

Formal Submission
30 July, 2026

Consultation on the Second Action Plan

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

**Submitted by Institute of non-violence
to
Australian Department of Social Services**

CC: [REDACTED]

This submission reflects the expertise and perspectives of the IoNV team, clients, peers, frontline clinicians and leaders across Australia's family violence, housing, youth, multicultural, addiction and related service sectors, as well as legal professionals, local government employees and people who have sought our support or engaged in conversations with us. It has been approved and endorsed by IoNV CEO and Director [REDACTED].

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IoNV operates without a physical office, delivering services across all Australian states and territories and, at times, internationally.

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References:

- [Consultation on the Second Action Plan under the National Plan \(National Plan to End Violence against Women and Children 2022–2032\)](#)
- [National Plan 2022-2032](#)

Executive Summary

The Institute of non-violence (IoNV) welcomes the opportunity to contribute to the *Second Action Plan* under the *National Plan to End Violence against Women and Children 2022–2032*.

Drawing on specialist expertise in violence, trauma, inclusive practice, and behaviour change, IoNV advocates an intersectional, culturally responsive and evidence-informed national system.

The Second Action Plan should:

- embed intersectional feminism and equity in policy, funding, design and evaluation;
- provide tailored, trauma-responsive and shame-sensitive interventions that combine accountability with healing;
- recognise multicultural communities and fund culturally responsive workforces and services adequately; and
- integrate justice, health and community responses, including risk management, residential options and sustained support.

These reforms will strengthen safety, accountability and lasting behaviour change for affected family members (AFMs) and people who use violence (PUV).

Intersectional Feminism as the Foundation of the 2AP

IoNV supports the current National Action Plan's focus on gender inequality as a key driver of violence. However, gender interacts with race, class, culture, migration status, disability, sexuality, age and other factors that shape risk, discrimination and access to safety, support and justice.

The Second Action Plan (2AP) must therefore adopt an intersectional feminist framework that addresses gendered drivers of violence while recognising how structural inequalities compound harm and exclusion.

This framework strengthens accountability by challenging gender inequality, rigid gender norms, entitlement and violence-supportive beliefs. It also enables culturally safe, inclusive and trauma-responsive responses for First Nations, migrant and refugee, LGBTQ+, disabled and other marginalised communities, without imposing a single Western model of gender, family or relationships.

The Second Action Plan should:

- Embed intersectional feminist analysis across policy, funding, program design and evaluation – for example, by naming and explicitly addressing how gender, race, disability, migration status and sexuality is affecting access, risk and outcomes in a particular context.
- Require disaggregated data and measurable equity outcomes – for example, reporting service access, completion, safety and recovery outcomes by relevant demographic factors.
- Support co-design implementation with lived-experience, First Nations and multicultural communities through paid advisory roles, community-controlled partnerships, shared decision-making and transparent reporting on how community advice shapes policy and delivery.
- Fund flexible, integrated interventions combining family safety, risk assessment and management, cultural and/or visa requirements, therapeutic support and interagency collaboration.

A National Framework that Differentiates PUV Responses

Current responses can treat PUVs as a homogenous group, despite significant differences in needs, risks and pathways into violence.

This approach weakens accountability, engagement and long-term safety.

PUVs differ in culture, language, age, offending patterns, trauma, incarceration and substance use histories, and neurological or cognitive needs.

Effective responses must therefore tailor therapeutic approaches, risk management, accountability, engagement and outcome measures to individual needs and risk.

Community-based behaviour change

Whether self-referred or directed through formal pathways, participants need a coordinated service model that responds to practical, therapeutic and safety needs throughout engagement and after program completion.

- Psychoeducation and therapeutic intervention that compliment each other, rather than be offered as singular options – from our experience, men who are engaged in trauma therapy or other relevant programs before or whilst attending a Men's Behaviour Change program progress at a significantly higher rate than their peers.

- Case management and, where needed, residential support – for example, funded residential programs that provide holistic, 24hr support for several weeks at a time, allowing PUVs to heal, build insight, develop tools for safe relating, whilst being unable to breach intervention orders and pose threats to their families, giving AFMs time to also heal and recover. Such services must also consider a thorough reintegration approach for men exiting the program with safety and whole-of-family consent for reconnection being central.
- Trauma-responsive, shame-sensitive accountability – this requires advanced workforce development for family violence workers, private therapists, child protection workers and other professionals that might engage with impacted families.
- Culturally responsive and individually tailored support – for example, bicultural practitioners, interpreters and adaptations for cognitive, disability or substance-use needs; and
- ongoing support to sustain behaviour change after program completion – for example, follow-up counselling, peer support groups similar to AA / NA model, risk reviews and re-entry pathways.

Trauma, Shame and Healing Central to Behaviour Change

PUVs may have histories of complex trauma, attachment disruption and entrenched shame. Assessing these factors does not excuse violence; it enables interventions to address relevant drivers while maintaining accountability.

Punishment alone cannot build emotional regulation, healthy relationships or sustained non-violent behaviour. Effective intervention must combine clear accountability with trauma-responsive, shame-sensitive therapeutic support.

Lasting behaviour change requires engagement that is:

- trauma-responsive and shame-sensitive;
- motivational and reflective;
- relationally accountability; and
- meaningful opportunities for responsibility and repair.

The current system often prioritises punitive responses over therapeutic and community-based interventions, including effective for-purpose services outside government funding streams. This imbalance can drive disengagement and weaken the prospects of enduring change.

Integrating justice, health, therapeutic and community responses is therefore essential to strengthen accountability, reduce repeat violence and improve long-term community safety.

The Second Action Plan should:

- mandate trauma-responsive and shame-sensitive practice standards for all PUV interventions – for example, screening for trauma and shame triggers, de-escalation protocols and individual engagement plans; ensure practitioners are adequately trained to work effectively with trauma and shame;
- expand access to evidence-informed community behaviour change and therapeutic programs – for example, individual counselling, group programs and post-program support delivered in person and online;
- integrate therapeutic pathways with enforceable accountability measures – for example, court-monitored treatment plans, regular risk reviews and coordinated family-safety checks;
- strengthen referral pathways across corrections, health and community services – for example, warm referrals, shared case plans and timely handovers after release or program completion, as well as reinstating community corrections-specific programs across all states and territories; and
- invest in specialist workforce capability – for example, accredited training in trauma, shame, coercive control and the Homicide Timeline, supported by advanced group-facilitation training and regular, mandated, external clinical supervision.
- provide more diverse pathways for workforce development rather than limiting options to a handful of funded providers nationwide.

Multicultural Communities to be Explicitly Recognised

Multicultural communities face systemic racism, language barriers, migration-related abuse and fragmented services and extreme marginalisation that limit access to safety, support and justice.

Culturally responsive practice must extend beyond translation and interpreting services to address migration, trauma, racism, settlement pressures, family structures and collective healing.

Specialist multicultural organisations, bicultural workers and interpreters provide trusted pathways that mainstream services often cannot, and yet lack true recognition and funding for this.

The Second Action Plan should:

- explicitly recognise multicultural communities – for example, by naming migrant and refugee communities as priority populations and setting measurable access and safety outcomes;
- Fund specialist multicultural organisations, bicultural workers and interpreters through multi-year grants for community-led prevention, case coordination and interpreter-supported counselling, with funding levels and outcomes reported publicly.
- embed cultural safety, culturally responsive capability and genuine co-design across funded services – for example, through mandatory antiracism and cultural-responsiveness training, community advisory panels and service standards developed with lived-experience experts.

Integrated, Community-led Systems for Better Outcomes

Fragmented services undermine recovery and long-term safety.

Affected family members should not have to navigate homelessness, legal costs, migration insecurity, racism, poverty or loss of contact with children while receiving only short-term crisis support. Governments must fund coordinated pathways from immediate safety to sustained recovery.

Federal, state and territory governments **should**:

- establish funded, accountable service-navigation pathways across housing, legal, migration, health and family violence systems;
- encourage, through non-competitive tendering, multidisciplinary, trauma-responsive partnerships that provide continuous support from crisis through recovery – for example, family violence practitioners working alongside housing, legal, mental health and child-support specialists; and where partnerships are encouraged through funding streams, each partner in the collaboration receives funds for their portion of the work, rather than funnelling funds into one body and assuming that they'll distribute it fairly;
- provide sustained funding for community-led prevention and culturally responsive programs via specialist cultural services that show evidence of significant family violence response forming part of their work; and
- recognise and resource eldership and 'the more silent leaders' in cultural communities and support place-based innovation, with clear outcomes for safety, access and long-term recovery.

Implementation should be independently evaluated against national indicators for safety, repeat violence, service access, engagement, program completion and recovery, with findings published and used to improve funding and delivery.

Recommendations

IoNV recommends that the Second Action Plan:

1. Embed an intersectional feminist framework across policy, funding, implementation and evaluation to address the structural inequalities that drive violence.
2. Provide differentiated, well-funded and holistic responses for PUVs based on assessed risk, need and responsivity, recognising that Men's Behaviour Change Programs cannot replace case management, parenting support, therapeutic intervention or other tailored services.
3. Expand trauma-responsive, shame-sensitive and evidence-informed behaviour change programs that combine accountability with healing.
4. Invest in integrated responses that improve safety, accountability and long-term outcomes, including assessed residential options for people who pose significant risk, nationally consistent risk-assessment and risk-management tools informed by relevant evidence, particularly models like the Homicide Timeline, and nationally consistent protections through family violence intervention orders.
5. Explicitly recognise multicultural communities and establish culturally responsive practice as a national standard, supported by specialist organisations, bicultural practitioners, interpreters and culturally responsive service navigation.
6. Apply equity-by-design principles to funding, policy, program design and service delivery.
7. Require disaggregated national data to identify inequities and improve responses to diverse community experiences.
8. Strengthen coordination and referral pathways across justice, health and community services.

Closing Statement

Australia can strengthen the Second Action Plan by embedding intersectionality and equity, differentiated responses for PUVs, culturally responsive services and integrated pathways from prevention to sustained recovery.

Reducing violence against women and children requires intersectional, culturally responsive and accountable systems. Healing and accountability are complementary: effective responses to PUVs must uphold responsibility while addressing the trauma, shame and relational dynamics that contribute to violence.

A stronger national system invests in prevention, culturally responsive support, early intervention, integrated services and evidence-informed behaviour change. Embedding these principles in the Second Action Plan will support safer families, stronger communities and lasting reductions in violence.