

INDIAN (SUB-CONT) CRISIS & SUPPORT AGENCY

SUBMISSION TO THE NATIONAL PLAN TO END VIOLENCE
AGAINST WOMEN & CHILDREN 2022-2023

30 JULY 2026

CONTENTS:

- EXECUTIVE SUMMARY
- ABOUT ICSA
- DFSV PROGRAM
- CONSULTATION PAPER
- PRIORITY AREA 1
- PRIORITY AREA 2
- PRIORITY AREA 3
- PRIORITY AREA 4
- PRIORITY AREA 5
- CONCLUSION
- ENDNOTE
- FLASH SURVEY

RECOMMENDATIONS

Priority Areas 1, 2 & 3:: Victim Survivors Prevention & Early Intervention; Children & Young People in their own right

1. Create a Transparent National Service Navigation Framework
2. Move Beyond Cultural Awareness by investing in Fit-for-Purpose Solutions for Culturally and Linguistically Diverse Communities
3. Match Increased Reporting with Increased and Sustainable Service Capacity

Priority Area 4 – People who use violence

4. Strengthen Behaviour-Based and Risk-Informed Responses While Maintaining Inclusive Recognition of All Victim-Survivors
5. Tailored programs for People who use violence for CALD communities
6. Strengthen Safeguards for Faith-Based Engagement in Domestic and Family Violence Responses

Priority 5 – System Integration & Workforce

7. Develop and establish a National Quality, Governance and Regulatory Framework for the DFV Sector
8. Strengthen Organisational Accountability and Workforce Culture
9. Adopt a Genuine Whole-of-Government and Whole-of-Society Approach Across Government, Industry and Community Leadership
10. Establish a National Domestic and Family Violence Workforce Capability and Capacity Building Framework recognising specialist expertise

AUTHOR:



PROJECT LEAD & SENIOR DFV CASE OFFICER

EXECUTIVE SUMMARY

Domestic, Family and Sexual Violence (DFSV) remains one of Australia's most significant social and public policy challenges. Australia has made important progress through increased public awareness, legislative reform, prevention initiatives, stronger recognition of victim-survivor experiences and expanded funding. The First Action Plan has contributed to a stronger national conversation about violence and has helped more people recognise abuse and seek assistance. These achievements should be acknowledged and built upon.

However, the next phase of the National Plan must address a critical gap between recognising violence and having the capacity to respond to it.

A significant weakness in the implementation of the previous national response has been the insufficient recognition that increasing awareness and encouraging help-seeking will inevitably increase demand for services and, in some circumstances, may elevate risk for victim-survivors.

Disclosure can be a critical point of increased vulnerability. Where specialist responses are unavailable, under-resourced, over capacity, delayed or not fit for purpose, a victim-survivor may be left with the difficult decision of returning to, remaining in, or becoming further trapped within an abusive environment. Increased reporting must therefore be accompanied by a proportionate increase in safe, timely and appropriate support.

Awareness and reporting are only successful when the system has the capacity to respond safely and effectively.

The rise in demand for assistance, alongside continuing deaths and serious harm associated with domestic and family violence, also requires governments to examine whether the current system has sufficient safeguards for people who take the significant step of disclosing violence and seeking help.

It is not sufficient to measure success through increased awareness or reporting without examining what happens after a person reaches out.

A victim-survivor's experience is shaped not only by the violence they have endured, but by the quality, accessibility, coordination and responsiveness of the systems they encounter.

For many, navigating multiple services, agencies and legal processes can become an additional source of distress and insecurity. Where a person using violence retains greater financial resources, system knowledge, social connections or freedom to move between services and jurisdictions, the imbalance of power can continue long after separation.

In these circumstances, the abuse can be reproduced through fragmented systems: information is repeated, referrals fail, agencies work in isolation, responsibility is passed from one service to another, and victim-survivors may have to repeatedly explain and prove their experiences; compounding impact and long term effects of the abuse.

A person may escape one abusive environment only to encounter systems that are disconnected, difficult to navigate and unable to respond to the complexity of their circumstances. Over time, this can erode trust in services and create the perception that the system itself is another source of harm rather than a pathway to safety.

The service system must therefore operate as part of the safety response, not as a series of disconnected services operating around the victim-survivor.

Confidence in the system depends upon transparent governance, accountable use of public funding, specialist capability, culturally responsive practice, effective workforce standards, coordinated referral pathways and meaningful accountability across agencies and organisations.

Effective domestic and family violence responses should be evidence-informed, behaviour-focused and person-centred. While recognising the disproportionate impact of violence on women, assessment and intervention should ultimately be guided by patterns of coercion, control and risk, ensuring that every victim-survivor receives an equitable and appropriate response.

Effective prevention and intervention depend on identifying and addressing abusive behaviours, regardless of who is using them or experiencing them.

The Second National Plan presents an important opportunity to build on the progress already achieved while addressing these systemic gaps. The next phase must move beyond awareness and helplines alone towards a coordinated, high-quality, sustainable and accountable national response—one that is capable of meeting increased demand, responding to complexity, intervening earlier and, most importantly, keeping victim-survivors safe when they reach out for help.

The findings of our flash survey (end of submission) align closely with the central propositions of our submission: that increased disclosure must now be matched by increased service capacity, professional capability, transparent governance and evidence-informed

ABOUT ICSA

The Indian (Sub-Cont) Crisis & Support Agency (ICSA) is the first NGO for the Indian Subcontinent (South Asian) community in Australia.

Founded in 2014 to address the growing gaps in services for people in distress from Culturally & Linguistically Diverse (CALD) communities. ICSA is dedicated to assisting people from culturally diverse particularly South Asian communities in distress, focusing on their unique needs and challenges.

It is generally recognised that issues in CALD communities are intersectional and multi-layered, so need to be addressed within this context. ICSA runs individual crisis and case management services creating solutions and exploring options for the complex and culturally sensitive issues of these communities.

Today, ICSA assists people across a broader South Asian community, providing support with sensitivity and understanding of the deeply embedded values and traditions. ICSA clients are from across Australia and services are open to people from any cultural background.

ICSA receives no funding for our work; we depend on the volunteers and self funding to keep our services running. Our people are those who share a passion for social justice and our strong desire to improve supports for the community.

DFSV PROGRAM

The Indian (Sub-Continent) Crisis & Support Agency (ICSA) is a grassroots specialist organisation with extensive experience supporting people experiencing complex Domestic and Family Violence (DFV) within culturally and linguistically diverse (CALD) communities. Since its establishment in 2014, ICSA has worked at the intersection of DFV, culture, migration, family systems, gender, language, social isolation and the legal and service systems that shape a person's options for safety and support.

ICSA's practice recognises that DFV in CALD communities cannot be understood through a single cultural or victim-survivor lens. Experiences are shaped by intersecting factors including migration status, visa dependency, financial insecurity, family and community expectations, intergenerational dynamics, racism, language barriers and culturally specific forms of abuse such as dowry abuse.

ICSA therefore applies a strengths-based, culturally informed and client-led approach that recognises both vulnerability and agency.

Our frontline experience has highlighted significant gaps between mainstream service models and the realities faced by CALD victim-survivors. ICSA contributes specialist practice knowledge, community engagement, professional training and cultural consultation to strengthen responses that are safe, equitable, accountable and responsive to the complexity of DFV across diverse communities.

CONSULTATION PAPER

The consultation paper addresses multicultural/CALD communities, but the treatment is significantly broader than a dedicated CALD strategy. Its strongest references are to migrant and refugee communities, people whose first language is not English, culturally safe practice, under-representation in data, insecure visa status, and workforce capability.

Working with CALD communities as a cross-cutting cohort embedded across the five priorities.

A. The paper identifies migrant and refugee communities as a population where evidence and implementation gaps remain

The paper explicitly says that important evidence and implementation gaps remain in understanding how systems, services and programs can respond to diverse populations, including migrant and refugee communities. It says ongoing monitoring, research and engagement are needed to make approaches effective, inclusive and responsive.

This is an important admission because it establishes that the evidence base for migrant and refugee communities is not yet sufficiently developed.

B. The paper explicitly recognises that experiences and system interactions differ between communities

The consultation paper states that experiences of violence, access to support and interactions with systems are not the same for all people or communities. It says communities and practitioners continue to identify gaps in how systems recognise and respond to different experiences and needs, and specifically identifies culturally safe, accessible and responsive policy and practice for migrant and refugee populations as critical.

This is a strong foundation for our long-standing argument that "one-size-fits-all" prevention and intervention is insufficient. Supporting our recommendations for fit-for-purpose CALD solutions rather than simply better cultural awareness.

The paper says CALD populations are inadequately represented in the evidence

This is particularly important. It explicitly says these groups are likely to be under-represented in survey data, while administrative data can also fail to fully capture their experiences. It makes a similar point about recent migrant arrivals: national surveys may not contain sufficient numbers of people from some communities to support robust analysis, meaning *different and additional research approaches are required*. Our submission includes a body of evidence that exists with grassroots organisation that is repeatedly missed in consultations, surveys, design and funding.

Australia cannot claim to have a fully effective national response for communities when CALD communities are acknowledged as being under-represented in the very data used to determine need, outcomes and effectiveness.

The next Action Plan should therefore fund CALD-specific data collection, evaluation and outcome measurement, rather than relying predominantly on aggregated national data.

The paper recognises that CALD communities can experience unique barriers to accessing support. The paper states that diverse populations experience both common and unique forms of violence and specific barriers to accessing support and therefore require tailored support. It specifically includes recent migrant arrivals and people unable to participate in available survey languages. This is important because we can now move beyond simply

saying "CALD communities need culturally appropriate services." Recognising that barriers themselves can differ.

Migration status itself can become a factor in risk and help-seeking

The paper identifies an example of systemic inequity that can be exploited by perpetrators: migrant and refugee women may have insecure visa status and may be hesitant to report violence.

This is one of the strongest CALD-specific findings in the whole consultation paper; it also is an area that does have data as the victim-survivor eventually is forced into the system (and records) to sustain their stay in Australia.

This is a direct recognition that migration status can interact with domestic and family violence and affect help-seeking.

This supports several of our recommendations:

- specialist CALD responses;
- migration-informed risk assessment;
- multi-agency responses;
- workforce capability;
- prevention that addresses structural vulnerabilities;
- improved service navigation.

The paper recognises the role of bilingual and bicultural workers

Within its discussion of early intervention, the paper identifies the need for clear pathways and specialist roles, specifically including bilingual and bicultural workers. This is significant because it goes beyond generic "cultural awareness." A bilingual/bicultural practitioner represents a different level of capability from simply providing translated information or using an interpreter.

The paper explicitly supports collaboration between specialist and universal services

The consultation paper states that specialist DFV services have an important role in providing secondary consultation and capability building to other service systems. It also calls for stronger collaboration between response, prevention and non-specialist workforces.

This creates a particularly strong policy argument for ICSA's model of specialist cultural/DFV expertise being used to build the capability of mainstream services, rather than expecting every mainstream practitioner to become a specialist in every cultural context.

The paper states that the next stage should shift focus from documenting barriers alone to implementing and scaling proven responses.

What evidence does the consultation paper actually use?

The important distinction is that the paper does not provide a large dedicated evidence base on CALD communities in the way it does for some other populations. Its evidence is drawn through several mechanisms.

The consultation paper recognises CALD communities but does not yet articulate a sufficiently developed CALD service model.

It identifies:

the population → migrant/refugee communities

the evidence gap → under-representation in data

the barriers → language, migration status, access and system differences

the principle → culturally safe and responsive practice

the workforce requirement → culturally safe, trauma- and violence-informed capability

the system requirement → coordinated services

But it does not fully answer the implementation question:

What does a fit-for-purpose, specialist domestic and family violence prevention and response system for CALD communities actually look like, who should deliver it, what competencies are required, how should it be funded, and how should effectiveness be measured?

CALD communities do not need another decade of research simply documenting that barriers exist. The Second Action Plan should fund the development, implementation, evaluation and scaling of solutions that are demonstrably fit for purpose.

Priority Area 1 – Victim survivors

RECOMMENDATION 1

Create a Transparent National Service Navigation Framework

Victim-survivors frequently report difficulty understanding where to seek help particularly when experiencing multiple intersecting issues involving housing migration, legal proceedings, financial hardship, child protection and health.

The current service landscape is fragmented, with referral pathways differing between jurisdictions and organisations.

The National Plan should support development of a nationally consistent service navigation framework that includes:

- an accessible national specialist service directory;
- transparent service descriptions and eligibility criteria; clear descriptions of service expertise & eligibility
- culturally responsive referral pathways;
- improved proficiency between specialist services with coordinated multi-agency referral protocols;
- improved information sharing where appropriate;
- supported navigation for individuals with complex needs
- consistent referral standards across jurisdictions.

Navigation should not depend upon luck, geography or existing professional networks. Service navigation should be transparent, consistent regardless of postcode, cultural background or visa status.

Victim-survivors should be able to identify the most appropriate specialist service based upon their circumstances and cultural needs.

RECOMMENDATION 2

Move Beyond Cultural Awareness by investing in Fit-for-Purpose Solutions for Culturally and Linguistically Diverse Communities

From Recognising CALD Barriers to Funding Fit-for-Purpose Solutions

The Consultation Paper appropriately recognises migrant and refugee communities as populations for whom significant evidence and implementation gaps remain. It acknowledges that these communities may experience different forms of violence and barriers to support, that people whose first language is not English can be under-represented in national data, and that insecure visa status may contribute to reluctance to report violence. It also calls for culturally safe, trauma- and violence-informed workforce capability.

However, recognition of the problem must now translate into implementation.

The Second Action Plan should not reproduce a cycle in which CALD communities are repeatedly studied, their barriers documented and their needs acknowledged without sufficient investment in the specialist solutions required to address them.

The next phase should establish a dedicated implementation stream for culturally and linguistically diverse communities, with funding for the co-design, delivery,

evaluation and scaling of fit-for-purpose prevention, early intervention, response and recovery models.

This should include recognition of specialist cultural expertise, bilingual and bicultural capability, migration-informed risk assessment, interpreter-integrated practice, community-based prevention, specialist case management and coordinated pathways across DFV, immigration, housing, legal, health and financial services.

Most importantly, funding and commissioning should recognise that culturally responsive practice is not simply an adaptation of a mainstream model. In some circumstances, the cultural, linguistic, migration, family and community dynamics create a level of complexity requiring specialist knowledge and a different service model.

The Second Action Plan should therefore move from understanding CALD communities to building the capability and infrastructure required to serve them effectively.

Recognition of domestic and family violence, awareness alone does not create safety. The next stage of reform requires investment in solutions that are culturally designed, community-led and specialist rather than adapted from mainstream responses.

Funding should prioritise:

- culturally informed case management;
- culturally responsive risk assessment frameworks;
- culturally designed early intervention programs;
- specialist workforce development;
- multilingual education resources;
- community-led prevention initiatives;
- interpreter-informed & integrated practice;
- specialist responses to complex forms of abuse including dowry abuse, migration-related coercive control, forced marriage, family violence linked to honour and shame, transnational abuse and financial abuse.

Funding models should recognise that culturally responsive practice is a specialist practice that requires additional expertise, knowledge, relationship-building and community engagement. Which cannot be achieved by expecting mainstream services to simply adapt existing models.

Communities themselves should be partners in designing, delivering and evaluating prevention initiatives.

The National Plan should explicitly support innovation and long-term investment in specialist CALD responses rather than short-term project funding.

RECOMMENDATION 3

Match Increased Reporting with Increased and Sustainable Service Capacity

One of the most significant achievements of recent national strategies has been increasing public awareness and encouraging victim-survivors to seek help.

Public awareness campaigns have encouraged more victim-survivors to seek assistance, representing an important outcome. However, increased reporting

without corresponding investment in frontline services creates system bottlenecks. Long waiting periods, workforce shortages, limited specialist services and fragmented referral pathways can leave victim-survivors without timely support after disclosure.

Greater reporting must be matched by equivalent growth in specialist service capacity. Without sufficient workforce, funding and specialist services, increased disclosure risks creating longer waiting periods, practitioner burnout and reduced access to timely support.

Future investment should ensure that prevention initiatives are accompanied by proportional investment across the response system, including:

- frontline specialist services; eg youth & children should be separate from adult services.
- risk assessment;
- specialised case management & recovery services;
- legal support;
- culturally responsive services;
- men's behaviour change programs;
- prevention initiatives;
- recovery and healing services.

Success should not be measured solely by increased reporting but by improved safety outcomes, timely access to support and sustainable recovery.

Priority Area 2 Prevention & Early intervention

Included in Priority Area 1

Priority Area 3 – Children & Young People in their own right

The Second Action Plan should strengthen its focus on children and young people as victim-survivors in their own right, including those experiencing domestic and family violence within the home, family and intimate relationships.

This should extend beyond treating children as witnesses to adult violence and include early identification of coercive control, trauma, neglect, exposure to harmful behaviours and the impacts of family violence on development, education, relationships and future wellbeing.

Schools, health services, child and family services and community organisations should be equipped to recognise and respond early, with culturally responsive pathways for CALD children and young people.

Prevention should also include age-appropriate education about healthy relationships, boundaries, consent, respectful behaviour and help-seeking, alongside targeted intervention for young people who are experiencing or using violence, so that patterns of harm can be interrupted before they become entrenched across generations.

Services for children or young people should not be separated but an integral part of the response to family violence with their own specialisation as per the recommendations in Priority Area 1.

Priority Area 4 – People who use violence

RECOMMENDATION 4 Strengthen Behaviour-Based and Risk-Informed Responses While Maintaining Inclusive Recognition of All Victim-Survivors

The National Plan appropriately recognises that women continue to experience domestic, family and sexual violence at disproportionately higher rates and that gender inequality remains an important driver of violence against women. This evidence should continue to inform prevention and policy.

At the same time, Australia's domestic and family violence response must be sufficiently flexible to recognise the diversity of victim-survivor experiences and the varying dynamics of abuse across different populations, relationships and life stages.

A behaviour-based and risk-informed approach complements existing policy by directing professional attention towards patterns of coercive control, abuse, exploitation and violence, regardless of the demographic characteristics of those involved.

Such an approach strengthens risk assessment by focusing on the behaviours that create harm and the interventions required to prevent further violence.

Different cohorts experience domestic and family violence in different ways.

For example:

- In same-sex relationships, abusive dynamics cannot be understood solely through traditional gender assumptions, and effective assessment requires careful examination of coercive and controlling behaviours.
- People with disability may experience violence from intimate partners, family members, carers or support workers, where power is derived from dependence, control of care or decision-making rather than gender alone.
- Elder abuse frequently involves adult children, extended family members or informal carers, requiring responses that recognise family power dynamics, financial abuse and neglect.
- In culturally diverse communities it is common for there to be multiple perpetrators, willing or unwitting allies to the abuser and transnational influences and coercive control.
- In some long-term abusive relationships, changing health circumstances or ageing may alter care responsibilities. Historical patterns of coercive control remain relevant, even where roles within day-to-day caregiving evolve. Assessment should carefully distinguish changes in care arrangements from changes in patterns of coercion, ensuring responses remain centred on safety and evidence rather than assumptions about current dependency.

Across each of these contexts, the common denominator is not gender alone, but the misuse of power, coercive control and exploitation.

A stronger emphasis on behaviour-based assessment would support practitioners to:

- identify patterns of coercive control regardless of relationship type;
- respond appropriately to diverse victim-survivor cohorts;
- improve consistency in professional risk assessment;
- strengthen perpetrator accountability by focusing on abusive conduct;

- reduce reliance on assumptions or stereotypes about who may be a victim or person using violence.

This approach also reinforces public understanding that domestic and family violence is fundamentally characterised by patterns of behaviour that diminish another person's autonomy, safety and dignity.

Primary prevention should continue to address the social drivers of violence against women while further than just promoting aspects such as

- respectful relationships,
- healthy expressions of power,
- accountability,
- emotional regulation and
- non-violent conflict resolution across the whole community.

But demonstrating what those look like and how to build individual capacity towards these elements proactively as opposed to punitive measures afterwards in programs such as the men's behaviour change.

By maintaining recognition of gendered patterns of violence while strengthening behaviour-based practice, Australia can develop a more inclusive and responsive service system that is capable of identifying and responding to abuse in all its forms.

A key Recommendation is to strengthen the National Plan by embedding behaviour-based, risk-informed assessment and intervention frameworks across all domestic and family violence responses, ensuring that prevention and service delivery recognise both the evidence regarding violence against women and the diverse experiences of victim-survivors across different relationships, communities and life stages.

RECOMMENDATION 5

Tailored programs for People who use violence for CALD communities

People who use violence from CALD communities require tailored perpetrator intervention programs that:

- designed to address the unique barriers and experiences that may influence engagement and behaviour change.
- acknowledge the presence of multiple perpetrators
- are culturally responsive,
- language-accessible and
- culturally contextualised.

The National Plan should invest in specialist programs delivered by culturally competent practitioners, alongside bilingual workers and interpreters where needed, to ensure participants can fully understand and engage with accountability processes.

Programs should be developed in partnership with CALD communities to promote cultural relevance, challenge harmful attitudes and gender norms, and support sustainable behaviour change. A tailored approach can strengthen outcomes for those using violence while improving safety and wellbeing for victim-survivors and communities.

RECOMMENDATION 6

Strengthen Safeguards for Faith-Based Engagement in Domestic and Family Violence Responses

Faith and spirituality are important sources of identity, belonging and resilience for many individuals and communities. Religious leaders are often among the first people approached by victim-survivors seeking guidance, particularly within

culturally and linguistically diverse communities where faith institutions may hold significant social influence and community trust.

The National Plan should acknowledge this important role while recognising that domestic and family violence responses must always be grounded in victim safety, evidence-informed practice and human rights.

Historically, domestic and family violence has, in some contexts, been reinforced or minimised through interpretations of religious or cultural teachings that emphasise rigid gender roles, female submission, preservation of family unity at all costs or forgiveness without accountability. These interpretations are not unique to any one faith tradition and have been documented across a range of religious and cultural settings.

Communities may hold strong protective connections to faith, culture and religious identity. Where these matters are treated as shameful, forced into secrecy or remain outside safe avenues for discussion, they can unintentionally increase vulnerability by limiting opportunities for disclosure, support and safe escape. The National Plan should therefore support culturally and faith-responsive approaches that enable people to seek help without feeling that doing so requires them to abandon, conceal or defend their faith or community identity.

Where responses are based primarily on theological interpretation rather than contemporary domestic and family violence knowledge, there is a risk that victim-survivors may be encouraged to remain in unsafe situations, delay seeking specialist assistance, accept abuse as a family or marital obligation, or prioritise reconciliation before safety has been established.

Accordingly, governments should exercise caution in positioning religious leaders as primary domestic and family violence responders without appropriate safeguards.

Faith leaders can play a valuable role in prevention, community education, reducing stigma and facilitating referrals. However, they should complement—not replace—specialist domestic and family violence services.

The National Plan should support a framework that:

- recognises the positive contribution faith leaders can make when appropriately trained and supported;
- establishes minimum domestic and family violence competency standards for faith leaders participating in government-led initiatives;
- promotes partnerships between faith communities and accredited specialist domestic and family violence organisations;
- encourages referral pathways that prioritise victim safety and access to specialist support;
- ensures that advice provided through faith-based settings does not undermine legal protections, risk assessment or evidence-informed practice;
- supports faith communities to challenge harmful gender stereotypes, coercive control and misuse of religious authority;
- promotes gender equality, respectful relationships and shared responsibility as values consistent with the safety and dignity of all people.

Government investment in faith-based engagement should be accompanied by appropriate governance, accountability and evaluation to ensure that programs

contribute to prevention and early intervention without unintentionally reinforcing attitudes or practices that increase risk.

A key recommendation would be that where religious or faith leaders are engaged as part of domestic and family violence prevention or response initiatives, their role should be clearly defined, supported by specialist domestic and family violence training, integrated within multi-agency referral pathways and subject to the same expectations of safeguarding, accountability and evidence-informed practice that apply across the broader service system.

This would be underpinned by the principle that faith can be a source of strength and healing for victim-survivors. Responses to domestic and family violence, however, must always place safety, professional competence and human rights above any interpretation of culture or religion that may perpetuate abuse, excuse violence or diminish a person's autonomy.

This recommendation would also align with the recommendations for workforce capability and quality assurance in other priority areas.

Priority Area 5 System Integration & Workforce

RECOMMENDATION 7

Develop and establish a National Quality, Governance and Regulatory Framework for the DFV Sector

As public investment in domestic and family violence continues to grow, so too should expectations regarding governance, transparency and service quality.

Australia currently invests substantial public funding into domestic and family violence prevention and response. Unlike other publicly funded sectors such as health, aged care or disability services, the DFV sector operates with considerable variation in organisational governance, workforce capability, quality assurance and accountability.

The National Plan should include the development of a national regulatory and quality assurance framework that:

- National minimum practice standards
- Evidence-informed service delivery requirements
- Outcome measurement beyond activity reporting
- Cultural safety and inclusion standards
- Workforce capability standards
- Minimum practice standards for organisations receiving public funding
- Requires transparent governance and financial accountability
- Creates greater transparency for governments, funders and victim-survivors regarding available specialist services.
- Supports consistent workforce capability and professional development;
- Continuous quality improvement processes
- Independent quality assurance and accreditation

Importantly, regulation should support quality improvement rather than impose unnecessary administrative burden. Such a framework would not only strengthen

public confidence but also ensure government investment delivers measurable outcomes for victim-survivors.

RECOMMENDATION 8 **Strengthen Organisational Accountability and Workforce Culture**

The National Plan should recognise that healthy organisational cultures are fundamental to effective service delivery.

Workforce wellbeing, ethical leadership and psychologically safe workplaces directly influence service quality, staff retention and client outcomes.

Where workplace bullying, intimidation, poor governance or unsafe organisational cultures exist, they undermine collaboration, reduce workforce sustainability and ultimately impact victim-survivors.

The National Plan should expect:

- stronger governance expectations for funded organisations;
- leadership accountability;
- independent complaints and review mechanisms;
- investment in workforce wellbeing;
- measures that promote respectful, collaborative sector leadership.
- Centralised and equal support and capacity building for all organisations, regardless of their funding status.

A service system designed to respond to coercive control should itself model transparency, accountability and respectful professional practice.

The effectiveness of specialist services depends not only on funding but on organisational culture. Healthy workplaces enable practitioners to deliver safe, ethical and trauma-informed services.

Conversely, workplace bullying, poor governance, psychological harm, high workforce turnover and ineffective leadership diminish service quality, reduce collaboration and contribute to workforce attrition.

The National Plan should recognise organisational culture as a system-level issue that directly affects outcomes for victim-survivors.

Governments should consider requiring funded organisations to demonstrate:

- psychologically safe workplaces;
- ethical leadership;
- transparent governance;
- independent complaints processes;
- workforce wellbeing strategies;
- continuous professional supervision;
- mechanisms for staff feedback without fear of reprisal.

The DFV workforce supports people experiencing coercive control, abuse and trauma. The sector itself should embody the principles of safety, dignity, respect and accountability that it seeks to promote.

RECOMMENDATION 9 **Adopt a Genuine Whole-of-Government and Whole-of-Society Approach Across Government, Industry and Community Leadership**

Domestic and family violence is not solely a community services issue. It intersects with health, education, justice, policing, migration, housing, employment, workplaces, financial systems, media, technology and community leadership.

The National Plan should strengthen accountability across all sectors by embedding domestic and family violence prevention into:

- public policy development;
- governance frameworks;
- organisational leadership;
- procurement;
- workforce standards & development
- education systems;
- workplace culture;
- corporate governance & responsibility.

A whole-of-government response should also promote collaboration. Prevention should be viewed as a shared responsibility requiring coordinated action across every sector influencing community attitudes and institutional culture.

RECOMMENDATION 10

Establish a National Domestic and Family Violence Workforce Capability and Capacity Building Framework recognising specialist expertise.

Governments should distinguish between generalist and specialist DFV service provision when commissioning services.

Procurement and funding decisions should recognise demonstrated expertise, lived community relationships, culturally informed practice, and measurable outcomes—not solely organisational size or geographic reach.

This is particularly important for specialist services supporting Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, LGBTQIA+ communities, older persons and other populations requiring tailored responses.

Commissioning models should value depth of expertise and community trust alongside service scale.

Fit-for-purpose services are often led from grass roots, however the public discourse or research fails to include this volume of evidence and expertise.

Community & grassroots organisation develop organically from a 'need', they grow and build expertise and valuable knowledge. They hold solutions while the mainstream is still identifying barriers.

While grassroots organisations may lack degrees of capability and capacity; they nevertheless work without funding, resources or premises they do not have the benefit of capacity building and formal lines of support that mainstream funded services benefit receive. They have no wellbeing checks or avenues except to rely on each other.

In spite of which, they support community members with positive outcomes and real achievements.

The next national plan should recognise this body of evidence and expertise and integrate into the overall framework. For grassroots organisations *"we do not need more years of research to know what we already know"*. We need

investment to cultivate the knowledge, cultural expertise and skills of those who have already designed solutions.

Notwithstanding domestic and family violence is a complex and evolving field of practice requiring specialised knowledge, critical analysis, cultural responsiveness and an understanding of intersecting legal, social, migration, health and safeguarding systems.

Effective responses cannot rely solely on goodwill, lived experience or a general commitment to helping others. Although these qualities are valuable, they are not substitutes for evidence-informed practice, professional competence and ongoing specialist development. Gaining the right set of skills happens over time, and at a risk.

Insufficient capability can result in missed indicators of escalating risk, inappropriate advice, fragmented referrals, inconsistent risk assessment and responses that unintentionally increase harm or reduce victim-survivor confidence in the service system.

The National Plan should establish a nationally coordinated Workforce Capability and Capacity Building Framework that supports consistent standards across all sectors interacting with domestic and family violence.

The framework should include:

- nationally recognised capability standards aligned to different workforce roles;
- minimum education and competency requirements for specialist practitioners;
- mandatory induction for all domestic and family violence services;
- ongoing continuing professional development and refresher training at no cost to grassroots organisations;
- specialist training in coercive control, risk assessment, trauma-informed practice and recovery-oriented practice;
- advanced capability pathways for complex presentations, including technology-facilitated abuse, dowry abuse, forced marriage, migration-related abuse, transnational coercive control, financial abuse and other emerging forms of violence;
- comprehensive cultural capability developed in partnership with Aboriginal and Torres Strait Islander organisations, culturally and linguistically diverse communities and other specialist services;
- structured professional supervision, reflective practice and mentoring to support ethical decision-making and practitioner wellbeing.
- Recognise the differences between specialist practice and informed practice.

Government investment in workforce development should be viewed as an essential component of victim-survivor safety rather than an optional workforce initiative.

A well-trained workforce improves the quality and consistency of service delivery, strengthens public confidence, supports better collaboration between agencies and reduces the risk of avoidable harm. Building national capability is fundamental to building a mature and sustainable domestic and family violence response system.

CONCLUSION

The next phase of Australia's National Plan presents an opportunity to mature the domestic and family violence system from one primarily focused on awareness and disclosure to one built on quality, accountability, specialist expertise and sustainable service delivery.

Ending domestic and family violence requires more than encouraging victim-survivors to come forward. It requires a system capable of responding effectively when they do.

This includes robust governance, transparent funding, culturally responsive innovation, coordinated service delivery and leadership that models the values expected across Australian society.

A future National Plan should be measured not only by the number of people seeking help, but by the quality, accessibility, consistency and effectiveness of the support they receive. By embedding regulation, accountability, specialist capability and genuine cross-sector collaboration into the national response, Australia can build a service system that is trusted by communities, sustainable for practitioners and centred on the safety, dignity and long-term recovery of victim-survivors.

To strengthen this further for a Commonwealth consultation, I would recommend adding references to the outcomes and priorities of the First Action Plan, relevant Australian Institute of Health and Welfare (AIHW) data, the National Plan's existing objectives, and examples from frontline practice. This would elevate the submission from a position paper to a policy submission grounded in evidence while retaining your recommendations.

ENDNOTE

The current National Principles already recognise that coercive control can involve patterns of behaviour that create fear and restrict liberty and autonomy, and Australian policy work increasingly recognises the role of systems and relationships in perpetuating coercive control. Isolation from family and support networks is a common coercive-control behaviour and perpetrators may deliberately isolate victim-survivors from their support networks.

Further considerations include:

Consider Expanding Legislative Reform to Address Third-Party Facilitation of Abuse

The next phase of legislative reform should consider whether Australia's existing legal frameworks adequately address the role of third parties who knowingly facilitate, conceal, enable or reinforce domestic and family violence.

Domestic and family violence is not always perpetrated by one person acting in isolation. Coercive control may be reinforced through family members, friends, colleagues, employers, community networks or other people who knowingly assist the person using violence.

This may include providing false alibis, concealing evidence, passing on information about the victim-survivor's movements, pressuring them to return to the relationship, facilitating contact, controlling access to employment or accommodation, or deliberately undermining the victim-survivor's credibility.

These actions can extend the reach of the primary perpetrator and may contribute to the victim-survivor experiencing the world around them as unsafe.

A victim-survivor who discovers that people they trusted have deliberately assisted the person using violence may experience a profound loss of safety and trust. This can discourage disclosure, reduce help-seeking and complicate recovery and healing. The impact may be particularly significant in close-knit families and communities where the victim-survivor is dependent upon relatives, community networks, employers or other trusted relationships.

The Second Action Plan should therefore consider a national review of whether existing criminal, family violence and protective legislation adequately captures **third-party facilitation of coercive control**.

This review should examine whether there are appropriate consequences where a person:

- knowingly assists or facilitates domestic or family violence;
- deliberately provides false information or an alibi to protect a person using violence;
- intentionally conceals evidence or obstructs a victim-survivor's access to safety;
- knowingly discloses information that assists the person using violence to locate, monitor or intimidate the victim-survivor;
- deliberately pressures, threatens or manipulates the victim-survivor on behalf of the person using violence;
- uses their position as an employer, family member, community leader or other person of authority to assist the continuation of abuse.

The objective should not be to criminalise ordinary mistakes, misunderstandings or people who genuinely do not recognise what is occurring. Any legislative reform should include a clear threshold of **knowledge, intention or recklessness**, together with appropriate safeguards.

At the same time, legislation should recognise that not all harmful third-party involvement is deliberate. People may unintentionally reinforce coercive control because they misunderstand abuse, accept the perpetrator's account, prioritise family unity, rely upon cultural or religious expectations, or are themselves being manipulated.

For this reason, legislative reform should be accompanied by a substantial investment in public and professional education so that family members, employers, community organisations and other potential support people can recognise coercive control and respond safely.

The Second Action Plan should establish a cross-jurisdictional review of existing legislation to determine whether there are sufficient mechanisms to:

prevent, identify and sanction deliberate third-party facilitation of domestic and family violence, while simultaneously improving education and safeguards for people who may unknowingly become involved.

This would extend the principle of perpetrator accountability beyond the individual using violence and recognise that preventing abuse sometimes requires addressing the network of behaviours and relationships that enable it to continue.

Whoever is using violence or deliberately enabling it, and whatever relationship they have to the victim-survivor, the objective must be to interrupt the abuse, reduce risk, restore autonomy and create conditions in which the person experiencing violence can safely rebuild trust and recover.

This bridges back to our earlier recommendation on behaviour-based approach: the question becomes not simply

"Who is the perpetrator?" but towards *"What behaviours are maintaining the coercive environment, who is participating in them, and what intervention is required to stop them?"*

FLASH SURVEY – data available upon request

While the sample is modest and should not be considered representative of the Australian population, it provides valuable qualitative and indicative quantitative evidence from people with lived experience, community members and professionals.

The consultation demonstrates broad agreement that Australia's response to domestic and family violence now needs to move beyond awareness towards strengthening the quality, capability and accountability of the service system.

Across almost every respondent group there was strong support for:

- nationally consistent quality and accountability standards;
- stronger workforce capability and professional training;
- increased investment in frontline services;
- improved transparency in funding and governance;
- better service navigation; and
- stronger specialist responses for culturally and linguistically diverse (CALD) communities.

A recurring message throughout the qualitative responses was that greater reporting has not been matched by sufficient service capacity or measurable improvements in outcomes.

Key Findings

1. Workforce capability
2. Community wants better use of funding – not simply more funding
3. Awareness has improved, service capacity has not kept pace.
4. Strong support for specialist CALD responses
5. Better navigation through service system
6. Prevention should focus on earlier intervention

Differences: Community Members & Professionals

<i>Shared priorities</i>	<i>Professional respondents tended to focus on:</i>	<i>Community respondents more frequently highlighted practical barriers such as:</i>
Despite the different perspectives, both groups consistently identified: • workforce capability; • frontline service investment; • governance; • transparency; • culturally responsive services as priorities for the next National Plan.	• workforce competency; • governance; • quality assurance; • evidence-based practice; • interagency collaboration; • measuring outcomes rather than outputs. Their responses reflected a systems perspective, emphasising how service quality and accountability influence victim-survivor outcomes.	• difficulty accessing help; • lack of available services; • housing shortages; • delays in receiving assistance; • community awareness; • visible action following reports. Their responses centred on lived experience of navigating the service system and the need for timely, accessible support.

Submission Recommendation	Survey Findings	Overall Support
National Regulatory Framework	Strong support for national standards, transparency and accountability	Very High
Governance & Accountability	Strong support for better governance and transparent use of funding	Very High
National Service Navigation	Frequently identified as fragmented and difficult to navigate	High
CALD Specialist Responses	Strong support across both community and practitioners	Very High
Sustainable Service Capacity	One of the strongest recurring themes	Very High
Whole-of-Government Approach	Strong support for coordinated responses	High
Workforce Capability Framework	Highest ranked reform priority	Extremely High

Notable themes Several themes recurred throughout the qualitative feedback:

- *"Understaffed and under-resourced services."*
- *"Need for earlier intervention."*
- *"Better use of funding."*
- *"Measure outcomes rather than activity."*
- *"Housing remains a major barrier."*
- *"Improve community education."*
- *"Strengthen multidisciplinary collaboration."*
- *"Increase culturally responsive services."*
- *"Support practitioners through better training."*

Implications for our submission The survey findings provide strong support for the strategic direction of our submission recommendations. In particular, they reinforce the need to:

1. Establish a National Quality and Regulatory Framework for government-funded DFV services.
2. Create a National Workforce Capability and Capacity Building Framework.
3. Invest in specialist, community-designed CALD responses.
4. Improve transparency and accountability in funding and governance.
5. Develop nationally consistent service navigation and referral pathways.
6. Shift performance measurement from activity indicators (e.g. reports received services delivered) to outcomes that demonstrate improved safety, recovery and long-term wellbeing for victim-survivors.

Overarching finding

Perhaps the clearest message from the consultation is that participants believe Australia has made important progress in raising awareness of domestic and family violence, but that the next phase of reform should focus on the capability, quality and accountability of the systems responding to people who seek help.