023, p 18.



- Proving entry pathways through these state-based services provide to specialist family, domestic and sexual violence services for victim-survivors.⁴

Implementation of the National Plan to End Violence

The National Plan to End Violence is implemented through Five-Year Actions Plans that span the four domains and establish priority actions, reforms and investments. The First Action Plan 2023-2027 (the First Action Plan) focused on actions and activities where a benefit was identified in taking a national approach.⁵ The Australian, state and territory governments committed to ten actions focused on: gender equality; evidence; workforce capacity; capacity of services and systems; perpetrator accountability; sexual violence; Aboriginal and Torres Strait Islander peoples; children and young people; justice; and housing.

Monitoring, reporting and evaluation of the National Plan to End Violence

The National Plan to End Violence is supported by monitoring, evaluation and reporting framework led by the Australian Department of Social Services (DSS), in partnership with the state and territory governments. It is supported by a Theory of Change⁶, Outcomes Framework,⁷ Performance Management Plan,⁸ and an Activities Addendum.⁹

Australia's National Research Organisation for Women's Safety Limited

The Australia's National Research Organisation for Women's Safety Limited (ANROWS) was established by the Australian, state and territory governments under the *National Plan to Reduce Violence against Women and their Children 2010-2022*. It is a not-for profit organisation jointly funded by the Australian, state and territory governments that seeks to build the evidence for the National Plan to End Violence. ANROWS can be commissioned by any jurisdiction and competitively tenders for research and evaluation work.¹⁰

The Domestic, Family and Sexual Violence Commission

Established in 2022, the Domestic, Family and Sexual Violence Commission (the Commission)¹¹ functions include to:

- promote coordination across Commonwealth, state and territory governments, sectors and communities;

⁴ First Action Plan 2023-2027 Under the National Plan to End Violence against Women and Children 2022-2023, p 18 at [First Action Plan 2023-2027](#).

⁵ As above.

⁶ The Theory of Change sets out how the National Plan to End Violence is expected to achieve its vision.

⁷ The Outcomes Framework establishes six long term outcomes and the framework for measuring progress towards ending family, domestic and sexual violence under the National Plan to End Violence.

⁸ The Performance Management Plan sets out indicators and measures against the sub-outcomes in the National Plan Outcomes Framework and is intended to be a living document, which is regularly reviewed and updated.

⁹ The Activities Addendum lists activities across the Australian, states and territory governments. These activities are categorised under the four domains: prevention, response, recovery and healing and a status update is applied to each activity by a traffic light approach, in planning (blue), current (green) ongoing (orange), and finished (black). No assessment of the outcomes of the activities listed is provided.

¹⁰ See ANROWS, About Us, at <https://www.anrows.org.au/about/>.

¹¹ Established in 2022 as an Executive Agency under the *Public Services Act 1999* (Cth).



- promote coordinated and consistent monitoring and evaluation frameworks by all governments for the National Plan to End Violence;
- develop structured approach to victim-survivor engagement; and
- inform national priorities for policy, research and data.¹²

The Commission also has a Monitoring and Reporting Framework, May 2026, which sets out how it will undertake its monitoring and reporting functions to support consistent monitoring and evaluation of the National Plan to End Violence.¹³

Related national frameworks and agreements

Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031 & the National Agreement on Closing of the Gap

Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031 (Safe and Supported) sets out our 10-year strategy to improve the lives of children, young people and families experiencing disadvantage or who are vulnerable to abuse and neglect.¹⁴ It is implemented through five-year action plans.

Safe and Supported is for all Australian children, young people and families, with a targeted focus on four priority groups that are experiencing disadvantage or are vulnerable to abuse and neglect. The four priority groups are:

- Children and families with multiple and complex needs.
- Aboriginal and Torres Strait Islander children and young people experiencing disadvantage or who are vulnerable.
- Children and young people and/or parents/carers with disability experiencing disadvantage or who are vulnerable.
- Children and young people who have experienced abuse and/or neglect, including children in out-of-home care and young people leaving out-of-home care and transitioning to adulthood.¹⁵

Safe and Supported recognises that the Australian, state and territory governments must work together in areas such as disability, early childhood education and care, health and mental health, alcohol and other drug treatment and prevention, domestic and family violence, justice, housing and employment.

¹² Commonwealth Government of Australia, Public Service Action, Order to Establish the Domestic, Family and Sexual Violence Commission as an Executive Agency, 17 March 2022 at [Order to Establish the Domestic, Family and Sexual Violence Commission as an Executive Agency - Federal Register of Legislation](#).

¹³ See <https://www.dfsvc.gov.au/news/monitoring-and-reporting-framework-announced>.

¹⁴ Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031, p 6, at <https://www.dss.gov.au/child-protection/resource/national-framework-protecting-australias-children-2021-2031>.

¹⁵ As above, p 7.



The National Agreement on Closing the Gap supports Aboriginal and Torres Strait Islander people and all levels of governments to work together to overcome inequalities and achieve parity in outcomes for First Nations people. The Closing the Gap Agreement identifies four priority reform areas that are designed to change how governments work with Aboriginal and Torres Strait Islander people:

1. Formal partnership and shared decision making.
2. Building the community-controlled sector.
3. Transforming government organisations.
4. Shared access to data and information.

Safe and Supported embeds the four Priority Reforms of the National Agreement on Closing the Gap. It also set out a clear intention to have close linkages with the National Plan to End Violence. This alignment recognises the interaction of these initiatives to support systemic change for children, young people and families.

“All governments agree that all children and young people in Australia have the right to grow up safe, connected and supported in their family, community and culture. They have the right to grow up in an environment that enables them to reach their full potential.”

First Action Plan, Safe & Supported, The National Framework for Protecting Australia’s Children, 2021-2031, p 12.

Developing the Second Action Plan under the National Plan to End Violence

The Australian Government, working with states and territories, is developing the Second Action Plan under the National Plan to End Violence. To support the development of the Second Action Plan, the Australian Government has developed a consultation paper - *Evidence to action: informing direction for the Second Action Plan* (Consultation Paper).¹⁶ The Consultation Paper identifies five priority areas for inclusion in the Second Action Plan:

1. **Victim-survivors of domestic, family and sexual violence:** access to safety, support, justice, and help to recover, no matter where they live and that addresses any barriers to help seeking.
2. **Prevention and early intervention:** changing gendered attitudes, behaviours, systems and structures that drive violence, addressing risk factors and acting earlier before harm escalates.

¹⁶ *Evidence to action: informing direction for the Second Action Plan*, Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032, May 2026, at [Consultation papers – engage.dss.gov.au](https://www.dss.gov.au/consultation-papers-engage).



3. **Children and young people as victim-survivors in their own right:** enlivening their own experiences, distinct needs and rights and providing tailored, age and developmentally appropriate support for children.
4. **People who use violence:** acting earlier and through contact points such as health services, workplaces, schools and justice settings, in respect of prevention, safety and holding people who use violence accountable.
5. **System integration and workforce:** improving how services and workforces share information and work together and continuing to build a skilled and supported workforce.

Australia's commitment to upholding the rights of children and young people

The National Plan to End Violence recognises children and young people as rights holders. It acknowledges Australia's commitment to upholding the rights of children and young people, including by taking legislative, administrative, social and educational measures to protect children and young people from physical or mental violence, injury or abuse, neglect or negligent maltreatment or exploitation, including sexual abuse.¹⁷ This acknowledgement affirms Australia's commitment as a State Party to the United Nations Convention on the Rights of the Child, which is a legal commitment to protect and fulfill the human rights of every child in Australia.¹⁸

The United Nations Convention on the Rights of the Child sets out the rights of children and young people, which are their own and not derived from their parents. These include the right to live free from violence,¹⁹ to be heard in decisions that affect their lives²⁰ and to recovery when they are a victim of violence.²¹

Children and young people as victim-survivors of family and domestic violence

This submission focuses on the priority area identified in the Consultation Paper for inclusion in the Second Action Plan - *children and young people as victim-survivors in their own right*. Children and young people are not merely witnesses, an extension of their parents, or secondary victims of family and domestic violence. Children and young people are recognised as victim-survivors because that is what they are - they are directly harmed by family and domestic violence.

¹⁷ National Plan to End Violence against Women and Children 2022-2032, p 103.

¹⁸ The United Nations Convention on the Rights of the Child is the principal instrument setting out the human rights of children. It was ratified by Australia on 17 December 1990 and became legally binding on 16 January 1991. The United Nations Committee on the Rights of the Child is a body of 18 independent experts that monitors implementation of the Convention on the Rights of the Child by State parties, see <https://www.ohchr.org/en/treaty-bodies/crc>.

¹⁹ United Nations Convention on the Rights of the Child, Article 19.

²⁰ United Nations Convention on the Rights of the Child, Article 12.

²¹ United Nations Convention on the Rights of the Child, Article 39.



“There are no circumstances in which children and young people are subjected to domestic, family and sexual violence and not harmed.”

Gillfeather-Spetere, S., & Watson, A. (2024). In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence (ANROWS Insights, 01/2024). ANROWS, p 7.

Children and young people are harmed in ways that are specific to their age, developmental stage, relationship with the perpetrator – often a parent – and occurrence of violence within their family home. They may also experience barriers to seeking help - due to their age, limited awareness of what constitutes family and domestic violence, development delay, disability and neurodisability, and/or geographic location - which may mean that they cannot recognise, name and/or report what they are experiencing and/or access services and supports.²² Family and domestic violence may also lead state and territory child protection systems to remove a child or young person from their parents and place them in out-of-home care. In these circumstances, the state becomes in effect their parent and assumes responsibility for meeting their needs, including access to recovery and healing services.

To meet the distinct needs of children and young people who are victim-survivors of family and domestic violence and deliver on the aims of the National Plan to End Violence, the Second Action Plan must have child-specific actions that are measured, monitored and reported across all four domains.

Family and domestic violence – a form of child maltreatment

The definition of child maltreatment

Child maltreatment refers to acts or omissions by a parent, care giver, or person with parental responsibility for a child, that results in harm or the risk of harm to a child.

The Australian Child Maltreatment Study (ACMS) identified and defined five types of child maltreatment:

1. **Physical abuse:** the use of physical force by a parent or caregiver against a child that causes injury, harm, pain, or breach of dignity, or has a high likelihood of resulting in injury, harm, pain, or breach of dignity.
2. **Sexual abuse:** any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary consent.

²² Noble-Carr D, et al., *Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis*. Child & Family Social Work. 2019;1–10.



3. **Emotional abuse:** non-physical interactions with the child by a parent or caregiver, which convey to a child that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs.
4. **Neglect:** failure by a parent or caregiver to provide the child with the basic necessities of life, as suited to the child's developmental stage, and as recognised by the child's cultural context.
5. **Exposure to domestic violence:** when a child sees or hears acts of violence towards other family members in the child's home. The acts are typically done by (and in relation to) a parent or caregiver but may also be done by other members of the child's family. Operationally, the acts witnessed are often physical (either completed or threatened), but they may also be verbal, sexual, or involve other acts, threats and coercion (e.g., property damage, economic coercion, surveillance, and isolation).²³

The prevalence and co-occurrence of forms of child-maltreatment in Australia

The ACMS was the first nationally representative study that measured the prevalence of child maltreatment in Australia. It surveyed over 8,500 randomly selected Australians aged over 16 years about their experience of maltreatment before the age of 18 years.²⁴ The survey included 3,500 young people aged between 16 and 24 years, with the objective of generating data about child maltreatment in contemporary Australian society and to assess its impacts in adolescence and early adulthood.

The ACMS found that child maltreatment is widespread in Australia, with 62 per cent of the Australian population aged over 16 years having experienced one type of maltreatment as a child.²⁵ It found that child maltreatment is rarely limited to a single type or an isolated occasion, with 39.4 per cent of Australian experiencing multi-type maltreatment (more than one type) and 23.3 per cent experiencing three to five types of child maltreatment.²⁶

"Emotional abuse is particularly harmful and is much more damaging than we previously understood it to be. We also know that there is a much higher chance of a child experiencing emotional abuse, physical abuse, sexual abuse and neglect when they are exposed to domestic violence."

Deb Tsorbaris, National Children's Commissioner

Australian Human Rights Commission, 'We're talking about stopping violence before it begins': Supporting Quality Engagement with Children, 2026, p 5.

²³ D Haslam et al., *The prevalence of child maltreatment in Australia: findings from the Australian Maltreatment Study: 2023 Brief Report*, Queensland University of Technology, pp 6-7.

²⁴ D Haslam et al., *The prevalence of child maltreatment in Australia: findings from the Australian Maltreatment Study: 2023 Brief Report*, Queensland University of Technology.

²⁵ As above, p 3.

²⁶ As above.



The ACMS findings are reflected in the latest release of the Australian Bureau of Statistics Personal Safety Survey in March 2023.²⁷ This survey collects data about childhood abuse and witnessing parental violence before the age of 15 years of age. It found that 8 million Australians (41 per cent) over the age of 18 years had experienced physical or sexual violence since the age of 15 years. Further, that an estimated 4.3 million (21.9 per cent) had experienced childhood abuse and/or witnessed parental violence before the age of 15 years, of this number:

- 2.7 million Australians or 14.1 per cent experienced sexual abuse or physical abuse; and
- 2.6 million Australians or 13 per cent witnessed violence towards a parent by a partner.²⁸

However, the ACMS and the Personal Safety Survey are retrospective. They do not measure how many children and young people are *currently* exposed to domestic violence. The Australian Bureau of Statistics Personal Safety Survey data collection is also restricted to Australians in private dwellings and excludes very remote areas.

Exposure to family and domestic violence in child protection data

Child protection systems in states and territories respond to reports, or risk, of physical, sexual or emotional abuse and/or neglect. Exposure to family and domestic violence is captured within emotional abuse within most states and territories child protection systems, but for in the New South Wales and Tasmania systems where it is a recognised category. Nationally, exposure to domestic violence is not captured in the AIHW Child Protection National Minimum Data Set²⁹ as a distinct category, it is subsumed within emotional abuse reports.³⁰

Child protection reports are not a measure of population prevalence. But children and young being reported to child protection system is common. Whole of population linked-data studies show, for example, that one in three South Australian children are reported to child protection

²⁷ See Australian Bureau of Statistic, Personal Safety Survey: User Guide, at [Personal safety survey: User guide, 2021-22 | Australian Bureau of Statistics](#).

²⁸ Childhood abuse, Statistics about childhood physical/sexual abuse and witnessing parental violence, including prevalence, relationship to perpetrator and disclosure, released 22/11/2023, at [Childhood abuse, 2021-22 financial year | Australian Bureau of Statistics](#).

²⁹ The National Minimum Data Set (NMDS) for Child Protection is an annual collection of information on child protection in Australia. It contains data on children who come into contact with state and territory child protection systems due to reports that they are experiencing, or at risk of, physical, sexual and/or emotional abuse and/or neglect, which include exposure to family and domestic violence.

³⁰ See Child protection Australia 2023-24, at <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/child-protection-system-in-australia>.



before age 18 (and of those reported 38 per cent were first reported by age 5);³¹ and in New South Wales two in five were reported to child protection before age 14.³²

Family and domestic violence is also amongst the most common factor in child protection reports. For example, in New South Wales 33 per cent of children with a first report to the Child Protection Helpline between January 2004 and June 2018 had at least one concern of family and domestic violence recorded, either alone or alongside parental mental health and/or substance use issues.³³

Therefore, whilst it is common for children and young people to be reported to child protection, and family and domestic violence is a common reason for those reports (either alone or alongside other forms of child maltreatment) no national data exists for how many children and young people come to the attention of child protection systems because of family and domestic violence.

“Sometimes when Dad was angry, I’d get in the way so he couldn’t hurt my brothers. It was dangerous and I got hurt. One time I thought ‘he could hurt me real bad’ and then I thought ‘if I get hurt real bad, like end up in hospital, then maybe someone will do something.’ Girl, aged 15-18 years, YW#4)

<https://accp.adelaide.edu.au/siteassets/accp/improving-children-and-young-peoples-safety-practice-brief.pdf#page=2,65>

Child maltreatment increases the risk of adverse outcomes

The ACMS found that as the number of experiences of child maltreatment increased, so did the risk for children of adverse outcomes in adulthood - including depression and anxiety, alcohol and substance dependence, chronic physical health conditions and poorer education and employment outcomes.³⁴ These findings are consistent with research demonstrating that child maltreatment contributes to mental health conditions,³⁵ causes cumulative harm (the

³¹ Malvaso C., Montgomerie A, Pilkington R. M., et al. Examining the intersection of child protection and public housing: development, health and justice outcomes using linked administrative data. *BMJ Open* 2022;12: e057284. doi:10.1136/ bmjopen-2021-057284.

³² Luu, B., et al., (2024). Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues (Research report, 01/2024). ANROWS, p 8.

³³ Luu, B., et al., (2024). Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues (Research report, 01/2024). ANROWS, p 8.

³⁴ As above.

³⁵ Grummitt, L., et al., “Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment”, *JAMA Psychiatry*, 2024;81(8):782-788. doi:10.1001/jamapsychiatry.2024.0804, published online May 8, 2024.



compounding impact of ongoing and/or multiple experiences of child maltreatment),³⁶ and lost workforce productivity.³⁷

“It was the worst part of my life—constantly being shouted at, frightened, living in fear. You will never know what it is like, thinking that every day could be your last day” 16-year-old girl

Noble-Carr, D., et al., (2020), Children’s experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis. *Child & Family Social Work*, 25(1), 182-191, p 94.

Child maltreatment and multiple and complex needs

Addressing the drivers that increase the risk of violence is not peripheral to achieving the vision of the National Plan to End Violence – it is foundational.

Children, young people and their parents with multiple and complex needs experience numerous, chronic and interrelated challenges. Child maltreatment must be viewed within the context of these challenges – such as family and domestic violence, substance misuse, mental health concerns, housing insecurity and poverty. These challenges do not directly cause child maltreatment, but they do increase the risk.³⁸

Multiple government systems – such as primary health, mental health, alcohol and other drug services, early childhood, education, housing, employment supports - provide services to children, young people and families. These services can meet the needs of children, young people and their parents, concurrently reducing the risks of child maltreatment and treating its impacts.

“The social, economic and health conditions that underline child maltreatment are powerful, multi-dimensional and often chronic – domestic violence, poverty, mental illness.”

Jeanne Brooks-Gunn, *Do You Believe in Magic? What we Can Expect from Early Childhood Intervention Programs*

³⁶ Harris LG, et al., *Accumulation of violence and victimisation: Why measuring broadly and accounting for different harm types matters*, *Current Opinion in Psychology*, <https://doi.org/10.1016/j.copsyc.2025.102260>.

³⁷ Dai Quy Le, et al., *Impact of child maltreatment on the costs of health service use and productivity loss: Findings from the Australian child maltreatment study*, *Child Abuse & Neglect* 171 (2026) 107818.

³⁸ Higgins, D.J., Herrenkohl, T. I., Lonne B., Scott, D., “*Advancing a prevention-oriented support system for the health and safety of children*”, *Children and Youth Services Review* 159 (2024) 107521, pages 1-2.



However, children, young people and parents with numerous, chronic and interrelated challenges must navigate multiple levels of government and systems to access services and interventions that meet their needs. Governments and systems can operate in silos, services can have limited timely availability, and children, young people and family can face accessibility issues – such as transport, fear, financial difficulties, and cultural safety. They can also struggle to navigate and access multiple systems, referrals and access requirements and find themselves on *referral roundabouts* or falling into gaps between services. This situation can be compounded when services retreat as children, young people or parents are seen as *failing to engage*, instead of seeking to understand and address barriers to accessibility and engagement.

For example, children and young people from newly arrived migrant families can assume system navigator functions, translation and interlocutor roles for their parent who may be facing isolation, as well as language and cultural barriers. Children and young people with disability have difficulties navigating and accessing assistance through the NDIS. Further, child protection given their colonial origins³⁹ and being a statutory service system, can be inherently ill-suited to support parents to keep their children safe and at home and can be a source of stigma and fear.

Children and young people's access to services and supports cannot be designed around the expectation that a parent, predominately a mother, is their gateway for safety and access

Responding to the needs of children and young people are usually made through services provided to parents, rather than through services designed to meet children and young people's own distinct needs. This is the result of limited supports designed specifically for children and young people, including young people seeking help on their own.⁴⁰

Family and domestic violence can compromise a parent's - predominately a mother's - protective capacity for their children. Through no fault of their own, they can be placed in an impossible position as a victim-survivor, navigating their own safety, housing insecurity, trauma, recovery and healing needs and engaging in legal and child protection systems.

Service system responses to children and young people victim-survivors of violence – such as child protection and legal systems – can also dislocate or corrode protective relationships with non-violent parents and siblings.

“...family and domestic violence was the most common reason parents cited for why the Department of Communities had removed their child”

Human Rights Watch, “*All I Know Is I Want Them Home*” Disproportionate Removal of Aboriginal Children from Families in Western Australia, 2025, p 35.

³⁹ Child protection systems were used as tools to remove Aboriginal and Torres Strait Islander children on racial grounds under the pretext of 'Protection', a practice now recognised as the Stolen Generations.

⁴⁰ Commission for Children and Young People, *Left behind: Systemic inquiry into responses to children and young people who are the subject of multiple reports to Child Protection* (Melbourne: Commission for Children and Young People, 2026), p 5.



It is not reasonable to assume, expect, or design services and systems around the expectation that a parent is generally able to simultaneously navigate multiple service systems, address their own trauma, and act as the primary gateway to safety, recovery and healing services for their children.

Delivering on the recognition of children and young people as victim-survivors of violence in their own right with access and a direct pathway to support, case management and service coordination also supports parent victim-survivors, predominately mothers. These child-specific services can support children and young people and their families and coordinate service for families to address the drivers of violence and support healing, where it is safe and appropriate.

Highest needs, no service gateway: child and young people in out-of-home care

Children and young people in out-of-home care have been removed from their family as they have experienced, or are at risk of, significant harm, and there is no parent or guardian who is able or has sufficient capacity to protect them from that harm. They are placed in out-of-home care, either with a volunteer statutory kinship or foster carer, or in a residential care house with shift workers rostered 24/7. In practice, this places further stressors on the sustainability of child safety systems. For example, foster and kinship carers, also predominantly women, report barriers to accessing and advocating for a range of essential health supports or assistance during critical events, making retention of statutory carers an increasing challenge.⁴¹

The Australian, state and territory governments recognised in the 2011 *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, that children and young people in out-of-home care have multiple and complex health needs, poor physical health, higher rates of disability and developmental delays and compromised mental health.⁴²

The ACMS found that children and young people who are, or have been, in out-of-home care have experienced more types of maltreatment, with more frequent exposure, earlier onset, longer duration greater intensity and more perpetrators than their peers.⁴³

⁴¹ Centre for Excellence in Child and Family Welfare. (2024, April). *Rapid review: Foster care recruitment and retention*. https://cfecfw.org.au/app/uploads/2024/04/CFECFW_RapidReview-DigitalFinal-April-2024.pdf

⁴² At [national-clinical-assessment-framework-for-children-and-young-people-in-out-of-home-care.pdf](#).

⁴³ Harris LG, Higgins DJ, Willis ML, Lawrence D, Meinck F, Thomas HJ, Malacova E, Scott JG, Pacella R, Haslam DM, *Dimensions of child maltreatment in Australians with a history of out-of-home care*. *Child Maltreatment* 2025 August, 30(3):525-39.



However, there is often no stable gateway for children and young people in out-of-home care, particularly residential care, to health, recovery and healing services.

"I felt like nobody wanted me. I felt like I was just getting passed around from person to person."

Young woman, aged 15–18 years

Moore, T., et al., (2020) *Fostering safety in families reunifying after violence: Findings from a participatory study with young people and families*. Adelaide: Australian Centre for Child Protection, University of South Australia, https://accp.adelaide.edu.au/siteassets/accp/fostering-safety--reunification-after-fdv_report.pdf

Despite being in the care of the state, having multiple health, recovery and healing needs and poor continuity of health care, children and young people in out-of-home care have limited access to health assessments, services and resources that are otherwise routinely available to the rest of the population.⁴⁴ The *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* sets out the timeframes and assessments for preliminary health checks, comprehensive health and developmental assessments, and integrated health management plans.⁴⁵ However, compliance with this framework remains poor across all levels of government.⁴⁶

For children and young people in out-of-home care, being recognised as victim-survivors of violence either alone or alongside other types of maltreatment, is a minimum standard. It provides the foundation for visibility and an accountability mechanism for governments to provide the greatest supports for those in their care and with the greatest needs.

Opportunities to improve on the First Action Plan under the National Plan to End Violence

Of the ten actions in the First Action Plan, only one is specifically for children and young people as victim-survivors. Action eight commits to “[d]evelop and implement age appropriate,

⁴⁴ See the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, March 2011 at [national-clinical-assessment-framework-for-children-and-young-people-in-out-of-home-care.pdf](https://www.austlii.edu.au/au/other/dfat/special/national-clinical-assessment-framework-for-children-and-young-people-in-out-of-home-care.pdf).

⁴⁵ As above.

⁴⁶ See, for example, McLean, K., et al, *Timeliness and extent of health service use by Victorian (Australian) children within first year after entry to out-of-home care: Retrospective data linkage cohort study*, Child and Youth Services Review 134 (2022) 106359. This study found that only 41 children (or less than 1 per cent) of 5, 676 children 0 to 12 years of age in out-of-home care in Victoria between April 2010 and December 2015 complied with the recommendations in the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*. See also evidence given to the Queensland Commission of Inquiry into the Queensland Child Safety System, Dr Marnie Fraser, Staff Specialist, Paediatrics (Cairns and Hinterland Hospital and Health Service) on 26 September 2025.



*culturally safe programs across all four domains, informed by children and young people, that support recovery and healing from trauma, and intervene early to address violence supportive behaviours”.*⁴⁷

This First Action Plan action refers to children and young people as *informing* the development and implementation of programs, not as *participants with rights*. The impacts on children not being recognised as participants and rights holders are structural and systemic, shaping how they are recognised, responded to and supported. Children and young people are seen through the lens of adults responsible for their care and protection, not as independent victim-survivors and rights holders with entitlements to safety, protection, health, recovery and participation.

“The safety and wellbeing of our children should be Australia’s most compelling national priority. Yet, despite a decade of concerted effort to advance child safety, thousands of Australian children remain subject to abuse, violence and neglect.”

Statement from the National Coalition on Child Safety and Wellbeing, First Action Plan, Safe & Supported, The National Framework for Protecting Australia’s Children, 2021-2031, p 8.

The First Action Plan is also not supported with child-specific targets, progress reporting, or accountability to develop and implement age appropriate, culturally safe programs across all four domains. The six long-term outcomes and the targets in the First Action Plan’s Outcomes Framework, which are linked to measurements and data sources in the Performance Measurement Plan, do not disaggregate outcomes for children and young people from those of adult victim-survivors. Instead, they are subsumed within aggregate data and are effectively invisible as victim-survivors with their own experiences, service and support needs and outcomes.

Responses to the Consultation Questions - Priority Area Children and young people as victim-survivors in their own right

Specific responses in respect of the Australian’s Government’s five questions in the Consultation Paper for the priority area *children and young people victim-survivors of violence in their own right* are set out below.



1. What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

1.1 Measuring and reporting on what matters to progress the safety, recovery and wellbeing outcomes for children and young people affected by violence

The first step in improving safety, recovery and well-being outcomes for children and young people requires actions in the Second Action Plan to have measurable, child-specific indicators and outcomes across the four domains in the National Plan to End Violence. This will create baseline data from which to assess progress, promote visibility across cohorts of children and young people (such as by age, gender, services engagement, geographical location) and identify areas and the evidence base for priority action and investment.

An achievable and targeted action is to develop a nationally consistent definition of children and young people being exposed to domestic violence for inclusion in the Child Protection Minimum Dataset.

Developing a nationally consistent definition and a new reporting sub-category - under the existing reporting requirement of emotional abuse - for reports and substantiations of exposure to domestic violence can be incorporated into the Child Protection Minimum Dataset. This would deliver nationally consistent identification of children and young people reported to, and substantiated by, child protection systems based on exposure to domestic violence, enabling a reliable national prevalence figure for this cohort. It would also enable analysis of how states and territories are responding to children and young people who are exposed to domestic violence, whether responses are meeting demand and of their effectiveness.

Dedicated reporting on progress and outcomes for children and young people

The current monitoring and reporting architecture does not include a dedicated report on progress and outcomes for children and young people as victim-survivors across the four domains in the National Plan to End Violence.

A practical action is for an annual, publicly available *Child and Young People's Outcome Report under the National Plan to End Violence*. This would provide transparency, identify areas and cohorts for priority focus and enable progress to be monitored over time. A Child and Young People's Outcome Report is not intended to create an additional reporting burden, instead it would be a mechanism through which the recognition of children and young people as victim-survivors in their own right occurs and serves to make them visible and disaggregated from adults.

Linked data mapping to understand pathways

Linked data mapping securely matches de-identified data from multiple administrative datasets, such as child protection, health, education, housing, and justice. It enables services interactions, pathways and outcomes for children to be identified, tracked and analysed across systems across all levels of government and over time. This analyses delivers actionable intelligence to inform policy, service design, and target interventions effectively. This is



particularly important for children who cannot self-report and are unlikely to be represented in surveys or lived experience forums, such as:

- babies and very young children;
- children and young people with a disability;
- those with communication barriers;
- those with an out-of-home care experiences;
- those with multiple compounding challenges; and/or
- those living in regional, rural and remote locations.

The Australian Government is responsible for primary health care NDIS. The state and territories are responsible for services such as health, child protection, out-of-home care, justice and education. Therefore, a commitment across all levels of government to a linked data asset would enable services pathways and outcomes for children and young people to be visible, and for the most effective interventions being delivered to the right cohorts at the right time.

1.2 Specialised therapeutic services for children and young people

Treating the impacts of child maltreatment supports children and young people to heal and recover. It improves their health, wellbeing, and life-long outcomes and those of their future children.

Children and young people who are victim-survivors of violence can feel sadness, anger, confusion, and loss. Research demonstrates that they often cannot make sense of these emotions, which are felt deeply, and so they attempt to hide them from adults.⁴⁸ Specialist family violence services and therapeutic services are designed for children and young people who are victims-survivors of violence. However, they are consistently identified as a critical services gap.⁴⁹ For example, in the 2026 Victorian Commission for Children and Young People report, *Left Behind*, addressing this gap and funding specialised programs and age-appropriate supports for children, especially victim-survivors of family violence, is a key recommendation.⁵⁰

Meeting the demand and addressing service gaps for age-appropriate specialised programs for children and young people who are victim-survivors of violence to heal and recover requires a commitment and sustained resourcing by all levels of government.

“Too many times, our plans refer to the specific and unique needs of children, and yet we fail to implement programs or change systems.”

Domestic, Family and Sexual Violence Commission, Yearly Report to Parliament, October 2025, p 16.

⁴⁸ Noble-Carr D, et al., *Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis*. Child & Family Social Work. 2019;1–10. <https://doi.org/10.1111/cfs.12645>.

⁴⁹ Commission for Children and Young People, *Left behind: Systemic inquiry into responses to children and young people who are the subject of multiple reports to Child Protection* (Melbourne: Commission for Children and Young People, 2026), pg. 23.

⁵⁰ As above, pg. 25.



1.3 Supporting children and young people to be safe and at home, where appropriate, interventions to support families

Child maltreatment can have lasting effects for children and young people's relationships with their parent and sibling, their attachments, trust, sense of identity, belonging and wellbeing. Coordinated services provision and interventions for children and young people who are victim-survivors *and* their families can support relationships with parents, when safe and appropriate. These may include family therapy, attachment-based interventions, therapeutic family mediation, supported contact, and reunification services. Practical actions in the Second Action Plan to support children, young people and their families could include:

- Expanding access to family therapy, attachment-based interventions, therapeutic family mediation and reunification services where safety can be assured.
- Culturally safe, trauma-informed and responsive family interventions for Aboriginal and Torres Strait Islander children and families, children in out-of-home care, and culturally and linguistically diverse families.

1.4 Dedicated action for children and young people in out-of-home care

Improving safety, recovery and wellbeing outcomes for children and young people affected by family and domestic violence alone or alongside other types of child maltreatment require priority actions for cohorts with multiple and compounding needs and who have experienced the greatest harm.

Practical actions include:

- A commitment to comply with, monitor and report on the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*. This is essential to address significantly higher and more intense child maltreatment, which includes domestic violence, and the compounding impact of multiple and complex health needs.
- An implementation planning study for a health access card to provide an entitlement to children and young people with an out-of-home care experience to health and other services to support recovery and healing.

In addition, the Second Action plan could commit to developing and implementing models of care for children and young people in out-of-home care who rely on the state for recovery and healing. For example, *corporate parenting*⁵¹ models set out responsibilities and mandates

⁵¹ A corporate parenting model has been implemented in Scotland, known as “*The Promise*”. The Promise is for children in out-of-home care or at the edges of the care system and aims to ensure that they grow up loved, safe and respected. In Victoria, a corporate parenting model has recently been legislated by the *Victorian Children Youth and Families Amendment (Supporting Stable and Strong Families) Act 2025* (Vic). The Act ensures supporting at risk children, young people and families is no longer the sole responsibility of child protection systems. It makes every Minister, department (such as health and education) and the



service coordination and delivery to provide children and young people in out-of-home care with the same opportunities as other children, as a *good parent would*.

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

2.1 Best practice guidance and pathways and services

Developing clear, regularly updated best practice guidance and referral pathways that are tailored to local area services and supports, for health, education and other professionals and for families and communities would support better recognition and responses to children and young people experiencing violence or harm. Professional guidance material must have a dedicated focus on children and young people without a trusted adult to support disclosure, engagement, or fund access to services and supports. This is particularly important for children and young people with: parental safety concerns and who are seeking help, without secure accommodation; with communication barriers; and in out-of-home care.

To improve their effectiveness, practice guidance and referral pathways should be supported by effective and accessible professional development and training. Professional development could identify and respond to the impacts of family and domestic violence and provide trauma-informed responses, and in so doing reduce the prevalence of school exclusion or punitive responses for children acting out and resisting help from school-based supports. This training should reflect the diversity of child and young people experiences and ensure inclusive practices. This is particularly important for groups that are already socially and/or culturally isolated and/or facing additional system barriers, including children and young people from culturally and linguistically diverse backgrounds

Formal practice guidance and referral pathways must be supported by specialist and resourced services that can respond to referrals, meet demand and provide specialist case management support. Specialist case management support provides warm referrals, follow-ups and service coordination across multiple systems, rather than relying on children, young people or non-offending parents and carers to navigate fragmented systems alone.

2.2 Addressing the drivers of domestic violence

Governments, child-based services, education settings, families, communities and others can better recognise and respond to children and young people experiencing violence or harm where services and systems take a *whole-of-government* and a *whole-of system* approach to address the drivers that increase the risk of violence. These include parental mental health concerns and alcohol and other drug misuse, housing insecurity, poverty and the intergenerational

Chief Commissioner of Police jointly responsible for improving outcomes for at-risk children, young people and families.



transmission of trauma, which can be co-occurring, compounding and chronic.⁵² Addressing the drivers requires both a commitment and accountability from all levels of government and systems, such as health, mental health, alcohol and other drug services, housing, education and justice.

Given the co-occurring, compounding and chronic drivers of harm and the respective roles, responsibilities and the delivery of services across all levels of government, a *whole-of-government* and a *whole-of system* approach and accountability mechanism, is essential to better recognise and respond to children and young people experiencing violence or harm.

As a first practical action, the Australian Government, working with states and territories, should align actions, data collection, monitoring, evaluation and public reporting, on measuring progress and outcomes for children, young people, parents, and families across strategies, actions plan and agreements, including the following:

- *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036* and its First Action Plan;
- *Safe and Supported: The National Framework for Protecting Australia’s Children 2021-2031* and its Second Action Plan and the Second Aboriginal and Torres Strait Islander Action Plan; and
- the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030* and its Second Action Plan;
- the National Agreement on Closing the Gap; and
- Australia’s Disability Strategy 2021-2031.

“Our systems must stop working in silos. When child protection, family law, health services and justice systems operate separately, people fall through gaps that are too often exploited to cause harm. The segregation and siloing that characterises too many of our responses enables violence against the most vulnerable.”

Domestic, Family and Sexual Violence Commission, Yearly Report to Parliament, October 2025, p 5.

3 What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?

Most children and young people who are victim-survivors of violence do not go on to perpetrate violence. Research has demonstrated an *association* between adverse childhood experience, including child maltreatment and exposure to domestic violence, and a higher risk of perpetrating violence. This association is cumulative. The risk increases with the number and co-

⁵² Higgins, et al., *Advancing a prevention-oriented support system for the health and safety of children*, Children and Youth Services Review 159 (2024) 107521, pages 1-2.



occurrence of adverse childhood experiences. However, there is no evidence base to assume or for a broad generalisation to be made that children and young people who are victim-survivors of violence will use violence in the future.

The First Action Plan refers to research that *“highlights the link between adverse childhood experiences and those victim-survivors using violence themselves in the future”*.⁵³ This research considered Queensland data for male youths who perpetrated sexual harm and violence and their exposure to adverse childhood experiences, which include exposure to domestic violence. It found an association between adverse childhood experiences and later perpetration of violence for male youths in the Queensland justice system.⁵⁴ These findings are consistent with subsequent research.

The research demonstrates that children and young people who are victims-survivors and are using violence or displaying harmful sexual behaviour have experienced significant and cumulative adverse childhood experience. These children and young people have also not received timely and/or effective trauma informed, early, and intensive interventions to address the impacts of adverse childhood experiences and their multiple service needs.

By way of example, for children and young people engaged in the youth justice system in Queensland, the 2025 Youth Justice Census found that of 1,407 young offenders:

- 62 per cent had experienced or been impacted by domestic and family violence;
- 60 per cent had a disability (assessed or suspected), including 23 per cent who had a cognitive or intellectual disability;
- 53 per cent were disengaged from education, training or employment;
- 52 per cent had at least one mental health or behavioural disorder (diagnosed or assessed);
- 35 per cent had at least one parent who had spent time in adult custody; and
- 26 per cent had been living in unstable and/or unsuitable accommodation.⁵⁵

Mr Michael Drane, Acting Director-General, Department of Youth Justice and Victim Support, gave evidence at the Commission of Inquiry into the Queensland Child Safety System in February 2026. Mr Drane’s evidence included consideration of children and young people with various

⁵³ First Action Plan 2023-2027 Under the National Plan to End Violence against Women and Children 2022-2023, at pg. 43.

⁵⁴ See Adverse childhood experiences among youth who offend: Examining exposure to domestic and family violence for male youth who perpetrate sexual harm and violence at <https://www.anrows.org.au/publication/adverse-childhood-experiences-among-youth-who-offend-examining-exposure-to-domestic-and-family-violence-for-male-youth-who-perpetrate-sexual-harm-and-violence>.

⁵⁵ Queensland Family and Child Commission, Submission to the Justice, Integrity and Community Safety Committee, Queensland Parliament, *Youth Justice (Circuit Breaker) Amendment Bill 2026*, July 2026, pg. 3.



neurodisabilities⁵⁶ who had not able to access support whilst in out-of-home care and then had ended up in youth detention in Queensland. Mr Drane gave evidence that:

*“...specifically for this cohort [children with neurodisabilities, who were unable to get support when in out-of-home, and ended up in youth detention] this typical sort of characteristics it is true to say that often for **many of them it's the first time that they have had - when they end up in custody, youth justice custody - 360 degrees of, for want of a better term, assessment and treatment or diagnosis or support services.** As you can appreciate, the typical average age of a young person in youth justice custody is about 16. So we are looking at 16 years of challenge and conditioning and dysfunction that, on average, those services are looking to make sense of or assess or diagnose or put in place the right structures of supports within a two- to three-month period.”⁵⁷ (emphasis added)*

The Queensland Families and Children Commission has highlighted that 93 per cent of young offenders in Queensland released from detention reoffend within 12 months and that case studies for children who enter the youth justice systems:

*“consistently show repeated system failure, including missed opportunities for early screening of neurodevelopmental and communication disorders, timely mental health and substance use support, and sustained assistance for families and carers”.*⁵⁸

Further, the Queensland Families and Children Commission has highlighted that the:

*“evidence underscores that effective youth justice reform must prioritise early intervention, trauma-informed and relational approaches, culturally safe practice, and strong reintegration support.”*⁵⁹

The Queensland Families and Children Commission highlight Multi-Systemic Therapy (MST) as a successful evidence-based youth justice intervention, which is designed to address serious and persistent youth offending through a community-based, family-centred approach. MST is a

⁵⁶ Neurodisability (sometimes termed neurodevelopmental disability/disorder) is an umbrella term for conditions with onset in childhood and adolescence that involve a compromise to the nervous system due to genetic, pre-birth or birth trauma, injury, or illness in childhood. Such disorders include intellectual disability, other specific learning disabilities (e.g., dyslexia), communication disorders (e.g., language and speech disorders), attention deficit hyperactivity disorder, autism spectrum disorder, and fetal alcohol spectrum disorder. Neurodisability often generates complexities in personal, social, academic or occupational functioning due to cognitive delay, communication difficulties, and challenges in emotional and behavioral regulation. See Baidawi, S., et al, *Neurodisability among Children at the Nexus of the Child Welfare and Youth Justice System*, Journal of Youth and Adolescence (2021) 50:803–819 <https://doi.org/10.1007/s10964-020-01234-w>.

⁵⁷ Commission of Inquiry into the Queensland Child Safety System, Public Hearing, 23 February 2026, pp 4448–4449, at https://www.childsafetyinquiry.qld.gov.au/__data/assets/pdf_file/0006/898314/hearing-transcript-mon-23-feb.pdf.

⁵⁸ As above.

⁵⁹ As above.



structured, intensive engagement over a defined period, with direct therapeutic intervention delivered by trained professionals, alongside 24-hour crisis support.⁶⁰

Effective approaches to change behaviours and reduce the risk for children and young people who are victim-survivors from perpetrating future violence are: designed for children and young people who have experienced significant and cumulative adverse childhood experiences (including family and domestic violence); grounded in evidence-based approaches; therapeutic; intensive and sufficiently resourced; culturally responsive; connected to broader support services systems, including health, education; and tailored to the individual circumstances of a child or young person and their family.

4. How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including, harmful online content, and violence within peer and dating relationships?

The under 16 social media minimum age and the restrictions on youth access to online pornography aim to protect children and young people from emerging forms of harm including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships. These new measures are being evaluated, which will provide further insights and steps that can be taken.

Further action to address current or emerging forms of harm affecting children and young people, including, harmful online content, and violence within peer and dating relationship include:

- Providing universal, ongoing and evidence-based respectful relationship education from early childhood through to secondary school, supported by monitoring and evaluation to continually improve the program and respond to emerging technologies.
- Workforce training and guidance for parents, guardians and carers.

We note the extensive evaluation and research underway to support Australian Government amendments to the *Online Safety Act 2021* to restrict social media and other online harms. We encourage the Australian Government to engage with children and young people on approaches and alternate pathways for children and young people, from a diverse range of experiences and backgrounds, to connect and seek support on safe and healthy relationships.

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

Children and young people have a right to be heard on matters that affect their lives – as set out in Article 12 of the Convention on the Rights of the Child.

Meaningful participation by children and young people who are victim-survivors requires sustained, structural and resourced mechanisms for their participation in both:

⁶⁰ See, for example, Multi-Systemic Therapy (MST) [Multisystemic Therapy \(MST\) – Blueprints for Healthy Youth Development](#).

- the design, delivery and evaluation of policies, programs and services that affect them; and
- decisions made about safety, recovery and healing needs as individuals.

Establishing children and young peoples lived experience advisory groups and councils have been recommended in reports, such as the South Australian Royal Commission into Domestic, Family and Sexual Violence report⁶¹ and the Domestic, Family and Sexual Violence Commission, Yearly Report to Parliament October 2025. Dedicated lived experience advisory groups are one practical action for children and young people to be meaningfully involved in shaping policies, programs and services. They must be resourced for age-appropriate groups and to include children and young people with the greatest barriers to participation, due to factors such as disability, developmental delays, regional, rural and remote locations, settlement and migrant experiences, in out-of-home care or youth justice systems.

“Currently children’s needs, perspectives, and rights are not adequately included in public policies, with negative consequences for the health and wellbeing of children and future generations.”

S. L. Dalgish et al., *Children in all policies: lessons from a global collaboration to promote the health and wellbeing of children and future generations*, Lancet 2026; 408: 169–82.

The recommended *Annual Report of Child Outcomes under the National Plan* should include public reporting on how children and young people are meaningfully involved in shaping the policies, programs and services that affect them.

“Grown-ups think they should hide it and shouldn’t tell us, but we want to know. We want to be involved and we want our mums to talk with us about what they are going to do—we could help make decisions”

Group interview from Mullender et al., 2002, p. 129

Further actions for children and young people to be meaningfully involved in shaping the policies, programs, services and decisions that affect them include:

- Resourcing child and young people feedback loops into policy design, program delivery, monitoring, reporting and evaluation.
- Resourcing organisations to train and build workforce capacity to understand and include genuine participation, particularly in circumstances where children and young

⁶¹ See Recommendation 11 in the South Australian Royal Commission into Domestic, Family and Sexual Violence report, *With Courage*, August 2025.



people with parental safety concerns are seeking help. Engage young people as co-facilitators and provide them safe ways for their stories to shape learning.

- Providing external and independent mechanisms for children and young people to provide feedback, particularly for children in out-of-home care and youth justice systems, to enable participation without fear of negative repercussions.
- Resourcing dedicated for children and young people and lived experience advocates to support their participation, particularly for children with disabilities and communication barriers.
- Development of minimum standards, which specify how participation is offered, supported, feedback given on what changed or how a child or young person's views contributed to the outcome.
- Participation as a funding condition – minimum contractual requirements specifying how participation is facilitated, what support is provided, how input is recorded and feedback given and annual reporting.

I know when I was going through a lot of [violence], [there was] this mentality of 'you're a child, you don't know well enough', and I think that's really damaging... I would recommend they slow down and listen to what these kids want... As a decision maker unless you have specifically been in that situation ... it doesn't matter how much research you do or how many studies you involve yourself with you will never be able to get that first-hand experience ... unless you've been in it for yourself you just – you cannot possibly fathom the fear or the terror or the overwhelmingness of anxiety attacks that sometimes seemingly come out of nowhere....and it is that first-hand experience that qualifies us regardless how young we are to make the decisions that we feel will benefit us and help people in the future to cope with the situations that we didn't have the support for. Slow down and listen to what the people who have experienced it have to say."

Young man, aged 25+, #YM1

https://accp.adelaide.edu.au/siteassets/accp/improving-children-and-young-peoples-safety_practice-brief.pdf#page=2.65