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Safety, Housing and Systems Accountability: Making Safety Real for Victim-Survivors

Domestic and Family Violence Second Action Plan
Submission by Micah Projects

31 July 2026

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Safety, Housing and Systems Accountability: Making Safety Real for Victim-Survivors

Executive Summary

Micah Projects welcomes the opportunity to contribute to the development of the Second National Plan under the National Plan to End Violence against Women and Children 2022-2032.

The National Plan establishes a strong foundation for Australia's response to domestic, family and sexual violence. It recognises the importance of prevention, early intervention, response and recovery, and acknowledges that ending violence against women and children requires coordinated actions across governments, specialist services, mainstream systems, communities and people with lived and living experience. Considerable progress has also been made through investments in specialist services, workforce development, legislative reform and national initiatives designed to improve access to support.

Our experience across specialist domestic and family violence services, homelessness, housing, community health and social inclusion demonstrates that the next stage of reform is less about identifying new solutions and more about strengthening the way existing systems work together. Women and children continue to experience fragmented pathways through housing, health, family law, policing, child protection and community services. While each system has an important role, they frequently operate with different assessments of risk, different legislative requirements and different measures of success. Specialist services increasingly find themselves bridging these gaps to ensure people receive coordinated and safe responses.

This submission posits that the Second Action Plan should place greater emphasis on building the capability of local systems rather than continuing to expand individual programs. Australia has invested significantly in national initiatives and innovative pilots that have improved awareness, demonstrated new approaches and strengthened aspects of the service system. However, the benefits of these investments are not always sustained when funding concludes, nor are they consistently integrated with the specialist organisations that continue to support communities long after pilot funding has ceased. Future investment should strengthen regional capability and capacity, specialist expertise and enduring partnerships so that successful innovation becomes embedded within local systems rather than remaining time-limited projects.

Housing is one of the clearer examples of where implementation has not kept pace with evidence. Domestic and family violence continues to be one of the leading causes of homelessness for women and children. Specialist services increasingly support women who have already decided to leave violence but are unable to secure safe and affordable housing. It becomes whether the broader system can provide the conditions necessary for safety, housing should therefore be recognised as core safety infrastructure within the National Plan and measured by the extent to which it enables women and children to establish and sustain safe lives free from violence.

The submission also highlights the opportunities to strengthen integration between Commonwealth and state systems, particularly within family law, housing and primary

care. Queensland has invested substantially in specialist domestic and family violence practice frameworks, including structured risk assessment, integrated responses and perpetrator intervention standards. Greater alignment between these reforms and Commonwealth systems would reduce duplication, improve continuity for victim-survivors and support more consistent decision making across jurisdictions.

The National Plan also presents an opportunity to strengthen the way Australia develops and sustains specialist capability. Specialist domestic and family violence practice is not built through training alone. It develops through reflective supervision, organisational knowledge, collaborative practice and sustained investment in organisations that have developed expertise over many years. Building the workforce therefore requires investment not only in individuals, but also in specialist organisations that create environments in which good practice is developed, tested and continuously improved. This is a service system structure that is honoured through the Queensland network of regional services.

Across each section of this submission, a consistent theme emerges. The measures used to assess progress should increasingly focus on whether systems create safety for women and children rather than the volume of activity undertaken. Numbers of referrals, assessment, support periods or individual programs provide useful information about service delivery, but they do not necessarily tell us whether people were safer, secured stable housing, avoided repeated homelessness or encountered a more coordinated system response.

Micah Projects supports a Second Action Plan that builds on the considerable progress already achieved whilst strengthening the capability, capacity, integration and accountability of Australia's domestic, family and sexual violence system. We believe that the next phase of reform should focus on embedding what is already known to work, investing in enduring regional capability, recognising the central role of specialist services through the safety and wellbeing experienced by victim-survivors, children and communities.

Our Vision

To create justice and respond to injustice in the lives of individuals, women, children and families, while promoting equality, inclusion and acceptance.

Our Purpose

We do this by providing responsive services; promoting equity, equality, safety and inclusion; and validating the importance of recovery, healing and justice for individuals, families and communities including the impact of present and intergenerational trauma and redress.

Micah Projects Services

Brisbane Domestic Violence Service

The Brisbane Domestic Violence Service is the regional domestic and family violence (DFV) support service for people living in Brisbane. It provides free, confidential and trauma-informed support to people experiencing, or at risk of experiencing, domestic and family violence. Services are designed to increase safety, strengthen wellbeing and support recovery from intimate partner and family violence.

The service includes:

- Specialist DFV services providing initial and ongoing planned support, risk assessment, safety planning, psychoeducation, court support, information, advocacy, and referrals to safe accommodation and refuges.
- Collaborations with Queensland Police Service with DFV Specialist Practitioners working embedded within police stations and the Vulnerable Persons unit in co-engagement.
- Leading the Integrated Service System, supporting the development and enhancement of streamlined referral pathways, capability development, networking and connection whilst also collaborating on the delivery of important community education and awareness campaigns.
- Integrated Response Team enhancing safety and strengthening protection and support for women and their children experiencing high-risk domestic and family violence.
- Men's Behaviour Change Programs supporting men to examine the beliefs, attitudes, values and behaviours that contribute to the use of violence, while ensuring victim-survivors are offered support and safety throughout the process.
- Financial Counselling, helping individuals rebuild financial security following domestic and family violence, with funding from the Australian Financial Counselling Foundation.

Wellspring Women, Children and Families Hubs

Wellspring is a collaborative, integrated service model supporting women, children and families experiencing poverty, homelessness, domestic and family violence, and health inequities. Since 2018, the Wellspring Hub in Hawthorne has provided a safe, trauma-informed environment where families can connect, access integrated supports and build resilience. In Caboolture, we have an women's integrated health hub providing free healthcare and support to girls, women and their children who find it hard to access care and resources.

Integrated Family Programs

Family Pathways Program provides short-term, holistic support to families to reduce adolescent-to-parent violence, with a focus on supporting young males to change violent behaviours towards their female protective caregiver.

Children and Young People (CYP) delivers child-focused, trauma-informed support that promotes the safety and wellbeing of children and caregivers who have experienced domestic and family violence.

- Dedicated support for pregnant and parenting women and children under five years of age.

Housing and Homelessness Services

Micah Projects delivers a range of integrated housing and homelessness services that combine stable housing with wrap-around support to help people achieve long-term housing security.

These services include:

- Supportive Housing at Brisbane Common Ground (Hope Street), providing tenancy management and integrated support to sustain permanent housing.
- Keeping Families Together, using a Housing First and two-generational approach to help parents and children secure and maintain stable housing.
- Homestay, preventing homelessness by supporting families to transition from homelessness into permanent housing through outreach and partnership with Micah Projects' Homelessness Hub.
- Housing and Homelessness Hub and Street to Home, supporting people experiencing or at risk of homelessness.
- Brisbane Housing Connectors, providing planned support and advocacy to help women access and sustain safe housing while recovering from domestic and family violence. (Funding for this pilot program has not been extended in 2025-26 and we continue to advocate for this program.)
- Safer Lives Mobile Service (SLMS), delivering a 24-hour crisis response, including emergency accommodation and housing pathways, in partnership with DVConnect, the Queensland Police Service and hospitals for women and families leaving domestic and family violence.
- Brisbane Emergency Response Outreach Service (BEROS), delivered in partnership with Community Living Association and the Department of Families, Seniors, Disability Services and Child Safety, providing after-hours support for young people in care across Brisbane, Moreton Bay and the Sunshine Coast.

Lotus Services – Healing and Justice

Lotus Place supports people who experienced abuse, neglect and trauma while in institutional or out-of-home care during childhood. Services acknowledge and understand the lifelong impacts of physical, psychological, sexual and spiritual abuse and assist people in their healing and pursuit of justice.

Services include:

- Individual support, advocacy and counselling.
- Peer support and outreach across Brisbane, Rockhampton and Townsville.
- Find & Connect services, assisting people to access historical records and undertake family tracing.
- Peer support groups operating across Queensland, including the Atherton Tablelands, Bundaberg, Cairns, Charters Towers, Gold Coast, Gympie, Mackay, Moreton Bay and the Burdekin.
- Local Care Program, an innovative long-term healing and recovery initiative for victim-survivors of domestic, family and sexual violence, including childhood sexual abuse, delivered in partnership with Centre for Women & Co and YFS.

Family Inclusion Network

Australia's first Ministerial Committee with Parents who have experienced the child protection system. In 2019, Queensland became the first state to create a such a committee. The purpose of the Queensland Parents Advisory Committee ('the QPAC') is to provide parent leadership that creates and maintains (a) a voice for parents as stakeholders in the child protection system including targeted and specialist services for families; and (b) a platform for parents' participation in developing government policies and practices in those systems to improve outcomes for children and families.

Micah Projects also supported the development of Queensland's Charter of Rights for Parents, launched in 2022 alongside the Charter of Rights for a Child in Care under the *Child Protection Act 1999*. The Charter strengthens recognition of parents' rights and participation within the child protection system.

Peer support groups are also facilitated to help parents navigate child protection, legal and out-of-home care systems through shared lived experience and mutual support.

Integrated Health

Every day, we work with people facing multiple challenges impacting their health and well-being. These are often interconnected and cannot be addressed in isolation — they require an integrated approach, sensitive to people's needs and circumstances.

Micah Projects works closely with our healthcare, social support, and housing partners to provide comprehensive, whole-of-person care.

We aim to prevent health crises, improve overall well-being, and empower individuals to break free from cycles of homelessness and adversity. We do this in a number of ways-

- Mobile Health Van - Micah Projects have a mobile health van to support home visits and outreach, allowing us to provide timely and holistic health services to those in need. Our aim is to not only provide immediate treatment, but to link people into GP clinics and start the path to regular, independent health management.
- After Hours Nurses and a Clinical Community Health Nurse work alongside our Street to Home team to provide rough sleepers integrated outreach services across Brisbane, including nursing, care coordination, and case management.
- Our Domestic Violence Project stations a dedicated Clinical Nurse at the Inclusive Health and Wellness Hub to provide women who have experienced domestic violence with direct nursing care, immediate health assessment, education, care coordination and navigation through the health system.
- The Inclusive Health and Wellness Hub provides early, targeted and preventative treatments to Brisbane's vulnerable citizens and the local community to improve patient outcomes and reduce reliance on emergency care. Services include GP, dental, wellness and pop-up vaccination and health tests. The Hub is operated by Inclusive Health Partnerships — a partnership with Micah Projects, Tzu Chi Foundation)— and services are delivered by a host of Brisbane healthcare providers.

Brisbane Zero

Micah Projects is also the Brisbane Zero backbone organisation. Brisbane Zero is a collaborative campaign aimed at solving homelessness in our community through the use of near real-time By-Name List data. This helps identify every person sleeping rough in Brisbane, including those on streets, in parks, tents, cars, or cycling through motels and emergency accommodation, as well as their needs and the support services required. Through coordinated services and the Advance to Zero framework, Brisbane Zero works to make homelessness rare, brief, and one-off.

Introduction

The following submission has been developed with insight from our workforce and participants, with a focus on highlighting the best practice and evidence available in our service delivery. Importantly, throughout this submission there are inclusions of Lived Experience wisdom and insights, from Resound Group of Lived Experience, who were consulted specifically for the benefit of their voices in this submission. There is a crucial role for the Commonwealth Government, to collate evidence, and support evaluation and understanding given the intense focus on reform and legislation. There are necessary independent system accountability oversights which must be immediately implemented. Our experience in Queensland has identified domestic, family and sexual violence (DFSVM) victim-survivors continue to experience gaps, not

because risk is unidentified, but because systems are unable to respond quickly, consistently and safely once risk is identified.

This submission provides Micah Projects' perspective on each submission heading, with:

- 1. High level insights** from our organisational experience, practitioner wisdom and lived experience expertise from service participants, supported by
- 2. Practical best practice** program outlines and evidence examples, including case studies
- 3. Data collection & success measurement.** We recommend particular focus from the Commonwealth Government in supporting the capability, resources and investment necessary to document existing innovative and specialist practices, and measure change through robust and consistent data. Suggestions on these measures are included in each section.

Housing is Safety Infrastructure

For too long, housing has been treated as an outcome of recovery from domestic and family violence (DFV) rather than one of the core conditions required for safety. The Australian Institute of Health and Welfare, and Micah Projects, Australian Institute of Health and Welfare and Brisbane Zero data consistently identified DFV as one of the leading causes of homelessness in Australia, and Brisbane. Each year, tens of thousands of women and children seek assistance from Specialist Homelessness Services because violence has made their home unsafe. Despite the efforts of the homelessness and specialist DFV sectors, many victim-survivors cannot access immediate or permanent housing due to limited supply and increasingly constrained pathways, which is directly affecting safety and harm.

Every time a woman sleeps in her car, rough sleeps or remains in a motel because there is nowhere else to go; every time children move between temporary accommodation and schools; every time a practitioner spends weeks trying to secure housing instead of supporting recovery, the system is telling us that housing has become the barrier to safety. The decision to leave violence should never become a choice between violence or poverty.

Utilising the Common Risk Assessment and Safety Framework (CRASF)¹ in Queensland, there are clear indicators that often women are returning to harm or unable to leave violence due to coercive control and financial abuse. As specialist services, we increasingly support women who have made the decision to leave long before they contact us. What delays safety is not a lack of motivation or readiness—it is the absence of housing and financial security. Micah Projects commits to a DFV

¹ [Domestic and family violence common risk and safety framework](#)

Housing First approach², as informed by the Washington Alliance³. Housing is safety infrastructure.

If we genuinely want earlier intervention, improved perpetrator accountability and better outcomes for children, then we must ensure women are not forced to weigh the immediate risk of violence against the certainty of homelessness and poverty.

The Second Action Plan should work with AIHW, state and territory governments, homelessness services and specialist domestic and family violence organisations to develop Housing Safety Outcomes Framework. Building on existing AIHW collections, the recent DFV services data pilot, the framework should incorporate longitudinal Housing First indicators, vulnerability- informed measures, and population- based approaches such as By Name Lists and the Australian Homelessness Vulnerability Triage Tool. This would enable governments to measure not only service activity, but whether housing systems are creating sustained safety, reducing repeat homelessness, and responding proportionately to people experiencing the greatest vulnerability.

Case Study

A woman experiencing coercive control leaves the family home with her children after police identify significant risk.

She does everything the system asks of her. She reports the violence, applies for social housing, engages with DFV Specialist Services, attends court, works with schools, and follows every referral pathway and administrative form to gain access to resources and rights. However, weeks and months later, she can still be moving between motel rooms and temporary accommodation. Her children are unable to play. Her finances are exhausted and the person using violence remains in their home. She considers if returning home would be easier.

This is the reality that we have known when we document that a victim-survivor attempts to leave violence at least seven times before being successful, and that the risk of harm increases directly in the days after she leaves; when the system and community should be the most supportive, enabling and safe. Yet the system continues to frame that these are choices and then acts in a way that validates consequences and reinforces what the person who uses violence has long threatened: that she will not be believed or supported; may be blamed and ultimately is not capable or responsible. Every failed safe exit from harm is a failure of our system, not of victim-survivor's decision making.

² [The Domestic Violence Housing First Approach factsheet | Micah Projects](#)

³ [Domestic Violence Housing First – Washington State Coalition Against Domestic Violence & Sexual Assault](#)

Learning from Brisbane Zero

Micah Projects has demonstrated through Brisbane Zero that homelessness is not solved by individual organisations working harder. It is addressed when a community shares responsibility, works from real-time information, and measures success by whether homelessness becomes rare, brief and non-recurring. This is an important best practice example for DFV.

We should:

- Stop measuring how many people enter homelessness services because of violence and start measuring how quickly we prevent homelessness from occurring.
- Stop measuring how many referrals are made and start measuring whether women and children reach safe, secure housing.
- Stop asking how many services responded and start asking whether the response created safety.

Housing should become a shared accountability across governments, housing providers, specialist DFV services, homelessness services and mainstream systems – not another burden carried by victim-survivors navigating fragmented systems.

Housing First: A different way of thinking about safety

Housing First is often described as providing housing before addressing other needs. While this is true, it is only part of the model. Housing First fundamentally changes the assumptions of the service system.

"I was homeless with my daughter, I was desperate for help, only two services were helpful. Many of my social network turned a blind eye or didn't comprehend the challenges I was facing."

Resound Voices of Lived Experience Group member

Traditional service models often expect people to demonstrate they are “ready” for housing by first addressing issues such as mental health, substance use, financial hardship or other complex needs. Housing becomes something to earn once stability has been achieved. Housing First recognises that housing is the platform from which recovery, health, employment, parenting, education and community participation become possible. Rather than treating housing as the end point of intervention, it treats housing as the starting point.

Across international evidence, the core principles of Housing First include:

- immediate access to permanent housing without unnecessary preconditions
- housing as a basic human right rather than a reward for compliance
- person-centred responses based on individual goals and choice
- separation of housing from support so people do not lose housing because their support needs change
- flexible, multidisciplinary support that follows the person rather than expecting the person to fit service boundaries
- long-term support that can increase or decrease as needs change
- recognising that recovery is self-defined, non-linear and occurs within the stability that secure housing provides.

Success Goals

Whether Australia created the conditions that allowed them to live safely, how many women received a housing response.

Data Indicators to Measure

The Second Action Plan should measure outcomes that reflect safety rather than activity, including:

- time from identification of housing risk to safe housing
- time spent in temporary accommodation following DFV
- repeat homelessness following violence
- children experiencing school disruption due to housing instability
- women returning to the person using violence because safe housing was unavailable
- housing stability at 6, 12 and 24 months
- victim-survivor reported safety after housing intervention
- the proportion of identified housing risks where timely housing action occurred.

Building National Capability Through Place-Based Investment

Over the past decade, the Commonwealth Government has made significant investment in national domestic, family and sexual violence initiatives including 1800RESPECT, the Leaving Violence Program, Safer in the Home initiatives and a growing number of nationally commissioned pilots. These investments have strengthened access to information, increased national consistency and filled important gaps in Australia's response. However, Micah Projects' experience as a specialist service suggests there is an opportunity to better align future investment with the way people actually seek help.

DFV responses are inherently local. Housing availability, police responses, court processes, child protection practice, health services, cultural supports, schools, financial assistance, perpetrator interventions and community relationships all differ between regions. While national entry points provide an important first contact, they cannot replace detailed local knowledge, established interagency relationships or the trust developed through specialist place-based services.

Many victim-survivors ultimately require assistance to navigate local systems, secure housing, engage with local courts, access regional support services and build ongoing community connections. The greatest value of national programs is therefore realised when they strengthen, rather than duplicate, local specialist responses.

Locally there has been significant recent investment from state and federal governments in investing in specialist responses to diverse communities. Micah Projects has been pleased to partner and support these service enhancements, however recognises the recurring challenge within the current investment environment is the commissioning of multiple standalone initiatives, pilots and short-term projects. Our experience is that when they operate alongside or within existing service systems, there is the added benefit of building the capability of those systems and enhancing responses whilst supporting smaller specialised diverse organisations with their establishment and broader impact.

This pattern is also evident across broader Commonwealth commissioning arrangements, including Primary Health Network (PHN) initiatives. Many PHN-funded responses have successfully demonstrated improved workforce capability, stronger referral pathways and increased collaboration between mainstream services and specialist DFV organisations. The Supporting Primary Care Response to Family, Domestic and Sexual Violence Local Link initiative is one such example.

The independent evaluation found that specialist support embedded alongside primary care strengthened health practitioners' confidence, improved identification of DFV and enhanced referral pathways into specialist services. Importantly, the success of the model was not simply the result of training. It comes from building ongoing relationships between mainstream practitioners and specialist organisations.

The Second Action Plan provides an opportunity to move beyond commissioning individual programs towards building enduring regional capability. Rather than creating parallel national pathways that duplicate assessment, navigation or coordination already undertaken by specialist services, investment should strengthen the infrastructure that enables local systems to work together.

This includes investing in:

- specialist DFV organisations as regional capability hubs including localised service mapping to support service navigation;
- long-term partnerships between specialist, mainstream and community-controlled organisations
- secondary consultation and practice leadership
- integrated regional governance
- place-based innovation with long-term sustainability
- shared outcomes across Commonwealth, state and local investment
- evaluation that measures whether capability remains after funding concludes.

This approach recognises that specialist expertise is organisational as well as individual. Micah Projects recognises that children and families thrive when they have access to the right supports and services, at the right time.

Micah Projects is committed to a model of support through our Children and Family Hubs which are designed to be like a ‘one-stop-shop’ or ‘front door’ for families – a welcoming place that brings together supports across domestic and family violence support, health, education and provides a safe space to build social connections. Currently Micah Project Hubs are located across the Brisbane and Moreton Bay area.

Micah Projects Hubs bring together service and support through a two-generation approach, with a focus on the needs of the parent and the child both together and separately. Our two-generation approaches provide direct support to children as well, reducing the impacts of trauma and promoting healthy development, alongside support for the wellbeing of parents and access to specialists' programs provided by Micah Projects and external partner stakeholders.

What would have made the support you received work better for you?

"Ongoing support from the same provider as they already knew me and my situation."

Resound Voices of Lived Experience Group member

"Not having to reach out to many services would have helped, essentially one service or who understood the complexities of my situation and who walked shoulder to shoulder with me would have been better."

Resound Voices of Lived Experience Group member

What do you think would make the single biggest difference to the safety and recovery of people experiencing domestic or family violence in Australia?

"Having a service that can provide holistic assistance in all matters relating to DFV and homelessness, rather than many services. And being able to trust police"

Strengthen implementation through partnerships with specialist services

The National Higher Education Code to Prevent and Respond to Gender-based Violence is a strong example of the Commonwealth Government's commitment which establishes important expectations for universities to prevent harm, respond appropriately to disclosures, and support students to remain safe and engaged in education. Its implementation has appropriately focused on strengthening institutional capability, governance, reporting and student support.

However, an implementation gap remains and is being experienced by local/ regional DFSV Specialist Services who already face demand beyond our service response capacity. While universities are expected to identify and respond to students experiencing gender-based violence, there is comparatively little national guidance or investment in how universities should work with specialist domestic, family and sexual violence services once a disclosure has occurred.

The intent of the Code is not to transform universities into specialist response services. Rather, universities should provide a safe, trauma-informed institutional response, make reasonable adjustments to support a student's continued participation, and facilitate timely access to specialist expertise where required.

As awareness, reporting and institutional confidence increase under the Code, it is reasonable to expect demand for specialist services will also increase, as has been experienced since creation, investigation and implementation of the code. Without complementary investment in partnership models, referral pathways and shared implementation approaches, there is a risk that responsibility is shifted onto specialist services without the infrastructure needed to support effective collaboration.

The National Action Plan should therefore support implementation measures that strengthen the interface between higher education providers and specialist services. This could include:

- funded partnership arrangements between universities and specialist services to support consultation, referral pathways, secondary advice and workforce capability
- guidance on warm referrals, information sharing with consent, ongoing case coordination and student safety planning where appropriate
- mechanisms for universities and specialist services to jointly review implementation and identify emerging issues

Strengthening these partnerships would improve continuity of support for victim-survivors while ensuring universities remain focused on their core role and specialist services continue to provide specialist risk assessment, advocacy and therapeutic responses.

The Wellspring Children and Families Hub, Hawthorne offers multidisciplinary services and support for children and their families with a focus on families with children under 5 years. The Children and Families Hub facilitate a two-generation support and services model which is child-focused and trauma-informed, in line with the understanding that the needs of parents and children need to be addressed together and separately. This approach requires investment in a coordinated system of trauma-informed support and services that can buffer the impact of the trauma and stressors before the family is overwhelmed.

The Hub hosts services and support run by Micah Projects and external providers for adult participants to access support regarding:

- stable and sustainable housing
- safe relationships
- healthy family relationships
- increased social connectedness
- employment and training opportunities
- mental and physical health and screening services.

The services for children include a trauma - informed early childhood centre, along with access to specialist DFV support groups for children and young adolescents.

Success Goals

The success of Commonwealth investment should not be measured by the number of pilots delivered or programs commissioned. It should be measured by whether communities are left with stronger partnerships and greater local capacity long after individual funding rounds have concluded.

Data Indicators to Measure

The Second Action Plan should measure whether Commonwealth investment creates enduring regional capability by tracking:

- continuation of successful pilots beyond initial funding
- growth in regional specialist workforce capability
- strength and maturity of cross-sector partnerships
- access to specialist secondary consultation
- workforce retention with specialist organisations
- sustained improvements in mainstream practitioner confidence and capability
- victim-survivor experience of coordinated local responses
- reduction in duplicated assessments and navigation
- the proportion of Commonwealth-funded initiatives that transition into ongoing regional infrastructure following successful evaluation.

These principles closely align with the experience of women and children experiencing DFV. Safety is possible when housing is available, then other issues may be addressed.

Lifelong Impacts of Trauma: Lessons from the Royal Commission into Institutional Responses to Child Sexual Abuse

Micah Projects has more than three decades of experience supporting people who experienced childhood abuse in institutional settings and out-of-home care through Lotus Support Services. Micah Projects was the first organisation in Queensland to formally support people who experienced childhood abuse in institutional settings and out-of-home care and has worked alongside Forgotten Australians and care leavers in seeking recognition, justice, redress and appropriate lifelong support. This experience provides an important lesson for the Second Action Plan.

The Royal Commission into Institutional Responses to Child Sexual Abuse established beyond doubt that experiences of violence and abuse in childhood can have profound and enduring consequences across a person's life. Its Final Report found that:

“Child sexual abuse can have a wide range of adverse impacts on victims throughout their lives.”

The Royal Commission further recognised that impacts can extend across mental and physical health, relationships, education, employment, housing and economic security, and that survivors' support needs can change over the course of their lives.

Micah Projects' experience supporting Forgotten Australians and care leavers reinforces a critical lesson: the passage of time does not necessarily mean the impact of trauma has ended, and recovery cannot be understood as a short, linear service episode.

People may live independently and safely for many years before circumstances (including relationship breakdown, bereavement, ageing, housing instability, financial stress, institutional processes, legal proceedings or other experiences of violence) reactivate trauma or create a renewed need for support.

The National Plan learn from the experience of the Royal Commission and subsequent redress and survivor-support systems. If Australia accepts that institutional childhood abuse can produce lifelong and changing support needs, the same understanding of trauma must inform responses to domestic, family and sexual violence.

The Second Action Plan recognise that the impacts of DFV may extend well beyond the point at which immediate violence has ceased. Victim-survivors may require different forms of support at different times across their lives, including safety responses, housing, legal assistance, financial support, counselling and therapeutic responses, community connection and assistance navigating institutions. Funding models should therefore avoid defining recovery as a time-limited endpoint or assuming that completion of a service episode represents resolution of trauma.

Case study

A woman experiences DFV over many years before separating from the person using violence.

At the point of separation, she receives crisis intervention, safety planning, legal assistance and support to establish independent housing. Her immediate risk reduces and she exits specialist support. Several years later, circumstances change.

Post-separation abuse re-emerges through financial and legal systems. Her housing becomes unstable and her children begin experiencing difficulties associated with earlier exposure to violence. Contact with legal and statutory systems requires her to repeatedly recount traumatic experiences. Her needs have moved between crisis, stability and renewed risk.

A service system structured around a linear continuum might record her initial intervention as successfully completed and her later presentation as a new episode. Her lived experience is different. The original violence and its consequences continue to shape her safety, housing, financial security, parenting, relationships and interactions with institutions.

The lesson from the Royal Commission is that systems must be capable of responding to the lifelong and changing consequences of trauma, rather than imposing administrative definitions of when recovery should be complete.

Success Goals

Victim-survivors should be able to access the right support when they need it across their lives, without being constrained by artificial assumptions about when crisis ends or recovery is complete.

Data Indicators to Measure

The Second Action Plan should develop longitudinal measures capable of identifying the longer-term consequences of violence and the changing support needs of victim-survivors, including:

- re-entry to specialist DFV services following previous service exit
- reasons for re-engagement with services
- recurrence or escalation of risk following periods of stability
- post-separation abuse experienced over time
- long-term housing stability and repeat homelessness
- financial security and economic impacts of violence over time
- long-term impacts on children who have experienced DFV
- access to therapeutic and recovery support when needs emerge or re-emerge
- victim-survivor ability to reconnect with specialist support without unnecessary reassessment or eligibility barriers
- longitudinal measures of safety, wellbeing and social and economic participation
- victim-survivor-defined measures of recovery and wellbeing.

Responding to New Forms of Technology-Facilitated and Financial Abuse

The prevalence of technology facilitated abuse for women experiencing DFV is staggering. We are seeing the issue of Technology-facilitated abuse getting worse, with more and more women experiencing ongoing abuse and harassment. Technology-facilitated abuse is widespread and increasing, often taking the form of stalking, surveillance, tracking, threats, harassment and the non-consensual sharing of intimate images. Technology-facilitated abuse can also involve perpetrators' misuse of devices (such as phones, devices or computers), accounts (such as email) and software or platforms (such as social media) to control, abuse, track and intimidate people experiencing DFV.

Our insights shared by participants highlight that mobile phones are the most frequently used technology, and texting and social media (such as Facebook and Snapchat) are the most common services used for unwanted contact and abuse from a partner or ex-partner.

We also gain insights to how children are being exploited using technology, particularly in co - parenting situations, with some abusers using their children's devices to gather information about a former partner's whereabouts and activities.

BDVS participants experience of technology- facilitated abuse, is often through monitoring and surveillance -

- 23% had online accounts monitored or controlled, including breaking into accounts or demanding passwords,
- 20% had personal correspondence read without permission (e.g. texts, messages, and mail),
- 30% were repeatedly checked up on or stalked by showing up to where the participant is, or online through social media,
- 10% were surveyed with Installed cameras, spyware or tracking devices.

Keeping Women Safe from Violence & Safety Upgrade Programs

In July 2023, the Queensland Government, through the Keeping Women Safe from Violence Grants, part funded Micah Projects to establish a safe and accessible Tech Abuse Detection and Assessment Service for people experiencing domestic and family violence (DFV) across Brisbane and surrounding areas. Funding of \$148,850 over 12 months was provided to establish, operate and evaluate the service. Micah Projects supplemented the funding with \$33,000 for sweeps and in-kind support valued at an estimated \$90,000. An independent evaluation confirmed the Tech Abuse Detection and Assessment Service showed many benefits to participant safety and wellbeing and provided options to the DFV service system to improve safety planning. Participants reported having increased sense of safety, increased feeling of freedom and increased knowledge of technological abuse. However, they would have liked more education on how to conduct their own sweeps and the opportunity for regular follow-up sweeps. Practitioners noted the importance of DFV specialist support for participants attending the Hub consistent with the DFV Practice Standards. It is critical that there is a clear and strong operating model that utilises DFV specialist support workers. Funding sustainability is not achievable without philanthropic or government support due to the unviability of user charges (given the financial precarity of most participants). The funding support enabled the lease of an appropriate facility that provided safety for participants. Overall, the concept of a referral-based Tech Abuse Detection and Assessment Service was proven.

Since this time, Micah Projects' Safety Upgrade Program has provided a pathway opportunity to local DFV Crisis Refuge services to arrange for a comprehensive technology safety and assessment service. The timing of access to the service supports the planned exit from unsafe circumstances and assures safety for the individual entering refuge and the wider refuge residents, by disrupting any stalking and monitoring which compromises the confidentiality of the location. This service is complemented by service system wide education and upskilling of the DFV specialist practitioners to support screening, referrals and ongoing tech safety of participants.

Were there times when systems or services - for example, the legal system, the family law system, or the financial system - were used against you, or made things harder rather than easier?

"He used technology to stalk and monitor me and my daughters, and he continues to do this today to my daughters who are 23 and 27 years old yet the police don't respond to protect them."

Resound Voices of Lived Experience Group member

If technology was used to harm or control you, what did that experience involve, and what help - if any - did you receive?

"No support or help available for harm around technology. Had to navigate how to keep myself safe online and all my personal details and finances safe."

Resound Voices of Lived Experience Group member

"Yes. Technology was used extensively to harm and control me, including constant harassing messages, monitoring my phone records, surveillance of my social media, and even tracking my daughters years after separation. These behaviours caused ongoing fear and allowed him to continue the abuse from a distance. Services did not fully understand or address this type of abuse, and responses were limited. More recognition of technology- facilitated coercive control, stronger enforcement of breaches, and better digital safety support would have made a significant difference."

Resound Voices of Lived Experience Group member

"I don't have proof but my business system was hacked and he was the only person who accessed and controlled it. My emails and files were destroyed."

Resound Voices of Lived Experience Group member

"Unbeknown to me, my computer was being monitored for years. When I found out, I literally smashed my computer to the ground and drove my car over it because I was too scared for my life. I also did not know what kind of help I could get because a previous IT professional had tried to take advantage of my vulnerability."

WESNET - Safe Connections

Micah Projects is a member of Safe Connections - partnership between WESNET, Telstra, the Australian Government and specialist DFV services. Safe Connections supports women experiencing or escaping DFV by providing safe technology and technology safety support.

In the 2024-25 financial year, Safe Connections have provided 1968 phones in Queensland. Micah Projects Brisbane Domestic Violence Service has been in partnership with WESNET since 2016. Since then, 2287 safe phones were provided to participants. In the 2024-25 financial year, 120 safe phones were provided

Safe Connections phones help women stay safely connected with family, friends and support services. They reduce the risk of technology-facilitated abuse by providing a secure device and supports access to emergency assistance, housing employment, financial services and healthcare. They also improve privacy, independence and digital safety during a high-risk period.

Members also need to complete two core training units designed to meet the safety assessment requirements and program compliance of the Safe Connections program. More than 120 Micah Projects team members have completed the training.

Data Indicators to Measure

For banks:

- number of customers flagged as experiencing suspected financial abuse
- abusive transaction descriptions detected
- coerced debt complaints
- joint account separations requested and completed
- hardship requests involving DFV
- time taken to freeze, separate or secure accounts
- outcomes of complaints involving financial abuse.

For telecommunication companies:

- number of DFV-related account safety requests
- number of safe contact changes
- number of phone number changes or account separations due to DFV
- location tracking, spyware or account access issues reported
- time taken to secure accounts
- evidence requests fulfilled for police/court purposes
- complaints where telco systems escalated risk.

For both sectors:

- number of staff trained in DFV
- number of referrals to specialist DFV support
- number of cases escalated to specialist teams
- victim-survivor satisfaction and safety outcomes.

Shifting responsibility from victim-survivor reporting to pro-active monitoring and reporting would be fundamental to truly understand the depth and impact of harm but also contributes to achieving a wider community-based responsibility for the identification and action towards those causing harm.

The Second Action Plan should create a national safety-by-design duty for banks, telecommunication companies and digital platforms, including:

- proactive detection of financial abuse patterns
- safe account separation processes
- protection from coerced debt and credit damage
- evidence preservation pathways for stalking, harassment and financial abuse
- specialist DFV teams in banks and telcos
- safe communication protocols
- rapid response pathways for victim-survivors and specialist services
- regulator reporting on compliance and outcomes.

Improving Police and Court Responses to Reduce Further Harm

Micah Projects has collaborated with Queensland Police Service for decades, bringing social support, DFV Specialisation and timely support responses to referrals to enable police responses and meet the needs of participants. In many collaborations, they were built from local need but also with the commitment, partnership and vision of key police leadership sponsorship. Micah Projects is proud to continue these innovations with the development of state government funded collaborative responses. The following section provides some insight into the opportunities for improvement in these areas from a National perspective.

Queensland Police Service (QPS) & Brisbane Domestic Violence Service Collaborations

In August 2024, Micah Projects' Brisbane Domestic Violence Service commenced the deployment of specialist DFV practitioners in QPS stations within the Brisbane region utilising funding from the Queensland Government. Specialist practitioners were embedded in stations in three phases with practitioners now embedded within ten stations in the Brisbane region.

This embedded model has strengthened opportunities for timely, trauma-informed support to victim-survivors within QPS stations. Victim-survivors benefit from access to risk assessments, safety planning, emotional support, psychoeducation, referrals, brokerage, and advocacy during police engagement. Practitioner involvement can also assist in reducing barriers to reporting by providing an external presence and validation. Practitioner advocacy increases visibility of the person using violence's behaviours and supports accountability. The model has significant potential to strengthen victim-survivor safety, improve QPS responses to DFV, and inform broader systemic reform.

Micah Projects Brisbane Domestic Violence Service has also been working collaboratively with the QPS Vulnerable Persons Unit (VPU) for more than 12 years. There are currently two co-engagement DFV specialist workers providing outreach support alongside QPS officers in Brisbane North and South. These senior DFV specialist practitioners provide co-response support by attending victim-survivor's homes to assess risk, safety plan and support victim-survivors with ongoing service or referrals.

Nationally Consistent Police Data:

As noted in the Rapid Review of Prevention Approaches, "A national emergency as complex as gender-based violence requires rigorous and comprehensive data and evidence."⁴ In Queensland, when a victim-survivor reports DFV to Queensland Police Service (QPS), there are options for QPS to record the occurrence on the police database (QPRIME). When DFV is identified, QPS will often record the occurrence as a

⁴ Rapid Review of Prevention Approaches, 2024

‘DV-Other Action’. When QPS determine that DFV is not present, practitioners have noted that occurrences are either recorded as a ‘No DV’ or a ‘Street-Check’ on QPRIME.

Recording occurrences relating to DFV as a ‘Street-Check’ results in those occurrences not being reviewed as a possible DFV matter. There were noted cases where practitioners advocated for an occurrence to be categorised as a ‘DV-Other Action’ or for a ‘No DV’ to be reviewed. To improve data collection across the country, national consistency in police counting and data collection should be prioritised to ensure all reports are captured. Successful data collection would be independently oversighted to ensure national consistency.

Whilst data relating to contraventions of protection orders are published by the Australian Institute of Health and Welfare⁵, these contraventions are only published when proceedings are brought forward by police. This data does not capture the number of contraventions reported that were considered to be ‘unfounded’ by police and not progressed. Understanding the total numbers of contraventions reported would allow comparisons to be made to the numbers progressed and provide greater clarity as to how police are managing reports.

Furthermore, it would be beneficial for data to be collected nationally to understand how courts and police are responding to police applications and private applications for protection orders. In Queensland, our practitioners are reporting an increase in courts not issuing temporary protection orders for police applications. This leaves victim-survivors unprotected whilst the matters continue to progress through the courts.

There is also an absence of data regarding the use of the ouster conditions for protection orders. The ability for a victim-survivor to remain in their home and community when safe to do so can provide important support and protective factors. Data collection regarding how many requests to ouster a person using violence are made privately and whether those requests are granted should be prioritised.

Did you feel that police or the legal system understood the full picture of what had been happening to you - including any patterns of behaviour over time, not just individual incidents?

"No - there wasn't a holistic view and they had no understanding of the associated stress and disruption to my life"

Resound Voices of Lived Experience Group member

⁵ [Breaches of FDV-related violence orders recorded by police - Australian Institute of Health and Welfare](#)

"Absolutely not. I did not feel that police or the legal system understood the full picture of what was happening to me, especially the long-term patterns of coercive control, sexual violence, psychological abuse, and post-separation stalking. Their responses focused on isolated incidents rather than the ongoing pattern of behaviour that had escalated over many years. This remains the case today for my daughters."

Resound Voices of Lived Experience Group member

"The police certainly did not. I had audio and video evidence which was dismissed, the perpetrator was believed rather than me."

Resound Voices of Lived Experience Group member

"Definitely not. At that time, it felt like the legal system enabled the entrapment I was encountering."

Resound Voices of Lived Experience Group member

What do you think needs to change about how police or the justice system respond to domestic and family violence?

"More education for the police and court workers, a system to enable safe and real time updates for victims, more consistency in approach, handovers to other police officers for the days when officers are not working, greater empathy from the police." Resound Voices of Lived Experience Group member

"Needs a huge change in the justice system and more protection for the victims. Needs to be more training and accountability and more support offered around that whole process."

"My experience showed that the police and justice system often failed to recognise the seriousness and pattern of abuse I was living with. Several changes are needed to ensure victims are protected and not further harmed by the system..."

Resound Voices of Lived Experience Group member

"Oh my god, they need to be trained in what non-physical abuse looks like and take it seriously. Don't make the victim the one that is to be blamed and sent in a police car for god's sake, then abandoned at the hospital. Make child coercive control illegal and make these abusers pay."

Resound Voices of Lived Experience Group member

"Queensland police need an independent integrity unit as recommended by the Commission of Inquiry into QPS responses to Domestic and Family violence. No amount of training or 'cultural change' programs will fix the racism, sexism and misogyny in the QPS until there is an independent investigation unit investigating police failures, and Queensland police are prevented from investigating their own friends and colleagues. There are too many conflicts of interest when police investigate police - and turn a blind eye to racism, sexism and misogyny- so until there is an independent police integrity unit holding police to account for their misconduct and failures, no amount of 'training' nor reform will ever succeed in dismantling the 'old boys club' attitude of misogynistic police attitudes."

Resound Voices of Lived Experience Group member

"Believe the victim; restructure the courts; instigate a Royal Commission into Domestic and Family Violence, and Femicide."

Resound Voices of Lived Experience Group members

National Police Integrity Unit:

In 2022, the Queensland Government announced a Commission of Inquiry into QPS responses to DFV⁶ (COI) following recommendations made by the Women's Safety and Justice Taskforce⁷. Recommendation 68 of the COI recommended that an independent police integrity unit be established to manage all complaints relating to police. Queensland has not yet completed this recommendation with the former Independent Implementation Supervisors' final report in 2024 noting that the recommendation was considered to be on-hold⁸. The ability for the public to make complaints about police integrity to an independent body separate from the organisation the complaint relates to is paramount to ensuring that police responses improve. A national approach to this important issue would contribute to greater system accountability.

Strengthen How Coercive Control is Recognised and Addressed

Coercive control is not currently explored in depth in the First Action Plan. *The National Principles to Address Coercive Control in Family and Domestic Violence*⁹ provides a foundation for understanding, however, specific actions are needed to ensure that coercive control is recognised and addressed consistently across Australia. Whilst some jurisdictions are yet to criminalise coercive control, public monitoring of charges and how they progress in jurisdictions where criminalisation has already occurred would assist in building national awareness and understanding. This would also allow jurisdictions to review and learn from the data to inform improvements. Data would contribute to national consistency regarding the patterns of behaviours and communication between jurisdictions.

"For many years, I largely managed the abuse on my own. I was ashamed, I hoped things would improve, and I didn't fully understand that what I was experiencing was domestic and family violence because so much of it was coercive control rather than physical assault. I confided in a few trusted friends and my parents over time, but I often minimised what was happening and tried to protect my partner's reputation."

Resound Voices of Lived Experience Group member

⁶ [Independent Commission of Inquiry into Queensland Police Service responses to domestic and family violence](#)

⁷ [Women's Safety and Justice Taskforce | Department of Families, Seniors, Disability Services and Child Safety](#)

⁸ [The Office of the Independent Implementation Supervisor, Women's Safety and Justice Taskforce Reforms Biannual Progress Report 5 \(November 2024\)](#)

⁹ [The National Principles to Address Coercive Control in Family and Domestic Violence | Attorney-General's Department](#)

"Looking back, the support of my family and the few professionals who truly understood coercive control made the greatest difference. Without them, I don't believe I would have been able to leave safely or rebuild my life."

Resound Voices of Lived Experience Group member

"Once I separated, there were also individual police officers, lawyers, counsellors and domestic violence workers who understood coercive control and validated my experiences. Being believed after years of being told I was the problem was incredibly important and gave me the strength to keep going."

Resound Voices of Lived Experience Group member

"There were many barriers that stopped me from seeking help earlier. The biggest was that I didn't recognise what I was experiencing as domestic and family violence. Much of the abuse was coercive control rather than physical violence, and at the time there was very little community understanding of those behaviours. I believed his explanations, blamed myself and thought that if I could just be a better partner, things would improve."

Resound Voices of Lived Experience Group member

"I believe education about coercive control is one of the most important ways to help people reach out sooner. If I had understood that domestic and family violence isn't just physical violence, I may have recognised the abuse years earlier. People need to know that controlling money, isolation, constant monitoring, gaslighting, threats, sexual violence within a relationship and intimidation are all forms of abuse. Victim-survivors also need confidence that they will be believed and understood when they seek help. Too often, perpetrators present as charming, successful and credible, while victims present as anxious, traumatised and overwhelmed. Services

across police, health, legal and child protection need ongoing training to recognise the effects of trauma and coercive control so that people don't have to repeatedly justify their experiences.

Practical support is equally important. Access to safe accommodation, financial assistance, legal advice and specialist domestic violence services can make the difference between staying and leaving. Many people remain because they simply cannot see a safe or financially viable way out.

Finally, public conversations about domestic and family violence need to move beyond the stereotype that abuse always involves physical assault. The more people understand the warning signs of coercive control, the more likely victim-survivors, as well as their families, friends and colleagues, will recognise what is happening and encourage someone to seek help before the abuse escalates."

Resound Voices of Lived Experience Group member

"At times I felt that professionals who did not understand coercive control underestimated the risk to me and my children. This left me feeling vulnerable and unsupported. In contrast, when I encountered professionals who were trained in recognising coercive control and the effects of trauma, I felt respected, believed and much safer."

Resound Voices of Lived Experience Group member

"The support would have worked better if the systems around me had recognised coercive control and responded consistently. I needed authorities to believe me, stronger and enforceable protection orders, and a court process that didn't re-traumatise me. I needed a family court that prioritised my children's safety, immediate financial protection, and effective responses to stalking and technological abuse. Long-term, coordinated support and greater community awareness of coercive control would have made me feel safer and more in control."

Resound Voices of Lived Experience Group members

Communication and advertising play an important role in community understanding of coercive control. We know that coercive control is a gendered issue and communication should reflect this, including the subtle shift away from Gender in the Action Plan Consultation documentation. Misidentification can have a significant impact on victim-survivors. Enabling the community to understand the gendered nature of coercive control can improve responses.

Financial Advocate

Micah Projects, Brisbane Domestic Violence Service partnered with Credit Union Australia in 2018 and then with Great Southern Bank (October 2020- June 2022), to support a qualified and registered financial counsellor to run a pilot program. This pilot program was based on research showing women experiencing domestic violence financial abuse, relationship incurred debts, post separation financial stress and limited financial literacy are all closely linked.

This pilot program was successfully introduced over a 5-year period and as at 30 June 2022 the program had written off \$2,167,963 in debt for women impacted by economic abuse and financial hardship because of domestic and family violence. This is in addition to the engagement of approximately 500 women in financial counselling where they are advised of their financial rights, upskilled with financial literacy and assisted to meet essential expenses such as rent, food and utilities.

At the end of 30 June 2022 Micah Projects Brisbane Domestic Violence Service partnered with the Financial Counselling Foundation a charitable trust to continue funding the financial counselling position. From 1 July 2022 to the current a total of \$2,388,517 of debt has been written off. The Financial Counsellor continues the work at assisting women to break free from debt accrued by the person using violence, so they can meet essential expenses and move forward in their recovery and healing journey.

In Micah Projects experience, much of the successful advocacy for waiving of debt occurs when there is evidence that services, businesses and organisations failed to meet their own financial abuse safeguards, or act in line with policies for hardship considerations. Of concern however is that many of the current Victim recognition or leaving violence payments, are not protected income, and without debt advocacy or specialist financial counselling, this income can either make victim survivors ineligible for means tested support avenues or can be pursued for debt recovery.

Family Law: A Critical National System Requiring Better Integration

For many victim-survivors, separation does not mark the end of DFV. Instead, the family law system becomes one of the primary environments through which coercive control, intimidation and abuse continue.

Specialist DFV services regularly support women and children whose safety is influenced not only by the actions of the person using violence, but also by the interaction between multiple legal and statutory systems that operate with different legislative frameworks, evidentiary requirements and decision-making processes.

"The different systems often worked in isolation, meaning I had to navigate police, the courts, family law and child protection separately, with little coordination between them."

Resound Voices of Lived Experience Group member

"I went through extensive legal processes, including Domestic Violence Orders (DVOs) and family law proceedings. These processes were extremely long, frightening, and often made the situation worse rather than better. They did not feel fair or safe, and I frequently lacked the support I needed. "

Resound Voices of Lived Experience Group members

Queensland has invested significantly in specialist DFV responses, including structured risk assessment through the CRASF, information sharing reforms, High Risk Teams, specialist police responses and integrated service models. However, these state-based assessments and safety planning processes do not consistently translate into Commonwealth family law proceedings.

Victim-survivors are frequently required to repeat their experiences across multiple systems, each undertaking its own assessment of risk, often using different definitions, thresholds and evidentiary expectations.

This fragmentation creates additional burden for victim-survivors while increasing the likelihood that important safety information is delayed, duplicated or not fully understood across jurisdictions.

The Second Action Plan provides an opportunity to strengthen integration between Commonwealth family law processes and state and territory DFV systems so that risk identified in one part of the system can be appropriately recognised and responded to in another.

Access to justice should not depend on financial capacity

Family law proceedings are also one of the most significant areas of financial inequity experienced by victim-survivors. Many women leave relationships having experienced years of financial abuse, debt, disrupted employment and limited access to financial resources. At the same time, they are required to navigate one of Australia's most complex legal systems, whilst legal representation is often prohibitively expensive and where legal assistance is available, demand frequently exceeds capacity. Victim-survivors often find themselves without professional legal support due to means tested eligibility criteria which does not account for financial abuse, separation realities of asset distribution but also when victim recognition payments are not protected incomes which can be considered income and contribute to ineligibility.

Many victim-survivors therefore attempt to navigate parenting disputes, property matters and ongoing litigation without representation while simultaneously managing safety concerns, housing instability and the impacts of trauma.

The ability of one party to sustain lengthy litigation may itself become a continuation of coercive control. Repeated applications, procedural complexity, delayed resolution and disproportionate legal costs can become mechanisms through which abuse continues after separation. The impact extends beyond legal outcomes often affecting housing stability, financial recovery, children's wellbeing and the ability of victim-survivors to rebuild their lives, which in turn create opportunities for ongoing harm.

Where systems are not effectively connected, victim-survivors may be required to repeatedly disclose traumatic experiences, provide multiple forms of evidence and navigate inconsistent advice from different agencies.

The Second Action Plan should recognise the family law system as a critical component of Australia's DFV response. Reform should strengthen integration between Commonwealth and state systems by:

improving recognition of specialist DFV risk assessments and safety planning;

- strengthening information sharing between family law, state child protection, police and specialist DFV services, consistent with privacy and procedural fairness requirements
- reducing duplication of victim-survivor assessments across jurisdictions
- improving timely access to specialist legal assistance for victim-survivors
- strengthening responses to litigation abuse and other forms of systems abuse
- reducing delays where DFV presents ongoing safety risks
- improving pathways for specialist DFV expertise to inform family law proceedings
- measuring safety outcomes for children and adult victim-survivors, rather than focusing solely on case completion.

Case Study

Following a separation, a woman obtains a domestic violence protection order after repeated coercive control and threats. She engages with police, specialist DFV services, housing providers and child protection. Comprehensive risk assessments identify ongoing high risk, and coordinated safety planning is established. This information is ignored, dismissed and not integrated into Family Law Court decision making.

When parenting proceedings commence, she must again recount her experiences, gather evidence, navigate separate legal processes, and respond to repeated applications. This occurs over years, with continual financial implications. Her housing is uncertain but necessary to demonstrate meeting care needs of her children. If the experience of coercive control has impacted her employment, then this is compounded by the focus required for these proceedings, and if not, the real impact of the trauma of this abuse is then weaponised in the eyes of the court. The impact of non-physical DFV perpetration on the children is minimised with a focus instead on medical impacts as the only indicators of potential harm.

Necessary safety planning and measures implemented for the children's safety from stalking and monitoring becomes a claim of parental alienation or parentification by experts writing reports with no regulation, accreditation or specialist DFV training. The children live with ongoing conflict and uncertainty, often unable to access trauma-informed counselling and therapy as this may be misread, interrupted or impacted by ongoing proceedings. Whilst this occurs, violence is considered to be reduced and the system expects that the victim-survivor is in recovery post-separation. As the overburdened system responds to priority and is triaged based on risk as they are unable to meet demand, her support needs are relegated to mainstream counselling and healthcare models which are not specialised and can also be required to provide evidence in court. The violence has changed form but the system continues to consume her time, resources and emotional capacity.

Success Goal

A family law system that protects children and victim-survivors should be measured not only by the timeliness of court decisions, but by whether its processes reduce ongoing harm, strengthen safety, and work seamlessly with the broader DFV system.

Data Indicators to Measure

The Second Action Plan should include nationally consistent measures relating to family law and DFV, including:

- time taken to resolve parenting matters involving identified DFV
- access to funded legal assistance to victim-survivors
- frequency of repeated disclosures across legal and statutory systems
- recognition and use of specialist DFV risk information within family law processes
- victim-survivor reported experience of safety throughout proceedings
- indicators of systems abuse, including repeated or vexatious litigation where identified by the court
- continuity of children's schooling and housing during proceedings
- post-order safety outcomes for women and children
- measures of cross-jurisdictional collaboration between commonwealth and state systems.

Early Intervention, Intergenerational Trauma and a Non-Linear Continuum of Support

Micah Projects' service and program experience informs our insights and is best highlighted into our submission to the Child Safety Commission of Inquiry on the 29 March 2026, *This Time Families need support that is early and ongoing, practical and flexible to the Queensland*.¹⁰

For 30 years, the people who we work alongside at Micah Projects, the people who have experienced the family support and child protection systems (of yesterday and today) have been generous in sharing their lived experiences. We have participated together in the community-building work of advocacy that seeks to end cycles of hardship and disadvantage.

In this current submission we highlight that the National Plan's domains of prevention, early intervention, response and recovery provide an important organising framework for government policy. However, they should not become rigid funding silos or imply that victim-survivors move predictably from one stage to the next. The lived experience of DFV is rarely linear.

A person may be rebuilding their life while continuing to experience post-separation coercive control. A woman who is safely housed may experience renewed risk through family law proceedings. A child who appears to have recovered may require support years later. A person who has exited crisis accommodation may become homeless

¹⁰ [micah-projects-child-safety-inquiry-family-support-2026.pdf](#)

again because of economic abuse. Someone receiving recovery support may experience an escalation that requires an immediate crisis response.

Prevention, early intervention, response and recovery are therefore not necessarily sequential stages in an individual's life. Crisis can recur, risk changes, recovery and safety can coexist with continuing abuse.

"My experience showed that the police and justice system often failed to recognise the seriousness and pattern of abuse I was living with. Several changes are needed to ensure victims are protected and not further harmed by the system."

Resound Voices of Lived Experience Group member

"Victim-survivors also need confidence that they will be believed and understood when they seek help. Too often, perpetrators present as charming, successful and credible, while victims present as anxious, traumatised and overwhelmed. Services across police, health, legal and child protection need ongoing training to recognise the effects of trauma and coercive control so that people don't have to repeatedly justify their experiences."

Resound Voices of Lived Experience Group member

"Finally, public conversations about domestic and family violence need to move beyond the stereotype that abuse always involves physical assault. The more people understand the warning signs of coercive control, the more likely victim-survivors, as well as their families, friends and colleagues, will recognise what is happening and encourage someone to seek help before the abuse escalates."

Resound Voices of Lived Experience Group member

"When systems recognise coercive control and act consistently, victims can be protected earlier, recover more quickly, and avoid years of ongoing harm."

Resound Voices of Lived Experience Group members

Funding should be capable of following people across these domains rather than requiring them to fit the administrative pillar under which a service or program is funded. The failure to recognise this is contributing to the referral merry-go-round for victim-survivors. This is true when many professional development and training frameworks focus on Recognise, Respond, Refer models; missing the opportunity to enhance safety immediately from the role of the whole community as necessary to meet the needs of victim-survivors.

Early intervention should not mean simply identifying violence earlier in the current episode. It should include intervening in the longer-term conditions through which trauma, inequality, violence and disadvantage affect children, families and communities across generations.

The Second Action Plan should therefore prioritise person-centred, demand-responsive funding that enables services to respond to the needs presented by victim-survivors rather than requiring people to repeatedly move between programs as their risk classification or stage of recovery changes.

Challenging Harmful Attitudes, Gender Stereotypes and Misogyny

Schools are becoming a visible frontline for gendered violence, misogyny, sexual harassment, image-based abuse, coercive control narratives and “manosphere” influence. This is not just a behaviour-management issue; it is a prevention, child safety and DFV issue. Whilst progress has been made on implementing Respectful Relationships curriculum, there is inconsistent application of this framework, with schools often able to determine those who are providing education, including external non-accredited providers and the alignment with key primary prevention and known Gender Based Violence Indicators.

The Second Action Plan should include a national school-based gendered violence prevention and response package, including:

- mandatory, evidence-based Respectful Relationships education across all jurisdictions, delivered by accredited local providers with service response connections for those who need follow up support
- specific content on coercive control, misogyny, pornography, consent, online abuse and image-based abuse

- clear school response pathways when students experience or use gendered violence
- support for teachers experiencing misogynistic harassment
- referral pathways into specialist DFV, sexual assault, youth and family support services.

Data Indicators to Measure

- Number and type of gendered violence incidents reported in schools.
- Student experiences of sexual harassment, image-based abuse, coercive control and online misogyny.
- Teacher reports of misogynistic harassment or gendered abuse by student.
- School use of Respectful Relationships curriculum and staff training.
- Referral pathways used after school-based disclosures.
- Outcomes after intervention: safety planning, parent engagement, police involvement, therapeutic support, suspension/exclusion, restorative responses.

Address Risk Factors like Alcohol Harm, Gambling and Adverse Childhood Experiences

The Second Action Plan should require the commonwealth to lead a national alcohol, gambling and DFV harm-reduction agenda, given the unique position of media (including social and online), advertising and consumer regulation bodies. Such an agenda should align with calls for action from prominent expert sectors and industry peak bodies, including the Foundation for Alcohol Research and Education, with attention to:

- restrictions on alcohol and gambling advertising, especially during sport and content viewed by children
- stronger regulation of online gambling and inducements
- mandatory DFV harm assessments in liquor and gambling licensing decisions
- national data matching between DFV incidents, alcohol availability and gambling harm
- integrated screening between DFV, financial counselling, gambling help and alcohol/drug services
- clear industry duties to prevent product misuse for coercive control and financial abuse.

Possible Data Indicators

- Whether alcohol was used by the perpetrator before or during DFV incidents.
- Whether alcohol was linked to escalation, injury, strangulation, police call-outs or breaches.
- Whether gambling harm is present in DFV cases.
- Whether gambling-related debt, theft, coerced loans or asset loss occurred.
- Number of victim-survivors referred between DFV services, financial counselling, gambling help, and alcohol/drug services.
- Location-level data: density of alcohol outlets, gambling venues, police DFV call-outs, and protection order breaches.
- Industry data on gambling accounts flagged for coercion, financial abuse or third-party harm.

Children and young people in their own right

Micah Projects is committed to nurturing equality and opportunity for women and their partners, babies, toddlers and young children in their first 2000 days (conception to five years) through a two generational response.

The crisis is driven by the high rates of child and family homelessness, domestic and family violence, mental health and substance use challenges, and childhood abuse including child sexual abuse. More adequately supporting children with age-appropriate care, screening, learning and therapeutic interventions in the service systems that parents are already accessing, reduces barriers and enhances the health and wellbeing of the whole family, especially children. A two-generation approach is investing in services for parents to meet their needs, and age-appropriate services for children in the first 2000 days.

Systemic barriers are built into the structure and functioning of our system, often times children's dedicated services are compromised by shared decision making, or ethical and therapeutic challenges or supporting DFV Counselling for children and young people whilst they are in contact with the person causing harm. Increased investment, research and understanding of how our legal systems interrupt the pathway of care, response and healing for children is required as an immediate commitment if we are to truly consider children and young people in their own right.

Family Pathways Program - Micah Projects

Micah Projects' Family Pathways Program provides short-term holistic support to families that aims to reduce a young male's use of adolescent-to-parent violence (APV) towards their female protective caregiver in the home. The program is targeted towards young males aged 12 to 17 years old.

The Family Pathways Program aims to reduce the son's use of violence by encouraging responsibility whilst also addressing trauma, rebuilding the mother-son attachment, challenging harmful gendered attitudes and increasing mothers' confidence in their parenting abilities. The safety of mothers and young people is prioritised throughout the model.

Key findings from the evaluation conducted by Griffith University included:

- There is a need to a specialist service that understands APV within the context of experiencing previous DFV.
- Following engagement with the program, there was a reduction in the young men's use of violence.
- There is a need for a more integrated and differential response to better meet the complex needs of young men and their mothers experiencing APV.
- APV also impacts on other siblings residing in the home. There is a need to identify and integrate sibling support where available.

Recent media reporting has highlighted the prevalence of gendered violence experienced by female teachers by male students in Australian schools. A study conducted at Monash University found that sexual harassment, misogyny and sexism is widespread in Australian schools¹¹. These behaviours directly relate to how gendered violence manifests within the context of DFV.

There is a vast amount of emerging research and clinical evidence of the physiological, emotional and psychological development of children and the way that trauma impacts on normal development.

There is evidence that experiences that occur at developmentally sensitive times interact to form and alter the very structure of the brain. This is what Dan Siegel (1999) called the *neurobiology of interpersonal experience* and this allows us to understand the role that attachment and relationship play in mediating trauma for children and provides guidance to optimise development opportunities and minimise adverse outcomes.

Providing support services to children and young people, through service providers, with trained specialist advocates with a child and young person-centred lens is essential to ensuring that the correct scaffolding and support is provided to the family (child and safe caregiver) to optimise a child's recovery and future development.

¹¹ Wescott, S., Roberts, S., & Zhao, X. (2024). The problem of anti-feminist 'manfluencer' Andrew Tate in Australian schools: women teachers' experiences of resurgent male supremacy. *Gender and Education*, 36(2), 167–182. <https://doi.org/10.1080/09540253.2023.2292622>

People who use violence: Building a National Culture of Accountability

Ending domestic and family violence requires more than increasing the number of perpetrator intervention programs. It requires Australia to build a culture where accountability is shared across communities, institutions and service systems.

Too often, accountability is understood only as a criminal justice response. While justice responses are critical, many opportunities to interrupt violence occur long before police, courts or specialist services become involved.

Family members, friends, neighbours, workplaces, sporting clubs, faith communities, health professionals, schools and community organisations all encounter people who use violence. National community surveys suggest some encouraging changes, but not at the pace expected given the investment in advertising and marketing, often leaving evidence that people don't recognise it, know how to respond safely and understand that accountability means more than encouraging someone to “get help”. Communities have an important role in refusing to minimise, excuse or collude with abusive behaviour, while maintaining pathways that encourage early engagement with specialist intervention.

The Second Action Plan should continue investing in public awareness that shifts responsibility for violence to the person choosing to use it, challenges victim blaming and builds confidence across the community to recognise coercive control and respond safely.

Queensland has invested significantly in developing evidence-informed practice through the Domestic and Family Violence Perpetrator Intervention Services Practice Standards. These standards recognise that working with people who use violence is a specialist area of practice requiring knowledge of gendered violence, coercive control, victim-survivor safety, behaviour change, risk assessment, partner contact, accountability and ongoing monitoring.

Models such as the Duluth Intervention Abuse Projects and their Community Coordinated Response established an enduring guide that continues to underpin contemporary perpetrator intervention internationally: violence is a pattern of power and control, and meaningful intervention requires accountability to victim-survivor safety rather than focusing solely on individual behaviour change.

While intervention approaches continue to evolve, this principle remains critical. The success of perpetrator intervention should not be measured simply by attendance, program completion or self-reported behaviour change. It should be measured by self-reported increase in sense of safety from victim-survivors and children.

As awareness of domestic and family violence has increased, more organisations are seeking to engage with people who use violence. This is a positive development which may also create risk. Without specialist knowledge, organisations may unintentionally minimise coercive control, frame violence as relationship conflict, encourage unsafe joint interventions, overlook ongoing risk or fail to recognise patterns of manipulation and systems abuse.

Working with people who use violence requires practitioners and organisations to understand that victim-survivor safety must remain the primary consideration throughout assessment, intervention and evaluation.

The National Plan should recognise perpetrator intervention as specialist practice and support consistent national capability expectations informed by established evidence and existing jurisdictional standards.

Queensland's Perpetrator Intervention Services Practice Standards provide one example of a mature practice framework that could inform broader national consistency while allowing jurisdictions to adapt to local contexts and be expanded to ensure alignment for individual work with persons using violence.

Building capability beyond specialist services

Not every organisation should deliver perpetrator intervention programs. Every organisation should, however, understand how to recognise abusive behaviour, respond appropriately, avoid collusion and connect people using violence with specialist intervention. The future workforce therefore requires two complementary forms of capability:

- specialist practitioners delivering intensive perpetrator interventions within established practice standards
- mainstream practitioners who understand the dynamics of domestic and family violence, recognise warning signs, maintain accountability and make safe referrals into specialist services.

Building this capability will require ongoing investment in specialist organisations that can provide secondary consultation, workforce development, communities of practice and practice leadership across local systems.

Case study

A man is referred to a generic counselling service following repeated reports of coercive control within his relationship. The practitioner is highly skilled in mental health but has received limited training in domestic and family violence.

Sessions focus on stress management, communication and relationship difficulties. The violence is understood primarily as conflict within the relationship. No structured assessment of coercive control is undertaken. There is no contact with the victim-survivor. Risk is not reviewed.

The practitioner is unaware that separation has occurred and that the man's behaviour has escalated through stalking, financial abuse and repeated legal applications.

The intervention is well intentioned but not domestic and family violence informed.

In contrast, referral to a specialist perpetrator intervention service operating within recognised practice standards includes structured assessment, accountability-focused intervention, ongoing consideration of victim-survivor safety, coordinated responses with specialist services and continuous review of risk.

The difference is not simply the program. It is the practice framework that underpins the intervention

What do you think would help people in similar situations to reach out for help sooner?

"Making people aware that it is a sinister, terrible, hidden thing, this abuse, and that it must be called out as behaviour. My friends saw it happening and never called my ex out on it."

Resound Voices of Lived Experience Group member

Supporting Recovery Service Pilot - Safer and Accountable Men

Brisbane Domestic Violence Service was successful in tendering for the PHN Brisbane South Supporting Recovery Service Pilot (SRC) from July 2024 to June 2026, with resources from the Department of Social Services.

The objective of the pilot was to provide an opportunity for people who use DFV to change their behaviour by providing services and supports that complement and enhance Men's Behaviour Change group program (MBCP) work. The aim was to provide an holistic set of supports focusing on participant needs, goals, and aspirations outside the accountability work done within the MBCP. The integration of planned individual case management whilst the participant engaged in the MBCP achieved the following:

- housing supports and referral pathways
- legal support referral pathways
- GP/Mental Health Treatment Plan information
- financial supports and referral pathways
- alcohol and other drug referral pathways
- health supports and referral pathways
- practical supports including hygiene packs, NDIS application support, and housing application support
- support to enhance understanding of risk and protective factors.
- trauma-informed accountability work within individual support sessions.

The capacity within the SRC pilot to provide individual case plans and support options provided an opportunity for participants to have a greater chance of success in engaging/participating in MBCP work and improving their violent behaviour which directly increases the chances of improving safety of their family.

System integration and workforce

Queensland is nationally recognised for the investment, sustainment and development of its Integrated Service Responses, which include the leadership and resourcing of lead regional services; who were established as grassroots organisations from feminist Gender Based Violence origins. The ongoing critical reflections and continuous improvement which has occurred through our sustained reform focus, has increased understanding, place-based integration and depth of practice in our workforce. This training, learning and growth has also sustained and contributed to many government and system specialisation. Continuing to invest in research and evaluation into how these organisational structures have enabled strong collaboration, partnership and development of a workforce beyond the specialist sector provides insight into best practice worthy of further validation.

What do you think would make the single biggest difference to the safety and recovery of people experiencing domestic or family violence in Australia?

"Having a service that can provide holistic assistance in all matters relating to DFV and homelessness, rather than many services. And being able to trust police"

Resound Voices of Lived Experience Group member

The Commonwealth's Supported Primary Care Response to Family, Domestic and Sexual Violence pilot plays an important model.

The model recognises that GPs and primary healthcare professionals are often trusted points of contact for people experiencing violence, and frequently are the first point of disclosure. Rather than expecting GPs to become DFV specialists, the pilot combines workforce capability development with access to specialist expertise and strengthened referral pathways.

The Local Link model provides primary health clinics access to specialist DFSV advice and support to safely and effectively recognise, respond and refer victim-survivors. It creates a connection between mainstream healthcare and the specialist DFV sector, rather than attempting to reproduce the specialist DFV sector inside every general practice.

The Sax Institute's interim evaluation of the national pilot found that the initiative was improving primary care capability to recognise and response to DFV, strengthening referral pathways, and enhancing collaboration between health and specialist DFV support sectors.

The Australian Government subsequently committed \$22.7 million to expand the approach.

Case study

A woman experiencing coercive control attends her GP repeatedly with anxiety, sleep difficulties and physical symptoms.

The GP has completed DFV training and recognises indicators that may suggest violence. However, training alone does not provide the GP with the specialist expertise required to assess complex patterns of coercive control, determine the level of risk, or navigate the local DFV service system.

Through a Local Link model, the GP can access a specialist practitioner for secondary consultation and receive advice about safe enquiry and referral. The specialist organisation builds an ongoing relationship with the practice, provides training and case consultation, and strengthens pathways into local services. The woman is connected safely with specialist DFV support.

Months later, her circumstances escalate and she requires crisis assistance and housing support. After establishing safety, she continues to require assistance with post-separation abuse and financial recovery. The response follows the woman's changing needs. She does not move neatly from early intervention to crisis response and then permanently into recovery. Nor does her GP need to become a DFV specialist. Instead, a connected local system brings together the trusted relationship and health expertise of primary care with the risk assessment, safety planning and systems knowledge of the specialist DFV sector.

The Second Action Plan should build on the practical examples and evidence from these programs and establish access to a Local Link or equivalent specialist system-integration function in every region. This principle should extend beyond primary care.

Schools, hospitals, housing services, multicultural organisations, disability organisations, community services and other mainstream settings all require strong capability to identify violence and respond safely. However, the solution should not default to funding one isolated DFV worker within each mainstream or diverse organisation.

A single position can become responsible for carrying an organisation's entire response to DFV, while remaining disconnected from the professional supervision, peer networks, practice development and organisational infrastructure of the specialist sector. Instead, governments should fund collaboration, partnership and specialist service infrastructure.

Mainstream and community-controlled organisations should retain and develop their expertise in the communities they serve. Specialist DFV organisations should retain and develop expertise in gendered violence, coercive control, risk assessment, safety planning and perpetrator accountability. Funding should enable these forms of expertise to work together.

Specialisation is built through practice, not delivered through training alone. A sustainable national DFV workforce cannot be created simply by delivering more training modules. Training is necessary, but specialist capability develops through repeated practice, reflective supervision, case consultation, exposure to complexity, organisational knowledge, peer learning, risk governance and participation in integrated service systems.

Funded by the Queensland Government, WorkUP's purpose is to build the capability and capacity of the workforce. Their [2025 Workforce Survey Report 2025-WorkUP-Queensland-Workforce-Survey-Report-1.pdf](#) highlighted key elements which National Action Plan focus could support with the development of leaders, who are diversely representative of the workforce, DFV specific supervision, career advancement and system leadership.

The strength of the specialist DFV sector lies not only in the knowledge of individual practitioners but in the accumulated expertise of specialist organisations.

Investment in workforce capability should therefore include investment in the growth, stability and maturity of specialist organisations that create the environments in which specialist practitioners develop.

The Second Action Plan should fund regional specialist organisations to provide:

- secondary consultation to mainstream services
- structured partnerships and referral pathways
- joint case consultation
- communities of practice
- accredited and ongoing workforce development
- specialist supervision and practice leadership
- place-based system integration
- capability development for mainstream and community organisations
- pathways for mainstream practitioners to access specialist expertise when risk or complexity escalates.

The objective should not be to make every organisation a specialist DFV service. It should be to ensure that every organisation knows how to recognise and respond to violence and can rapidly access specialist expertise when it is required, rather than only referring to others.

Success Goal

Every region should have connected specialist DFV infrastructure capable of supporting mainstream services and responding flexibly as people's safety and support needs change. Success should be measured not by the number of isolated specialist positions created or training sessions delivered, but by whether local systems develop enduring specialist capability, effective partnerships, and timely pathways to safety.

Data Indicators to Measure

The Second Action Plan should measure both individual outcomes and the capability of local service systems, including:

- proportion of regions with a funded Local Link or equivalent specialist integration function
- proportion of GPs and mainstream services with access to specialist secondary consultation
- time between a mainstream service identifying possible DFV and access to specialist advice
- referrals from mainstream services that result in successful connection with specialist support
- changes in practitioner confidence and capability following training
- sustained capability at 6 and 12 months after training
- number and quality of active partnerships between specialist and mainstream organisations
- frequency of secondary consultation and joint case review
- access to specialist supervision and communities of practice
- movement of victim-survivors between crisis, early intervention and recovery supports without loss of continuity
- unmet demand across different forms of support
- service re-entry and reasons for renewed support
- proportion of funding that can respond flexibly to changing victim-survivor needs
- specialist workforce retention, experience, and supervision
- growth and sustainability of specialist DFV organisations
- victim-survivor experience of continuity and coordination between services.

Summary

Micah Projects has diverse program experience of supporting those who have experienced Domestic, Family and Sexual violence within specialist programs, collaborations and in recognising the significant experiences of oppression, violence and harm of many of the participants that access our services for healthcare, homelessness, justice seeking and community connection and belonging.

Recent community and sector sentiment has highlighted that Australia does not face a knowledge gap about DFV. We know what victim-survivors need to be safe. The challenge for the Second Action Plan is to support the collection, collation and acknowledgement of the work that is and has been undertaken, and the courage to resource this appropriately and consistently across the country to ensure that we continue to measure, monitor and evaluate. Far greater than this, there is a need for political courage and will, to contribute to the community level understanding and awareness through re-orienting accountability for responses to those who use violence and cause harm and ensure there is sufficient oversight of government services to reduce the impact that currently fragmented systems have on those who experience DFV.

The challenge for the Second National Plan is therefore to ensure it is focused on housing, justice, accountability and investment to make safety possible. The next phase of the National Plan should focus on transitioning risk identification into tangible safety outcomes through housing, integrated service responses, workforce investment and lived experience leadership.



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