

# Submission to the Second Action Plan

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

*Paul Ramsay Foundation*

### 1. Executive Summary

The Paul Ramsay Foundation (PRF) welcomes the Australian Government's sustained investment in ending violence against women and children and the meaningful progress achieved under the First Action Plan (2023–2027). We also welcome the priority areas identified for the Second Action Plan, which reflect many of the same gaps and opportunities we have observed through our own program of work and our direct engagement with more than 100 specialist domestic and family violence providers.

This submission is based on PRF's partnerships since 2019, over which time we have invested more than \$60 million in over 150 services and initiatives working to prevent and respond to domestic and family violence (DFV).

It draws in particular on the lessons from two initiatives:

1. The \$13.6 million **Specialist Domestic and Family Violence Programs National Open Grant Round**, delivered with the Australian Communities Foundation across 58 organisations and nine cohorts, and
2. The \$10.4 million **Strengthening Family-Centred (SFC) Collaborations** program, which funds 17 collaborations comprising more than 60 organisations across Western Australia, the Northern Territory and Queensland. These collaborations work with First Nations families, Culturally and Linguistically Diverse (CALD) families, children under 12, and pregnant women.

It is also informed by responses to a dedicated questionnaire completed by our SFC Collaborations partners and forums held this year in Brisbane and Darwin.

The submission is structured to align with the Second Action Plan's priority areas. For each area, we have included insights drawn from PRF's own investments in programs and research, alongside those we have drawn directly from consultation with our partners in the sector. Direct insights from the SFC Collaborations have been included in this submission under the heading 'Insights from SFC Collaborations' under each Priority Area.

Against each of the Second Action Plan's five priority areas, our collective evidence points to a consistent set of priorities.

1. **For victim-survivors:** reliable and flexible long-term service funding, accessible and culturally attuned support, and formal recognition of coercive control as a distinct and cumulative pattern of abuse.
2. **For prevention and early intervention:** a rebalancing of public funding toward community-based prevention, and the use of primary health and antenatal care as universal points of screening and referral.

3. **For children and young people:** their recognition and resourcing as victim-survivors in their own right, backed by a dedicated child and youth DFV workforce and better national data.
4. **For people who use violence:** rebalancing investment from isolated behaviour change programs to healing-focused, family- and community-based accountability models, recognising the cyclical nature of harm and the need for practical risk reduction strategies.
5. **For system integration and workforce:** a national approach to the DFV workforce that builds a trauma aware and culturally competent workforce, networked pathways to services that don't rely on finding the 'right' service, and integrated hubs. Recommended technical improvements include better system infrastructure and improved data collection.

The views of our collaboration partners were also clear: the scale of change required to end violence against women and children within a generation will not be achieved through new programs alone. The wider DFV service and support system also needs to evolve.

The Government could take a more active system stewardship role – including through tendering and procurement processes - to ensure the strong and effective ecosystem in which organisations with specialist expertise (for example Aboriginal Community Controlled Organisations) and those with deep local knowledge and authority within community are supported.

Partners told us that short-term funding cycles are one of the most significant barriers to progress. They create ongoing uncertainty for the families and communities services support, disrupt the momentum programs need to embed and demonstrate impact, and make it substantially harder for organisations to attract and retain the experienced, trauma-informed, culturally attuned staff that this work depends on.

The Second Action Plan would be enhanced by centring the voices, expertise and leadership of frontline practitioners, survivor advocates, and community-controlled organisations, not just in design, but in the ongoing governance and implementation.

It will be more successful if it incentivises partnership, prioritises long-term outcomes, and facilitates knowledge-sharing across jurisdictions and cohorts. Crucially, the Action Plan should recognise the different needs of the different cohorts of people affected by DFV. Rather than a “one size fits all” approach, programs can be tailored to the specific needs and cultures of each group. Through this lens, Australia can move from aspiration to sustained action, building a nation where all women, children and families are safe, supported and empowered to thrive.

We make 17 recommendations. Woven through all of them is this underlying message: lasting progress will depend as much on reforming how government evolves the system as on what it funds.

## 2. List of recommendations

The following consolidates the recommendations set out below, with further rationale.

### Victim-survivors

1. Provide reliable, flexible, long-term funding to underwrite frontline service operating costs.
2. Prioritise accessible, personalised and culturally attuned support, with multiple entry points into safety.
3. Improve practice and resourcing for survivors with complex needs.

### Prevention and early intervention

4. Resource community-based prevention and early intervention, striking a balance between upstream efforts and crisis response.
5. Embed DFV screening and early response across universal services, especially primary health and antenatal care.

### Children and young people

6. Prioritise whole-of-family initiatives that include dedicated supports for children.
7. Invest in early years, mental health and specialist child/youth practitioner capacity, including age-appropriate programs for young people using violence.
8. Build national data and evidence on child and young people's need, including disaggregated help-seeking and outcomes data.

### People who use violence

9. Invest in early engagement, accountability and healing-focused models tailored to different cohorts.
10. Support whole-of-family and whole-of-community approaches to accountability and behaviour change (not just group-based behaviour change programs).
11. Resource strategic, longitudinal research on risk reduction, with frontline and community voice embedded.

### System integration and workforce

12. Standardise and fund national cross-sectoral training and practice protocols.
13. Invest in system integration infrastructure: data sharing, integrated case management, and facility/IT upgrades that also supports a learning system.
14. Improve data collection and reporting to provide a more accurate picture of demand, use and impact of services as well to ensure core elements of DFV practice such as risk assessment, safety planning and case coordination become more visible in collected data.

### Collaboration and other priority actions

15. Redesign funding models to incentivise cross-sector partnership and co-located wraparound services.
16. Prioritise community-led and cohort-led collaboration, and resourcing, distinguishing community-controlled from community-led organisations.
17. Align tracking and reporting of Closing the Gap Target 13 with reliable, regularly-updated data.

### 3. Background and context

#### PRF's work to address violence against women and children

Since 2019, PRF has invested more than \$60m in more than 150 services working to strengthen DFV prevention and response efforts.

We have prioritised funding to under-resourced areas such as secondary prevention, recovery and healing as well as life-course interventions with embedded lived experience and trauma-aware leadership. We have also partnered with First Nations and CALD organisations to strengthen culturally-specific services to the community.

In September 2023, PRF, in partnership with the Australian Communities Foundation (ACF), committed \$13.6 million in funding to 58 organisations through a **Specialist Domestic and Family Violence Programs National Open Grant Round**, spanning nine cohorts:

1. Aboriginal and Torres Strait Islander communities,
2. LGBTIQ+ people,
3. migrant and refugee women,
4. pregnant women,
5. rural and remote communities,
6. single mothers,
7. women with disability,
8. children and young people, and
9. people who use violence.

Of these, 27 are First Nations-led community-controlled specialist DFV providers, and 31 are non-First Nations-led specialist providers. PRF engaged two learning partners to work with this network over 2023–2024: ResearchCrowd (an independent, Supply Nation-certified Indigenous research agency) with the 27 First Nations-led organisations, and Innovation Unit with the 31 non-First Nations-led organisations.

This grant round built on a longer program of PRF-funded research and field-building, including:

1. Emergency 'surge funding' to 33 women's shelters during COVID-19 (2020–21);
2. A 2023 snapshot of 35 specialist women's shelters supporting approximately 14,500 clients a year;

3. A 2022–2023 exploration of 'Linker' or system-navigator roles across the community sector; and
4. The Anne Summers/UTS Fellowship and program of DFV research (The Choice: Violence or Poverty, 2022; The Cost of Domestic Violence to Women's Employment and Education, 2025), which has used previously unpublished ABS and longitudinal data to quantify the scale and consequences of DFV for the first time.

This included:

1. National data confirming that 275,000 Australian women suffered physical and/or sexual violence from a current partner in a single year (2016), with around 90,000 wanting to separate but unable to; (The Choice: Violence or Poverty, Anne Summers, PRF/UTS Fellowship, 2022)
2. Nearly 60 per cent of single mothers with children under 18 having experienced partner violence; and
3. New evidence of a 5.3 percentage point employment gap (rising to 9.4 points for economic abuse) and a 15 per cent university attainment gap for women who have experienced partner violence by age 25. (The Cost of Domestic Violence to Women's Employment and Education, Anne Summers, PRF/UTS, 2025)

This program of work has also directly informed changes to Commonwealth policy. For example, The Choice found that single mothers experience family violence at nearly double the rate of other women, which contributed to the 2023 decision to extend eligibility for the Parenting Payment Single until a woman's youngest child turns 14.

A key feature of PRF's contribution is our role as a collaborator and convenor. This includes structured partnerships with organisations such as Innovation Unit and ResearchCrowd on national evidence synthesis and field-building initiatives, and with morgan&co and RMIT on lived experience leadership in systems change (On Our Own Terms, 2023–2026).

We also understand the importance of data and evidence to inform good policy and practice decisions as well as a continuous improvement. In 2024 we funded a \$2.8 million sector-led collaborative initiative, **Safety Measures** to assess the available data on the demand, use and impact of DFV services across three jurisdictions (Northern Territory, South Australia and Victoria) and identify gaps in current reporting.

The Safety Measures partnership aims to build a national approach to addressing DFV by drawing insights from six organisations: Aboriginal Peak Organisations Northern Territory, Elizabeth Morgan House, Embolden South Australia, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, Northern Territory Council of Social Services, and Safe and Equal. These organisations represent more than 100 specialist DFV service providers that employ more than 1200 practitioners.

Independent evaluation by Inside Policy of the work to date demonstrates the benefit of this networked approach across the specialist sectors (including services, peak bodies and ACCOs) alongside government-led data reform work. This early-stage program of work signals what coordinated efforts to improve data collection and analysis across stakeholders could look like under the Second Action Plan (see their reports to date linked below in Appendix A, 'Coming into

View’ and ‘Measurement with Meaning’), including a first time use case of the AIHW dataset for specialist sector insights.

In 2026, PRF established a \$10.4 million **Strengthening Family-Centred Collaborations** grants program designed to support collaborations that operate across services and sectors, focusing on improving the provision of whole-of-family support and long-term stability. 17 collaborations comprising more than 60 organisations across WA, NT and QLD have been funded for 3 years, working with the following priority cohorts:

1. First Nations families,
2. Culturally and Linguistically Diverse (CALD) families,
3. Children under 12, and
4. Pregnant women.

This submission reflects insights from experienced practitioners from across Australia who are grounded in lived experience, place-based knowledge and a strong field framework. It includes recommendations designed to support generational change and a sustainable reduction in DFV harm.

Most recently, PRF has also completed a grant round targeting organisations working with fathers who are at risk of or are uses of violence; ‘**Dads on Track.**’ While it is too early to know the results of these grants, we will happily share the lessons with Government as they emerge.

The \$24.5 million Dads on Track Grant Round is to support families and children with fathers who use, or are at risk of using violence, to achieve better ‘whole of family outcomes,’ through the provision of both targeted and holistic specialised support, and collection of evidence that leads to shifts in programs and policies. Expected outcomes of the work are:

1. Fathers who use violence within families are supported to change trajectories.
2. DFV services have resources, evidence, data and capability to deliver and advocate for better integrated services.
3. Families, children and kin have access to earlier, intensive and integrated culturally safe supports to build long-term stability.

PRF has also convened a new **Coalition of Funders** which was announced at the Women Deliver 2026 conference. The coalition brings together 11 philanthropic funders committed to improving outcomes for women and children (with the opportunity for others to join). Together, they have committed an initial \$32.8 million to support community-led initiatives, backed by long-term collaboration, co-funding and shared learning.

The coalition will focus on two priority areas:

1. Women leading in place: investing in community-led leadership and local solutions
2. Ending family violence: including prevention, and supporting women and children in their recovery and long-term safety

The coalition shifts the model towards coordinated investment — funders working together on shared goals, rather than in isolation.

Participating funders include Andyinc Foundation, Australian Communities Foundation, Barr Family Foundation, Bell Family Foundation, Fondation CHANEL, Minderoo Foundation, Paul Ramsay Foundation, Snow Foundation, The Myer Foundation and others who wish to remain anonymous.

Initial co-funding opportunities have been identified across a small number of scalable, community-led initiatives, supported by due diligence to strengthen governance and protect impact integrity. These include the Good Shepherd Australia New Zealand project to support women to recover from family violence and financial insecurity through a trial of micro-loans, building on the government's existing DFV emergency payments.

## 4. Underlying systemic factors

Strengthening Family-Centred Collaborations members stressed the importance of governments overcoming systemic barriers to eliminating violence at the same time the Second Action Plan is being implemented. These systemic barriers include:

1. Legislation that fails to protect women and children who report family, domestic or sexual violence. This includes laws relating to defamation and non-disclosure agreements.
2. Inconsistent police responses caused by factors such as an incident rather than pattern-based mindset, varying officer attitudes and misidentification of primary aggressors, which can be exacerbated by a lack of engagement with interpreters and DFV specialists.
3. Inconsistent magistrate and judge beliefs and behaviour. This can be overcome through mandatory training and dedicated DFV Courts.
4. The need to make state territory laws consistent to ensure uniform best practice protections for victim-survivors while also holding people who use violence to account.

## 5. Submission

For each of the priority areas below, we present PRF insights (drawn from our own program of work) alongside collaboration insights, drawn from direct engagement with more than 80 specialist DFV providers and our formal research partnerships.

### Priority Area 1: Victim-survivors

What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

#### **Collective insights from PRF-funded partners**

There are three main areas we believe would make the biggest difference:

1. Government (as primary funder) underwriting the ongoing operating costs of frontline services through recurrent and flexible contracts which recognise the time required to build trust, community engagement and sustained impact.

2. Streamlined funding for wraparound, holistic and trauma-informed models, including safe housing and child- and family-specific interventions.
3. Our experience is that investment in seven key features identified consistently across our provider network is the most impactful, regardless of cohort or context. These are:
  - Accessible pathways into support;
  - Personalised support on the person's own terms;
  - Someone to walk the journey with them over the long term;
  - Culturally attuned support;
  - Peer support and community connection or navigation;
  - Holistic support addressing a wide variety of needs; and
  - Responses that work in places and communities.

### ***Insights from Strengthening Family-Centred (SFC) Collaborations***

Across our provider network, reliable and flexible long-term funding was the most consistently cited enabler of safety and recovery outcomes, more so than the design of any single program model.

Data from a 2023 snapshot of 35 specialist women's shelters found that, on average, shelters were unable to accommodate almost half of the people seeking help over a 12-month period, turning away an average of 135 clients and 62 children per shelter. This was primarily due to a lack of staff or available places. (Specialist Women's Shelter Snapshot, PRF, 2023)

Providers with diversified funding (e.g. philanthropic and corporate income alongside government grants) reported being able to work with people for as long as needed, rather than being bound by rigid program timeframes. They were also able to keep working with a person even where circumstances (such as a child protection removal) would otherwise mean an end to services. While more flexible philanthropic funding could help, the greatest impact will come from greater flexibility in government funding as it is proportionally a much, much larger funding source.

**Case study:** *The Strengthening Futures collaboration<sup>1</sup> (young women's housing and support provider, together with youth homelessness services and a specialist community housing provider) deliberately separates tenancy management from trauma-informed casework across different organisations, so a young woman's home is never dependent on the same relationship as her support; casework is delivered on a two-generational basis, covering mother and children together. Government funding rarely resources this coordination itself (shared reporting, joint case conferencing and evaluation), treating it as absorbed overhead rather than a fundable component of the model.*

**Case study:** *The Mobilise Pay collaboration<sup>2</sup> (bringing together a financial assistance provider, a service coordinator and a hospital-based early identification program for pregnant and parenting women) found that a dedicated system navigator role, based within a lead service provider, was critical to ensuring women experiencing DFV and housing*

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<sup>1</sup> Collaboration members: The Lady Musgrave Trust, YFS, Churches of Christ Housing Limited, Brisbane Youth Service, ICYS Ipswich Community Youth Service

<sup>2</sup> Collaboration members: We Are Mobilise, Micah Projects and BUBS Collective

*instability could access flexible financial assistance (for rent, bond, utilities and baby items) without first having to resolve their broader circumstances.*

## What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

### **Collective insights from PRF-funded partners**

There are three things that we believe help people access support earlier and more easily:

1. Expanding cohort-specific and community-originated models that give women, children and other survivors culturally safe and relatable access points.
2. Providing 'multiple doors into safety' (housing, health, legal, education and economic) so survivors are not dependent on a single-entry point or forced to repeat their stories.
3. Funding integrated 'family hub' models that co-locate legal, health, housing, employment and child/maternal health services, using universal touchpoints such as childcare or antenatal appointments as a discreet, non-stigmatising front door into specialist DFV support. This is aligned to broader Commonwealth Government policy, including investments through the Building Early Education Fund/Investment Dialogue for Australia's Children philanthropic partnership, of which PRF is a founding member. Similarly, Commonwealth, State and Territory governments are supporting Aboriginal Children and Family Centres.

### **Insights from SFC Collaborations**

Providers consistently reported that survivors disengage when required to navigate fragmented, single-entry systems; multiple accessible entry points reduce this barrier.

New data from PRF's Anne Summers Fellowship research also demonstrates the scale of the barrier that financial insecurity poses to help-seeking. For instance, in 2016 an estimated 275,000 women experienced physical or sexual violence from a current partner. Of these, around 90,000 wanted to leave but could not, with almost a quarter citing lack of financial support as the main reason, and a further 81,700 had left and returned. 15% of those cited having no money or nowhere else to go. (The Choice: Violence or Poverty, Anne Summers, PRF/UTS Fellowship, 2022)

Providers also reported that generalist DFV services can feel entirely off-putting for many cohorts (including migrant and refugee women, LGBTIQ+ people, and Aboriginal and Torres Strait Islander people), who consistently said they would rather not seek help at all than engage with a service where they fear being stigmatised, judged or misunderstood. Accordingly, effectiveness increases markedly when services are staffed by people from the same community.

However, the SafeSteps collaboration also cautioned that while community can support belonging, healing and recovery, it can also be a setting where victim-survivors encounter the person using violence, experience pressure to reconcile, fear loss of social connection or is monitored through shared networks. Accordingly, prevention and response models should preserve choice, confidentiality and access to support outside a person's immediate community, emphasising that no victim-survivors should be required to seek safety through a community structure connected to the harm.

**Case Study:** *The SafeSteps collaboration<sup>3</sup> supporting multicultural children who are victim-survivors described combining the strengths of several agencies so that children and families are not asked to repeat their story to each new practitioner, and prioritised hearing children's voices from first contact. They called for significantly increased funding for specialist multicultural DFV services and for mainstream services to be resourced to provide genuinely culturally responsive support.*

**Case Study:** *The Kimberley-based Nurturing Spirits Aboriginal Family Empowerment Alliance<sup>4</sup> described a 'no wrong door' policy as most effective when services move from expecting women to navigate complex systems alone, to collectively sharing responsibility for support, regardless of whether a victim-survivor first approaches health services, schools, police, housing, Aboriginal organisations, Elders or family services. They identified culturally safe referral pathways, shared intake and consent processes, embedded community connectors, increased outreach and place-based delivery, and data-sharing and collective impact mechanisms as the practical building blocks of this approach.*

What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?

**Collective insights from PRF-funded partners**

There are four things we believe the Second Action Plan should prioritise in relation to emerging issues such as coercive control and technology-facilitated abuse:

1. Investing in specialist, coordinated pathways for victim-survivors experiencing coercive control alongside other complex needs, including disability, visa insecurity, criminal justice involvement, or high child-protection engagement, for whom coercive control is often compounded by structural dependence on the person using violence.
2. Resourcing intensive case management, targeted therapeutic and clinical supports, and court advocacy for these cohorts.
3. Taking a national approach to the recognition of coercive control as a distinct, cumulative pattern of abuse across funding, risk-assessment frameworks and policy.
4. New national longitudinal data on how intimate relationships form and break down, as proposed by the Intimate Relationships in Australia (IRINA) study design, would help identify early warning signs of coercive control and other forms of abuse before this escalate to crisis, an evidence gap that current point-in-time surveys cannot fill. (Intimate Relationships in Australia (IRINA) proposal, Anne Summers, PRF/UTS, 2022)

We recognise the growing problem of technology-facilitated abuse but have less evidence on this issue specifically from our previous investments. Significantly more research and investment is

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<sup>3</sup> Collaboration members: World Wellness Group Ltd, Immigrant Women's Support Services and Islamic Women's Association of Australia

<sup>4</sup> Collaboration members: Kimberley Aboriginal Women's Council, Gawooleng Yawoodeng Aboriginal Corporation, We Al-Li, Collaboration for Impact

required in this area.

### ***Insights from SFC Collaborations***

Providers reported that visa dependence can make women on temporary visas particularly vulnerable to coercive control. This vulnerability is compounded by their frequent ineligibility for transitional or long-term housing support as well as Medicare or other specialist health services.

The Healthy Pathways collaboration<sup>5</sup> (bringing together a specialist DFV service, a university school of allied health and two refuges) called for free, nationwide detection services enabling victim-survivors to have homes, vehicles and devices scanned for tracking devices and stalkerware, describing this as a significant current gap in the sector. They also called for:

1. Comprehensive coercive control training for all police (including for officers assessing Family Violence Restraining Order (FVRO) breaches, which are inconsistently recognised at present);
2. Consideration of dedicated FDV courts or mandatory judicial training where full workforce training isn't practical; and
3. Free and timely legal representation for victim-survivors on family court and property matters, noting that legal aid currently sometimes represents the person using violence, creating a conflict of interest that leaves the victim-survivor unrepresented.

The Nurturing Spirits Aboriginal Family Empowerment Alliance called for stronger legislation and regulation of technology-facilitated abuse, culturally appropriate digital literacy programs, and improved frontline policing capability, alongside a growing and largely unaddressed harm: the unauthorised use of Aboriginal images, voices, stories and cultural knowledge in AI systems. They cautioned that responses need to be designed to protect victims rather than inadvertently justify perpetrators' actions.

### **What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?**

#### ***Collective insights from PRF-funded partners***

There are three things we believe would help close the gaps that remain for diverse communities:

1. Establishing long-term funding and roles in ongoing system governance of specialist and cohort-led bodies representing Aboriginal and Torres Strait Islander, CALD, rural and remote, LGBTIQ+, disability and other marginalised communities.
2. Appropriately weighting funding criteria to recognise the unique expertise these organisations hold and the trust their communities place in them.
3. Recognising the distinction (identified by ResearchCrowd's research with 27 First Nations-led specialist providers) between 'community-led' organisations (which need only 51 per cent Aboriginal and/or Torres Strait Islander ownership or directorship) and 'community-controlled' organisations, where governance and decision-making sit inside the community at every level. Funding models should actively favour and resource community-controlled

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<sup>5</sup> Collaboration members: Starick Services Inc, Curtin University School of Allied Health, Orana House Refuge, Wungening Aboriginal Corporation

organisations, which sit at the frontline of service delivery across all remoteness areas. (Potential for Change, ResearchCrowd, PRF, 2024)

### ***Insights from SFC Collaborations***

Partners highlighted the finding in the July 2026 Productivity Commission Closing the Gap Annual Data Compilation Report that there is currently no data available to track all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children. The lack of data is attributed to "concerns with how the data was collected and the potential risk of harm this data collection caused for participants." There is an urgent need for ethical, fit-for-purpose data to be agreed to and measured so that national progress against Closing the Gap Target 13 (the reduction of family violence and abuse against Aboriginal and Torres Strait Islander women and children) can be measured. (Productivity Commission, Closing the Gap Annual Data Compilation Report, Jul 2026)

Community-controlled organisations reported that the National Plan's primarily gendered lens on violence sits in tension with the more culturally-layered lens of the Aboriginal and Torres Strait Islander Action Plan, which frames colonisation and intergenerational trauma as core drivers of violence rather than a compounding factor; alignment between these two framings would reduce the compliance burden on organisations working across both plans.

Community-controlled organisations described being drawn on constantly for cultural expertise, secondary consultations and training by mainstream and government organisations, without funding or recognition for this work, echoing the same 'hidden burden' reported by smaller specialist organisations working with other cohorts.

There is an urgent need to expand shelter and specialist support for additional groups of Aboriginal and Torres Strait Islander people. The Northern Australian Aboriginal Men's Alliance<sup>6</sup> (a cross-border collaboration between a Darwin-based women's shelter, a Kimberley-region Aboriginal corporation and a Kimberley-region specialist DFV service) highlighted that most services cater only to women and children, with little or no shelter or specialist support available for men, brotherboys and sistersgirls escaping family and sexual violence, leaving a significant service gap for these cohorts within First Nations communities.

The Nurturing Spirits Aboriginal Family Empowerment Alliance called for a shift from asking communities to adapt to mainstream systems, toward systems changing to reflect the strengths, rights and realities of communities themselves, and stressed that cultural safety is not a one-off training activity but an ongoing commitment to power-sharing, self-determination and accountability, sustained through genuine partnership between government and community-controlled organisations.

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<sup>6</sup> Collaboration members: Kununurra Waringarri Aboriginal Corporation, Gawooleng Yawoodeng Aboriginal Corporation, Darwin Aboriginal and Torres Strait Islander Women's Shelter

## Priority Area 2: Prevention and early intervention

What would make the biggest difference in preventing and ultimately ending violence?

### **Collective insights from PRF-funded partners**

Gains in preventing violence would come from resourcing community-based, cohort-designed primary prevention and early intervention initiatives. However, this should not come at the expense of public funding devoted to crisis response as shelters report they are still unable to meet demand.

How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

### **Collective insights from PRF-funded partners**

A key change that stands out is to shift investment in this area towards a families ecosystem, recognising networked approaches better support family members, rather than a set of isolated programs.

How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

### **Collective insights from PRF-funded partners**

Provider feedback consistently identifies primary health as a major missed opportunity in responding to harmful attitudes and behaviours: GPs and antenatal care providers are among the professionals that survivors and people who use violence see most often. Yet there is no national strategy for training GPs in how to respond to disclosures about DFV and pregnancy and post-natal care (despite being critical, high-frequency screening points) are not systematically used as such in relation to DFV.

Establishing mandatory DFV training, screening and referral protocols across primary health, antenatal care, early childhood, education, housing and employment services would help overcome this barrier. This can be supported by investing specifically in trauma-informed and culturally safe practice within these universal services.

### **Insights from SFC Collaborations**

**Case study:** *The Healthy Pathways collaboration suggested countering misogynistic online content with credible, respectful male voices offering an alternative narrative that appeals to young people, developed in consultation with young people themselves; starting gender equality and anti-stereotype messaging in kindergarten and primary school; and explicitly teaching boys and young men how to handle rejection in healthy ways. Starick's own Respectful Relationships curriculum, already delivered across state, private and Catholic schools in Western Australia, was suggested as a model that could be funded nationwide and embedded in the curriculum for all schools.*

The Nurturing Spirits Aboriginal Family Empowerment Alliance called for governments to partner with technology companies to curb misogynistic and violent content, fund culturally appropriate digital literacy programs, and support young people to become positive digital leaders. On

respectful relationships education, they recommended resourcing First Nations organisations to co-design and deliver programs with young First Nations people, embedding peer-led approaches, and establishing mechanisms for regular youth consultation so that content stays relevant to changing social and technological contexts.

The SafeSteps collaboration called for governments to fund community-led prevention as long-term infrastructure, noting that community leadership strengthens relevance, trust and reach. However, consultation without decision-making power or sustained resources shifts work and risk onto communities. The Second Action Plan should fund communities to design, deliver and evaluate prevention over time, with specialist gendered violence expertise built into governance and safety.

Further, SafeSteps cautioned that culturally responsive prevention approaches should not present violence as a problem located within cultures. It should address the gendered drivers of violence, strengthen women's leadership, support legal and digital literacy, build bystander capability, and respond to migration and settlement contexts without racialising communities.

**What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?**

***Collective insights from PRF-funded partners***

There is an urgent need to fund strategic, long-term research, evaluation and rapid-learning pilots into 'what works' for different communities, supporting adaptation and sustained investment in approaches with demonstrated promise. In addition, prioritising access to appropriate housing and financial resources is a key preventative measure for at-risk families.

***Insights from SFC Collaborations***

Providers highlighted that inflexible government contracting is currently a key constraint on innovation at the grassroots and local level, limiting the ability to test and refine promising approaches. By contrast, philanthropic funding that was not tied to a 'new program' requirement allowed organisations to invest in scaling up existing roles and practices that were already working, rather than being forced to invent something new to remain eligible for funding.

Small organisations reported that they lack the funded capacity (staff time, budget, internal evaluation skills) to collect data on the cohorts they serve or evaluate their own impact, in contrast to larger organisations, creating an uneven evidence base that is skewed toward the practices of better-resourced providers.

The Healthy Pathways collaboration proposed a significant reframe of current practices: rather than displacing women and children into refuges while the person using violence remains in the family home, government could invest in men's refuges that provide wraparound case management, including alcohol and other drug and mental health supports, alongside accountability for the underlying behaviour.

**What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?**

***Collective insights from PRF-funded partners***

Two issues stand out. Firstly, establishing a national approach to Domestic, Family and Sexual Violence workforce and community training that goes beyond one-off sessions: providers report that short bursts of occasional training do not achieve the deeper culture change required in institutions such as police and other powerful structures that shape community responses to violence.

Secondly, building shared, cross-portfolio recognition that housing, homelessness and DFV prevention are inseparable: provider data consistently shows family violence as a leading driver of homelessness, meaning prevention strategies that do not also address housing supply will have limited effect.

### ***Insights from SFC Collaborations***

The Northern Australian Aboriginal Men's Alliance collaboration emphasised that prevention education needs to be genuinely accessible in remote and regional settings, using illustrated, plain-language resources and picture-card programs designed for outdoor and in-field use, and supported by government-funded training workshops delivered directly in towns and remote communities, rather than centralised or online-only delivery.

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

**What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?**

### ***Collective insights from PRF-funded partners***

The inclusion of child and youth victim-survivor categories should be mandated in all DFV policy, funding and service frameworks at Commonwealth and state levels, reflecting the shift in understanding (accelerated since the Royal Commission into Family Violence) of children and young people as victim-survivors in their own right, not simply witnesses to their parents' experience. There is also the need to prioritise funding for age- and developmentally-appropriate, trauma-responsive specialist DFV supports for children and young people, including outreach and flexible delivery across diverse settings.

### ***Insights from SFC Collaborations***

Provider data shows a strong link between DFV exposure and youth homelessness: one specialist youth homelessness service reported that 72 per cent of the young people it supports have previously experienced family violence and 45 per cent have experienced intimate partner violence directly, with 21 per cent identifying that they themselves use violence, findings providers say are likely an underestimate given underreporting.

Providers noted that a lack of stable housing directly undermines therapeutic work with children: without a safe and stable base, families cannot engage meaningfully in recovery or group work, and prolonged stays in motel accommodation have measurable effects on children's nutrition, schooling and social development.

**Case study:** *The Healthy Pathways collaboration's Early Intervention Program embeds supervised allied health students (occupational therapy, speech pathology and social work) in refuges and outreach programs to address developmental delays in children affected by DFV, at low or no cost to families who often cannot afford private allied health support because of financial abuse, and who otherwise face NDIS diagnosis delays of months or*

*years. The collaboration is being evaluated by Curtin University for scalability via a hub-and-spoke model that could reach other specialist DFV services statewide and nationally.*

How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?

***Collective insights from PRF-funded partners***

Supporting collaborative responses across education, justice, health, child protection and DFV specialists, including whole-of-school prevention and early intervention programs would improve the response to children and young people experiencing violence or harm.

***Insights from SFC Collaborations***

The Kimberley-based Nurturing Spirits Aboriginal Family Empowerment Alliance recommended that as part of the Government's review of early learning subsidies, funding should be increased for families receiving government benefits to support their participation in Early Childhood Education and Care (recognising that early learning provides both education and vital respite for families). Resources could be provided in schools and early learning centres to deliver culturally appropriate care including local language programs, employing more First Nations staff on proper remuneration, and resourcing school-and-community-led solutions to boost attendance rather than centrally imposed approaches.

What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?

***Insights from SFC Collaborations***

This remains a comparatively underfunded and under-evidenced area. Providers identify a clear gap between the more established evidence base for mandated adult group programs and the far thinner evidence base for early-intervention models tailored to adolescents, particularly within Aboriginal, CALD and other specific cohorts.

How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?

***Insights from SFC Collaborations***

Providers were candid that this is a fast-moving area with limited settled practice.

Suggestions included recognising that current laws and penalties have not evolved to respond adequately to new forms of abuse and should be updated to target abuse such the production and use of deepfake content to incite fear or exert control.

Partners also suggested a two-pronged response to harmful sexual behaviours linked to exposure to pornography: destigmatising conversation about healthy sexual relationships and embedding protective behaviours education as early as possible in the school curriculum, nationally.

The Nurturing Spirits Aboriginal Family Empowerment Alliance additionally raised the emerging misuse of artificial intelligence to reproduce Aboriginal images, voices, stories and cultural knowledge without consent as a distinct and growing harm requiring its own policy response, alongside broader efforts to build community digital literacy and frontline policing capability.

### How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

#### **Collective insights from PRF-funded partners**

There is a need to better capture the voice and experience of children and young people so this can be fed back into policy design. Examples that are being tried in other policy spheres include the work of PRF partner the Accountable Futures Collective which is bringing young people with lived and living experiences of systems into process to reform those systems.

Secondly, providers noted that an 'all-access point for data' is currently missing: it is often hard to find accurate, up-to-date data on family violence statistics affecting children at state and federal levels, which limits the sector's ability to advocate on their behalf using evidence rather than anecdote.

#### **Insights from SFC Collaborations**

**Case study:** *The Lady Musgrave Trust gathers tenant voice directly through wellbeing surveys and an Annual Forum on Women and Homelessness, and involves young mothers with lived experience in the design of housing developments so the physical environment and support services reflect their own priorities and safety concerns. They recommended organisations be consistently funded to enable this kind of engagement, rather than relying on ad hoc, project-by-project consultation.*

The SafeSteps collaboration which supports supporting multicultural children impacted by DFV recommended a national advisory body specifically for children and young people from multicultural backgrounds, co-designed with genuine representation given each community and individual is unique, paired with practical support to build the trust and safety needed for young people to give input meaningfully.

### Priority Area 4: People who use violence

#### What would make the biggest difference in preventing and responding earlier to the use of violence?

#### **Collective insights from PRF-funded partners**

It is vital to better tailor behaviour change and early intervention programs to different cohorts (for example, adolescents using violence, new fathers, and culturally specific approaches), with evidence-building as an explicit and funded objective. Extending and diversifying funding will be needed. There is also a need to reframe investment in this area as an ecosystem rather than a set of isolated programs: providers report that funding is currently allocated at program level in ways that make it difficult to understand where money is best spent across the full continuum of risk, from early intervention through to intensive accountability work.

#### **Insights from SFC Collaborations**

Providers consistently said that mandated group programs (while the most established model) are not right for everyone; some men are not ready to participate in a group setting, and personalised approaches that treat people as individuals rather than a single undifferentiated group achieve better engagement.

### How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

#### ***Collective insights from PRF-funded partners***

Firstly, encouraging investment in whole-of-family and whole-of-community models that support both safety and accountability, while acknowledging trauma and the cyclical nature of violence.

Secondly, First Nations-led providers in particular emphasised working with the whole family rather than isolating the person using violence, and that healing-focused approaches for men are a critical and complementary strand of prevention work alongside women's safety.

#### ***Insights from SFC Collaborations***

The Northern Australian Aboriginal Men's Alliance described weekly cultural activities and day excursions, alongside cultural safety training for all agency staff, as a way to strengthen cultural identity and positive values as part of behaviour change work with men.

The Nurturing Spirits Aboriginal Family Empowerment Alliance recommended a whole-of-family and whole-of-community approach that ensures children exposed to adverse experiences receive early support and healing, with culture treated as a protective factor and responses designed and led by the communities they are intended to support, rather than services continuing to compete in silos for funding.

### What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?

#### ***Collective insights from PRF-funded partners***

Firstly, building capacity (including clinical and lived-experience practitioners) for motivational, family and systemic, and healing-focused programs, as alternatives to, or in complement with, mandated group work. Secondly, shifting the framing of some programs from 'behaviour change' towards personal responsibility, underlying beliefs, and ensuring that the long-term goal of risk elimination is complemented the short-term practical risk reduction strategies, which providers say are more achievable within the time frame of the Second Action Plan.

#### ***Insights from SFC Collaborations***

Our partner network identified a persistent gap in the evidence base for early-intervention models tailored to Aboriginal, CALD and young cohorts specifically, in contrast to the more established evidence base for mandated group programs, alongside a shortage of skilled facilitators who understand the complexities of violence perpetration and how it is understood differently across communities.

The Healthy Pathways collaboration argued that current responsibility measures are too narrowly equated with mandated behaviour-change programs, and proposed a stronger consequence-

based model: removing the person using violence from the family home (where it is safe for the family to remain), with a genuine choice between imprisonment or a supported stay of several months in a dedicated facility addressing the underlying behaviour alongside co-occurring issues such as alcohol and other drug use, mental health and childhood trauma, with automatic imprisonment as the consequence for any further threatening or violent conduct during that period.

The Northern Australian Aboriginal Men's Alliance similarly called for more consistent monitoring of repeat offenders, including enforceable exclusion distances from victim-survivors and defined imprisonment consequences for breaches, alongside cultural safety training for all agency staff working with people who use violence.

### How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

#### ***Collective insights from PRF-funded partners***

There would be benefit in resourcing longitudinal, multisite research into risk reduction and primary prevention, in strong collaboration with police, justice and specialist services, to assess the effectiveness of current approaches in order to refine the next generation of programs for people who use violence.

In addition, providers report that ensuring communities and frontline service providers have a genuine voice in defining what 'works' for their cohorts, including through early diversion models that work alongside police to redirect young people away from criminal behaviour before it becomes entrenched, is an approach that has already shown real success.

### Priority Area 5: System integration and workforce

What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?

#### ***Collective insights from PRF-funded partners***

A more coordinated and connected system can be established by providing 'multiple doors into safety' (housing, health, legal, education and economic) so survivors are not dependent on a single entry point or forced to repeat their stories. Providers consistently reported that survivors disengage when required to navigate fragmented, single-entry systems; multiple accessible entry points reduce this barrier.

This can also be achieved by funding specialist Family, Domestic and Sexual Violence services to operate or be part of integrated 'family hub' models that co-locate legal, health, housing, employment and child/maternal health services, using universal touchpoints such as childcare or antenatal appointments as a discreet, non-stigmatising front door into specialist DFV support.

PRF has invested in 'linker' or 'navigator' roles in a number of different service settings, and while these can assist vulnerable cohorts to navigate complex systems, ultimately the goal should be to reform systems to be more user centric and remove barriers to entry and pathways between service and supports.

### **Insights from SFC Collaborations**

Providers described the challenge for victim-survivors of navigating systems at several levels: direct relationships with individuals and families; helping people navigate other services and systems; connecting people within communities to build a sense of belonging; brokering engagement between services to drive systemic improvement; and bridging between different worldviews, such as supporting migrant, refugee or First Nations communities to navigate systems not built with them in mind.

**Case study:** *The Mobilise Pay collaboration reinforced this finding directly: funding a dedicated coordination role, based within a lead service provider or Child Safety, was identified as the single change that would most improve outcomes for pregnant and parenting women experiencing DFV and housing instability, by ensuring information is shared appropriately and support is timed to when it is needed.*

### **What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?**

#### **Collective insights from PRF-funded partners**

Co-designing and implementing a national approach to DFV workforce focused on recruitment, training, career pathways, wellbeing and remuneration for specialist and peer/lived-experience workers would better enable continuity, stability and effectiveness in workforce capability.

Firstly, investing in national, cross-sectoral training for all workforce touchpoints with DFV survivors and people who use violence, covering trauma awareness, cultural competence, restorative and relational practice, and legal basics.

Secondly, recognising and appropriately compensating the 'lived experience tax' documented in PRF-supported research into Lived Experience Leadership: leaders who bring direct lived experience into systems change work carry a disproportionate emotional, psychological and social cost that institutions rarely acknowledge or resource, and authentic support requires moving beyond token involvement toward genuine investment in community priorities and autonomy. (On Our Own Terms: Systems Change through Lived Experience Leadership, morgan&co, RMIT, PRF, 2023–2026)

### **Insights from SFC Collaborations**

Providers report that short-term, insecure funding is the single biggest driver of workforce instability: most specialist DFV staff are employed on contracts of less than 12 months, often without confirmation of renewal until their employment has almost expired, driving skilled staff toward better-paid and more secure roles in government or the private sector.

Rural and remote providers face compounding workforce challenges, competing to recruit from the same small local labour pool when multiple organisations receive new funding simultaneously, and facing chronic shortages of specialist positions exacerbated by the housing crisis.

The Northern Australian Aboriginal Men's Alliance called for dedicated funding to support staff to reach a minimum qualification (such as Certificate III in Community Services), and for funded regular clinical supervision (through a counsellor or social worker providing individual and group supervision) to address vicarious trauma, which is currently left to individual organisations to resource within already-stretched budgets.

The Healthy Pathways collaboration called for funded, intentional mentoring pathways that pair new practitioners with experienced holders of practice wisdom, given how long it takes to fully understand the nuances of coercive control, alongside flexible working arrangements to protect staff wellbeing and manage the impact of vicarious trauma.

### What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?

#### **Collective insights from PRF-funded partners**

The following approaches would improve collaboration and information sharing. Firstly, funding state- and regionally-based mechanisms for real-time data sharing, integrated case management, and improved referral and transition pathways across relevant service systems.

Secondly, creating structures for cross-jurisdictional exchange, and codifying exemplar models from different states and territories for adaptation elsewhere, building on examples such as Victoria's post-Royal Commission information-sharing scheme, which providers point to as a model that has demonstrably improved risk management and could be adapted nationally.

Elsewhere in the submission we have highlighted research and evidence gaps that should be addressed, noting that a 'learning system' requires opportunities for new approaches to be tested, evidence to be translated into practice guides and mobilised through training and professional development.

#### **Insights from SFC Collaborations**

**Case study:** *The Strengthening Futures collaboration partnership uses structured reporting and a shared outcomes framework across the housing provider and each service partner, reinforced by a three-year, PRF-funded longitudinal evaluation that builds a genuinely shared evidence base and common language across the whole model rather than each site or organisation holding a partial, siloed picture. Their Annual Forum on Women and Homelessness (including a session tracing a woman's live journey through the system) extends this coordination into a sector-wide conversation involving services, government and philanthropy.*

The Nurturing Spirits Aboriginal Family Empowerment Alliance, formed in late 2024 to connect First Nations women's organisations across the Kimberley that had previously worked in isolation for years, identified the 'tyranny of distance' as the single biggest barrier to collaboration: the sensitive and complex issues involved cannot be effectively explored virtually, yet the cost of travel for face-to-face contact is prohibitive within current core-operational funding, meaning adequate resourcing for in-person collaboration is essential.

The Northern Australian Aboriginal Men's Alliance recommended government fund annual joint planning workshops bringing together local and interstate organisations with a cross-border service focus, deliberately including both government and community organisations in the same room.

The SafeSteps collaboration that supports multicultural children called for government-funded interagency meetings, networking events and communities of practice for both leaders and practitioners, alongside consistent data collection standards that reflect multicultural cohorts across services and jurisdictions, with findings shared back to providers and government to guide

resource allocation.

### What supports do specialist and universal services need to provide inclusive, accessible and responsive services?

#### ***Collective insights from PRF-funded partners***

Upgrades to facilities, IT and housing infrastructure for DFV services, particularly those servicing rural and remote, high-demand, and cohort-led organisations, should be prioritised. PRF's 2023 shelter snapshot found many properties in urgent need of upgrade, alongside unmet need for replacement essentials such as fridges, washing machines and furniture. (Specialist Women's Shelter Snapshot, PRF, 2023)

PRF funded Paying What it Takes research assessing the financial position of charities in Australia found that contracts (both philanthropic and government) often do not cover the full costs of delivering the outcomes intended with the power imbalance between funders and providers leading to under-bidding that progressively weakens the sector. Future contracts should cover the full costs of achieving the identified outcomes including for evaluation, data, capital and IT costs.

### What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

#### ***Collective insights from PRF-funded partners***

There are four things we believe should be prioritised:

1. Addressing the current under-recognition and under-compensation of the specialist DFV workforce, and the lack of coherent support for capability-building and professional growth;
2. Building consistent DFV competencies and cultural safety into universal services such as police, health, justice, education, employment services, and child protection, which currently vary widely; and
3. There are a variety of networks and forums to support government coordination with the specialist DFV and community sectors in relation to family violence policy, system design, funding and service delivery. However, there is no representative national structure or mechanism for engagement with and between specialist peak bodies and representatives. Providers repeatedly noted this absence of a unified, independent professional peak body able to advocate at a national level, in contrast to the fragmented, state-based advocacy that currently exists.
4. Invest in data systems that capture the full range of specialist DFV supports and services. This is because there are currently data gaps in relation to our understanding of the demand, use and impact of specialist DFV services as highlighted by the recent work of Safety Measures. Much of the reporting also focusses on provision of accommodation as it's reported through the Specialist Homeless Services system which has been the historical source of funding for some DFV services. As a result, it doesn't capture elements of practice such as risk assessment, safety planning and case coordination. In addition, experiences of children and young people are not well collected through existing measures.

### **Insights from SFC Collaborations**

Human-centred work practices are needed to strengthen local community workforces. Local community staff are essential to effective, culturally safe responses to violence against women and children because they bring deep knowledge of culture, community, language, relationships and local context. To sustain this workforce, organisations need support to design tools, systems and work practices around the realities, strengths and needs of local staff.

One way of doing this is to provide dedicated funding, guidance and capability-building support for organisations to design and implement human-centred work practices, tools and reporting processes that are accessible, culturally appropriate and responsive to local community workforces.

A key opportunity under the Second National Plan is to strengthen the local community workforce by supporting organisations to design work practices that enable local staff to succeed and remain in their roles. This is particularly important in remote and Indigenous communities, where local staff often bring the cultural knowledge, trust, language and community relationships that are essential to effective service delivery. While external recruitment may sometimes be needed, housing shortages and other practical barriers can make it difficult for organisations to bring in outside skilled workers. More importantly, local community members are often best placed to support their own communities when they are given the right tools, training and workplace conditions.

**Case Study:** *One community-led organisation provided a strong example of this approach, with a workforce made up almost entirely of Aboriginal and Torres Strait Islander employees. The organisation recognised that some staff had not had access to formal training and that English was often a second or third language. Rather than treating this as a deficit or expecting staff to adapt to complex, standardised systems, the organisation redesigned its internal tools and processes around its workforce.*

*This was particularly important for reporting and data collection. Like many funded services, the organisation was required to collect accurate information and report regularly to multiple funding bodies. To support this, it adapted its data collection applications and processes using plain, jargon-free language and clear prompts so staff could understand what information needed to be collected and how to record it. Although the language was simplified, the resulting data remained high quality and comprehensive, enabling the organisation to meet its reporting obligations while also increasing staff confidence and participation.*

*This approach was described as “working backwards from the community”: starting with the reality of the local workforce and designing systems that fit staff, rather than imposing inaccessible tools and expecting staff to overcome them. This is a practical example of human-centred design. It shows that when organisations adapt workplace systems to the people using them, staff are more likely to thrive, organisations are better able to retain local workforce, and reporting and service quality can improve. Supporting more organisations to take this approach would help build stronger, more sustainable community-led services and improve outcomes for women, children and families experiencing violence.*

## Other areas of action

### ***Are there any other actions you think should be a priority to stop family, domestic and sexual violence?***

#### ***Collective insights from PRF-funded partners***

There are further actions we believe should be a priority.

1. Firstly, redesign funding models to actively incentivise partnerships and collaborations across government, specialist and mainstream organisations, including a focus on place-based initiatives and co-located wraparound services. A longer-term, more strategic place-based funding model would enable greater stability and improved outcomes in efforts to stop family, domestic and sexual violence.
2. Secondly, fund and support integrated family hubs for cross-sectoral practice (specialist DFV, legal, child protection, health, employment and housing under one roof), ensuring culturally safe entry points and navigation for all.
3. Thirdly, establish long-term funding cohort-led collaborations, and facilitate national and regional funded learning opportunities to sustain active learning and adaptation of evidence-informed models.
4. Fourthly, develop and resource national and state demonstrations explicitly tasked with capturing field-level learnings and sharing knowledge across jurisdictions and sectors, so that promising practice is no longer 'trapped on site' in the community where it was first developed.

#### ***Insights from SFC Collaborations***

The Strengthening Futures collaboration urged government to fund the work of collaboration itself, not just individual service outputs: coordination, shared reporting, joint case conferencing and evaluation are genuine work that takes time and skill but rarely appear as a line item in program funding and are instead absorbed by already-stretched staff. Cross-department, pooled funding (where health, housing, DFV and child safety services jointly fund a program rather than each commissioning separately) was recommended as the mechanism most likely to make genuine partnership the default rather than the exception.

The Nurturing Spirits Aboriginal Family Empowerment Alliance framed this as a broader principle for the Second Action Plan as a whole: rather than asking communities and organisations to keep adapting themselves to fit existing systems, government should invest in systems changing to reflect the strengths, rights and realities of the communities they are meant to serve.

Lastly, support a national virtual 'hub', staffed by specially-trained practitioners, to extend the reach of specialist DFV support into rural and remote communities where in-person workforce recruitment and retention remain chronically difficult.

## 5. Conclusion

Australia's capacity to prevent and respond to DFV depends on a sustained commitment to long-term, systemic transformation across the sector. The recommendations set out in this submission reflect the collective experience of PRF's own program of work together with the diverse communities, practitioners, researchers and survivors we collaborate with, and are aligned with priorities identified through PRF's field research and partnerships.

As we have emphasised throughout this submission, the priority areas set out in the Second Action Plan will only translate into lasting change if they are matched by reform to how this sector is funded and commissioned. Moving away from short-term funding cycles, and toward tendering processes that recognise and reward community knowledge and authority is central to whether the ambitions of this Plan can be realised.

We encourage the Second Action Plan to reflect this evidence, so that every community, worker and family can have confidence that generational change is not only possible, but underway.

## Appendix A: Supporting evidence base

This submission draws on the following PRF and partner reports and datasets:

1. [Coming into view: Emerging insights from specialist DFV service data across jurisdictions \(Safety Measures, 2026\)](#)
2. Closing the Gap Annual Data Compilation Report (Productivity Commission, Australian Government, Jul 2026).
3. [Growing Stronger Systems of Support: Recommendations from the field of Domestic and Family Violence Specialist Support \(Innovation Unit, PRF, Dec 2024\)](#)
4. [Intimate Relationships in Australia \(IRINA\): a proposal for a new annual longitudinal study \(Anne Summers, UTS/PRF 2026\)](#)
5. [On Our Own Terms: Systems Change through Lived Experience Leadership — Emerging Insights \(morgan&co, RMIT/PRF, 2023–2026\)](#)
6. [Measurement with meaning: Emerging insights into what shapes demand, capacity and impact in specialist domestic and family violence services \(Safety Measures 2026\)](#)
7. [Passionate, Relentless, Grassroots Problem-Solving: Insights from the Field of Domestic and Family Violence Specialist Support \(Innovation Unit, PRF, Apr 2024\)](#)
8. [Potential for Change: At the Intersection of Philanthropy and the Landscape of First Nations Specialist Domestic and Family Violence Service Providers \(ResearchCrowd, PRF, Jun 2024\)](#), and its 2023 precursor, [Insights Report](#)
9. [Shelter from the Storm: Learning from the Rise in Domestic and Family Violence during COVID-19 \(PRF, Jun 2021\)](#)
10. [Specialist Women's Shelter Snapshot \(PRF, 2023\)](#)
11. [The Choice: Violence or Poverty — Domestic Violence and its Consequences in Australia Today \(Anne Summers, PRF/UTS Fellowship, Jun 2022\)](#)

12. [The Cost of Domestic Violence to Women's Employment and Education \(Anne Summers, UTS/PRF, 2025\)](#)
13. [Understanding Linkers: Challenges and Potential \(PRF, 2022 and May 2023 updates\)](#)

The 17 collaborations funded as part of PRF's Strengthening Family-Centred Collaborations program of work are:

**Darwin Aboriginal Family Strengthening Collaboration (NT):**

1. Danila Dilba Biluru Butji Binnilutlum Health Service
2. Darwin Aboriginal and Islander Women's Service
3. North Australia Aboriginal Justice Agency
4. North Australian Aboriginal Family Legal Service
5. NT Stolen Generations Aboriginal Corporation
6. CAAPS Aboriginal Corporation

**Far North Queensland Remote Indigenous DFSV Shelter Specialist Shared Services Hub (Qld):**

7. Warringu Aboriginal and Torres Strait Islander Corporation
8. Yarrabah Aboriginal Corporation for Women
9. Lena Passi Womens Shelter Inc
10. Women's Centre FNQ
11. Nawamba Women's Shelter

**Growing Voices, Stronger Futures: A Kids Hub Collaboration to Strengthen FDV-Informed, Child-Centred Practice (WA):**

12. Parkerville Children and Youth Care
13. Koya Aboriginal Corporation
14. Lifespan Psychology Centre
15. Mental Illness Fellowship of WA
16. Pregnancy to Parenthood

**Healthy Pathways Collaboration (WA):**

17. Starick Services Inc
18. Curtin University School of Allied Health
19. Orana House Refuge
20. Wungening Aboriginal Corporation

**Institute of Urban Indigenous Health Network: Growing the UIIH Network's Elder Legal Support Service: Preventing Family and Domestic Violence among our Elders and First Nations Older Peoples (Qld):**

21. Institute for Urban Indigenous Health Ltd
22. The Aboriginal and Torres Strait Islander Community Health Service

- 23. Yulu-Burri-Ba Aboriginal Corporation for Community Health
- 24. Kalwun Development Corporation Ltd

**Little Voices, Big Impact:** Co-designing Child-Inclusive Domestic and Family Violence Response Frameworks (WA):

- 25. Australian Childhood Foundation
- 26. Karla Kuliny
- 27. Naala Djookan Healing Centre

**Mobilise Pay** (Qld):

- 28. We Are Mobilise
- 29. Micah Projects
- 30. BUBS Collective

**Northern Australian Aboriginal Men's Alliance** (WA, NT, Qld):

- 31. Kununurra Waringarri Aboriginal Corporation
- 32. Gawooleng Yawoodeng Aboriginal Corporation
- 33. Darwin Aboriginal and Torres Strait Islander Women's Shelter

**Nurturing Spirits:** Kimberley Aboriginal Family Empowerment Alliance (WA):

- 34. Collaboration For Impact
- 35. Kimberley Aboriginal Women's Council
- 36. Gawooleng Yawoodeng Aboriginal Corporation
- 37. We Al-Li

**Safe Start:** Culturally and religiously safe integrated service delivery modelling for women and their children (WA, NSW):

- 38. Muslim Women Australia
- 39. The Muslim Women's Support Centre of WA
- 40. Ishar Multicultural Women's Health Services

**SafeSteps:** Children taking steps towards safety and recovery (Qld):

- 41. World Wellness Group Ltd
- 42. Islamic Women's Assoc of Australia
- 43. Immigrant Women's Support Services

**Strengthening coordinated support pathways** for mothers experiencing DFV during pregnancy (WA):

- 44. Centre for Women's Safety and Wellbeing
- 45. Australian Centre for Child Protection, University of South Australia
- 46. Family Inclusion Network of Western Australia

**Strengthening FDSV program outcomes** through collaboration and Aboriginal led measurement and evaluation (WA):

- 47. The Aboriginal Health Council of Western Australia
- 48. South West Aboriginal Medical Service
- 49. Derbarl Yerrigan Health Service

**Strengthening Futures:** Collaborative Two-Generation Support and Housing for Young Families Impacted by Domestic and Family Violence (Qld):

- 50. The Lady Musgrave Trust
- 51. YFS
- 52. Churches of Christ Housing Limited
- 53. Brisbane Youth Service
- 54. ICYS Ipswich Community Youth Service

**Strong Yarns, Safer Beginnings:** Culturally Responsive IPV/RCA Screening in Maternal and Child Health (WA):

- 55. South Coastal Babbingur Mia
- 56. The Family Planning Association of Western Australia (Inc) (trading as Sexual Health Quarters)
- 57. Aboriginal Health Council of Western Australia

**The Community Ally Network:** Empowering culturally and linguistically diverse women to prevent and respond to gendered violence (Qld):

- 58. Women's Health & Equality Queensland
- 59. Queensland Program of Assistance to Survivors of Torture and Trauma
- 60. Pasifika Women's Alliance

**Wrapped in Our Ways During Pregnancy:** Supporting Aboriginal families experiencing Family and Domestic Violence (WA):

- 61. Australian Centre for Child Protection (ACCP), University of South Australia
- 62. Wungening Aboriginal Corporation
- 63. King Edward Memorial Hospital - Social Work Department
- 64. Great Southern Noongar Aboriginal Corporation

# Appendix B: Map of Strengthening Family-Centred Collaborations

