

Submission to the Australian Government Consultation on Second National Plan to End Violence against Women and Children.

Pregnancy, Homelessness and Family Violence: Addressing a Critical Gap in Australia's Service System

This submission has been submitted by the **Pregnancy and Homelessness Coalition** and is based on the article Pregnancy and Homelessness, authored by [REDACTED], Chair, Pregnancy and Homelessness Coalition, and [REDACTED], Board Director, Pregnancy and Homelessness Coalition and Chair, Courage Collective Family Violence Services. It has been adapted and expanded to align with the Inquiry's Terms of Reference and relevant national policy frameworks, including the National Plan to End Violence against Women and Children 2022–2032, the Royal Commission into Family Violence (Victoria), and the National Housing and Homelessness Plan.

About the Pregnancy and Homelessness Coalition

The Pregnancy and Homelessness Coalition is a national multidisciplinary collaboration of maternity, homelessness, family violence, housing, health and community sector organisations working to improve outcomes for pregnant women, gender diverse birthing people and infants experiencing or at risk of homelessness. The Coalition advocates for integrated, evidence-informed policy and service responses that address the intersecting impacts of homelessness, family violence and health inequities. The Coalition's contact details are [REDACTED]

Executive Summary

This submission highlights a significant gap in Australia's response to family, domestic and sexual violence (FDSV): the needs of pregnant women and gender diverse birthing people experiencing homelessness.

Family, domestic and sexual violence remains one of the leading causes of homelessness for women and children in Australia. For many, pregnancy occurs within the context of violence, housing instability, poverty, trauma, mental ill-health and substance use. Yet pregnancy is rarely recognised as a critical intervention point within homelessness, health or family violence policy despite strong evidence that timely housing and integrated support improve outcomes for both parent and infant.

Current service systems remain fragmented and insufficiently responsive to the intersecting impacts of gender inequality, violence and homelessness. This submission argues that the absence of a gender-responsive and trauma-informed systems approach results in poorer maternal and infant health outcomes, increased child protection involvement and ongoing cycles of disadvantage.

The Inquiry presents an opportunity to address this longstanding policy gap by embedding pregnancy within Australia's national response to family, domestic and sexual violence.

The Coalition's *New Beginnings: Transforming Healthcare, Social and Housing Support for Pregnant Women and their Infants Experiencing Homelessness* report [Scoping-project-report_Pregnancy-and-Homelessness-Coalition.pdf](#) further demonstrates that, despite the existence of specialist maternity, homelessness and health services across Victoria, pregnant women continue to face profound barriers to accessing safe housing and coordinated care. The report identified 21 specialist programs, yet only one—the Cornelia Program—provides integrated maternity healthcare alongside supported housing. This illustrates both the commitment of the sector and the significant gap in service capacity nationally. Without secure housing during pregnancy, women face worsening health outcomes, increased exposure to violence and trauma, and greater risk of child protection involvement following birth.

Alignment with the Inquiry Terms of Reference

This submission addresses the Inquiry's consideration of:

- prevention and early intervention opportunities;
- integrated responses across health, housing and family violence sectors;
- improving outcomes for women experiencing multiple and intersecting forms of disadvantage;
- systemic barriers to accessing safety and support;
- reducing the long-term impacts of family violence on women and children; and
- strengthening whole-of-government responses through evidence-based policy.

Pregnancy provides one of the earliest and most effective opportunities for coordinated intervention to respond to family violence and sexual assault. However, this opportunity is frequently lost because housing and health systems do not consistently identify pregnancy as requiring immediate, coordinated responses.

Family Violence, Pregnancy and Homelessness

Women and gender diverse people who are pregnant and without secure housing experience multiple, intersecting forms of disadvantage including:

- family, domestic and sexual violence;
- economic insecurity;
- homelessness;
- trauma;
- mental ill-health;
- alcohol and other drug dependence;
- social isolation; and
- discrimination.

Family violence is a primary driver of homelessness among women and children. Once homeless, many become increasingly vulnerable to further violence, coercive control, exploitation and deteriorating health.

Pregnancy compounds these risks. Homelessness limits access to antenatal care, continuity of healthcare, adequate nutrition, safety and stable living environments. These factors contribute to increased rates of pre-term birth, low birth weight, maternal psychological distress and poorer developmental outcomes for infants.

Importantly, housing instability during pregnancy significantly increases the likelihood of statutory child protection involvement and infant removal following birth.

These outcomes are preventable through earlier identification, coordinated support and access to stable housing. Findings from the Coalition's *New Beginnings* report reinforce these concerns. While specialist homelessness, maternity, outreach and alcohol and other drug services exist across Victoria, service providers consistently identified the shortage of safe, secure and affordable long-term housing as the greatest barrier to protecting pregnant women and their infants. Agencies also reported a severe lack of supported crisis accommodation designed for pregnant women. In the absence of appropriate housing, women are frequently referred to unsuitable or unsafe emergency accommodation that increases their exposure to violence, trauma and ongoing homelessness.

The report also found that even where women are engaged with health or homelessness services, the absence of secure housing significantly undermines the effectiveness of those interventions. Stable housing during pregnancy is therefore not simply a housing outcome but a health, family violence prevention and child wellbeing intervention.

Structural Gender Inequality Within Service Systems

The National Plan to End Violence against Women and Children 2022–2032 recognises that gender inequality is the primary driver of violence against women.

This submission contends that gender inequality also shapes institutional responses to homelessness.

Across health, housing and homelessness systems, policies have historically been developed around gender-neutral assumptions that fail to recognise the distinct needs of pregnant women, gender diverse birthing people and infants.

The consequence is that pregnancy is frequently overlooked during housing assessment, homelessness responses and service planning.

Without an explicit gender lens:

- pregnancy is not consistently recognised as an indicator of vulnerability;
- women experiencing violence encounter fragmented service responses;
- opportunities for prevention are missed; and
- systemic discrimination continues to produce avoidable inequities.

Recognising these structural barriers is essential to achieving the objectives of the National Plan.

Missing Data, Invisible Population

Australia currently lacks comprehensive national data identifying how many people experiencing homelessness are pregnant.

In Victoria, homelessness services are not routinely required to record pregnancy status, making this population largely invisible within policy development (Murray et al., 2020).

The *New Beginnings* report identified this lack of reliable pregnancy data as one of the most significant barriers to effective policy development and service planning. Without routine identification of pregnancy across homelessness services, governments are unable to accurately estimate demand, allocate resources or evaluate the effectiveness of early intervention initiatives. This invisibility contributes to continued underinvestment in specialist pregnancy responses despite evidence of significant unmet need.

Similarly, governments collect limited intersectional demographic information that would enable analysis of inequities affecting:

- Aboriginal and Torres Strait Islander women;
- culturally and linguistically diverse communities;
- young parents;
- women with disability;
- LGBTQIA+ communities; and
- rural and regional populations.

Without robust national data, governments cannot adequately plan services, evaluate programs or measure progress under the National Plan.

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

This submission supports the National Plan's commitment to:

Prevention

Addressing housing insecurity during pregnancy reduces exposure to ongoing violence and interrupts pathways into chronic homelessness.

Early Intervention

Pregnancy is a unique period during which women have regular engagement with healthcare services, creating opportunities to identify violence, coordinate support and improve safety.

Response

Integrated housing, maternity, mental health and family violence services provide safer and more effective responses for women with complex needs.

Recovery and Healing

Secure housing is fundamental to long-term recovery, parenting capacity, infant wellbeing and economic participation.

The National Plan also emphasises intersectionality. Pregnant women experiencing homelessness embody multiple intersecting forms of disadvantage that require coordinated, culturally safe and trauma-informed responses.

Alignment with the Royal Commission into Family Violence (Victoria)

The Royal Commission identified the need for:

- earlier intervention;
- integrated service delivery;
- stronger cross-sector collaboration;
- trauma-informed practice;
- improved information sharing;
- workforce capability; and
- placing victim survivors at the centre of service design.

Pregnant women experiencing homelessness exemplify the population the Royal Commission sought to better support.

Implementing specialist pathways linking maternity services, housing providers and family violence services would directly advance the Commission's vision of integrated, person-centred responses.

Alignment with the National Housing and Homelessness Plan

The National Housing and Homelessness Plan recognises housing as fundamental social infrastructure that underpins health, wellbeing and economic participation.

This submission supports the Plan's objectives to:

- prevent homelessness before crisis occurs;
- strengthen early intervention;
- improve integrated service responses;
- expand social and affordable housing;
- improve outcomes for women and children escaping violence; and
- reduce recurrent homelessness.

Pregnancy should be recognised nationally as a priority housing need because stable housing improves maternal health, infant wellbeing and long-term family stability while reducing downstream expenditure across health, child protection and justice systems.

Policy Recommendations

To strengthen Australia's response to family, domestic and sexual violence, the Inquiry should recommend that all Australian governments:

1. Recognise pregnancy as a priority vulnerability within family violence, homelessness and housing policy

Pregnancy should trigger immediate assessment for housing, health and family violence supports and be recognised nationally as a priority access criterion for crisis, transitional and long-term housing.

2. Introduce nationally consistent pregnancy data collection

Require all Specialist Homelessness Services to routinely record pregnancy status and associated demographic information.

3. Collect comprehensive intersectional data.

Include Aboriginal and Torres Strait Islander status, disability, sexuality, gender identity, ethnicity, age and geographic location to better understand inequities.

4. Embed a gender-responsive framework

Require Commonwealth and state-funded housing, homelessness and health services to incorporate gender-responsive, trauma-informed and culturally safe practice into policy, commissioning and service delivery.

5. Develop integrated care pathways

Create nationally consistent multidisciplinary pathways connecting maternity services, sexual and reproductive healthcare, homelessness services, family violence services, alcohol and other drug services, mental health providers and child protection.

6. Improve information sharing

Strengthen coordinated referral systems while protecting privacy, consent and victim-survivor safety.

7. Invest in workforce capability

Provide specialist training for housing, homelessness and healthcare professionals in pregnancy-informed, trauma-informed and family violence-responsive practice.

8. Prioritise housing during pregnancy

Expand access to social housing, affordable housing and Housing First models for pregnant women and gender diverse birthing people experiencing or at risk of homelessness. Pregnancy should be recognised as a priority housing need because stable housing improves maternal and infant health, reduces family violence risk, decreases child protection intervention and generates long-term savings across health, justice and welfare systems.

9. Expand specialist accommodation

Increase investment in pregnancy-specific crisis accommodation, supported transitional housing and culturally safe housing models. Governments should also expand integrated multidisciplinary services combining maternity care, housing support, family violence services and social support, building on evidence from the Cornelia Program and similar specialist models.

10. Increase access to continuity of maternity care

Fund multidisciplinary continuity-of-care models incorporating midwifery, mental health, housing support, family violence specialists and peer support.

11. Expand specialist outreach pregnancy services

Fund specialist pregnancy outreach workers across metropolitan, regional and rural Australia to support women experiencing homelessness through pregnancy and the first two years following birth, ensuring coordinated engagement with housing, maternity, family violence and community services.

12. Increase investment in integrated pregnancy and housing models

Support the establishment and evaluation of multidisciplinary programs modelled on the Cornelia Program across Australia, recognising integrated maternity and housing services as evidence-based responses to preventing homelessness, family violence and child protection involvement.

13. Embed lived experience leadership

Support women and gender diverse people with lived experience of pregnancy, homelessness and family violence to co-design policy, services and evaluation frameworks.

Conclusion

Australia has made significant national commitments through the National Plan to End Violence against Women and Children 2022–2032 and the National Housing and Homelessness Plan to improve safety, housing security and wellbeing for women and children.

However, pregnant women and gender diverse birthing people experiencing homelessness remain largely invisible within these policy frameworks despite facing some of the highest levels of cumulative disadvantage.

Pregnancy should be recognised as a critical early intervention point within Australia's family violence response.

Embedding a gender-responsive, trauma-informed and housing-first approach across government systems would improve maternal and infant health, reduce child protection involvement, strengthen recovery from violence and interrupt cycles of intergenerational disadvantage.

The findings of *New Beginnings* demonstrate that solutions already exist. Specialist integrated models have shown that combining maternity care with housing support improves engagement, maternal health and infant outcomes. However, these programs remain limited in scale and geographic reach. National investment is now required to expand integrated pregnancy-specific housing responses, improve data collection, strengthen outreach and ensure pregnancy is recognised as a critical point for intervention across housing, health and family violence systems.

Addressing this policy gap represents an opportunity to deliver on Australia's commitments to prevention, early intervention, integrated service delivery and gender equality while ensuring that every pregnant person experiencing homelessness has equitable access to safe housing, healthcare and support.

References

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