

Australia's Digital Public Infrastructure and the National Plan to End Violence Against Women and Children

An opportunity to deliver a fully integrated, digitally-enabled system for women and children experiencing violence

Submission to the 2nd Action Plan for the National Plan to End Violence Against Women and Children 2022–2032

A submission by Infoxchange, Heidi Health, Law & Development Partners and RMIT University

22 July 2026

Core message

Australia is already investing hundreds of millions of dollars in Digital ID, Digital Payments and Data Exchange. This submission asks the 2nd Action Plan to ensure that investment is designed from the outset to work for women and children experiencing violence. A gender-inclusive, trauma-informed Digital Public Infrastructure can give victim-survivors 'no wrong door' access to safety, payments and support at their most vulnerable moment, closing the gaps that the national evidence and Tasmanian case study in this submission show are costing women and children safety today.

1. Introduction

Infoxchange, in partnership with Heidi Health, Law & Development Partners and RMIT University, submits this paper to inform the 2nd Action Plan (2AP) for the National Plan to End Violence Against Women and Children 2022–2032. This submission sets out a broader vision: a fully integrated, digital-enabled system that connects women and children experiencing violence to support across all four pillars of Australia’s national response — Prevention, Early Intervention, Response and Recovery — underpinned by the Digital Public Infrastructure (DPI) that the Commonwealth is already building.

This submission responds directly to the themes raised in the 2AP public consultation summary paper (May 2026). That paper calls for victim-survivors to experience ‘no wrong door’ when seeking help, for the system to respond to new and growing harms such as technology-facilitated abuse, and — under its fifth priority area, System Integration and Workforce — for services to share information and work together far more effectively than they do today. This submission argues that Australia’s DPI assets – the expanded Digital ID, Digital Payments and Data Exchange, if designed in a gender-inclusive way, offer a unique opportunity to deliver services and remedies to women and children at their most vulnerable point in a secure, streamlined and trauma-informed manner.

The submission is structured as follows: the problem, including national evidence and a Tasmanian case study used as an evidenced proxy for rural and remote Australia (Section 3); a vision for a fully integrated, four-pillar system (Section 4); the Digital ID and DPI investment already underway that this vision can build on (Section 5); two cross-cutting design challenges that must be solved for any such system to work in practice — capacity reporting (Section 6) and data strategy (Section 7); and a practical, near-term exemplar of this vision already in development — an integration between Heidi Health’s clinical AI platform and Infoxchange’s Ask Izzy service directory (Section 8).

This submission also draws on the three recommendations of Making Digital Public Infrastructure Work for Women and Girls: Exemplar Stories (Sumner, 2026), which call for DPI to be designed with and by women and girls, invested in at scale, and evaluated through gender-disaggregated data.

2. Recommendations

In support of the 2nd Action Plan for the National Plan to End Violence Against Women and Children 2022–2032, this submission requests that the Commonwealth Government consider the following. The partners involved in this submission are participating in a DPI and 2AP consultation with DSS and other partners and we may revise these recommendations in light of the consultation during August 2026:

- Adopting the four-pillar architecture — Prevention, Early Intervention, Response and Recovery — set out in Section 4 as the design blueprint for how Digital ID and DPI support women and children experiencing violence, aligned with the 2AP’s five priority areas.
- Designing the expansion of Australia’s Digital ID so that it is gender-inclusive by default — enabling trauma-informed referrals, streamlined access to government and private-sector payments and concessions, and debt waiver pathways for women experiencing violence.
- Investing in solving the capacity-reporting design challenge described in Section 6, so that recording and sharing service capacity strengthens rather than penalises constrained frontline providers, and enables genuine capacity-aware referral across front-line service partners supporting women and children experiencing violence.
- Funding a whole-of-sector data strategy (Section 7) so that existing data assets — including the Australian Institute for Health and Welfare, Ask Izzy and mandatory family violence screening data from child and maternal health settings — are better used to close data-reporting gaps and build a national evidence base.
- Supporting the integration of clinical AI referral tools (such as Heidi Health) with validated national service directories (such as Ask Izzy) as a scalable, near-term model for early identification of, and response to, family violence disclosure for the significant numbers of women and children who disclose violence in a health setting (Section 8).
- Supporting independent, embedded evaluation (such as the RMIT-led evaluation within the Heidi Health/Ask Izzy exemplar) of digital referral tools, so that safety, effectiveness and equity of access can be demonstrated before national scale-up.
- Encouraging cross-sectoral partnerships between the health, legal assistance and technology sectors as a mechanism for reducing the number of times a woman must retell her experience of violence in order to access help.

- Using mandatory family violence screening data from child and maternal health settings, linked through Digital ID and Consumer Data Right infrastructure, to build a national evidence base on disclosure and service uptake.
- Reviewing how government payment systems (including child support) can be redesigned through Digital ID and ‘tell us once’ reforms to reduce their weaponisation as tools of economic abuse by perpetrators.
- Support a dedicated Innovation Stream within the National Plan to End Violence against Women and Children to enable the development, testing and scaling of innovative, evidence-based and technology-enabled approaches that improve outcomes for victim-survivors and strengthen the sector's capacity to respond to emerging challenges.

3. The Problem: Family Violence Response Barriers Across Australia

3.1 Four systemic gaps

Australia already invests significantly in payments, services and specialist responses for women and children experiencing violence. The evidence gathered through this initiative, and through the Just Healthy Families / Hobart Women’s Shelter case data and RMIT–L&DP gender-inclusive DPI planning discussions in 2026, points to four systemic gaps that prevent that investment reaching the people who need it:

- **Disconnected budgets and services:** existing payments and supports already exist but are not linked to the people who need them.
- **Under-served rural, remote and vulnerable communities:** regional women, First Nations women, women with disability, and CALD communities face the largest gaps.
- **Fragmented service response:** health, legal, housing and financial counselling operate in silos with no shared referral pathway.
- **Digitally excluded system design:** systems assume digital access and literacy that many women experiencing violence do not safely have.

3.2 What the national evidence tells us

The 2AP public consultation summary paper (May 2026) sets out what the evidence shows since the National Plan began. Progress has been made: most forms of violence have declined at the population level, more people are reporting violence and seeking help, community understanding is improving, and rates of death from intimate partner violence have been declining over time.

However, some harms persist or are growing. Sexual violence has increased since 2012 and stalking has not declined since 2005. Emerging technology-facilitated abuse now affects around half of all Australian adults at some point in their lives, and online communities that promote misogyny are shaping attitudes and behaviour, including among children. The number of children killed by a parent has stayed the same, and most of these deaths are linked to earlier family violence that services had a chance, but failed, to respond to. Financial and sexual abuse are not always recognised by services, and services remain poorly connected and still focus more on adults than on children and young people in their own right.

Outcomes also remain unequal. Aboriginal and Torres Strait Islander women continue to experience violence at much higher rates, and police, court and service responses too often fail to keep them safe. Women and the LGBTIQ+ community experience higher rates of sexual violence, and people in rural and remote areas often find it harder to get support — the barrier this submission’s Tasmanian case study (Section 3.4) illustrates directly.

3.3 Five priority areas for the 2nd Action Plan

The consultation paper proposes five priority areas for the next plan, which this submission has used to frame its recommendations:

- **1. Victim-survivors of domestic, family and sexual violence:** strengthening ‘no wrong door’ access, responding to technology-facilitated abuse, and improving police, court and financial-system responses.
- **2. Prevention and early intervention:** changing the attitudes, behaviours, systems and structures that drive violence, and acting earlier.
- **3. Children and young people in their own right:** recognising children as victim-survivors with distinct needs, not simply as bystanders to adult violence.
- **4. People who use violence:** creating more pathways for early intervention, behaviour change and accountability.

- **5. System integration and workforce:** improving how services and workforces share information and work together, and supporting a sustainable, culturally capable workforce.

The four-pillar system set out in Section 4 speaks most directly to priority areas 1 (victim-survivors), 2 (prevention and early intervention) and 5 (system integration and workforce), while the screening and data-sharing elements described in Sections 4 and 7 also support priority area 3 (children and young people).

3.4 Tasmania as an evidenced proxy for rural and remote Australia

Tasmania offers a useful, evidenced proxy for the barriers facing women in rural and remote settings nationally. The following problem statement is drawn from the experience of women at the Hobart Women's Shelter (HWS) — Australia's second-oldest women's emergency housing shelter — and from the [Just Healthy Families health justice partnership](#) operating alongside it. (Note: Just Healthy Families has submitted a separate submission to the 2AP as has a coalition of Tasmanian Women's Shelters — HWS, NW Tasmania Women's Shelter and Magnolia House).

#	Problem faced by a woman experiencing family violence in Tasmania	Evidence	Desired future state
1	Securing stable emergency housing is very difficult, with long delays for permanent housing.	HWS turns away 8 out of 10 women seeking assistance due to lack of space (six times the national average). Tasmanian Government housing waitlist data shows extended wait times.	More transitional and long-term housing options for women and children, so that the HWS operates as an emergency rather than a long-term housing option.
2	Women experience delay in accessing services to assist their recovery: counselling, mental health support, digital and physical security, and other needs.	The waiting times for critical recovery services are measured in months and years for women at the HWS. An example is the current wait time for specialist family violence counselling in Southern Tasmania of between 12–18 months (HWS and Engender Equality).	A network of all services showing their capacity enables front-line service partners to connect women to the services they need sooner.
3	Women are not protected from violence in the home.	75% of women approaching the HWS experience family violence.	Digital ID and consent-based data exchange between government agencies assists with streamlined Protection Order processes.
4	Women are not accessing government payments and vouchers they are eligible for, e.g. the Leaving Violence Payment, Centrelink and Special Benefits payments, the Health Concession Card, and transport concessions.	In 2025–2026, a very small proportion of women accessing emergency housing at the HWS applied for or received the Leaving Violence Payment.	Digital ID can proactively surface and pre-populate the government schemes and benefits a woman is eligible for.
5	Women cannot easily connect with private-sector and philanthropic benefits, livelihood opportunities and payment supports, e.g. Telstra data top-ups for women's phones, or direct-giving platforms such as We Are Mobilise.	Only 2 out of 10 women seeking emergency housing and experiencing violence are able to find a safe place at the HWS due to lack of space, limiting how many can be connected to these services.	Infexchange/Ask Izzy connects women to a broader range of services and support from the private sector and philanthropy.
6	Women have a range of debts and do not know that they may be eligible for a debt fee waiver, reduction, or payment plan.	Australia's Centre for Women's Economic Safety cites the Surviving Economic Abuse (SEA) UK project, which found that 95% of survivors of domestic abuse experience economic abuse. Of those, 60% have experienced at least one form of coerced debt. Victim-survivors carried an average of 7 debts. A Commbank/Deloitte Access Economics 2022 study found the cost of financial abuse to victims in 2020 was \$5.9 billion, with a further \$5.2 billion cost to the wider economy.	Intake conversation asks key questions around debt and financial safety and refers to financial counselling services with capacity and supports debt waiver/reduction/deferment requests where appropriate.
7	Women in emergency housing are unable to access financial	One financial counsellor based at Women's Legal Services Tasmania in the north has not	A network of all financial counselling services showing

#	Problem faced by a woman experiencing family violence in Tasmania	Evidence	Desired future state
	counsellors to help with budgeting and debt management.	been able to support financial counselling needs at the HWS in the south.	their capacity enables front-line service partners to connect women to the services they need sooner. These service providers could be based in other States.
8	Fewer women at the HWS are accessing legal support for family violence and family law issues, due to the place-based service declining from three days a week to half a day a fortnight.	In 2023, women at the HWS received an estimated 147 legal services; by 2025 this had declined to 39. Secondary consultations with HWS staff dropped from 43 in 2022 to 14 in 2025.	Restoration of the place-based specialist family violence lawyer to a minimum of three days a week (see the companion Just Healthy Families submission).
9	Women often don't know where to obtain food.	The top search in Ask Izzy is for food — over 2.5 million searches in FY25. Women comprise 63% of people searching on Ask Izzy.	

Several of these problems — in particular problems 4, 5 and 6 concerning unclaimed government and private-sector payments, and unaddressed debt — are problems of information and access rather than eligibility. This is where a gender-inclusive approach to Australia's expanding Digital ID could make a material difference, as set out in Sections 4 and 5 below.

4. The Vision: A Fully Integrated, Digitally-Enabled System

This submission proposes a single, connected, trauma-informed system built around four pillars — Prevention, Early Intervention, Response and Recovery — mirroring the structure of the National Plan itself. The aim is one woman, one disclosure, one connected journey through every stage, rather than a woman having to find and navigate each service and payment herself.

Pillar 1: Prevention

Stop violence before it starts — and build financial resilience before crisis hits.

- Financial and digital literacy programs embedded in community and health settings.
- Streamlined access to protection orders across jurisdictions, including digital and voice-enabled protection orders where a woman consents to auto-fill fields from her existing health, police and court records as verifiable credentials.
- Reduced weaponisation of government payment systems — particularly child support and other government payments — as tools of economic abuse.
- Early visibility of economic abuse patterns through consent-based data sharing. Withheld income alone is estimated to cost more than \$1.2 billion a year.

Pillar 2: Early Intervention

Respond at the moment of disclosure — wherever it happens. No wrong door.

- Mandatory family violence screening in child and maternal health settings, and consistent trauma-informed pathways by GP and primary care consultations at the point when family violence is disclosed.
- A single disclosure needed, regardless of which service she discloses to — there were 292,318 births registered in Australia in 2024, a screening touchpoint for approximately 250,000 mothers.
- Consistent national data on screening, disclosure and service requests, enabling gender- and age-disaggregated data on prevalence, referral and time-to-engagement with services.

Pillar 3: Response

Turn one disclosure into coordinated action — services, money and protection, without the paperwork maze.

- Warm referral to health, housing, legal and financial counselling services (the exemplar described in Section 8).
- Applications for eligible grants and payments substantially auto-filled based on Digital ID and voice-enabled consent to pull information government already holds — verifiable across more than 255 government services through a single Digital ID (myID).
- Debt waiver or reduction applications, starting with utilities and telecommunications.
- Protection measures — safety planning and orders processed alongside referrals and payments.

Pillar 4: Recovery

Sustain the gains — ongoing services and the confidence to take the next step alone.

- Continued referral to specialist recovery and support services, with the digital pathway generating data on how long it takes a woman to access services and on capacity constraints across urban, regional, rural and remote areas.
- Women empowered with a record of their own entitlements and progress, and verifiable credentials they hold and share only with their own consent — her data, her consent, rather than data scattered across agencies.
- Access to a place-based lawyer materially changes outcomes: 1 in 2 women at a shelter with a place-based lawyer received legal help, compared with almost none where that access was unavailable.

5. Australia's Digital ID: The Foundation Already Being Built

5.1 The 2026 Budget Statement

The Australian Government's Budget Statement, released on 12 May 2026, committed significant new investment to Digital Public Infrastructure (DPI), including:

- Digital ID expansion (\$654.3 million over four years) — expanding the government-issued Digital ID ecosystem (including the myID app) so citizens can safely verify their identity across more than 255 government services without repeatedly storing and sharing personal data with different departments and third parties.
- A 'tell us once' approach — a cross-agency reform so citizens and businesses only need to submit their personal data once across different areas of government.
- Consumer Data Right (CDR) integration (\$62 million) — enabling consumers to safely use their own data to access better services, building on Digital ID/CDR pilots already underway in the rental sector to protect renters' personal information.
- Preparations for private-sector rollout — so services such as banks, telecommunications providers and real estate agents can join the Digital ID system as a secure way for people to verify their identity for everyday transactions.
- \$2.2 billion to strengthen Services Australia, and continued investment (more than \$4.4 billion since 2022) in delivering the National Plan to End Violence Against Women and Children.

Officials leading the Family Safety Group at the Department of Social Services have identified the development of the 2nd Action Plan as a strategic entry point to explore how DPI can strengthen the response to, and service delivery for, victim-survivors of violence.

5.2 Three decisions: Australia's Digital ID, reimagined for service delivery

No new system is required — the Digital ID expansion and other Australian DPI (payments and data exchange) can be designed and deployed to support women and children's access to services, remedies and opportunities in the context of the 2nd Action Plan for the National Plan to End Violence Against Women and Children. This submission proposes three decisions:

- **Prevent:** Digital ID and DPI actively support the prevention of violence against women and children — not just its response.
- **Enable access:** Women and children can access services, remedies and opportunities in both self-directed and assisted models.

- **Protect data:** Key data and information are held by women themselves, as verifiable credentials shared only with their consent.

These decisions align with the May 2026 Budget Statement's Digital ID expansion and directly support the 2nd Action Plan for the National Plan to End Violence Against Women and Children.

6. Capacity Reporting: A Critical Design Challenge

Any system that refers women to services based on real-time capacity, as envisaged in Section 4, depends on services being willing and able to report their own capacity. Consultation has identified this as a genuinely difficult design problem, not a simple data-integration task, and one the 2nd Action Plan should address directly.

Recording service capacity is politically fraught. Making a service more visible or more 'findable' can, in practice, make an already-constrained provider's workload harder, without the woman seeking help necessarily reaching a service that does have room to assist her.

Capacity is also nuanced rather than binary. A service is rarely simply 'able to help' or 'unable to help' — real capacity sits on a spectrum between full engagement and no capacity at all, and a system that only records the two extremes will misrepresent most services most of the time.

Getting the funding and engagement settings right matters for accurate capacity signalling by front-line service partners. Services need a clear value proposition for participating: if flagging spare capacity simply means they will get busier, with no matching increase in resourcing, there is little incentive to report accurately — and a real risk that reporting is quietly discouraged. Design work should also consider two related capabilities: cross-referral within a network of related services, and understanding a network's overall capacity to assist, so that referral design works for the referring service and the receiving service, not only for the end user.

This submission recommends that the 2nd Action Plan fund dedicated design and engagement work — with services, peak bodies and people with lived experience — to solve the capacity-reporting problem before any national capacity-aware referral system is scaled, so that the resulting system strengthens rather than penalises the frontline.

7. Data Strategy: Making Better Use of Existing Data Assets

Digital Public Infrastructure and technology have real potential to close data-reporting gaps in the family violence sector — but this potential is currently under-realised. Consultation has identified that the sector has not always made the best use of the data assets it already holds, and that a clearer, funded data strategy is needed to change this.

Practical steps identified through this work include: dedicated work, embedded within funded programmes, to identify where genuine data-reporting gaps exist rather than assuming what is missing; continued, secure funding for data assets that already function as national infrastructure, such as Ask Izzy, whose value depends on it remaining a trusted, actively maintained data source; and clear standards for data retention, security and use, including configurable retention periods for personally identifiable information.

This submission recommends that the 2nd Action Plan support a whole-of-sector data strategy — covering what data is collected, how it is retained and secured, and how it is shared with consent — as a foundation for the screening, referral and evidence-building work described in Sections 4 and 5.

8. Exemplar Initiative: Heidi Health Justice and Ask Izzy

The following initiative is offered as one practical, near-term exemplar of the vision set out in Section 4, and specifically of Pillars 2 and 3 (Early Intervention and Response). It does not represent the full scope of this submission, but demonstrates that the model is achievable now, using infrastructure that already exists at scale.

The project, Co-Creating an Integration between Heidi Health and Ask Izzy to Strengthen Early Referral Pathways for Women Experiencing Family Violence, will embed Ask Izzy's validated, capacity-aware service directory directly within the Heidi Health clinical workflow ('Heidi Health Justice'), so that a disclosure of family violence made to a GP, maternal and child health nurse or other frontline clinician can trigger an immediate, matched referral to a specialist service with current capacity — without the woman needing to repeat her story to a second or third provider.

8.1 The foundations this project builds on

This proposal integrates two established, large-scale digital services rather than building new infrastructure:

- Ask Izzy (Infoxchange) — a national service directory and referral platform built over more than 30 years, supporting over 8.5 million searches annually across a directory of more than 475,000 services. Infoxchange’s Western Australian Find My Way initiative has already demonstrated capacity-aware referral logic embedded in frontline workflows.
- Heidi Health — a Melbourne-based clinical AI documentation platform supporting over two million clinical consultations a week globally, embedded directly in practitioner workflows across primary care, allied health and community health settings.

Law & Development Partners and RMIT University bring thirty years of family violence and access-to-justice policy expertise, and independent research and evaluation capability, respectively.

8.2 Illustrative scenario

“A woman discloses family violence during mandatory screening with her child and maternal health practitioner or in a GP consultation. Heidi Health Justice summarises the key elements for the clinician’s review. The integrated Infoxchange service directory (Ask Izzy) then surfaces specialist family violence services with current capacity in her location. The clinician drafts and sends referrals in mere minutes — and the woman leaves her appointment with help already in motion.”

8.3 Delivery Approach

The exemplar initiative described in Section 8 is proposed to be delivered over three years, with governance, evaluation and scale-up milestones at each stage. A detailed budget has been developed but is not reproduced in this public submission.

Phase	Period	Focus
Year 1	Oct 2026 – Sep 2027	Governance, co-design, capacity mapping, technical integration, initial pilot
Year 2	Sep 2027 – Aug 2028	Pilot expansion, embedded monitoring, independent RMIT evaluation
Year 3	Sep 2028 – Sep 2029	Model refinement, policy engagement, scale and sustainability planning, final reporting

8.4 Expected Outcomes

- Silos between medical and social service responses to family violence disclosure are broken down, enabling a coordinated, whole-of-system approach to early intervention.
- Medical and frontline service providers can refer clients to specialist family violence legal and other services earlier, matched to real-time capacity.
- Faster, more accurate referrals free up clinician time, enabling providers to support more clients and improving access to justice for more women.
- A single disclosure to one frontline provider triggers a streamlined referral pathway, so women are never asked to retell their experience to access help.
- Women experience less trauma through warm, capacity-matched referrals to specialist services.
- Over time, better linkage of screening and disclosure data supports the prevention and economic-abuse objectives set out in Sections 4 and 5.

8.5 Partnership and Governance

This submission is led by Infoxchange/ Ask Izzy in partnership with:

- Heidi Health — technical co-design and integration of AI-assisted, trauma-informed referral prompts into the clinical documentation workflow.
- Law & Development Partners — stakeholder mapping across the health and emergency housing use cases, national partner convening, impact data analysis, and engagement with government, technology partners, front-line service partners and regulatory bodies.

- RMIT University— Support from the Australian Digital Inclusion Index (an RMIT project within the ARC Centre of Excellence for Automated Decision-Making and Society) independent research ethics oversight, co-design documentation, and evaluation and publication of findings.

13. Contact

For further information about this submission, please contact:

[REDACTED]

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Appendix – Vision – A Trauma-informed digital Australia.

ACT 1 - THE PROBLEM

Australia's family violence response has four gaps.



Source: Just Healthy Families / Hobart Women's Shelter case data; RMIT-L&DP gender-inclusive DPI planning discussions, 2026.

Submission to the

2nd Action Plan · JULY

2026

Digital Public Infrastructure and the National Plan to End Violence Against Women and Children

A fully integrated, digital-enabled system for women and children experiencing violence

Community-led · Inclusive · Integrated · Trauma-informed

\$22-26B

annual cost of violence
against women

4.4M

Australians living
with disability

~250,000

mothers screened for
family violence yearly

ACT 1 · THE PROBLEM

Nine points where the system fails her



Securing stable emergency housing is very difficult with long delays for permanent housing



Delayed access to counselling, mental health and digital/physical security support



Not protected from violence in the home



Not accessing eligible government payments — Leaving Violence Payment, Centrelink, concessions



Not accessing private-sector and philanthropic benefits — phone data, direct-giving platforms



Unaware of eligibility for debt waivers, reductions or payment plans, especially where economic abuse is a factor



Limited access to financial counsellors for debts incurred due to violence and to increase financial literacy



Falling legal support for family violence and family law issues



Often doesn't know where to obtain food

ACT 1 · THE PROBLEM

What the status quo costs

\$22B

cost of violence against women & children to Australia, 2015–16

KPMG for the Department of Social Services, based on the ABS Personal Safety Survey

+\$4B

likely underestimate — First Nations, disabled, pregnant & homeless women undercounted in survey data

KPMG 2016

\$5.7B

cost of financial abuse to victims in 2020 — controlled income, unpaid bills, joint debt

CommBank / Deloitte Access Economics, 2022

\$5.2B

cost of financial abuse to the broader economy — productivity loss, mental health, deadweight loss

CommBank / Deloitte Access Economics, 2022

Front-line service providers absorb a further, unquantified cost: vicarious trauma and burnout.

Four stages. One connected, trauma-informed system.



PILLAR 1

Prevention

Financial and digital literacy, protection orders



PILLAR 2

Early Intervention

Respond at disclosure — health, GP, no wrong door



PILLAR 3

Response

Referrals, debt waivers, grants, protection



PILLAR 4

Recovery

Ongoing services, empowered next steps

One woman. One disclosure. One connected journey through every stage.

PILLAR 1

Prevention

Stop violence before it starts — and build financial resilience before crisis hits

- Financial and digital literacy programs embedded in community and health settings
- Streamlined access to protection orders across jurisdictions
- Reduce the weaponisation of government payment systems as tools of economic abuse — particularly child support and other government payments
- Early visibility of economic abuse patterns through consented data sharing



\$1.2B+

estimated annual cost of financial abuse from withheld income alone

24/7

digital and voice-enabled protection orders — women provide consent to auto-fill fields from her data as verifiable credentials already existing as health, police and court records

Early Intervention

Respond at the moment of disclosure — wherever it happens. No wrong door.

- Mandatory family violence screening in child & maternal health settings
- GP and primary care consultations trigger the same trauma-informed pathway
- Consistent national data on screening, disclosure and service requests to enable gender and age disaggregated data on prevalence, referral to and length of time to engage with services
- Better data on how many mothers are asked the mandatory screening questions, how many disclose family violence, and how many request services to prevent or leave it



292,318

births registered in Australia in 2024 — a screening touchpoint for ~250,000 mothers

1

single disclosure needed, regardless of which service she discloses to

Response

Turn one disclosure into coordinated action — services, money and protection, without the paperwork maze.

- Warm referral to health, housing, legal and financial counselling services
- Debt waiver or reduction applications — starting with utilities and telco
- Applications for eligible grants and payments will be substantially auto-filled based on digital ID and voice-enabled consents to pull information the government already has
- Protection measures — safety planning and orders processed alongside referrals and payments



255+

government services verifiable through one Digital ID (myID) — no need to resubmit the same personal data to every department

\$654.3M

committed over four years to expand Australia's Digital ID ecosystem — 2026 Budget Statement

Recovery

Sustain the gains — ongoing services and the confidence to take the next step alone.

- Continued referral to specialist recovery and support services. Digital pathway automates data on length of time until a woman can access services and capacity constraints in urban, regional, rural and remote areas
- Women empowered with a record of their own entitlements and progress
- Verifiable credentials women hold and share only with their consent



1 in 2

women at a shelter with a place-based lawyer received legal help, vs almost none without access to a place-based lawyer

Her data,

her consent — held by the woman, not scattered across agencies

Australia is already funding this rail.

The May 2026 Budget Statement commits to making government simpler through a “tell us once” approach and an expanded Digital ID, backs AI to make government more efficient, and directs \$2.2 billion to strengthen Services Australia — building on more than \$4.4 billion invested since 2022 in the National Plan to End Violence against Women and Children.



Digital ID Expansion

\$654.3M over 4 years

Expands the government Digital ID ecosystem (myID) — verify identity across 255+ services without resubmitting personal data to every department.



“Tell Us Once”

cross-agency reform

Citizens and businesses submit personal data once, and it flows across government instead of being asked for again.



Consumer Data Right

\$62M

Lets consumers safely use their own data to save money and find better services, building on Digital ID/CDR pilots already underway in the rental sector.



Private-Sector Rollout

banks, telcos, real estate

Prepares private-sector services to join the Digital ID system as a secure, everyday way to verify identity for ordinary transactions.

Three decisions. Australia's Digital ID, repurposed.

No new system required — Digital ID and Digital Public Infrastructure already being built by 2030 can be designed to do this work.

1



Prevent

Digital ID and DPI actively support the prevention of violence against women and children — not just its response.

2



Enable access

Women and children can access services, remedies and opportunities in both self-directed and assisted models.

3



Protect data

Key data and information are held by women themselves, as verifiable credentials shared only with their consent.

Aligned with the May 2026 Budget Statement's Digital ID expansion and the 2nd Action Plan for the National Plan to End Violence Against Women and Children.

THE RETURN

What a gender-inclusive Digital ID buys back



Costs reduced

A share of the \$22–26B annual cost of violence against women is preventable through earlier, better-linked intervention.



Payments reach her

Eligible women and children receive grants and payments automatically matched to them — not dependent on her knowing what to apply for, at her most vulnerable moment.



One story, once

A single disclosure, wherever it happens, triggers every referral she needs — she is never asked to retell her experience.



Frontline workers supported

Scribe-based case management notetaking and streamlined, capacity-matched referrals to services saves hours a day for frontline service providers and reduces vicarious trauma and burnout.

VISION

A trauma-informed digital Australia

Community-led · Inclusive · Integrated · Trauma-informed

A system built with the women and children who use it — so that support finds her, rather than asking her to find it.

Companion submission: Co-Creating an Integration between Heidi Health and Ask Izzy —
Submission to the 2nd Action Plan for the National Plan to End Violence Against Women and Children