

31 July 2026

To: Second Action Plan Consultation Team

Department of Social Services

Re: Submission to the Second Action Plan (2027–2030) under the National Plan to End Violence against Women and Children 2022–2032

Dear Consultation Team,

Thank you for the opportunity to contribute to the consultation on the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.

We are researchers from the University of Melbourne with expertise in child bereavement following domestic and family violence-related fatalities, child-centred participation, childhood trauma, social work, education, child protection policy and family law. Over the past decade, our multidisciplinary research team has worked alongside children, young people, families, practitioners and lived-experience advocates to better understand how Australian systems respond following domestic homicide, and how those systems can better support children's safety, recovery and lifelong wellbeing.

Our submission draws on a substantial and growing body of Australian and international evidence, including our national report [*Children and Young People Bereaved by Domestic Homicide: A Focus on Australia*](#) (Alisic et al., 2023), which represents the most comprehensive Australian study to date of children and young people bereaved through domestic homicide. This work has been undertaken in close partnership with people with lived experience and practitioners across the family violence, child protection, justice, health and education sectors. Together, this evidence demonstrates that children bereaved by domestic and family violence-related fatalities constitute a distinct cohort of victim-survivors whose needs remain insufficiently recognised within policy and service systems.

While preventing domestic and family violence must remain a national priority, prevention alone is not enough. Fatalities continue to occur, and every year children and young people are left to navigate profound grief, trauma and complex interactions with multiple service systems. Our research consistently demonstrates that current responses are fragmented, vary considerably across jurisdictions, and frequently fail to provide the coordinated, long-term support that children and families require.

Our submission focuses on Priority Area 3: Children and young people in their own right. We make recommendations to strengthen recognition of children bereaved by domestic and family violence-related fatalities within the National Plan, establish nationally coordinated data collection and service responses, embed child-centred and rights-based practice across

systems, and ensure children and young people are meaningfully involved in shaping the policies and services that affect them.

We welcome the Australian Government's continued commitment to recognising children and young people as victim-survivors in their own right. We hope the evidence and recommendations provided in this submission assist in strengthening the Second Action Plan so that children affected by domestic and family violence-related fatalities receive the coordinated, equitable and long-term support they deserve.

Thank you for considering our submission. We would welcome the opportunity to discuss our findings and recommendations further.

Yours sincerely,

The Homicide at Home Research Team,

Melbourne School of Population and Global Health, University of Melbourne

Contact author: [REDACTED] | [REDACTED] ;

Co-authors: [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Priority Area 3: Children and young people in their own right

Consultation questions

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

The Second Action Plan should explicitly recognise children and young people bereaved by domestic and family violence-related fatalities (including intimate partner homicide, filicide and domestic violence-related suicide) as a distinct cohort of victim-survivors with unique and ongoing support needs.

Although preventing domestic and family violence remains a key priority, fatalities continue to occur and expose children to multiple, compounding losses. In addition to the death of a parent, many children lose their remaining parent through imprisonment, suicide or criminal proceedings, while simultaneously experiencing disruption to their home, education, caregiving arrangements and social support networks. Evidence demonstrates that domestic homicide is associated with substantial and enduring impacts on children's psychological, social, physical and educational outcomes (Alisic et al., 2015).

Recent Australian research demonstrates that bereavement through domestic homicide is a distinct form of complex developmental trauma requiring coordinated, long-term support (Alisic et al., 2023). Children and young people consistently report fragmented service responses, inconsistent access to trauma and grief informed care, limited support for caregivers, repeated retelling of traumatic experiences, and limited opportunities to participate in decisions affecting their lives (Alisic et al., 2023; Eastwood et al., 2024; Chavez et al., 2024; Sakthiakumaran et al., 2026). These findings indicate that post-homicide system responses do not meet children's recovery needs, and that support remains fragmented across the family violence, justice, child protection, health and education sectors.

Despite these complex needs, Australia does not routinely collect national data on children affected by domestic and family violence-related fatalities, limiting service planning, policy development and evaluation. There is also no nationally coordinated service model or consistent policy framework to support this cohort, resulting in substantial variation in service access and outcomes across jurisdictions.

Taken together, the evidence indicates the need for an integrated, child-centred and long-term response to improve recovery and reduce adverse lifelong outcomes.

Recommendations

- Explicitly recognise children bereaved by domestic and family violence-related fatalities as a priority cohort within the National Plan.
- Establish national data collection and reporting on children affected by domestic and family violence-related fatalities to inform policy, service planning and evaluation.

- Develop a nationally coordinated, multi-agency response following domestic and family violence-related fatalities that includes:
 - o equitable access to long-term, trauma- and grief-informed therapeutic support
 - o dedicated support for kinship carers, grandparents and other caregivers
 - o meaningful involvement of children, young people, caregivers and people with lived experience in service design and evaluation
 - o dedicated peer support opportunities for children, young people and adults bereaved by domestic and family violence-related fatalities.

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

Recognition begins by acknowledging children as victim-survivors in their own right, with distinct needs that extend beyond the immediate aftermath of violence. Research demonstrates that responses remain fragmented across police, justice, child protection, health and education systems, resulting in inconsistent support and poorer recovery outcomes (Alisic et al., 2023).

Governments should strengthen coordinated, child-centred, rights-based practice by:

- Embedding child-centred, rights-based approaches across police, justice, health, education and child protection systems
- Establishing coordinated, multi-agency responses that provide continuity of support across childhood and adolescence
- Ensuring equitable access to trauma and grief-informed mental health services
- Supporting caregivers, including kinship carers and grandparents, recognising their critical role in children's recovery
- Providing trauma-informed training and guidance for educators and frontline professionals
- Resource dedicated peer support opportunities for children, young people and adults bereaved by domestic and family violence-related fatalities.

The design, implementation and evaluation of these recommendations should meaningfully involve children and young people, caregivers and people with lived experience to ensure policies and services are responsive to their needs and experiences.

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

Children and young people have the right to be actively involved in, and to influence, research, services and policies that affect their lives. Their involvement should be meaningful and recognised as an essential component of ethical and effective practice.

Efforts to involve children and young people must start from the understanding that they all have the capacity to form and express opinions, needs and priorities. It is the responsibility of adult institutions and service providers to seek and create ways to engage with them in ways that genuinely reflect their perspectives.

Participation opportunities should be child- and young person-centred, trauma-informed and life-course-oriented. They must recognise changing needs and priorities across developmental stages, from early childhood through to young adulthood, and be designed to accommodate varied circumstances and communication styles. This includes children and young people living with disability, those who encounter barriers to expressing themselves, and those aged 18 and over who lack economic support.

Research and service development must explicitly recognise that children and young people are victims of violence in their own right and respond accordingly. At the same time, some young people are themselves doing advocacy work within the domestic and family violence sector; those creating new participation spaces should deliberately seek to engage with and support these young advocates.

Participation spaces must be culturally safe and child-safe, and should be designed to avoid siloed service delivery so that approaches are integrated and responsive. Finally, participation and lived-experience expertise from children, young people and carers are critical sources of evidence and must be properly recognised, supported and resourced.

Recommendations

1. Embed meaningful child and youth participation at a systems level

‘How do I tell my story? As an empowering story: Mum’s memory lives on in sharing that story, helping others survive.’ (Male, lost his mother to intimate partner homicide at 15 years old)

‘[My story] is mine to share, not somebody else’s. Sharing your story can be an empowering thing. But if it’s taken away from you, you’re wrongfully judged and mistreated, or you’re forced to tell it in a certain way, then it’s disempowering. It’s about figuring out those times when it feels right. And then, it adds value to your life to tell it.’ (Female, lost her mother to intimate partner homicide at 8 years old).

- Establish funded mechanisms that enable children and young people to shape policy, services and research at local, state and national levels.
- Ensure participation is age-appropriate, culturally safe, creative and compliant with Child Safe Standards.
- Treat children as direct participants in their own right rather than assuming caregivers will represent their views and needs.
- Allocate dedicated funding and workforce development to implement child-centred models and to sustain peer and lived-experience roles.

- Monitor and evaluate participatory projects using child-centred indicators that reflect wellbeing, agency and meaningful engagement.

2. Adopt a child-centred and empowering approach to research and practice

'I was there when it happened, so I went through so much of Court: 'You're here to tell the truth,' they said. But I was just learning to talk, let alone understand all those big words.' (Female, lost her mother to intimate partner homicide as an infant).

'I spend nearly every birthday in a prison, no one ever really asked me what I wanted. 'We have to do what the Court ordered.' I hated it. I never got a choice. You can't hide kids from everything, they need to know what's going on, they need to have a voice.' (Female, lost her father to intimate partner homicide as a child).

- Support research that shares power with children and young people, uses creative and expressive tools, and prioritises validity through participation.
- Emphasise children's strengths, knowledge and capabilities rather than framing them solely as vulnerable.
- Frame co-design and participation as collaborative, power-sharing processes that move beyond one-off consultation and data extraction.
- Treat co-design as ongoing co-creation: co-planning, co-research, co-implementation and co-evaluation.
- Embed structural mechanisms (policies, guidelines, record keeping, monitoring and evaluation systems) to ensure that children and young people are being listened to manage the risk of tokenistic approaches.

3. Adopt a life-course approach to meaningful participation

'I feel a lot better about speaking about it now: look where I am today. I have my family, I'm healthy, I'm alive. I am still learning to cope, and I forever will be still coping. But it's always gonna be the hardest thing I'll ever have to do in my whole entire life, the hardest.' (Female, lost her mother to intimate partner homicide as an infant).

- Design tailored platforms and supports across ages and developmental stages, with particular attention to early childhood, children who have difficulty expressing themselves (for example non-verbal or non-English speakers), and 18+ cohorts who lack economic support.
- Ensure continuity of meaningful participation opportunities as children transition to adolescence and adulthood.

4. Strengthen participation spaces for children and young people who have experienced trauma due to violence

'My dad died at the end of year 7 at the hands of my mum. (...) Mum battled with schizophrenia for years before she died. (...) The trauma and stigma around it were overwhelming. The system was fragmented, leaving families like mine to navigate a traumatic journey to recovery largely alone. I was provided with 10 or 15 counselling sessions. But the counsellor I spoke to had little knowledge or understanding of the nuances and intricacies of trauma, particularly from what I'd gone through.' (Female, lost her father to intimate partner homicide at age 12 years old).

'I always felt I was missing a part of the puzzle. I started asking questions. I got shut down. Everything was so taboo.' (Female, lost her father to intimate partner homicide as a child).

- Recognise the long-term and complex impacts of violence and trauma; do not require children to be “over it” to participate.
- Ensure participation is supported by child-friendly clinical, legal and community services and facilitate access to appropriate supports; current brief sessional models (for example, 10 sessions per year) are inadequate.
- Provide sustained, flexible and developmentally appropriate wellbeing supports, including trauma-focused and trauma-informed interventions that enable participation.
- Design participation spaces that actively promote empowerment, connection and wellbeing, not merely the absence of harm.
- Fund comprehensive, systems-wide supports for children and families impacted by traumatic bereavement, including losses associated with domestic violence and related suicides.
- Recognise diverse environments of harm and resilience (home, neighbourhood, country and natural environments) and respect children's own understandings of these contexts.

5. Develop participation platforms to promote wellbeing, peer support, community connection and fairness for children and young people with lived experience of violence

'Having someone that went through that same thing, that's definitely something that I would have benefited from. To talk to or just hang out with, remind you that you're not alone, you're not the only one that's been through this.' (Female, lost her mother to intimate partner homicide as an infant).

'There should be networks where kids can just be free and connect with other people in a similar situation. So you don't feel alienated. So you're with someone that gets it.' (Female, lost her mother to intimate partner homicide as a child)

- Recognise peer support and community connection as intrinsic to recovery; participation in research, service and policy development is itself a meaningful intervention for wellbeing and peer connection.
- Expand platforms and paid roles for advocates and professionals with lived experience, and for children, young people and carers with lived experience.

- Use participatory research to inform coordinated care pathways across health, education, child protection, justice and community services to enable timely, joined-up supports.
- Ensure each child and young person has access to stable advocates who can accompany them as they participate across different spaces, initiatives and stages of development.

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