



Lifeline Australia

**Consultation on the Second Action Plan to
the National Plan to End Violence against
Women and Children 2022–2032**

July 2026



1 Introduction

Lifeline Australia welcomes the opportunity to provide input to the Consultation on the Second Action Plan to the National Plan to End Violence against Women and Children 2022–2032 (henceforth, Second Action Plan).

The Lifeline Australia perspective put forward in this document is informed by our network's experience over more than 63 years delivering a range of key services across the nation. Those include generalist and specialist crisis support services, including the flagship DV-alert program, which delivers training for frontline workers to recognise, respond to and refer people experiencing, or who are at risk of experiencing, Domestic, Family and Sexual Violence (henceforth DFSV). As well as the 13YARN crisis support service delivered by and for Aboriginal and Torres Strait Islander peoples. As described in greater detail below, the DV-alert program has evolved to become a suite encompassing tailored offerings for priority populations including but not limited to Aboriginal and Torres Strait Islander peoples, and the LGBTQ+ community.

Via the provision of those and other services, the Lifeline network has gained deep first-hand experience of the interconnected nature of DFSV and other challenges to health and wellbeing. More specifically, we have as a network gained experience of the intersections between DFSV and crisis, suicidality, help-seeking and service access. We've also had a close view of the ways in which service users move between and across various support systems. Drawing from this multi-layered and unique perspective Lifeline Australia submits for consideration three areas of recommendation to inform the Second Action Plan. We identify each of these areas at a high level directly below and include further detail on each in the responses to each Term of Reference.

First, we highlight the imperative of **designing and delivering highly accessible, no-wrong-door services**. Low-barrier, non-stigmatised, and evidence-based interventions are required to maximise help-seeking behaviour. It is important to ensure this accessibility extends to all cohorts, including children who are victim-survivors and individuals at risk of using violence. Accessibility should be treated as a core requirement of effective DFSV responses, particularly to improve reach for marginalised and geographically isolated populations experiencing significant systemic barriers to support.

Second, Lifeline Australia advocates for **a more integrated and interconnected support system**. DFSV support pathways should be conceptually expanded to include service environments traditionally viewed as separate from the core DFSV sector. Greater interconnectivity, including warm referral protocols, would better integrate crisis, suicide prevention, mental health and referral services into a broader support network. This would reduce the burden of re-disclosure for victim-survivors, lower the risk of disengagement between services, and improve responses to the complex and co-occurring needs of people seeking safety and support.

Third and finally, Lifeline Australia strongly recommends **continued investment in community and workforce capability-building** via programs like DV-alert, with robust approaches to recruitment and training such that culturally safe and community-led responses are delivered for priority populations including Aboriginal and Torres Strait Islander peoples, LGBTQ+SB community, woman living with disability, as well as children and young people as victim-survivors in their own right.

Lifeline Australia will speak to various elements of each of those three high level objectives across responses to the Terms of Reference below.

2 About Lifeline

Lifeline Australia is a national charity providing people experiencing emotional distress with access to 24-hour crisis support and suicide prevention services. We are committed to empowering people in Australia to be suicide-safe through connection, compassion and hope.

In addition to 24/7 crisis support services over telephone, text and webchat, and online resources through our website, Lifeline also provides face-to-face community services through our more than 43 Centres across Australia. These services include counselling, including financial and gambling counselling; aftercare and postvention support; bereavement groups; frontline training; disaster relief; DV-alert Domestic Violence Response training, and rapid response services.

Lifeline Australia is a Member-centric organisation. Our distributed network comprises Lifeline Australia (National Office), 17 Lifeline Members, and over 43 Lifeline Centres located in every state and territory across Australia.

A number of other services also fall under the Lifeline banner, including:

- 13YARN – the 24/7 national support line for Aboriginal and Torres Strait Islander people in crisis.
- DV-alert – please see information below.
 - ‘Small Business, Big Impact: How to Support Employees Experiencing Domestic and Family Violence’, a DV-alert podcast for small businesses to help them to better support employees experiencing domestic and family violence.
 - MensLine Australia – professional 24/7 telephone counselling support for men with concerns about mental health, anger management, family violence (using and experiencing), addiction, relationship, stress and wellbeing.
- Suicide Call Back Service – a nationwide service providing 24/7 phone and online counselling to people affected by suicide.

2.1 About DV-alert

DV-alert is a nationally accredited domestic and family violence response training program delivered by Lifeline since 2007.

The program is fully funded by the Australian Government Department of Social Services, meaning it is at no cost to frontline workers or the general public and is delivered nationally as a key initiative under the National Plan to End Violence against Women and Children 2022–2032.

DV-alert delivers domestic and family violence response training to build the capability of health, allied health and community frontline workers and volunteers to recognise signs of domestic and family violence, respond appropriately, and refer people experiencing, or at risk of, domestic and family violence to relevant support services.

DV-alert supports the National Plan by strengthening prevention, early intervention and response capability across frontline services and communities. Through its Recognise, Respond, Refer framework, the program helps frontline workers and community

members identify domestic and family violence earlier, respond safely and connect people with appropriate support. It also contributes to a more trauma-informed, culturally safe and consistent service response, including through specialised streams designed for diverse communities and settings.

As described further below, DV-alert is designed and delivered as a trauma-informed, nationally consistent training program. Workshop content is developed with subject matter expertise and informed by lived and living experience to support accuracy, relevance and cultural safety across diverse settings. eLearning caters to learners who prefer to work in a self-paced environment.

Focused streams are co-facilitated with relevant subject matter experts alongside Lifeline trainers, helping to ensure the training reflects community context while maintaining a strong and consistent learning approach.

This model strengthens the credibility of the program and supports learners to apply the Recognise, Respond, Refer framework safely, putting theory into practice.

2.1.1 What DV-alert provides

DV-alert offers flexible domestic and family violence response training for frontline workers, volunteers and community members. The program includes the following learning pathways, each designed to build the capability to recognise signs of violence, respond safely and in a trauma-informed way, and connect people to appropriate support services:

- Accredited two-day *Foundations* workshops, including a First Nations stream with regional and remote delivery options
- eLearning and assessment pathways leading to the nationally recognised unit CHCDFV001 – Recognise and respond appropriately to domestic and family violence
- One-day *Focused* workshops for learners seeking deeper capability with specific priority populations
- Public Awareness Workshops that build community understanding and confidence to recognise, respond and refer

Together, these offerings provide both foundational and more specialised learning pathways. Focused workshops build deeper capability for particular priority populations, including Aboriginal and Torres Strait Islander peoples, multicultural, women with disability, gendered violence in diverse communities, LGBTQ+ and men who use violence contexts, while public awareness workshops (known as DV aware) are options that give community members a free accessible entry point to build confidence and recognise, respond and refer safely. This includes Brothers Standing Tall, a specialised two-hour workshop delivered by experienced Aboriginal male trainers, designed for Aboriginal and Torres Strait Islander men aged 18 and over to explore the impact of family violence on their communities.

3 Response to the Consultation Paper

The following sections respond to the Priority Areas and consultation questions set out in the Consultation Paper, drawing on insights from DV-alert and Lifeline's experience across crisis support and specialist services.

3.1 Priority Area 1: Victim-survivors

The Lifeline network is committed to supporting all people in crisis or distress and preventing suicide. DFSV is a significant driver of distress and suicidality. Evidence consistently shows that people who have experienced, used, or witnessed DFSV are at elevated risk of suicidal distress and death by suicide (Coroner's Court of Victoria, 2024; Vasil et al, 2025; Turnbull et al, 2025; Bridger et al, 2017).

Through its mix of generalist and specialist crisis support services, delivered by phone, text, webchat, digital information and face-to-face community services, Lifeline Australia and the broader Lifeline network engage with people affected by DFSV at multiple points in their help-seeking journey, often during periods of acute distress.

This role gives the national Lifeline network, spoken to here by Lifeline Australia, a unique system-level perspective on how DFSV intersects with suicidality, emotional crisis, help-seeking pathways and service access.

The First Action Plan laid important groundwork in increasing awareness and coordinated action to prevent violence against women and children. Lifeline Australia commends the Australian Government for its sustained commitment to a national strategy that provides clear policy direction and coordinated responses to DFSV. And we look forward to the opportunity for the Second Action Plan to continue progressing this fundamentally important work to end violence against women and children. Below, we unpack information and recommendations relating to victim-survivors.

3.1.1 Earlier access to support and barriers to help-seeking

Earlier access to support depends not only on people recognising violence early, but also on the availability of accessible services including those that can act as entry points to more specialist support.

A key strength of the First Action Plan was its recognition that community education and capability building are core enablers of DFSV prevention and early intervention. Under the first Plan, DV-alert has been funded to deliver targeted education and skill-building for friends, family members, frontline workers, first responders and the broader community. DV-alert works with frontline workers to ensure prevention activities are designed by, and tailored for, the communities that use them through the development of focused training streams to build understanding of DFSV in diverse and complex contexts. Strong and sustained demand for DV-alert across frontline and community sectors suggests an ongoing need for accessible, evidence-informed and trauma-informed training to strengthen early responses to victim-survivors.

Many victim-survivors first disclose, seek advice, or come into contact with support through informal, universal and/or community-based settings, rather than specialist DFSV services.

ABS data from the 2021–22 Personal Safety Survey show that friends and family are the most common source of support for people who seek help following partner violence. Around one in three women who experienced violence from a current partner sought advice or support from a friend or family member, rising to around one in two women and men who experienced violence from a previous partner (ABS, 2023).

Lifeline Australia reiterates the point made in *Unlocking the Prevention Potential* that frontline worker responses hold significant prevention potential, including as a critical point of contact for victim-survivors who may otherwise face barriers to accessing formal supports. The importance of low-barrier crisis and referral pathways is reinforced by ANROWS' *Voices* study, which found that close to one in two women participants had needed help for relationship issues or sexual assault but had been unable to access it. Among this group, key barriers included difficulty understanding the terms used by professionals or workers (72%), no available appointments (55%), not taking new patients (54%), limited opening hours (51%), cost of services (49%) and concerns about confidentiality (47%) (Hegarty et al., 2022).

In addition, victim-survivors frequently report challenges navigating a service system that is fragmented, poorly coordinated, or unavailable at the point of need. These barriers reinforce delayed help-seeking and/or disengagement.

People typically contact Lifeline helpline services at a point of crisis, when distress exceeds their coping capacity. For victim-survivors of DFSV, this help-seeking may occur at multiple stages—including early recognition of abuse, during attempts to, and throughout periods of recovery and rebuilding (Hegarty et al., 2022).

Lifeline's helpline model provides victim-survivors and their supporters with time-sensitive, non-judgemental support focused on empathy, connection, safety, and emotional regulation. This includes de-escalating distress in the moment, while identifying opportunities for further support where this is safe and appropriate. As a low-barrier service, Lifeline helplines enable earlier help-seeking by meeting people where they are, without requiring prior system knowledge or readiness to engage with formal services.

Lifeline Australia endorses that the Second Action Plan continues to acknowledge the important role of crisis support services as an entry point to more specialist support for victim-survivors, as part of a more broadly conceived network of supports.

For victim-survivors who do not contact formal services, continued investment in community capability and early response, including family, friends and community touchpoints as a key cohort, will support the effectiveness of these vital mechanisms on an ongoing basis.

3.1.2 Service and system responses that improve safety and recovery

A key part of improving safety and recovery is strengthening the pathways that enable people to move between services and systems without unnecessary disconnection.

Based on Lifeline Australia's experience, persistent system fragmentation remains a key barrier. This has been identified across multiple sectors, including by the Productivity Commission Inquiry into the Mental Health System and the Royal Commission into Victoria's Mental Health System, both of which identified a lack of integration and continuity of care as defining system challenges. Within the Mental Health and Suicide Prevention system, these gaps contribute to experiences of disconnection and reinforce the perception that individuals must manage complex circumstances alone.

However, Lifeline Australia submits that the disconnection impacts expand far beyond Mental Health and Suicide Prevention systems. Per above, our experience is that people experiencing DFSV often reach out to services sitting outside the DFSV-specific offerings, particularly in the first instance. As such, we propose mental health and suicide prevention (including crisis) supports, combined with targeted supports for DFSV, should be considered part of a broader DFSV support system.

As such, help-seeking and service engagement is more likely to occur when services respond holistically to immediate needs such as housing, financial stress and health concerns, alongside safety and emotional concerns (Triandafilidis et al, 2025). When people feel safe, heard and practically supported, they are more likely to disclose violence and engage with ongoing assistance.

On that basis, to better support people experiencing DFSV, we must strengthen integration and coordination across crisis, suicide prevention, mental health and DFSV-specific services. Moreover, we suggest consideration be given in inclusion of legal and social services in the conceptualisation of a broader system of supports. Our view is that supporting smooth service transitions, not just additional service provision, can strengthen continuity of care and reduce the likelihood that people fall through service gaps.

Lifeline Australia submits that service collaboration and leadership is a vital enabler to enhance victim-survivor experiences of the support system and associated outcomes. We offer Lifeline's *Support Navigation Trial* as one example of an efficient approach to supporting movement across a broader system. That trial is focused on testing the feasibility and acceptability of facilitated referrals between crisis support (13 11 14) and tailored follow-on services such as MensLine Australia and Suicide Call Back Service. The model focuses on continuity of care by reducing the need for people to retell their story or navigate services alone at times of heightened vulnerability. If found to be efficacious there is an opportunity to expand this approach to connect helpseekers directly with holistic, needs-based response options delivered through the Lifeline member network including financial distress, housing and legal support options.

3.1.3 Gaps for Aboriginal and Torres Strait Islander peoples

Lifeline welcomes the First Action Plan's recognition of the importance of Aboriginal and Torres Strait Islander-led approaches and the need for culturally safe responses for victim-survivors. Building on this foundation, the Second Action Plan should continue to strengthen approaches that support Aboriginal and Torres Strait Islander peoples to access help in ways that reflect their culture, communities and lived experiences.

For many Aboriginal and Torres Strait Islander victim-survivors, safety, healing and recovery are closely connected to culture, family, community and Country. While progress has been made, barriers to help-seeking remain, including mistrust of mainstream services, experiences of racism and discrimination, and the ongoing impacts of colonisation and intergenerational trauma (AIHW, 2026). These factors can affect whether people feel safe to disclose violence, seek support and remain engaged with services.

The Second Action Plan should continue to promote Aboriginal and Torres Strait Islander self-determination by embedding culturally safe, community-led responses across prevention, early intervention, response and recovery efforts. This includes ensuring Aboriginal and Torres Strait Islander victim-survivors have genuine choice in how and where they access support, including through services designed, delivered and governed by Aboriginal and Torres Strait Islander peoples and organisations.

Existing initiatives provide practical examples of how these principles can be implemented. The DV-alert First Nations stream supports culturally informed responses to family violence by building frontline worker capability in First Nations contexts, while 13YARN demonstrates the value of Aboriginal and Torres Strait Islander-led support that centres cultural understanding. These approaches help improve engagement and create pathways to support that are more likely to be experienced as safe, relevant and effective by Aboriginal and Torres Strait Islander peoples. The Second Action Plan should build on and embed these principles more consistently across the broader service system.

3.1.4 Recommended actions

Accordingly, Lifeline Australia recommends the following actions to strengthen support for victim-survivors and address ongoing barriers and system gaps:

1. Lifeline Australia endorses that the Second Action Plan continues to acknowledge the important role that crisis support services and community capability building play as an entry point to more specialist support for victim-survivors.
2. Continue investment in community capability and early response, including family, friends and community touchpoints as a key cohort. Continue investment in DV-alert's community education programs to build the knowledge and confidence of families, communities and frontline workers to recognise domestic and family violence early, respond safely and connect people with appropriate support.
3. Connections into specialist support services for victim-survivors could be strengthened through enhanced system integration models and service

collaborations that actively support transitions between services, including support navigation and facilitated referral pathways, to reduce fragmentation and ensure continuity of care. This could be facilitated through service collaboration and leadership to enhance victim-survivor experiences of the support system and associated outcomes, with Lifeline's Support Navigation Trial as an implementation example.

4. Strengthen Aboriginal and Torres Strait Islander self-determination by embedding culturally safe, community-led responses across the service system, ensuring victim-survivors can access support in ways that respect their culture, community and lived experience.

3.2 Priority Area 2: Prevention and early intervention

Lifeline Australia endorses the First Action Plan's focus on primary prevention, exemplified in the Change the Focus framework, and early intervention approaches designed to stop violence before it starts. Although causal links are unable to be made, it is heartening that progress has been made in reductions of population-level rates of people experiencing most forms of violence and in most states and territories (ANROWS, 2026).

We note that advancements in preventing DFSV require ongoing development of the evidence base around stressors and protective factors that influence likelihood of DFSV, accompanied by a willingness to invest in prevention despite the fact impacts of investment may take time to be realised in the data. As regards early intervention, Lifeline Australia submits that sustained investment in low-barrier and community-based initiatives, including ones that sit outside tailored DFSV services, is key. We also point to the importance of training that supports early recognition of DFSV, safe responses to that recognition, and skills in connecting people at risk of and experiencing DFSV to support before harm escalates.

3.2.1 Prevention

Focusing first on prevention, Lifeline Australia notes that prevention is enabled – on an ongoing basis - by increased understanding of the factors that impact on the likelihood of DFSV experiences. Investing in research that deepens understanding of risk and protective factors and how those factors interact with one another is a powerful enabler for effective prevention.

In one example, there is now an established relationship between the experience of Adverse Childhood Experiences (henceforth ACEs and discussed further in Sections 3.3 and 3.4) and later risk both of victimisation and perpetration of DFSV (Zhu et al 2024). Based on that understanding, a key prevention measure for DFSV (and indeed for death by suicide) is to support families and caregivers to reduce ACEs.

Lifeline Australia acknowledges that prevention as a policy has traditionally been challenging due to a number of factors including that the return on investment - in terms of the targeted outcomes – is often only realised over the longer term. We recommend an important reframe of that policy discussion: We submit that more in

depth, evidence-based understanding of cause-and-effect relationships means that benefits of prevention can be spoken to across multiple time courses. One is the proximal time course. In the present example, indices of childhood experiences of adversity can be applied. Two is the longer-term time course: Based on detailed understanding of the extent of the contribution of ACEs to future DFSV, highly informed estimates of the long-term, targeted impact on DFSV victimisation and perpetration are possible.

In consideration of the benefits of prevention initiatives unfolding over multiple time courses, Lifeline Australia recommends that the Second Action Plan prioritises research to comprehensively map known and emerging stressors and protective factors impacting DFSV risk (e.g. exposure to ACEs), and implement an outcomes measurement framework to complement assessment over short, medium and long term.

3.2.2 Early intervention

The experience of DFSV is a significant driver of distress and a known risk factor for suicidal behaviours (Coroner's Court of Victoria, 2024; Vasil et al, 2025; Turnbull et al, 2025; Bridger et al, 2017). As a result, the provision of early intervention for DFSV through crisis support, and coordinated referral pathways, represents an opportunity both to reduce violence-related harm and to reduce the risk of death by suicide. This is important across the life course: It is relevant to adults – most often women – who are victim/survivors of DFSV, children exposed to violence, and people – most often men – who use violence who may present during periods of acute distress or crisis.

Existing efforts can be strengthened – as noted earlier - by conceptualising a broader system of supports in relation to DFSV: By better integrating tailored DFSV service offerings with those sitting within areas where people often land in the first instance when seeking support- namely the crisis support, mental health and suicide prevention spaces – and whilst continuing to invest in approaches that build community capability, efforts to end violence against women and children will be strengthened. Lifeline Australia submits that by recognising DFSV within its wider context of presentations, as a risk factor for crisis and suicide, the system will better be able to respond to the mental health impacts of violence as well as immediate safety needs.

Such a broad-brush approach also amplifies the impact across communities via the development of workforce capability. By training frontline personnel across a wide range of services to recognise, respond and refer people experiencing DFSV-related distress, enhanced capability is embedded across a wider range of contexts and national geography. Governments, schools, workplaces and community settings across all jurisdictions and metro, regional, rural and remote settings, all have a role to play in ensuring recognition, response and referral capabilities are accessible.

Place-based community hubs such as Lifeline Connect Centres can also support earlier intervention by providing accessible points of contact for people experiencing DFSV-

related distress, those affected by violence, and those concerned about their own behaviour. By connecting people to crisis support, local services and specialist referral pathways, Connect Centres can help strengthen community-based responses and reduce barriers to seeking help.

Finally, Lifeline Australia submits that in addition to a more broadly conceived network of formal services, *informal supports* play a critical and under-recognised role in early intervention. ANROWS estimates that 64.4% of women experiencing violence seek support from friends and family first (Hegarty et al., 2022). Positive informal support can buffer the impacts of violence on physical and mental health and has been shown to be protective against future abuse, whilst also creating opportunities for earlier recognition and referral. At the same time, there is evidence that informal supporters can experience vicarious trauma, emotional strain and direct risk, and may themselves seek help when abuse escalates or they feel overwhelmed (Gregory et al., 2019). Friends and family are often the first, and sometimes only, source of support (Campbell et al., 2024).

On those bases, Lifeline Australia submits that training and support for the broader community is a key enabler not only for supporting those experiencing DFSV, but for wellbeing of those providing the support.

3.2.3 Recommended actions

Based on the above considerations Lifeline Australia recommends the following actions for consideration in the Second Action Plan.

1. Support for ongoing research to map the impacts of stressors and protective factors on risk of DFSV. Targeted competitive funding rounds, as well as funding for central agencies such as AIHW to commission reports are examples of some mechanisms to support this objective.
2. Implementation of outcomes measures approaches with scope for short- and medium-term benefits and evidence-based extrapolation to long-term benefits to DFSV reduction.
3. Policy to support enhanced 'joining up' of low-barrier crisis support, early intervention and stronger referral pathways across a more broadly conceptualised system for DFSV support including tailored DFSV, mental health, suicide prevention and crisis support services.
4. Recognition of the diverse support needs of victim-survivors – most of whom are women, children experiencing DFSV, and perpetrators – most of whom are men – in the design of any comprehensive support system.
5. Recognition of the key role and provision of support to informal supports, including the design of policy to support training for that informal support mechanism not only in core skills to support the person experiencing DFSV, but also skills in self-care.

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

Although Lifeline Australia does not promote our services as specifically for children, children and their carers do use our services. We recognise that exposure and experience of DFSV is a form of Adverse Childhood Experience (ACE), with immediate and lifelong impacts on children's safety, development, mental health and wellbeing. As previously stated there is a well-established, cumulative relationship between ACEs and a range of adverse outcomes across the life course, including poor mental and physical health, suicide attempts and suicide deaths, and both victimisation via, and perpetration of, DFSV (Gladieux et al., 2023; Webster et al., 2022; Hughes et al., 2017).

Within the context of our current national service provision Lifeline has legal and ethical obligations to ensure the safety and wellbeing of children. This includes providing appropriate responses when children engage with our services, to the extent we are aware the service user is a child and adhering to relevant child protection laws and reporting requirements. Ensuring children receive the support and protection they need is a critical part of our broader response to DFV, crisis and suicide. Lifeline's public commitment to child safety is set out on our website, and both Lifeline Australia and DV-alert have implemented the National Principles for Child Safe Organisations.

We commend the First Action Plan for recognising that children directly and indirectly exposed to DFSV as victim-survivors in their own right. This focus has led to substantial enhancements in our baseline understanding of the extent and impact of DFSV and how this co-occurs with other forms of violence (Haslam et al, 2023).

Lifeline Australia notes that children and young people are most likely to initially disclose abuse to a trusted adult, such as a parent, family member, teacher or coach, or to a peer, and there is opportunity to improve consistency in responses nationally. Trusted adults and universal service settings need the capability to respond safely, calmly and without blame. Responses should be trauma-informed and appropriate to children and young people's age, developmental stage and circumstances (Australian Institute of Family Studies [AIFS], 2025). For Aboriginal and Torres Strait Islander children, families and communities, responses must also be culturally safe, accessible and respectful (Truong & Miller, 2025). This might include practical guidance on recognising trauma in children, responding in age-appropriate ways, supporting safe disclosure and applying child-centred safety planning, alongside a more standardised, evidence-informed framework for practice across jurisdictions and service settings.

Furthermore, children and young people are navigating increasingly complex social and digital environments, where harmful content, technology-facilitated abuse, and peer and dating violence are becoming more visible and consequential (Paat & Markham, 2021; Trompeter et al, 2022; Machado et al, 2024). Within this context the development of appropriate guidance and support to children and young people requires actively engaging children and young people as partners in shaping safe, relevant and impactful solutions.

Lifeline Australia submits the following considerations to further enhance support for children who are impacted by and exposed to DFSV in the Second Action Plan.

3.3.1 Recommended actions

1. Develop national age-appropriate, trauma-informed practice standards for supporting children impacted by DFSV. This should include practical guidance for recognising child-specific trauma, responding safely to disclosures, supporting child-centred safety planning and upholding the rights, agency and developmental needs of children and young people
2. Address current and emerging harms affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships, through age-appropriate education, workforce training and safer digital environments.
3. Meaningfully involve children and young people in shaping the policies, programs and services that affect them, through participation that is safe, age-appropriate, inclusive and supported.

3.4 Priority Area 4: People who use violence

Lifeline commends the First National Plan and the accompanying *Change the Story* framework, which provides a strong foundation for prevention by promoting respectful relationships, gender equality and healthier community attitudes, while also supporting earlier intervention with people at risk of using violence.

Despite this foundational work, gender-based violence remains prevalent. Recent data indicate that around one in four men aged 18–30 report using at least one form of violence against an intimate partner (The Men’s Project & Flood, 2024), and a substantially higher proportion of Australians report experiencing violence from a male perpetrator compared to a female perpetrator (38% versus 11%) (Australian Institute of Health and Welfare, 2025). These patterns underscore the urgency of strengthening early identification and engagement of people who use, or are at risk of using, violence, and supporting their connection to appropriate prevention and intervention pathways. This is particularly important in a context where misogynistic online content and harmful gender norms are increasingly accessible to young men through social media platforms and online influencers, creating new challenges for the prevention of gender-based violence.

3.4.1 Preventing exposure to ACEs to reduce use of violence against others

Lifeline submits that a key priority is strengthening upstream prevention efforts, particularly through reducing exposure ACEs. As previously stated in Section 3.3, the well-established, cumulative relationship between ACEs and a range of adverse outcomes across the life course means that addressing the intergenerational transmission of violence is central to long-term prevention.

The *Unlocking the Prevention Potential* report (2024) highlights the importance of centring children’s safety and recovery to disrupt current trauma and future cycles of violence.

This includes investment in developmentally appropriate responses for children and young people who have experienced or are using violence, strengthening

relationships with protective caregivers, and ensuring access to stable housing and financial supports.

Broader evidence also demonstrates that improving household financial security, housing stability, work–family supports and family relationship services can enhance family functioning and reduce both victimisation and perpetration (Goodman-Williams et al., 2023; Summers, 2022).

3.4.2 Improving early service engagement for people who use violence through accessible, low-barrier entry points

Improving early engagement with people who use violence requires accessible, low-barrier entry points. Evidence indicates that many individuals who use violence do not identify with the labels such as “perpetrator” (Hegarty et al., 2022), which can limit engagement with services framed solely around domestic and family violence. This underscores the value of services that meet individuals where they are, including generalist and relationship-focused supports.

MensLine Australia provides an example of a scalable, accessible model that supports men experiencing a range of challenges, including mental health concerns, relationship difficulties, anger, and experiences of violence (both using and experiencing). As a generalist service with specialist capability in relationship and family issues, it creates a pathway for men who may not otherwise engage with violence-specific services to access support and reflect on their behaviours. This is particularly important given that men are less likely to seek help for mental health concerns and may present to services for reasons other than their use of violence.

Complementary programs such as *Changing for Good* provide structured, multi-session interventions focused on emotional literacy, regulation, coping, and relationship skills. These programs support men identified as using, or at risk of using, violence to take accountability and develop safer behaviours, contributing to prevention and behaviour change over time.

Crisis support services also represent an important, and often underutilised, point of early intervention. Individuals who use violence may present during periods of acute distress—such as relationship breakdown, heightened emotional dysregulation, or suicidality—rather than seeking help for their behaviour directly. In this context, crisis services can play a role in recognising potential risk and facilitating safe, supported transitions to appropriate services.

As previously mentioned, Lifeline Australia’s Support Navigation trial has explored the feasibility and acceptability of facilitated referrals between crisis support (13 11 14) and follow-on services, including MensLine Australia. This approach focuses on continuity of care, supporting individuals to move from crisis to ongoing support, including interventions aimed at behaviour change where appropriate. **Investment in transition models—rather than stand-alone service expansion alone—has the potential to reduce service fragmentation and strengthen engagement of people who may otherwise fall through gaps.**

There is also value in continuing to build the capability of universal and frontline workforces to recognise patterns of coercion, abuse and escalation risk earlier. Programs such as DV-alert contribute to this by strengthening safe recognition, first response and referral skills across community and service settings, including where people using violence may first come into contact with workers outside specialist perpetrator responses.

3.4.3 DFSV prevention and mental health services must consider the intersection between self- and other-directed violence

There is also a need to better integrate responses to domestic, family and sexual violence with mental health and suicide prevention systems. The relationship between violence and suicidality is complex and multi-directional. While victim-survivors of violence face elevated suicide risk, there is also evidence that people who use violence may experience suicidal ideation or use threats of self-harm as part of coercive control. For example, studies have found that a substantial proportion of victim-survivors report perpetrator threats of self-harm, suggesting that suicidality can function both as a mental health concern and as a tactic of control (McLachlan, 2023).

This intersection highlights the importance of service responses that can recognise co-occurring presentations of distress, suicidality and violence use, while maintaining a clear and unwavering focus on victim-survivor safety and perpetrator accountability.

Strengthening alignment between mental health, suicide prevention and DFSV systems - as recommended in *Unlocking the Prevention Potential* (Campbell et al., 2024) - is critical to improving both early identification and coordinated responses.

3.4.4 Promotion of fathering, relationship and social connection programs

Prevention efforts should also invest in strengthening men's relational capabilities and social connectedness. Supporting boys and men to develop healthy masculinities, emotional literacy, relationship skills and positive peer connections can help address the underlying drivers of violence (Our Watch, 2021). These interventions may be particularly important at key life transitions—such as leaving school, becoming a parent, experiencing relationship breakdown, or navigating unemployment or migration—where vulnerability and risk may be heightened.

Emerging evidence suggests that programs focused on healthy relationships, social-emotional learning and masculinities can improve attitudes and reduce the likelihood of future violence (Piolanti A., & Foran, H. M., 2022; Lee & Wong, 2021). There is also an opportunity to integrate psychoeducation on suicidality into these programs, given the elevated rates of suicidal ideation among some men who use violence and the potential for self-harm threats to be used coercively.

Relationship breakdown represents a particularly important intervention point. Men are at increased risk of suicide in the context of separation (Wilson et al., 2025), and relationship conflict is a commonly identified antecedent of violence use (Byun, 2012; Elkins et al., 2013).

Strong, respectful relationships are protective against both violence and suicide (Boydell et al., 2023; Oliffe et al., 2022), yet there remains limited investment in programs that support fathering, partner relationships and social connection (Oliffe et al., 2022).

Expanding access to these programs-including place-based and community-led initiatives-offers a significant opportunity to intervene early and support men before patterns of violence become entrenched.

3.4.5 Promotion of culturally safe, community-led prevention initiatives

Responses must be culturally safe, community-led and tailored to the needs of diverse populations. For Aboriginal and Torres Strait Islander communities, local, culturally grounded initiatives - such as men's groups and cultural camps - play a critical role in supporting healing, identity, and connection to culture and Country.

These programs, often led by Elders and community organisations, create spaces for reflection, accountability and relational healing, while also addressing social isolation and supporting wellbeing.

Organisations such as Dardi Munwurro, Burrogun Aboriginal Cultural Services and Artwe Mape have developed models that reflect the importance of culturally grounded approaches to prevention and behaviour change. Continued investment in these initiatives is essential to ensuring that responses are respectful, relevant and community led.

3.4.6 Recommended actions

Based on these considerations, Lifeline Australia respectfully submits the following actions to enhance the early identification and engagement of people who use, or are at risk of using, violence in the Second Action Plan.

1. Prioritise reducing ACEs through child-centred, trauma-informed supports and strengthened family stability to disrupt intergenerational cycles of violence.
2. Strengthen early engagement with people who use or are at risk of using violence by investing in accessible, low-barrier entry points, support help-seeking beyond violence-labelled services, and enable safe transitions from crisis to ongoing behaviour change supports.
3. Strengthen integration between domestic, family and sexual violence, mental health and suicide prevention systems to enable coordinated responses to co-occurring distress, suicidality and use of violence, while maintaining a clear focus on victim-survivor safety and perpetrator accountability.
4. Promote programs that strengthen men's relational capabilities, including fathering, relationship skills and social connection, particularly at key life transitions, to support healthy masculinities and prevent the onset and escalation of violence.
5. Promote culturally safe, community-led prevention initiatives that are designed and delivered by communities, including Aboriginal and Torres Strait Islander organisations, to support healing, accountability and enduring behaviour change.

3.5 Priority Area 5: System Integration and Workforce

The First National Plan comprehensively outlined that preventing violence against women and children is dependent on an expert workforce supported by mainstream services. Lifeline's position as a national crisis support provider which has contact with people who may be experiencing DFSV, delivery of counselling services - as well as provision of DV-alert - provides us with a unique insight into the service integration and workforce requirements to prevent DFSV.

Lifeline Australia submits the following issues for consideration in the Second Action Plan.

3.5.1 Inclusion of volunteers in DFSV workforce planning

Volunteers play an important role in Australian life and form important community touch points across a range of sectors including sports, community services, mental health and suicide prevention support, environmental conservation and mentoring. As one of Australia's largest volunteer-based organisations, we suggest that volunteers have an important role to play in identifying and responding to DFSV.

While Lifeline's crisis support data does not currently identify DFSV-related contacts as a distinct category, we know that people experiencing violence do contact Lifeline. Around 40% of crisis support contacts involve family and relationship challenges, indicating that crisis services are frequently supporting people in contexts where violence, distress and relationship breakdown may be present.

In this context, crisis support workers require capability to respond safely to distress, suicidality and violence-related presentations including through emotional support, risk recognition, safety planning and supported referral. Their role is distinct from specialist DFSV services, but it is a critical part of the broader response system and should be recognised, planned and funded accordingly.

For example, at Lifeline there are established processes to manage situations where violence is occurring during an interaction, or where there are concerns regarding child safety, including escalation pathways and referrals in line with duty-of-care obligations.

This is particularly important for Aboriginal and Torres Strait Islander peoples, for whom culturally safe crisis services such as 13YARN may be a more trusted entry point than mainstream or specialist services. Reporting from frontline 13YARN supporters indicates that people may disclose violence there because the service is culturally safe and community informed. Continued investment in culturally safe crisis responses is therefore part of building a more accessible and connected DFSV system.

Lifeline Australia recommends that the volunteer workforce be acknowledged as a potential scalable workforce to enhance responses to DFSV, and uplifting volunteer organisations' capability to empathetically and compassionately respond to DFSV presents an opportunity to strengthen current DFSV prevention initiatives.

3.5.2 Ensure DFSV workforce planning and frameworks consider the overlap of DFSV and suicidality

Gatekeeper/bystander training and education is commonplace across the DFSV and suicide prevention sectors. Capability building and training within communities can help to identify those in need of support early, provide support, and empower individuals to seek supports and thereby help to prevent homicide and suicide. For example, programs such as Lifeline's DV-alert and DV-alert First Nations – recommended for scaling up in the *Unlocking the Prevention Potential* report – focus on building community capability through virtual and in-person training delivered across Australia, including in remote and rural locations. Research supports the efficacy of community capability programs within both the DFSV and suicide prevention sectors, with improvements across a range of outcomes including intention to provide support, support efficacy, responsibility, action to intervene, awareness among those who complete them (Park & Kim, 2023; Spafford et al, 2024).

The overlap between DFSV and suicide prevention contexts offers opportunities to align best practice across community capability building and training. Currently, the intersections between DFSV and suicidality are only cursorily addressed in respective gatekeeper training. **Lifeline Australia endorses that the Second Action Plan include initiatives to increasing alignment across suicide prevention and DFSV training to ensure that frontline workers, community members, and healthcare staff are able to identify those who are experiencing suicide and/or DFSV victimisation or perpetration and navigate how this may impact an individual's support needs.**

3.5.3 Policy to increase cross-organisational collaboration to improve service integration

As previously highlighted in Section 3.1.2, 3.2.2 and 3.4.2, system fragmentation remains a key barrier to prevention and early intervention of DFSV against women and children. A range of reports highlight the poor integration within and between services in the mental health, suicide prevention and DFSV service sector result in victim-survivors feeling that their support needs are not fulfilled, and there is a mismatch between what people want and what services actually offer (Royal Commission into Victoria's Mental Health System, 2021; Productivity Commission, 2020; Hegarty, 2017). Consequently, **there are a range of opportunities to enhance operational integration through organisational collaboration**, including:

- Exploration of opportunities to enable real-time referral capability, such as warm transfers, between crisis support, DFSV crisis services, 1800RESPECT, police, health and community services
- Standardise minimum interoperability requirements across jurisdictions to support consistent referral and coordination, including feasibility of information sharing and required safeguards. Lifeline Australia notes as one practical example the challenge of referring from a 24-hour service to services with limited operation hours.

- Fund national infrastructure enabling shared service navigation and practical support for transitions between services. Lifeline Australia notes that individual services often face the burdensome task of curating referral services to maximise likelihood of positive experiences for the service user. Service navigation support that filters for minimum quality standards and availability would enable organisations to refer – where appropriate – with a much higher degree of efficiency.

3.5.4 Appropriately resourced culturally safe workforce

Lifeline Australia submits that cultural responsiveness is a significant accessibility factor for priority populations, including Aboriginal and Torres Strait Islander peoples. Racism remains a barrier both to help-seeking and to the recruitment and retention of Aboriginal and Torres Strait Islander workers, which in turn makes culturally safe service delivery harder to sustain. **The Second Action Plan should increase investment in Aboriginal and Torres Strait Islander workforce leadership and in the conditions needed to recruit, retain and support Aboriginal and Torres Strait Islander workers across the DFSV and crisis support systems.**

Responses for Aboriginal and Torres Strait Islander peoples must also be shaped by the ongoing impacts of colonisation, including intergenerational trauma, mistrust of mainstream services and broader health, economic and social inequalities. This reinforces the importance of specialised DFSV responses that are community-led and culturally grounded, and that may include peer support and other models that differ from mainstream service approaches.

The Second Action Plan should strengthen inclusive and accessible support for priority populations, including LGBTQ+ communities, culturally and linguistically diverse communities, and people living in rural, regional and remote areas. This requires service models and workforce capability that reflect different patterns of risk, help-seeking and barriers to support.

3.5.5 Recommended actions

Based on the considerations outlined above, Lifeline Australia endorses the following workforce and system integration actions for inclusion in the Second Action Plan.

1. Recognise the volunteer workforce as a scalable and integral component of the DFSV response system, with appropriate capability building, support, and inclusion in workforce planning.
2. Strengthen alignment between DFSV and suicide prevention systems by integrating training and workforce capability to better identify and respond to the intersection of violence and suicidality.
3. Enhance system integration through national policy settings that support real-time referrals, interoperability, and shared service navigation across DFSV, crisis, health, and community sectors.
4. Invest in a culturally safe and inclusive workforce by strengthening Aboriginal and Torres Strait Islander leadership and supporting workforce capability to meet the diverse needs of priority populations.

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