

Second Action Plan

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

GenWest Submission

31 July 2026

Acknowledgements

GenWest recognises that the land on which we work and provide our services always was and always will be Aboriginal land. We proudly acknowledge the Aboriginal and Torres Strait Islander communities across Melbourne's west, their rich culture, diversity, histories and knowledge, and the contribution they make to the life of this region.

We want to take this opportunity to acknowledge the bravery of victim-survivors who have had the courage to come forward and speak out against family violence and oppression. We are committed to continuing to support victim-survivors and others to live free from violence.

We especially want to thank GenWest's Survivor Advisory Group, whose members generously gave their time and shared their lived and living experience. Their expertise directly shaped the priorities, findings and recommendations presented in this submission.

Table of Contents

1 Introduction	3
1.1 About GenWest.....	3
1.2 Our Approach to Lived Experience and GenWest's Survivor Advisory Group	3
2. Submission Overview and Recommendations	3
Priority Area: Victim-Survivors	3
Priority Area: Prevention and Early Intervention	4
Priority Area: Children and Young People	5
Priority Area: People Who Use Violence	5
Priority Area: System Integration and Workforce.....	6
3. Priority Area: Victim-Survivors	6
3.1 Recovery is Lifelong and Requires Ongoing Support.....	6
3.2 Continuity of Care and Seamless Re-Entry Pathways.....	8
3.3 Integrated Mental Health and Disability Supports for Recovery	9
3.4 Peer-Led Support and Connection	10
3.5 Practical Supports that are Flexible, Person-Centred and Tailored	11
4. Priority Area: Prevention and Early Intervention	12
4.1 Prevention Must Be Driven by Education and Social Change	12
4.2 Increase Community Understanding of Diverse Types of Family Violence	13
4.3 Preventing Violence Requires Challenging Gender Inequality, Sexism and Misogyny	14
4.4 Early Intervention Must Extend Beyond Specialist Family Violence Services to Mainstream and Private Sector Systems	15
5. Priority Area: Children and Young People.....	17
5.1 Children and Young People Must Be Recognised as Victim-Survivors in Their Own Right ..	17
5.2 Children Need Greater Access to Education and Therapeutic Supports	18
5.3 Services Must Better Support Family Disclosures and Long-Term Recovery	19
6. Priority Area: People Who Use Violence	19
6.1 Accountability Requires Long-Term Engagement and Meaningful Behaviour Change	19
6.2 Systems Must Better Identify, Monitor and Respond to Repeat and High-Risk Users of Violence	21
7 Priority Area: System Integration and Workforce.....	23
7.1 Lived Experience Must Be Embedded Across Systems, Policy and Leadership.....	23
7.2 Systems Must Be Integrated, Coordinated and Consistent	25
7.3 Systems Must Support and Adequately Fund Long-Term Safety, Stability and Wellbeing ...	27
8. Conclusion	29
9. Appendix A: GenWest's Approach to Embedding Lived Experience and Community Expertise .	29

1 Introduction

1.1 About GenWest

GenWest is a place-based gender equity and family violence service, working with victim survivors and communities across Melbourne's west to lead safe and healthy lives. GenWest draws from 30 years of expertise working in the women's health and family violence sectors and runs services across the full spectrum of primary prevention, early intervention, response, healing, and recovery to support women, children, and gender diverse people to live free from violence.

1.2 Our Approach to Lived Experience and GenWest's Survivor Advisory Group

GenWest recognises victim-survivors as experts in their own experiences and is committed to ensuring their voices directly inform our advocacy, policy, practice and systemic reform work. A key mechanism for this engagement is GenWest's Survivor Advisory Group, a diverse group of members with lived and living experience of family violence. The expertise, reflections and insights of the Group form the evidence base for this submission.

GenWest consulted with members of the Survivor Advisory Group to identify the changes needed to improve responses to family violence across prevention, early intervention, response, recovery and system reform. Members shared their lived and living expertise on what supports safety, healing and recovery, the barriers and harms that persist across systems and services, and the reforms required to better support victim-survivors, children and communities. Members were engaged at key stages of the submission process, including identifying priorities, shaping the recommendations, and reviewing the final submission.

2. Submission Overview and Recommendations

GenWest welcomes the opportunity to contribute to the Second Action Plan consultation under the *National Plan to End Violence against Women and Children 2022–2032*. This submission responds to the priority areas outlined in *Evidence to Action: Informing Direction for the Second Action Plan* and presents key recommendations grounded in the lived and living experience of victim-survivors of family violence.

Priority Area: Victim-Survivors

Recommendation 1: Recognise recovery from family violence as a lifelong and non-linear process, and invest in flexible, long-term recovery pathways that

extend beyond crisis intervention, risk management and short-term case management.

Recommendation 2: Develop nationally consistent continuity-of-care and re-entry models that enable victim-survivors to access support quickly and seamlessly when risk, circumstances or support needs change, including where family violence continues through post-separation abuse, litigation, parenting disputes, financial abuse or ongoing coercive control.

Recommendation 3: Strengthen integration and referral pathways across family violence, mental health and disability services to ensure victim-survivors can access timely, trauma-informed care throughout recovery, including counselling and psychosocial, mental health and disability supports.

Recommendation 4: Invest in peer-led recovery supports, including facilitated peer support groups and one-to-one peer support workers with lived experience, as a core component of long-term recovery pathways for victim-survivors of family violence.

Recommendation 5: Prioritise and adequately fund flexible, person-centred recovery models that provide victim-survivors with access to practical, legal, and financial supports tailored to their individual goals, needs and circumstances over time.

Priority Area: Prevention and Early Intervention

Recommendation 6: Increase long-term investment in evidence-based primary prevention initiatives that challenge gender inequalities, attitudes, beliefs and social norms that drive violence against women and children, including programs delivered through schools, workplaces, sporting clubs and community settings.

Recommendation 7: Fund sustained, nationally coordinated public awareness and community education campaigns that improve understanding of coercive control, emotional abuse, psychological abuse, financial abuse and post-separation abuse, enabling victim-survivors, families, bystanders and professionals to recognise abuse earlier and respond safely and appropriately.

Recommendation 8: Develop and fund a national, whole-of-community prevention strategy that addresses the underlying drivers of violence against women and children, including sexism, misogyny, gender inequality and harmful online content, through coordinated education, community

engagement, digital platform accountability and early intervention initiatives that challenge attitudes before violence occurs.

Recommendation 9: Establish a national family violence capability framework that extends beyond specialist services to mainstream and private sector systems, including health, banking, legal, housing, financial services, education, transport and local government, requiring organisations to implement family violence-informed policies, workforce capability standards, referral pathways and survivor-centred responses.

Priority Area: Children and Young People

Recommendation 10: Embed a child-centred approach across family violence policy, funding and service delivery that recognises children and young people as victim-survivors in their own right, centres their voices and experiences, and provides dedicated, age-appropriate pathways for support, recovery and healing.

Recommendation 11: Invest in dedicated counselling, therapeutic and educational supports that help children and young people understand, process and recover from their experiences of family violence while addressing shame, self-blame and the long-term impacts of trauma.

Recommendation 12: Strengthen child-centred family violence responses by reducing barriers to disclosure, improving coordination between family violence and child-focused systems, and providing long-term, developmentally appropriate recovery supports that evolve with children's needs over time.

Priority Area: People Who Use Violence

Recommendation 13: Strengthen national approaches to perpetrator accountability through evidence-based behaviour change interventions, outcome monitoring and long-term engagement models that support genuine and sustained behavioural change while prioritising victim-survivor safety.

Recommendation 14: Develop nationally coordinated approaches to identifying, monitoring and responding to repeat and high-risk users of violence, including improved data collection, information sharing, risk assessment and cross-jurisdictional collaboration to identify patterns of violence, support earlier intervention and support community safety.

Priority Area: System Integration and Workforce

Recommendation 15: Embed diverse lived and living experience expertise across family violence policy, governance, service design, workforce development and evaluation, including leadership and decision-making roles, with transparent mechanisms demonstrating how victim-survivor contributions influence outcomes.

Recommendation 16: Develop a nationally coordinated family violence system that improves continuity of care, reduces re-traumatisation, strengthens cross-jurisdictional coordination, and enables seamless access to support through integrated partnerships and referral pathways between family violence, legal and broader service systems.

Recommendation 17: Reform funding and service delivery models to support long-term safety, stability and wellbeing for victim-survivors, including sustained recovery support, continuity of care, flexible re-engagement pathways, workforce capacity to provide ongoing trauma-informed support, and greater accountability for how funding is distributed and measured against victim-survivor outcomes.

3. Priority Area: Victim-Survivors

3.1 Recovery is Lifelong and Requires Ongoing Support

Survivor Advisory Group Members consistently challenged assumptions that recovery from family violence can be achieved through short-term interventions. Participants described recovery as a lifelong process, shaped by changing circumstances, ongoing trauma, and periods where additional support may be required. Members emphasised that leaving violence is only the beginning of the journey and that systems must recognise that victim-survivors may need support many years after the violence has ended.

One member discussed how triggers can emerge unexpectedly and continue to impact victim-survivors long into the future:

"I left him five years ago. I'm still not secure in my stability for having a roof over my head... life will forever have triggers for people who have been through this...This is a lifelong thing. It doesn't stop...It's not one and done." - **Survivor Advisory Group member**

Another participant described recovery as:

"Regaining your belief in yourself and your life...There's so much isolation and once you're out, there's a lot of guilt and shame as well." -

Survivor Advisory Group member

Members outlined that current funding and service delivery models remain heavily focused on crisis intervention and risk management, with service engagement often ending once immediate risk has been mitigated.

Members felt these approaches fail to recognise the enduring impacts of trauma, the complexities of financial abuse, housing insecurity, parenting challenges and the forced interactions and risks that many victim-survivors continue to experience long after separation. Members argued that greater investment and attention must be directed towards long-term healing, recovery and wellbeing.

As members reflected:

"It's not just a MARAM checklist of scoring risk or 10 sessions with your caseworker then off you go. We need to move away from that sort of clinical approach with victim-survivors." - **Survivor Advisory Group member**

"I feel there should not be a deadline to recovery. It might take a very long time to get your confidence back, your social connections...This includes fixing your housing or fixing your finances or fixing your social life. There's so much in recovery." - **Survivor Advisory Group member**

Members also highlighted that recovery is not always synonymous with separation, noting that many victim-survivors must continue living with the impacts of violence and maintain ongoing interactions with the person who caused harm due to parenting, financial or legal arrangements.

As one member explained:

"We talk about recovery as if people have to be totally free from the violence they experience to recover, but for some people that's not possible. How do we talk about it when some people don't ever get to be free from it? And how often are we permanently free from the person that harmed us, or the people attached to them? They're often, or frequently, still a part of our lives in some way (unless we only speak about IPV, but in that case many people cannot leave, or still have children or other attachments to that person)." - **Survivor Advisory Group member**

Members also reflected on the deeply personal and individual nature of recovery. Participants described recovery as more than achieving safety or leaving a violent relationship. Rather, recovery was seen as a process of rebuilding identity, confidence, self-understanding and the capacity to create a life that feels safe and meaningful.

As one member reflected:

"I think genuine recovery is about deciding for yourself what a safe, happy life looks like and having the capacity and the resilience to actualise it. It's understanding that recovery itself is a journey, a non-linear journey, and that perhaps the aim isn't to get back to who you 'were', but to find and love who you are now without judgement of your experiences." – **Survivor Advisory Group member**

Recommendation 1: Recognise recovery from family violence as a lifelong and non-linear process, and invest in flexible, long-term recovery pathways that extend beyond crisis intervention, risk management and short-term case management.

3.2 Continuity of Care and Seamless Re-Entry Pathways

Members consistently identified continuity of care as a defining feature of an effective family violence system. They described frustration with systems that require victim-survivors to restart their journey each time their circumstances change or when risk escalates. Members highlighted that recovery trajectories are rarely linear and that systems must be designed to respond flexibly to changing needs and situations.

One member explained:

"It's understanding that our recovery is life long and victim-survivors will need to re-enter the system sometimes. I think that is something that's missed. A really good system would care about a survivor's risk at all stages of their recovery." - **Survivor Advisory Group member**

Members spoke about the emotional harm caused by repeatedly having to tell their stories. Participants highlighted that current systems often require survivors to return to the beginning of the process and relive traumatic experiences. The group strongly supported service models that allow victim-survivors to move in and out of support as needed, regardless of where they are in their recovery journey.

"The system's responsibility is to make us feel safe. But just to go through that cycle again can be harmful."- **Survivor Advisory Group member**

"If you're entering through intake and then you get through the system... but your risk changes, how do you re-enter seamlessly?"- **Survivor Advisory Group member**

Members also highlighted that family violence often continues long after a relationship has ended, particularly through ongoing family law proceedings, property settlements, financial abuse, coercive control and post-separation harassment. Participants expressed concern that victim-survivors can lose access to specialist family violence supports once they are considered to have "left" the relationship, despite continuing to experience family violence and requiring ongoing assistance.

As one member reflected:

"The family violence support agencies think you've left family violence... but actually they're still subject to continual harassment." –

Survivor Advisory Group member

Members emphasised that continuity of care and re-entry pathways must recognise that recovery and risk frequently coexist and that victim-survivors should be able to re-access family violence supports when circumstances, risks or support needs change, regardless of how much time has passed since leaving the relationship.

Recommendation 2: Develop nationally consistent continuity-of-care and re-entry models that enable victim-survivors to access support quickly and seamlessly when risk, circumstances or support needs change, including where family violence continues through post-separation abuse, litigation, parenting disputes, financial abuse or ongoing coercive control.

3.3 Integrated Mental Health and Disability Supports for Recovery

Members highlighted the importance of timely, trauma-informed mental health and disability supports throughout recovery. They described recovery as emotionally demanding and emphasised that support needs often emerge or evolve long after the immediate crisis has passed.

One member recounted the barriers she faced in accessing mental health support:

There was no mental health support because I failed the income test. For a couple of years I had nothing to look forward to in life because of the past...these services should be part of every recovery." – **Survivor**

Advisory Group member

Some members reflected positively on services that provided validation, emotional support and referral pathways without requiring victim-survivors to repeatedly justify or explain their experiences. Counselling and psychosocial supports were identified as critical components of recovery.

As one member recounted:

"I got referred to a counsellor who I have had since I left [my ex]. She is the one that probably over the last six years has stopped me from getting suicidal...having consistency of counselling is vital." – **Survivor**

Advisory Group member

Members also described the importance of being asked what support they need and having access to services that respond to their individual circumstances rather than predetermined service responses.

As one member reflected:

"When my caseworker asked me, 'What do you think you need?' I said, 'I think I have ADHD and I would like to get an ADHD assessment. I don't have funds for that.' It was nearly \$2000, and I was able to get my diagnosis. I think that really changed a big aspect of my life, how I view myself and my recovery as well. Just asking people what they need is always going to be best practice." – **Survivor Advisory Group member**

Members identified a need for stronger integration between family violence, mental health and disability services, highlighting the importance of coordinated care, integrated responses and clear referral pathways to support safety, wellbeing and recovery.

Recommendation 3: Strengthen integration and referral pathways across family violence, mental health and disability services to ensure victim-survivors can access timely, trauma-informed care throughout recovery, including counselling and psychosocial, mental health and disability supports.

3.4 Peer-Led Support and Connection

Members consistently described peer support as an important component of recovery, highlighting the value of connecting with others who understand the impacts and complexities of family violence. Members noted that peer support can reduce isolation, foster belonging and provide opportunities to learn from others with shared lived experience.

As one member reflected:

"This group has been in some respects a peer support group because we've been able to share our experiences and learn how other people have been coping. I've drawn a lot of strength from that personally and I think as a recommendation, peer support groups for victim-survivors would be great. I really think that women supporting other women is so important." – **Survivor Advisory Group member**

Members also emphasised the need for greater investment in peer-led supports across the family violence sector. Participants described both facilitated peer support groups and one-to-one support delivered by peer workers with lived experience as valuable approaches that offer connection, validation and practical support throughout recovery.

As one member reflected:

"Under peer support, that would be two types. That would be a facilitated peer support group run by the family violence organisation and also peer support workers that work one on one." – **Survivor Advisory Group member**

Recommendation 4: Invest in peer-led recovery supports, including facilitated peer support groups and one-to-one peer support workers with lived experience, as a core component of long-term recovery pathways for victim-survivors of family violence.

3.5 Practical Supports that are Flexible, Person-Centred and Tailored

Members emphasised that recovery extends beyond emotional safety and wellbeing also requires practical supports that enable victim-survivors to rebuild independent and stable lives. Housing, legal assistance, financial support, education, and employment were identified as critical foundations for recovery.

Members recounted significant barriers in accessing affordable legal services or adequate information following separation and described the vulnerability experienced when trying to navigate these systems without support.

As members recounted:

"I did not qualify for legal aid. I had to look for a lawyer and I remember a barrister tried to rip me off because I was all alone. I was in very bad shape trying to prove myself in District Court." - **Survivor Advisory Group member**

"I was pretty much on my own, I had to support myself in every aspect - legal, financial, social, emotional, all of it."- **Survivor Advisory Group member**

Members identified the need for greater legal literacy and education for victim-survivors navigating complex legal systems. Participants described feeling overwhelmed by court processes, legal terminology, financial disclosure requirements and property settlement processes, particularly where they were required to self-represent or navigate proceedings without adequate support.

Members argued that supporting victim-survivors to understand their rights and the systems they are engaging with is an important part of recovery, agency and self-determination.

As one member reflected:

"Women need to be educated to understand their rights." – **Survivor Advisory Group member**

Stable housing was also identified as fundamental to long-term recovery and healing.

"Housing is one of the main things that's really important."- **Survivor Advisory Group member**

The Group consistently emphasised that recovery support should be flexible, person-centred, and tailored to the individual circumstances of each victim-survivor. Participants noted that there is no single pathway to recovery and that support needs vary significantly depending on a person's experiences, circumstances, culture, family situation, health, financial position and stage of recovery.

Members also emphasised that understanding what support a victim-survivor needs is often an ongoing process rather than a one-off conversation and that services must meet victim-survivors where they are at in their recovery journey.

As one member explained:

"Sometimes you don't feel like you deserve to ask for what you need and that's a question that needs to be asked repeatedly. If you're in a position of crisis, being able to actually cast ahead and think beyond what you need in that moment is going to be virtually impossible...In the beginning it was just, 'Get me out. Get me safe.' That's where that question needs to be asked consistently because it takes a while to feel like you deserve the things that you need to ask for." - **Survivor**

Advisory Group member

Members also spoke about the importance of being heard and having their experiences recognised as part of the recovery process.

"Giving us a voice has done more for my recovery and feeling that what I have been through has not been for nothing." - **Survivor Advisory Group member**

Recommendation 5: Prioritise and adequately fund flexible, person-centred recovery models that provide victim-survivors with access to practical, legal, and financial supports tailored to their individual goals, needs and circumstances over time.

4. Priority Area: Prevention and Early Intervention

4.1 Prevention Must Be Driven by Education and Social Change

Members consistently argued that a greater focus on prevention is needed if Australia is to reduce family violence in the long term. While participants recognised the importance of crisis response services, many reflected that governments remain disproportionately focused on responding to violence rather than addressing the underlying attitudes, behaviours and social norms that enable violence in the first place.

One member described prevention and education as the ultimate measure of success for the National Plan and that success should be measured not simply by the number of people accessing services, but by creating a society where fewer people experience violence in the first place:

"I believe that the aim of this plan should be education and prevention...We will know we've got somewhere when stability and sustainability become what this service is mostly about."- **Survivor Advisory Group member**

Members also highlighted the need to embed prevention initiatives within everyday settings where attitudes about relationships, gender and respect are formed. Participants advocated for ongoing investment in education initiatives delivered across schools, sporting clubs, workplaces and community settings:

"Part of that comes in when you're doing the education, not only for perpetrators, but children in schools, in sports and making it so that prevention and education is the primary focus and funded appropriately."- **Survivor Advisory Group member**

Recommendation 6: Increase long-term investment in evidence-based primary prevention initiatives that challenge gender inequalities, attitudes, beliefs and social norms that drive violence against women and children, including programs delivered through schools, workplaces, sporting clubs and community settings.

4.2 Increase Community Understanding of Diverse Types of Family Violence

Members repeatedly spoke about the limited awareness and understanding of family violence, particularly non-physical forms of abuse such as coercive control, psychological abuse, emotional abuse and financial abuse. Participants reflected that both victim-survivors and the broader community often struggle to recognise these behaviours as family violence and that dominant perceptions of abuse continue to be shaped by narrow stereotypes that fail to capture the many ways violence can manifest.

As one member observed:

"Domestic violence does not fit into a little box. It's infinite." - **Survivor Advisory Group member**

Members emphasised that greater awareness could support earlier recognition of abuse, encourage help-seeking, challenge harmful behaviours among people using violence, and strengthen the capacity of families, friends and bystanders to respond appropriately.

As one member reflected:

"Public awareness campaigns; I would really love to see that. So that both the victim and the perpetrator go, 'Hang on a second, my norm is not the norm. That society does not say it's OK.'" - **Survivor Advisory Group member**

Members believed sustained awareness campaigns could help challenge harmful social norms, increase recognition of abusive behaviours and shift community attitudes towards family violence over time.

"In the past we used to have campaigns; wear a seatbelt for safety. Don't smoke, it causes cancer. Breast screening. It would be really great if more funding from the National Plan went into campaigns around educating members of society." - **Survivor Advisory Group member**

Recommendation 7: Fund sustained, nationally coordinated public awareness and community education campaigns that improve understanding of coercive control, emotional abuse, psychological abuse, financial abuse and post-separation abuse, enabling victim-survivors, families, bystanders and professionals to recognise abuse earlier and respond safely and appropriately.

4.3 Preventing Violence Requires Challenging Gender Inequality, Sexism and Misogyny

Members consistently linked family violence prevention to broader social attitudes about gender, power and control. Participants expressed concern about the persistence of sexism and misogyny, including the increasing visibility of harmful attitudes towards women across social media and online environments. Members viewed these attitudes as contributors to the broader social conditions in which violence is tolerated, excused or normalised.

One member reflected:

"Every day we're fighting on social media about sexism and calling out these sorts of things that start to contribute to family violence." - **Survivor Advisory Group member**

Participants stressed that family violence does not occur in isolation. Rather, it develops within a broader social context where attitudes about gender, entitlement, power and control are learned and reinforced. Members argued that prevention efforts must therefore address not only violence itself, but also the beliefs and behaviours that create the conditions in which violence can occur.

One member highlighted the role of education before abusive behaviour becomes entrenched:

"I think a lot of it is education, because with my ex, years and years back when he first started all this. If there had been someone to step in and say, 'What you're doing is not OK. This is what it does. Do you want to fix this?'"- **Survivor Advisory Group member**

Recommendation 8: Develop and fund a national, whole-of-community prevention strategy that addresses the underlying drivers of violence against women and children—including sexism, misogyny, gender inequality and harmful online content—through coordinated education, community engagement, digital platform accountability and early intervention initiatives that challenge attitudes before violence occurs.

4.4 Early Intervention Must Extend Beyond Specialist Family Violence Services to Mainstream and Private Sector Systems

A significant theme throughout the consultation was that opportunities for early intervention are frequently missed because professionals across mainstream and private sector services lack the knowledge, confidence or capability to recognise family violence and respond appropriately. Members highlighted that many everyday systems—including banks, housing providers, legal services, transport authorities and educational institutions—may be critical touchpoints for identifying family violence and connecting people with support. However, these systems are rarely considered part of the broader family violence system despite the significant role they play in victim-survivors' everyday lives.

As one participant reflected:

"There is no connection between the private sector and the family violence system." – **Survivor Advisory Group member**

A member described seeking medical support during a period of family violence, yet her experience was not identified or acknowledged.

"I once I had a blackout...I went to a GP and he heard me and he did diagnose anxiety disorder. But he never told me that what I was going through was actually family violence. Later on when I reflected, I was amazed that it isn't obligatory for him to tell me what was the reason for it or help me with a referral. He gave me prescription medication for anxiety and just let me go." – **Survivor Advisory Group member**

Reflecting on this missed opportunity for intervention, this member questioned:

"How come it is not the responsibility of the medical system who should know how to identify what is going on and not tell the person?" – **Survivor Advisory Group member**

Members argued that gaps in family violence awareness extend far beyond the health system. Participants described how private sector institutions, particularly banks, continue to operate separately from the family violence sector despite playing a significant role in a victim-survivors' financial safety and recovery.

One member recounted having to repeatedly explain her experience of family violence to a bank while simultaneously navigating police and court processes:

"I had an IVO, I had a police case... I had to speak to the bank to tell them my story, convince the bank what the situation was at that moment and what steps I took just for my safety. I feel the system is still a bit broken... I had to separately deal with the bank, although I was dealing with the judicial system. That moment was quite traumatising." – Survivor Advisory Group member

Members suggested that many institutions remain focused on their core business functions without recognising the ways family violence shapes people's interactions with those services.

One member described the absence of adequate family violence policies for homeowners leaving a violent relationship:

"The banking system had no policy or provision for family violence. They had the general hardship system, but this is a different situation. It wasn't just financial but psychological hardship. I was under so much pressure; I had to sell that house. When I bought another one, I had to pay significant stamp duty because I was no longer a first homeowner." – **Survivor Advisory Group member**

Members agreed that family violence capability should not be confined to specialist services, but be embedded across broader service systems that people engage with throughout their lives. This includes both government-funded and private sector services that can support safety and recovery or inadvertently compound harm.

"In terms of system integration there is no provision for victim-survivors in this sector... I feel there should be some kind of provision for people going through family violence." – **Survivor Advisory Group member**

Recommendation 9: Establish a national family violence capability framework that extends beyond specialist services to mainstream and private sector systems—including health, banking, legal, housing, financial services, education, transport and local government—requiring organisations to implement family violence-informed policies, workforce capability standards, referral pathways and survivor-centred responses.

5. Priority Area: Children and Young People

5.1 Children and Young People Must Be Recognised as Victim-Survivors in Their Own Right

Members consistently emphasised that children and young people are victim-survivors in their own right and require responses that recognise their individual experiences, needs and recovery journeys. Participants highlighted that family violence systems often focus primarily on the experiences and needs of adult victim-survivors, resulting in children's experiences being treated through the lens of their protective parent or carer. Members argued that children should be recognised as individuals, with opportunities to understand, make sense of and speak about their experiences, and access support tailored to their unique needs and stage of development.

As one member stated:

"A child-centred response and recovery system would not view children as countable appendages of their parent. It would view them as victim-survivors in their own right. It would allow children to identify as victim-survivors, to understand their experiences without automatically protecting or deferring to the protective parent." - **Survivor Advisory Group member**

Members also recognised the importance of balancing children's individual needs with their role within the broader family context.

As another member reflected:

"A child centred response is treating them as their own human being and as part of the family unit...So it's individual and how that individual fits into the family as well." - **Survivor Advisory Group member**

Several members stated that current approaches continue to marginalise children's voices and experiences within adult-centric family violence responses.

One member argued:

"I think there needs to be an acknowledgement that we have historically failed children who have experienced violence, and our system still sees them and their experiences as secondary." - **Survivor Advisory Group member**

Recommendation 10: Embed a child-centred approach across family violence policy, funding and service delivery that recognises children and young people as victim-survivors in their own right, centres their voices and experiences, and provides dedicated, age-appropriate pathways for support, recovery and healing.

5.2 Children Need Greater Access to Education and Therapeutic Supports

Members consistently identified education, counselling and other therapeutic supports as essential for children and young people affected by family violence. Participants described how children may struggle to understand what they have experienced, particularly where violence has been normalised within a family environment or where abuse is non-physical.

One member reflected on her son's experience:

"Education and counselling would probably be two of the priorities...

He [my son] was quite offended by the fact that I was using a domestic violence service because of the word 'violence.' He needed to understand that violence comes in all forms. He didn't understand. His thinking was 'Oh, that's just dad!'" – **Survivor Advisory Group member**

Members also emphasised the importance of helping children understand and process their experiences without internalising shame, while supporting healthy pathways to recovery and healing.

One member reflected:

"How do we help kids to understand the experience that they've had and sort of locate that experience in a way which minimises any shame that they carry for themselves or, in many cases, for their father?" – **Survivor Advisory Group member**

Another member elaborated:

"They need a lot of education, so they understand what it is they're going through...a lot of kids do blame themselves. They think that's something that they've done that's made it happen." – **Survivor Advisory Group member**

Members further emphasised that education can play an important role in helping children minimise the risk of harm in the future.

As one participant explained:

"Part of education is also prevention, because you don't want kids thinking that this is normal, that this is what our relationship should look like...to be able to prevent either themselves going down that path or getting into a relationship where they're back where they were with their family experience." – **Survivor Advisory Group member**

Recommendation 11: Invest in dedicated counselling, therapeutic and educational supports that help children and young people understand, process and recover from their experiences of family violence while addressing shame, self-blame and the long-term impacts of trauma.

5.3 Services Must Better Support Family Disclosures and Long-Term Recovery

Members raised concerns that current systems can inadvertently discourage disclosure and help-seeking for protective parents or families. Participants described how fear of child protection involvement can create additional barriers for families seeking support for themselves and their children. Members highlighted the importance of creating systems that support disclosure and safety rather than increasing fear or uncertainty.

One member shared:

"The reasons why we don't disclose is because we're scared. This has happened to me. I disclosed historical family violence to a service, and they called child protection...We don't disclose because we don't think we're going to get assistance and when we do disclose things like that happen." – **Survivor Advisory Group member**

Participants also stressed that the impacts of family violence on children can be long-lasting and may emerge over time and that appropriate supports need to reflect this.

As one member noted:

"For children we know the long-term effects of what happened, so it would be like that continuity of care." – **Survivor Advisory Group member**

Recommendation 12: Strengthen child-centred family violence responses by reducing barriers to disclosure, improving coordination between family violence and child-focused systems, and providing long-term, developmentally appropriate recovery supports that evolve with children's needs over time.

6. Priority Area: People Who Use Violence

6.1 Accountability Requires Long-Term Engagement and Meaningful Behaviour Change

Members agreed that responsibility for ending family violence is too often placed on victim-survivors while insufficient attention is directed towards the people who are choosing to use violence. Participants noted that family violence systems, policy discussions and public conversations frequently focus on those experiencing violence, with comparatively limited attention paid to how people using violence are engaged, held accountable and supported to change their behaviour.

As one participant reflected:

"It seems in every professional conversation about family violence we are always talking about the people experiencing violence and excluding the people actually enacting the violence. There's such a huge

disconnect between us and it feels like our work never meets." –

Survivor Advisory Group member

Members emphasised that accountability must extend beyond attendance at behaviour change programs or compliance with court orders. Participants questioned whether current approaches adequately measure genuine behavioural change and highlighted concerns that some people using violence engage with interventions primarily to satisfy legal requirements rather than to address the attitudes, beliefs and behaviours underpinning their use of violence.

One member reflected:

"Sometimes these people might go and do these courses and everything, but it's because they want to lower their parole. Tick the box to make out they're doing alright, but they don't really." –

Survivor Advisory Group member

Another participant highlighted the need for stronger monitoring and evaluation of outcomes:

"There should be proper analysis from a psychologist or something to see if it actually has worked and there should be some really good behavioural programmes which will go long-term, especially for a repeated offender." – **Survivor Advisory Group member**

Members consistently identified accountability as a critical component of any effective response to family violence, while acknowledging the complexity of creating meaningful opportunities for people using violence to take responsibility for their actions and make lasting change.

As participants reflected:

"Accountability is critical." – **Survivor Advisory Group member**

"Accountability needs to come from the perpetrator as well. But how they become accountable for themselves is a very difficult question." –

Survivor Advisory Group member

Members argued that accountability should not be understood solely through punishment or program completion. Rather, participants emphasised the importance of responses that combine meaningful consequences, responsibility-taking and opportunities for sustained behavioural change over time.

As one member reflected:

"Accountability for people using violence needs to look at accountability and change in the long term. It also means challenging carceral attitudes, the desire to label someone a 'perp' or to write off the potential for genuine change out of frustration and anger...this in itself is so deeply unhelpful and doesn't touch on the genuine drivers of family violence. Having said that there needs to be genuine, effective accountability." – **Survivor Advisory Group member**

Participants also stressed the importance of maintaining a clear focus on the gendered nature of family violence while strengthening accountability responses.

As one member stated:

"Men kill women and this is what happens. It's not women killing their partners. It is men killing their female partners...So the accountability, I don't know what that looks like to be honest. But it has to come from the person committing these crimes." – **Survivor Advisory Group member**

Recommendation 13: Strengthen national approaches to perpetrator accountability through evidence-based behaviour change interventions, outcome monitoring and long-term engagement models that support genuine and sustained behavioural change while prioritising victim-survivor safety.

6.2 Systems Must Better Identify, Monitor and Respond to Repeat and High-Risk Users of Violence

Members raised concerns that current systems remain fragmented in their ability to identify, monitor and respond to repeat and high-risk users of violence. Participants reflected that patterns of abusive behaviour are often not visible across systems, jurisdictions or relationships, limiting opportunities for effective risk assessment, accountability and early intervention.

Several participants argued that responses to people using violence remain largely incident-based, rather than recognising patterns of behaviour that may occur over many years and across multiple relationships. Members emphasised that repeated reports or incidents do not always trigger a coordinated response proportionate to the level of risk.

As one member stated:

"If someone has been reported multiple times, the risk has to be monitored with them. We cannot let a person do a repeated offence and just get away with it. It's just such a mockery to the system." - **Survivor Advisory Group member**

Participants emphasised that failures to identify and respond to patterns of high-risk behaviour can have fatal consequences. Members expressed concern that opportunities to intervene are often missed until risks have significantly escalated.

One member observed:

Apparently 10% of perpetrators are high risk, but often too late, because then the victim-survivor ends up dead... women who have left a violent relationship or are still in one have no ability to get support and that's why there's fifty, sixty women being killed a year from family violence." - **Survivor Advisory Group member**

Participants also highlighted concerns that there is limited visibility of repeat perpetration across relationships, despite some individuals using violence against multiple partners over time. Members noted a lack of data and monitoring mechanisms that would enable systems to identify recurring patterns of violence across different victim-survivors.

As one member reflected:

"There's no equivalent statistic or study for people using violence. Different women have experienced family violence from the same man. There's not that prevalence data to show that." **Survivor Advisory Group member**

Members discussed the need for stronger mechanisms to identify and respond to patterns of violence, particularly where there is repeated offending, escalating risk or ongoing post-separation abuse. Several participants suggested that more coordinated approaches to information-sharing data collection and risk identification are needed to better protect victim-survivors and prevent future harm.

Another member pointed out:

"There has to be some kind of provision to have data against perpetrators, so that people know it's a pattern, right? He's a family violence perpetrator...It's a pattern of somebody's behaviour." **Survivor Advisory Group member**

Other members raised concerns about limitations within current reporting pathways, particularly for victim-survivors who continue to experience abuse after separation. Participants described difficulties having ongoing patterns of coercive control, intimidation and harassment recognised and responded to appropriately.

As one member explained:

"Women could report family violence to such a threat assessment centre... they've left their partner five to ten years ago and they're still experiencing family violence." **Survivor Advisory Group member**

Participants also identified the need for stronger accountability within institutions and positions of authority. Members expressed concern that people who use violence may continue to hold influential roles despite allegations or histories of family violence, including as police officers, judicial officers and other professionals entrusted with community safety and decision-making. Participants noted that the presence of perpetrators in these roles can create additional barriers for victim-survivors and weaken trust in the systems responsible for their safety and protection.

As one member stated:

"There needs to be accountability for these perpetrators and to be a safe environment for people to report family violence and then go through IVOs. The system needs to be looked at and needs to be less tolerant of perpetrators of family violence working in positions of power." **Survivor Advisory Group member**

Recommendation 14: Develop nationally coordinated approaches to identifying, monitoring and responding to repeat and high-risk users of violence, including improved data collection, information sharing, risk assessment and cross-jurisdictional collaboration to identify patterns of violence, support earlier intervention and support community safety.

7 Priority Area: System Integration and Workforce

7.1 Lived Experience Must Be Embedded Across Systems, Policy and Leadership

Members consistently emphasised that lived experience must be embedded across the family violence system and broader service systems if policies, services and reforms are to be effective, responsive and accountable. Participants stressed that victim-survivors bring expertise that cannot be replicated through professional knowledge, research or policy development alone.

As one member highlighted:

"Not referring to victim-survivors at all but going by textbook stuff." -
Survivor Advisory Group member

Members expressed frustration that consultation can feel tokenistic when victim-survivors are asked to share their experiences without being informed how their input has influenced decisions or driven change. Participants argued that transparency, accountability and clear feedback mechanisms should underpin all engagement with victim-survivors.

As one member reflected:

"I feel like sometimes there are a lot of tick boxes of like 'OK, we had this group in. We spoke to them, ticked that box for this year!' But what have you actually done with that? Has there been follow up? What did you get out of it? You listened to us but now show us what you did with the advice." – **Survivor Advisory Group member**

Members also argued that embedding lived experience within policy and decision-making requires organisations and governments to be willing to hear challenging feedback and engage with victim-survivors in an honest and authentic way.

One member suggested:

"Meaningful involvement of victim-survivors in shaping services, policies and systems looks like sitting in discomfort. We are going to hear things we don't like to hear, from people who are passionate, traumatised and who are putting their rage, wisdom and faith in systems and services. I think meaningful involvement involves honesty and transparency, there is no quicker way to lose a passionate advocate than overpromising and

underdelivering or to commodify their efforts." – **Survivor Advisory Group member**

Members advocated for lived experience expertise to be embedded throughout organisations and systems, particularly within governance and leadership structures where decisions about policy, funding and service delivery are made.

As members stated:

"Listening to lived experience groups like this one at all levels of an organisation and at all levels of the system." – **Survivor Advisory Group member**

"Actually having people that have lived experience in leadership." – **Survivor Advisory Group member**

Members stressed that lived experience engagement must reflect the diversity of family violence experiences. Participants expressed concern that systems can prioritise certain victim-survivor narratives while overlooking others, resulting in policies and services that do not adequately reflect the breadth and complexity of family violence.

As one member observed:

"[Policymakers] take perspectives that will get the funding, cause it's more sympathy for a mother with her children. But there's this broad range of people. There's people who don't have children; there's men; there's older women; there's teenagers; there's the kids themselves. There's a broad range of victim-survivors, but they pick and choose." – **Survivor Advisory Group member**

Members noted that family violence systems are often shaped by existing service frameworks, funding models and eligibility criteria, which can privilege some experiences while marginalising others. Participants expressed concern that people who do not fit within established service models can become excluded from policy, funding and reform efforts, resulting in a narrow understanding of what family violence is and who is recognised within the system.

As one participant reflected:

"The family violence system is therefore representative only of the people who fit within their frameworks and within its service provision, and as a system I think we need to maintain cognisance that the service system and experiences of family violence are different. Who we do not serve within the system start to fall outside of the picture of family violence, and the focus circles back to white, heterosexual instances of intimate partner violence." – **Survivor Advisory Group member**

Members also emphasised that lived experience should inform systems beyond specialist family violence services, including courts, housing, child protection, health, education and other systems that significantly influence victim-survivors' lives.

As one member explained:

"Lived experience needs to be embedded in the system. I'm going to use the courts as an example of the legal system where family law matters are held. They should have their own or rotating different family violence lived experience groups to understand what it means for someone that's going through the system that's experiencing family violence." – **Survivor Advisory Group member**

Recommendation 15: Embed diverse lived and living experience expertise across family violence policy, governance, service design, workforce development and evaluation, including leadership and decision-making roles, with transparent mechanisms demonstrating how victim-survivor contributions influence outcomes.

7.2 Systems Must Be Integrated, Coordinated and Consistent

Members consistently emphasised that an effective family violence system must function as a coordinated and interconnected system rather than a collection of separate services, agencies and institutions. Participants described the challenges of navigating fragmented responses across specialist family violence services, legal systems, police, health services, housing providers, financial institutions and other systems that play a role in victim-survivors' safety and recovery.

Members highlighted that poor integration can increase the burden placed on victim-survivors, particularly where people are required to repeatedly recount traumatic experiences to different services and professionals.

As discussed during the consultation:

"When we're sort of talking about that interconnectedness across the system is the stress that can be generated when people have to tell their story over and over again. That's one feature of an integrated system." - **Survivor Advisory Group member**

Participants emphasised that integrated systems should reduce re-traumatisation by improving coordination, information sharing and continuity of care across services, allowing victim-survivors to access support without repeatedly reliving their experiences.

Members also stressed that family violence is not confined to a single point in time and that systems must be designed to respond to changing circumstances throughout a person's life. Participants noted that support needs can emerge or re-emerge long after an individual has left a violent relationship, requiring systems that are flexible and responsive rather than structured around short-term episodes of crisis.

As one member reflected:

"The experience of family violence can and is the touch point for people consistently through their lifetime and the system needs to be flexible enough to accommodate people at any point when they're having those experiences." - **Survivor Advisory Group member**

Participants argued that systems must support people to move seamlessly between services and re-engage with support when circumstances, risks or needs change. Members emphasised that continuity of support should be viewed as a core feature of system integration rather than an optional component of service delivery.

Several participants also called for a more nationally consistent approach to family violence responses. Members expressed concern that variations across jurisdictions can create confusion, barriers to support and inconsistencies in how victim-survivors are recognised and assisted.

As one member explained:

"I think the system should have a National Framework that needs to be structured, integrated and dynamic that goes Australia wide. Not each state has its different one. It needs to be one integrated system." - **Survivor Advisory Group member**

Participants noted that victim-survivors often move between jurisdictions and argued that systems should be capable of maintaining continuity of information, risk assessment and support regardless of location.

One member reflected:

"I've moved from NSW to Victoria, like if something happened to me up there, it should follow me down here." - **Survivor Advisory Group member**

Members highlighted the importance of stronger partnerships and referral pathways between specialist family violence services, Community Legal Centres, Legal Aid services, and the courts. Members described the legal system as a critical component of safety and recovery but noted that victim-survivors are often left to navigate complex legal processes with limited or no support.

Members emphasised the need for formal referral pathways, court-based family violence liaison roles and coordinated support to help victim-survivors access legal advice, advocacy and assistance throughout legal proceedings. Stronger integration between family violence and legal services was seen as essential to improving continuity of care and reducing fragmentation across systems.

As one member reflected:

"There should be more partnerships between family violence services and legal services so that victim-survivors have clear pathways and support when they are navigating courts and legal systems." - **Survivor Advisory Group member**

Recommendation 16: Develop a nationally coordinated family violence system that improves continuity of care, reduces re-traumatisation, strengthens cross-jurisdictional coordination, and enables seamless access to support through integrated partnerships and referral pathways between family violence, legal and broader service systems.

7.3 Systems Must Support and Adequately Fund Long-Term Safety, Stability and Wellbeing

Members emphasised that family violence systems must be designed to support victim-survivors beyond crisis and throughout recovery. Participants argued that professionals across specialist and mainstream service systems need the skills, knowledge, resources and organisational support to respond to family violence over the long term, recognising that recovery is non-linear and that support needs may emerge or change at different points in a person's life.

Members also emphasised that achieving long-term safety and wellbeing requires funding models that reflect the realities of recovery from family violence. Participants acknowledged the efforts of specialist services but noted that current funding arrangements remain heavily focused on crisis response and short-term interventions, limiting the capacity of services to provide ongoing support, follow-up and continuity of care.

As one member stated:

"First of all we need the system to be funded in a way that it can take care of us because currently it's not funded that way and services are doing the best job they can with the funding that they get. The recovery aspect is a really big piece of it because that is missing and the way services are funded, they are not able to do that." - **Survivor Advisory Group member**

Members also raised concerns about the disconnect between National Plan investment and victim-survivors' access to practical supports, particularly legal assistance. Participants highlighted that significant funding is allocated to legal services for victim-survivors of family violence, however many people continue to experience barriers to accessing legal aid and support. Members questioned how funding is distributed, which victim-survivor groups are benefiting from investment, and whether outcomes are being consistently measured and reported.

As one member reflected:

"There's wonderful research and recommendations for lots of funding. They say themselves, they're putting billions into legal services funding for survivors of family violence. But then if you ask someone who's experiencing family violence in this group, have you received any legal aid funding for your family law matter? Pretty sure all of us would say no." – **Survivor Advisory Group member**

Another participant highlighted concerns regarding access and eligibility:

"Community legal services all have priority groups... but that means that if you have children that are over 18 years old or who don't live with you or you never had children, all those women are excluded from legal aid support." – **Survivor Advisory Group member**

Members emphasised the need for greater transparency and accountability regarding legal assistance funding, including better monitoring of how funding is used, who is accessing support, and whether investments are improving outcomes for victim-survivors.

As one member recommended:

"One of the recommendations I suggest is that all beneficiaries of legal aid funding for victim-survivors must report on how they're spending the money and what type of person they supported with their funding. More demographic data needs to be collected about beneficiaries and are they feeling supported –Is it sufficient or adequate support for helping victim-survivors?" – **Survivor Advisory Group member**

Members also argued that workforce capability cannot be separated from investment, noting that practitioners require the time, resources and organisational capacity to build relationships and respond flexibly as victim-survivors' needs change over time.

One member described an effective system as built around four interconnected elements: safety, support, stability and sustainability. As she explained:

"Number one is safety which includes security physically, mentally, and tech wise. Number two is support and that has housing, medical, essential goods, counselling, legal and other service referrals, education and financial supports. Stability is ensuring that the client knows if something goes wrong, they can come back. Step four is sustainability. That's ensuring that steps two and three are able to continue."- **Survivor Advisory Group member**

Members argued that service systems are too often designed as short-term interventions, despite the ongoing impacts of family violence. Participants emphasised the need for models that support sustained engagement, follow-up and re-entry over time.

As one member stated:

"The system should not be one and done. You need to establish that sense of security in the client knowing that they're now stable. But if things get rocky that they can come back." - **Survivor Advisory Group member**

Members suggested that long-term recovery should be supported through periodic follow-up and opportunities to reconnect with services when required.

"There needs to be check-ins at three months, six months, 12 months, two years, and yearly up until five years." - **Survivor Advisory Group member**

Participants further argued that success should not be measured solely by crisis responses or service targets, but by whether victim-survivors are able to maintain safety, stability and wellbeing over time.

As one member reflected:

"We will know we've got somewhere when stability and sustainability become what this service is mostly about." - **Survivor Advisory Group member**

Recommendation 17: Reform funding and service delivery models to support long-term safety, stability and wellbeing for victim-survivors, including sustained recovery support, continuity of care, flexible re-engagement pathways, workforce capacity to provide ongoing trauma-informed support, and greater accountability for how funding is distributed and measured against victim-survivor outcomes.

8. Conclusion

Across all priority areas, members called for a family violence system that recognises recovery as a lifelong and non-linear process, provides continuity of care, and delivers flexible, person-centred support that adapts to changing needs over time. Members also emphasised the importance of prevention, recognising children and young people as victim-survivors in their own right, and providing dedicated pathways for support and healing.

Members further highlighted the need for stronger accountability for people who use violence, better integration across service systems, meaningful inclusion of lived and living experience in policy and service design, and sustained investment in long-term safety, wellbeing and recovery. The findings and recommendations in this submission provide practical opportunities for the Second Action Plan to strengthen Australia's response to family violence and improve outcomes for victim-survivors, children and communities.

9. Appendix A: GenWest's Approach to Embedding Lived Experience and Community Expertise

Lived Experience Governance and Engagement

GenWest Advisory Groups

GenWest embeds lived and living experience across governance, policy, advocacy, service design and organisational decision-making to ensure community expertise directly informs organisational priorities and practice. A key mechanism is its Survivor Advisory Group and LGBTIQ+ Advisory Group, which ensure the expertise of victim-survivors and community members informs organisational decision-making, service development, prevention initiatives and advocacy.

Members are recruited to reflect diverse experiences and perspectives and are supported through training, advocacy and public speaking opportunities, strategic discussions, storytelling workshops and wellbeing supports. Consistent with GenWest's trauma-informed and ethical engagement approach, members are remunerated for their expertise.

The Survivor Advisory Group has directly informed advocacy priorities, policy submissions, service design and improvement initiatives, organisational communications and community consultations. Their contributions have strengthened GenWest's understanding of victim-survivor experiences, including barriers relating to housing insecurity, long-term recovery, continuity of care, child-centred practice and system integration.

The LGBTIQ+ Advisory Group has contributed to stronger organisational inclusion and accessibility by informing policy, workforce capability and service delivery across prevention, response and advocacy initiatives. Its contributions have shaped GenWest's Inclusive Language Guide, workforce diversity initiatives and broader inclusive practice approaches, while strengthening organisational understanding of sexuality, gender diversity and intersectionality.

Beyond their advisory role, members contribute to sector consultations, community forums and advocacy initiatives with local councils, sector stakeholders and communities. These opportunities help embed lived experience expertise across advocacy, policy and systems reform, while supporting member leadership, representation and influence across the family violence sector.

Lived Experience and Community Expertise in Practice

GenWest integrates lived experience and community expertise across many of its programs and services, spanning the full continuum of family violence prevention, early intervention, response and recovery.

Prevention and Early Intervention

Child Safety Project

The Child Safety Project was established in response to community concerns about child sexual abuse in childcare settings. Guided by specialist expertise in child safety, sexual assault and prevention, the project combines professional and community expertise to strengthen child safety across Melbourne's west.

In partnership with Body Safety Australia and multilingual community leaders, GenWest co-designed and delivered nine workshops for parents and carers and developed practical resources to support conversations about body autonomy, consent,

respectful relationships, safety and help-seeking. Resources were translated into multiple languages and adapted to support families of children with disability.

The project strengthened community awareness of child safety and generated valuable insights into effective, culturally responsive approaches for engaging communities on complex and sensitive issues.

Project Sitara Community Champions

Project Sitara is a co-designed family violence prevention and early intervention initiative developed by GenWest's Multilingual Health Education Team in partnership with women from Indian communities across Melbourne's west.

Delivered in-language and grounded in evidence-based community development approaches, the program supports women from migrant and refugee communities to lead conversations about family violence and promote respectful relationships and gender equality. An ongoing Community of Practice provides continued leadership development, peer connection and support.

Community champions report increased understanding of the drivers of violence, greater awareness of referral pathways, stronger confidence to educate others and an increased capacity to connect victim-survivors with specialist services. The program has since expanded to Ballarat, demonstrating the effectiveness and transferability of this bicultural, community-led model in building local capacity to prevent and respond to family violence.

Walking Beside Program

The Walking Beside Program is an early-intervention initiative supporting people experiencing lower-level family violence through connection, emotional support and community resource navigation. Delivered in partnership between GenWest, Women's Health in the North (WHIN), Berry Street and the Safer Families Centre at the University of Melbourne, the pilot explores how survivor peer support can strengthen pathways to safety, wellbeing and recovery.

Peer Support Workers with lived experience of family violence and/or sexual violence provide trauma-informed, non-clinical support through emotional validation, practical guidance, service navigation and participant-led goal setting. Through trusted relationships and shared understanding, the program helps participants build confidence, strengthen self-advocacy skills, reduce isolation and access community and specialist supports.

The program recognises that both early intervention and recovery extend beyond immediate safety and crisis response and contributes to the growing evidence base for peer-led family violence responses.

Response and Recovery

Survivor Outcomes Evaluation

GenWest partnered with Deakin University to undertake an independent evaluation of outcomes for victim-survivors exiting case management services, with a particular

focus on understanding their longer-term recovery needs, experiences and goals. The evaluation examined the effectiveness of GenWest's intersectional, feminist service model, while also exploring how victim-survivors conceptualise safety, wellbeing, agency, self-determination and recovery, and the factors that support or hinder meaningful engagement with family violence services.

The evaluation found that GenWest plays an important role in supporting victim-survivors during crisis and recovery. It also identified ongoing systemic and structural barriers, including funding constraints, that continue to affect long-term outcomes for victim-survivors. The findings have informed continuous service improvement and strengthened GenWest's advocacy for greater investment in longer-term supports and recovery-oriented practice across the family violence sector.

How to Thrive Program

Feedback from victim-survivors consistently identified a gap between crisis intervention and long-term recovery support. In response, GenWest developed the How to Thrive Program to strengthen recovery-focused responses and create opportunities for connection, healing and growth beyond the crisis phase.

Through facilitated group sessions, participants build social connection, reduce isolation and develop practical skills that support long-term recovery. The program provides opportunities for victim-survivors to connect with others with shared experiences, fostering belonging, validation and mutual support. Participants are also supported to identify their strengths, rebuild confidence and strengthen their capacity to navigate systems and advocate for their needs.

The program demonstrates how victim-survivor feedback can drive service innovation and strengthen recovery-focused practice. It responds directly to calls for greater investment in recovery supports that promote connection, empowerment, self-determination and wellbeing beyond immediate crisis intervention.

Organisational Impact and Learning

GenWest's approach demonstrates how lived experience and community expertise can be embedded across governance, prevention, response and recovery. Through advisory groups, community-led initiatives, service evaluation and recovery-focused programs, people with lived and living expertise directly inform organisational practice, service improvement and advocacy. Together, these initiatives translate lived experience and community expertise into tangible organisational change, strengthening services, shaping systems reform and improving outcomes for victim-survivors and communities.