



## **Women's Health Special Interest Group**

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

#### **The Public Health Association of Australia**

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members. The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

As the leading national peak body for public health representation and advocacy, our mission is to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

#### **PHAA Women's Health SIG**

The PHAA Women's Health SIG aims to influence policy development to advance women's health and the public health research that informs policy and programs. We promote understanding of the social model of health and how gender determines health. Using human rights and feminist approaches, we advocate for improving women's health in Australia, as well as working to promote women's health globally, often with other PHAA SIGs. A feminist and human rights approach recognises that women may experience injustice based on their sex/gender, and that these injustices may also occur on a systemic level through public policy processes.

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## *Our position on gender-based violence*

The PHAA women's health SIG welcomes the opportunity to provide input into the Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032). Our submission and recommendations are informed by the PHAA's established policy position on gender-based violence (1).

We recognise that gender-based violence is primarily driven by gender inequality. It is preventable through coordinated, evidence-based action across prevention, early intervention, response, recovery and healing. We support a human rights, trauma- and violence-informed approach, strengthened health system responses, and full implementation of the National Plan to End Violence against Women and Children 2022-2032 and the National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036. Across all priority areas, an intersectionality lens must be integrated into the development of the policies, strategies and frameworks that address gender-based violence.

## **Feedback on Priority areas**

### **Priority area 1: Victim-survivors**

- **What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?**
- **What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?**

### **Priority area 5: System Integration and Workforce**

- **What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?**
- **What supports do specialist and universal services need to provide inclusive, accessible and responsive services?**
- **What evidence, workforce or system gaps should the Second Action Plan prioritise?**

## *Building and sustaining health professional capacity to respond to gender-based violence*

While health services are critical settings for early intervention for victim-survivors of gender-based violence, professional capacity to respond is limited, with training often inadequate, unsustainable, and inconsistent across medical, nursing, and allied health education and capacity-building programs. Initiatives under the Second Action Plan must improve, resource and sustain the education and training that builds the capacity of health professionals to assess risk, intervene and refer early, and respond appropriately to the needs of those at risk of, or experiencing, gender-based violence.

We support Recommendation 11 of the Rapid Review of Prevention Approaches (2), which called on governments to activate the health system and workforce as a key prevention lever through four elements: (a) equipping and resourcing general practitioners, perinatal, mental health and alcohol and other drug services; (b) creating a specific Medicare item number enabling general practitioners to spend appropriate time with people affected by violence; (c) mandating training in adult and child safeguarding, including domestic, family and sexual violence, as a requirement for

registration through the Australian Health Practitioner Regulation Agency; (d) and increasing cross-sector collaboration between the alcohol and other drug and specialist violence sectors.

The Australian, state and territory governments' collective response to the Rapid Review of 28 November 2025 (3) reports activity against only the first of these elements, and states no position on the Medicare item number or on training as a condition of registration. The reported measures also fall short of the scale the recommendation envisaged: they are confined to only 12 of Australia's 31 PHNs for early identification and referral, and a single trauma recovery centre in one region, with no reported national investment in the capability of perinatal, mental health, alcohol and other drug, nursing and midwifery, maternal and child health, allied health or hospital workforces.

Funding for the education and training of health professionals on gender-based violence is also short-term and lapsing. The Readiness Program grant ended in June 2024, the extension of its Pathways to Safety component expired in February 2026, with the Safer Families Centre reporting no funding to continue and expand the program (4). No ongoing national training program for the primary care workforce has been announced, meaning training infrastructure, expertise and momentum are lost or rebuilt with each grant cycle. Current initiatives are also predominantly trials and pilots without published requirements for independent evaluation against clinical practice change or victim-survivor safety and wellbeing outcomes.

There has also been no equivalent national investment in the capability of nurses, midwives, maternal and child health nurses, home-visiting nurses, allied health professionals or hospital and emergency department staff, whose capability depends on jurisdiction and employer rather than a nationally consistent standard. Current initiatives also do not systematically fund the clinical supervision, debriefing and vicarious trauma prevention that frontline health professionals require to sustain this work, despite the First Action Plan (5) acknowledging this need and evidence that home-visiting and other nurses depend on ongoing training, supervision and managerial support (6).

There is no national data collection on the proportion of any health profession that has completed evidence-based gender-based violence training, and no public reporting of workforce capability against Action 3 of the first action plan. The National Workforce Survey (7) addresses the size and capabilities of the specialist domestic, family and sexual violence workforce, not capability across the health professions.

The evidence indicates that the dominant model for building health professional capacity in gender-based violence, discrete training aimed at knowledge and confidence, has not been shown to change clinical behaviour or improve outcomes (8). Current initiatives do not fund the sustained, whole-of-practice implementation support, protected time and embedded referral pathways the evidence indicates are necessary.

Health professional capability to address gender-based violence for the communities least well served remains underdeveloped. Migrant and refugee survivors report that providers lack the confidence and training to respond well to gender-based violence, and findings from the Australian HARMONY cluster randomised controlled trial indicate that even well-designed culturally safe training is insufficient without systems support (9, 10). There is no sustained

national investment in bilingual or lived-experience advocate models working alongside clinicians, or in capability co-designed with First Nations communities, LGBTIQ+ communities and people with disability. Further, current health workforce initiatives are framed principally around domestic and family violence; there has been no equivalent national training investment in sexual violence response across universal health settings, and research and service responses continue to centre cisgender heterosexual women, leaving the experiences of LGBTIQ+ people poorly addressed (11). Consistent with our position on intersectionality in this submission, health workforce capability must be built with and for communities experiencing intersecting marginalisation, including First Nations women, migrant and refugee women, LGBTIQ+ people and people with disability.

We recommend that the Second Action Plan:

- Embed core competencies in identifying, assessing risk for, responding to and referring people experiencing gender-based violence, including domestic, family and sexual violence, in the accreditation standards for entry-level (pre-registration) education across medicine, nursing, midwifery and allied health, and in the training and continuing professional development standards of the specialist medical, nursing and allied health colleges, so that capability is built systematically at the point of qualification and maintained across careers rather than acquired through optional, one-off courses.
- Fund and require sustained, whole-of-practice and whole-of-service implementation models, rather than isolated training events, drawing on the evidence from Australian trials such as HARMONY and comparable systems-change models, incorporating follow-up practice support, clinical supervision and debriefing to prevent vicarious trauma and burnout, embedded referral pathways to specialist services, and coverage of the full workforce including general practice, maternal and child health, home-visiting nurses, midwifery, allied health and hospital staff.
- Establish national requirements for the monitoring and public reporting of workforce capability, including data on the proportion of each relevant profession that has completed evidence-based training, and mandate independent evaluation of funded training and capability initiatives against clinical practice and, where feasible, victim-survivor safety and wellbeing outcomes, directly responding to the uncertainty identified in the Cochrane evidence.
- Resource the co-design and delivery of culturally safe training and response models in genuine partnership with, and led by, migrant and refugee communities, Aboriginal and Torres Strait Islander people and community-controlled organisations, LGBTIQ+ communities and people with disability, including sustained funding for bilingual and lived-experience advocate roles that work alongside clinicians, so that responses are safe and accessible for the communities least well served by current services.
- Explicitly build sexual violence response capability across universal and specialist health settings, not only capability for domestic and family violence, including trauma-informed first-line response, safe referral to specialist sexual assault services, and training that reflects the distinct experiences of LGBTIQ+ people and other underserved groups.
- Guarantee continuity and expansion of primary care and health-system capability funding beyond current time-limited pilots, so that initiatives such as the Safer Families Centre

primary care training and the Primary Health Network domestic, family and sexual violence responses are sustained, scaled and evaluated rather than allowed to lapse, providing the stability that whole-of-system capability building requires.

#### **Priority area 1: Victim-survivors**

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

#### *Ensuring access to safe, affordable, long-term housing for victim-survivors*

The First Action Plan (2023-2027) includes Action 10, which commits governments to improving access to short-, medium- and long-term housing for women and children experiencing violence (5). While we acknowledge the substantial investment made through the First Action Plan, current investment and implementation does not yet meet the scale of housing need among victim-survivors or ensure they can safely leave violence without experiencing homelessness.

The Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services Annual Report 2024-25 (12) highlights the extent of this ongoing unmet need:

- Around 44% (46,800) of victim-survivors were already homeless when they first sought support.
- Short-term or emergency accommodation was needed by 44% (51,700) of victim-survivors, yet only 69% of those requiring it received this support, leaving around one in three without the emergency accommodation they needed.
- Of clients who were homeless at the commencement of support, more than three in five remained homeless or without stable housing despite receiving assistance.
- Among victim-survivors who were at risk of homelessness when they sought support, approximately 4,100 became homeless by the end of their support period.

These figures demonstrate that current initiatives are not providing a reliable pathway from crisis to stable housing. Investment in crisis accommodation is necessary, but crisis responses alone cannot ensure long-term safety. Victim-survivors also require access to transitional and permanent housing, assistance to establish and sustain tenancies, and coordinated support addressing legal, financial, health, disability, migration and child-related needs.

Safe and Equal has similarly identified that the limited availability of affordable long-term housing causes victim-survivors to cycle repeatedly through crisis services or return to perpetrators to avoid homelessness. Its recommendations to the National Housing and Homelessness Plan (13) emphasise prevention-focused housing responses, increased social and affordable housing, long-term and flexible funding for specialist services, accessible and culturally safe housing, and tailored responses for groups facing additional barriers, including First Nations people, young people, temporary visa holders, people with disability and LGBTIQ+ communities.

Homelessness Australia in its State of Response Report 2024 (14) has also recommended a substantial increase in social and affordable housing supply, including a national commitment to construct 25,000 social housing dwellings annually, increased and longer-term funding for specialist homelessness services, expansion of Safe at Home programs that enable women and children to

remain safely housed, improved Commonwealth Rent Assistance and income support payments, and dedicated investment in Aboriginal community-controlled housing and youth housing to address the needs of populations disproportionately affected by homelessness.

The above priorities further align with the Rapid Review of Prevention Approaches (2), which recommended increased funding for specialist crisis accommodation, longer-term case management, stronger links between the domestic, family and sexual violence and homelessness sectors, and closer alignment between relevant national plans and frameworks. It also called for a needs analysis to quantify unmet demand and develop a pathway to fund crisis response, recovery and healing services according to need.

We recommend that the Second Action Plan:

- provide sustained and increased funding for specialist family violence and homelessness services, informed by a national analysis of unmet demand;
- expand access to safe, accessible and family violence-specific crisis accommodation, particularly in regional, rural and remote communities;
- establish clear pathways from crisis and temporary accommodation into safe, affordable and permanent housing;
- significantly increase the supply of social and affordable housing, with dedicated allocations for victim-survivors of domestic, family and sexual violence;
- invest in long-term case management and tenancy support to assist victim-survivors to obtain and sustain housing;
- expand “Safe at Home” and other homelessness prevention programs that enable victim-survivors and their children to remain safely in their homes where appropriate, while holding the person using violence accountable;
- strengthen coordination and referral pathways between specialist family violence services, homelessness services, housing providers, legal assistance, health services and income support systems;
- ensure housing responses are accessible, culturally safe and tailored to the needs of First Nations communities, children and young people, migrant and refugee communities, temporary visa holders, people with disability, LGBTIQ+ people and people living in regional and remote areas;
- improve income support and rental assistance so that victim-survivors can afford to establish and maintain an independent home; and
- include measurable housing targets, implementation timeframes and public reporting requirements to monitor whether victim-survivors are obtaining and sustaining safe, long-term housing.

**Priority area 1: Victim-survivors**

- **What service or system responses would make the biggest difference to victim-survivors’ safety, wellbeing, healing and recovery?**
- **What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?**

### *Supporting victim-survivor health literacy, agency and recovery*

Enhancing health literacy is critical not only at the organisational level (primary health care, health systems and social services) but also at the individual level. Building health literacy and agency among victim-survivors supports their ability to recognise options, seek help and advocate for themselves within services and systems, and should be resourced alongside workforce-facing initiatives.

Mental health care must equally be recognised as a recovery and healing need for victim-survivors in its own right, not only as a matter of workforce and service capacity. The Second Action Plan should ensure that victim-survivors, including children and young people, have timely and affordable access to trauma-informed mental health care that supports long-term recovery and healing.

We recommend that the Second Action Plan:

- invest in initiatives that build health literacy and agency among victim-survivors at the individual level, alongside organisational health literacy across primary health care, health systems and social services, so that victim-survivors can recognise options, seek help and advocate for themselves within services and systems; and
- ensure that victim-survivors, including children and young people, have timely and affordable access to trauma-informed mental health care as a distinct component of recovery and healing.

#### **Priority area 1: Victim-survivors**

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

#### **Priority area 2: Prevention and early intervention**

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

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

- **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?**

### *Evidence-based tech industry regulation to prevent technology-facilitated abuse*

Recent developments in technology have led to technology-facilitated abuse through the misuse of social media, artificial intelligence and tracking devices. These developments have introduced new threats, including the exposure of boys and young men to harmful attitudes in the toxic manosphere, doxxing, and deepfake image-based sexual abuse created through readily available nudify applications. The First Action Plan's activities in addressing technology-facilitated abuse were concentrated downstream, in frontline worker training and victim-survivor resources delivered through the eSafety Commissioner. This cannot prevent abuse that is enabled by design: tracking and monitoring functionality, recommender systems that amplify misogynistic

content to boys and young men, and nudify tools whose sole function is the production of non-consensual sexual imagery.

We support Recommendation 6(d) of the Rapid Review of Prevention Approaches (2), which called for a national response to online misogyny with a focus on evidence-based tech-industry regulation, and Recommendation 18, which called for continued support for the eSafety Commissioner's work with the technology industry. The Second Action Plan should translate these recommendations into concrete implementation measures, including platform accountability, measurable outcomes, workforce capability, and health and specialist service responses.

We also support implementation of the recommendations of the statutory review of the Online Safety Act 2021 (15), with explicit application to technology-facilitated abuse in domestic, family and sexual violence contexts, and the eSafety Commissioner's May 2026 position statement on recommender systems and algorithms (16). The position statement shows that recommender systems built to maximise engagement play a foundational role in pushing manosphere content to boys and young men whether or not they seek it out, and it sets out what safer design looks like: algorithms optimised for quality rather than engagement alone, human review before content is amplified at scale, genuine user controls, and transparency to researchers, experts and regulators. At present these measures are guidance and expectations rather than enforceable duties. The Digital Duty of Care legislation (17) is still in development, and the Second Action Plan should commit governments to giving these measures legal force through the rules and codes made under the duty.

There are also no technology-facilitated abuse indicators in the National Plan Outcomes Framework 2023-2032 or its Performance Measurement Plan, no dedicated module in the ABS Personal Safety Survey, and no requirement to independently evaluate the funded eSafety training and grants against victim-survivor safety outcomes.

We recommend that the Second Action Plan:

- commit the Australian Government to legislate and commence an enforceable Digital Duty of Care with safety-by-design obligations for online platforms;
- commit the Australian Government to designate technology-facilitated coercive control and domestic, family and sexual violence as harms under the duty's rule-making power when it commences, require platform risk assessments to consider risks to adult victim-survivors alongside the best interests of the child, and embed specialist DFSV expertise in the development of the duty's rules and codes;
- commit the Australian Government to legislate the announced prohibition on nudify applications and on undetectable stalking applications used for covert surveillance and cyberstalking, with obligations extending to the app stores, search engines, AI model-hosting platforms and payment providers that sustain these tools;
- commit the Australian Government to regulate and require transparency from recommender systems that amplify misogynistic and violence-supportive content, treating algorithmic amplification as a commercial determinant of gender-based violence;
- embed identification of, risk assessment for, and safe response to technology-facilitated abuse in health workforce capability building, consistent with the recommendations on

health professional capacity in this submission, and sustainably resource specialist services and eSafety to provide technology safety support to victim-survivors;

- establish national measurement of technology-facilitated abuse through a dedicated module in the ABS Personal Safety Survey, indicators and targets in the Outcomes Framework and Performance Measurement Plan, and annual public reporting disaggregated for priority populations; and
- fund prevention initiatives addressing technology-facilitated abuse, including digital and media literacy in schools and approaches engaging boys and young men, as independently evaluated trials with common outcome measures, to build the currently limited evidence base.

#### **Priority area 1: Victim-survivors**

- **What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?**
- **What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?**

#### **Priority Area 4: People who use violence**

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

#### **Priority Area 5: System Integration and Workforce**

- **What would make the biggest difference in creating a more coordinated and connected system response?**

#### ***Reforming legal systems so they protect rather than harm victim-survivors***

Legislative systems intended to protect women and children are complex, fragmented, and protracted, with victim-survivors often experiencing continued and additional abuse during and after engagement with criminal and family law processes, including financial abuse via child support arrangements, emotional abuse and coercive control through shared custody, and technology-facilitated abuse. Strengthened policy development and evidence-informed advocacy are required to drive legislative reform in federal family court and child protection systems, with a focus on recognising and responding to coercive control. This should include sustained investment in specialist, trauma-informed legal services for victim-survivors of gender-based violence and reforms to ensure legal processes do not perpetuate harm.

The Australian Law Reform Commission's 2019 report *Family Law for the Future* (18) made 60 recommendations and concluded that children fall through the gaps between the federal family law system and state and territory child protection and family violence systems. Information-sharing reforms and the co-location of officials (19), extended through funding agreed by the Standing Council of Attorneys-General in August 2025, are welcome but partial responses that manage rather than resolve the underlying constitutional fragmentation.

The Parliamentary Joint Committee on Corporations and Financial Services delivered 61 recommendations in December 2024 (20), finding that child support is used as a tool of financial abuse and that non-payment can itself be a form of family violence. The Commonwealth Ombudsman's June 2025 investigation (21) found that Services Australia was not proactively identifying financial abuse or using its enforcement powers, and was in some cases compounding harm by pursuing victim-survivors for Family Tax Benefit debts caused by the other parent's non-compliance.

The National Principles to Address Coercive Control in Family and Domestic Violence (22) remain non-binding, leaving victim-survivors with markedly different protections depending on where they live. This inconsistency compounds a documented and serious risk: the misidentification of victim-survivors, disproportionately women and First Nations women, as predominant aggressors by police and in civil protection order systems, a pattern that turns the legal system into an extension of abuse rather than a source of protection (23, 24). No coordinated national action addresses misidentification, and its intersection with newly commenced coercive control offences risks entrenching the criminalisation of victim-survivors. Justice responses to sexual violence require equivalent attention: the Australian Law Reform Commission's 2025 report *Safe, Informed, Supported* (25) found that the justice system is failing victim-survivors of sexual violence, and most of its 64 recommendations await a substantive government action. Consistent with our position on intersectionality in this submission, legal system reform must be designed with and for communities experiencing intersecting marginalisation, including First Nations women, migrant and refugee women, LGBTIQ+ people and people with disability.

We recommend that the Second Action Plan:

- Prioritise closing the jurisdictional gap between the federal family law system and state and territory child protection and family violence systems
- Establish a nationally consistent mechanism for coercive control, including making the National Principles binding on funded services and supporting nationally harmonised, safe legislative approaches.
- Commit governments to coordinated national action to prevent and remedy the misidentification of victim-survivors as predominant aggressors, including legislative and policing safeguards and dedicated attention to First Nations women.
- Commit governments to implementing the recommendations of ALRC Report on justice responses to sexual violence as a national priority, in partnership with the specialist sexual violence sector.

#### **Priority area 2: Prevention and early intervention**

- **What would make the biggest difference in preventing and ultimately ending violence?**
- **How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?**
- **What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?**

#### **Priority Area 5: System Integration and Workforce**

- **What evidence, workforce or system gaps should the Second Action Plan prioritise?**

### *Funding and sustaining a coordinated national approach to the primary prevention of gender-based violence*

The Second Action Plan must comprehensively fund and resource coordinated, mutually reinforcing primary prevention and gender equity initiatives across all settings, delivered as a sustained national approach rather than a collection of separately funded, time-limited projects.

The First Action Plan supported significant prevention activity, including the Consent and Respectful Relationships Education measure, further phases of the Stop it at the Start campaign, the Healthy Masculinities Trial and Evaluation, and continued funding for Our Watch. This activity has not, however, been consolidated into enduring national prevention infrastructure. Our Watch continues to operate on successive grants rather than secure, ongoing core funding; the Consent and Respectful Relationships Education federation funding agreement expires on 30 June 2029; and there is no transparent public reporting of the share of National Plan investment directed to primary prevention. Community attitudes rejecting violence against women did not significantly improve between 2017 and 2021, with attitudinal rejection of domestic violence plateauing despite improvement in attitudinal rejection of sexual violence (26), indicating that prevention effort has not yet reached the scale, consistency or duration required for population-level change.

We support Recommendation 4 of the Rapid Review of Prevention Approaches (2), which called on governments to expand their approach to prevention through two elements: (a) an independent review and expansion of Change the Story, to keep pace with the evolving global evidence base and account for the intersecting experiences of different communities; and (b) a five-year co-funded Prevention Innovation Fund to build the evidence base for what works in Australian communities, with all funded projects independently evaluated. We also support Recommendation 6 of the Rapid Review, which called for a national, coordinated and co-designed approach to engaging men and boys and promoting healthy masculinities, including a strengths-based national definition and measurement methodology and program responses focused on men's life transitions.

Prevention investment must also operationalise intersectionality. Consistent with Recommendation 3 of the Rapid Review, addressing gender-based violence for communities experiencing intersecting forms of marginalisation lays the foundation for population-wide success. This requires resourcing First Nations-led prevention consistent with Our Ways – Strong Ways – Our Voices 2026–2036, and prevention co-designed with and led by migrant and refugee communities, LGBTIQ+ communities and people with disability, supported by the national frameworks that complement Change the Story, including Changing the Picture, Changing the Landscape and the LGBTIQ+ prevention framework in development.

Addressing gender-based violence also requires attention to the social determinants of health. Housing insecurity, economic insecurity, poverty and discrimination are significant drivers of risk and barriers to leaving unsafe situations for many underserved groups, and prevention and response strategies should be designed and resourced with this in mind.

We recommend that the Second Action Plan:

- provide funding certainty for primary prevention that extends beyond short grant cycles, including secure, ongoing core funding for Our Watch as the national primary prevention organisation;
- implement Recommendations 4 and 6 of the Rapid Review in full;
- place respectful relationships and consent education on a sustained funding footing beyond 2029, supporting whole-of-school implementation and educator professional development, and keeping curriculum current with emerging harms including those experienced online;
- direct investment to First Nations-led prevention consistent with Our Ways – Strong Ways – Our Voices 2026–2036, and to prevention co-designed with and led by migrant and refugee communities, LGBTIQ+ communities and people with disability; and
- rigorously evaluate all funded prevention initiatives and publicly report progress against the National Plan Outcomes Framework and Performance Measurement Plan, the targets for violence reduction in the National Women's Health Strategy 2020-2030 and UN Sustainable Development Goal targets 5.2, 5.3, 11.2, 11.7, 16.1 and 16.2, sustaining national monitoring of attitudes and prevalence through the National Community Attitudes towards Violence against Women Survey and the ABS Personal Safety Survey.

#### **Priority area 2: Prevention and early intervention**

- **What would make the biggest difference in preventing and ultimately ending violence?**
- **What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?**

#### **Priority Area 5: System Integration and Workforce**

- **What would make the biggest difference in creating a more coordinated and connected system response?**
- **What evidence, workforce or system gaps should the Second Action Plan prioritise?**

#### *Addressing the intersection of alcohol and gender-based violence*

Alcohol does not cause gender-based violence and never excuses the behaviour of a person who uses violence. However, a substantial evidence base shows that alcohol can increase the frequency, severity and impacts of violence: alcohol is involved in between 24 and 54 per cent of family and domestic violence incidents reported to police across Australian jurisdictions, and alcohol-related incidents are more likely than other incidents to involve severe physical violence (27). Despite this, alcohol policy and violence prevention policy continue to operate largely in parallel. The First Action Plan (5) contains only one reference to alcohol, through a list of related national strategies, and does not establish a substantive action on alcohol-related violence.

The policy and evidence landscape has continued to develop since the National Plan was released. Rapid online alcohol sales and delivery have expanded, and the evidence on alcohol marketing and availability has strengthened. The National Framework for Action to Prevent Alcohol-Related Family Violence (28) provides governments with an evidence-informed roadmap for reducing alcohol-related harms across systems and settings. Recommendation 17 of the Rapid Review of Prevention Approaches (2) called on governments to reform alcohol policy as a

prevention lever, the South Australian Royal Commission into Domestic, Family and Sexual Violence (29) has recommended alcohol reforms, and National Cabinet has committed state and territory governments to reviewing alcohol laws and their impacts on family and domestic violence victim-survivors (30). The Second Action Plan is the mechanism for translating these commitments into coordinated national action.

Consistent with the recommendations of the Foundation for Alcohol Research and Education (FARE), the Second Action Plan should establish a dedicated national action to prevent and reduce alcohol-related domestic, family and sexual violence through coordinated regulatory reform, population-level prevention, integrated service responses, and recovery and healing, operating across all four domains of the National Plan. Governance and accountability arrangements should include clear ministerial and agency responsibility, identified funding, milestones, jurisdictional responsibilities and indicators, annual independent evaluation and public reporting, and appropriately remunerated participation by victim-survivors, First Nations leaders, specialist domestic, family and sexual violence and alcohol and other drug services, public health experts and researchers, with any alcohol industry involvement transparent and subject to robust conflict-of-interest safeguards.

We recommend that the Second Action Plan:

- establish a dedicated national action on alcohol-related domestic, family and sexual violence that implements the National Framework for Action to Prevent Alcohol-Related Family Violence, with clear ministerial and agency responsibility, identified funding, milestones, jurisdictional responsibilities and indicators, and annual, independently evaluated public progress reporting;
- implement Recommendation 17 of the Rapid Review of Prevention Approaches as a dedicated action with clear accountability linked to Commonwealth funding arrangements, including making harm minimisation the paramount objective of liquor legislation, establishing a framework for the regulation of alcohol marketing, closing the sports advertising loophole, introducing a two-hour safety pause between the order and delivery of alcohol, and restricting alcohol deliveries to between 10 am and 10 pm;
- include alcohol-related domestic, family and sexual violence indicators in the National Plan Outcomes Framework and Performance Measurement Plan, and support the expansion of existing data collections and data linkage capability to enable nationally consistent measurement and public reporting;
- build the capability of the domestic, family and sexual violence, alcohol and other drug, health and allied health workforces to identify and respond to alcohol-related violence, including expanding workforce development initiatives such as the Readiness Program to address the intersections of alcohol use, pregnancy, fetal alcohol spectrum disorder and domestic, family and sexual violence, consistent with the recommendations on health professional capacity in this submission;
- embed funding incentives that support cross-sector collaboration between domestic, family and sexual violence, alcohol and other drug and related services, with clear performance measures and reporting requirements, and invest in the evaluation and scaling of evidence-based integrated service and perpetrator-intervention models, including the Walk the Talk program and piloting and evaluating the Drive project model in Australia;

- pilot and evaluate integrated multidisciplinary responses for children experiencing violence and overlapping harms, including Barnahus-style models, promote non-stigmatising approaches to early intervention for boys and young men, and support workforce development across universal services to improve identification of and responses to children exposed to domestic, family and sexual violence and alcohol-related harm;
- establish a national public awareness campaign on the intersections between alcohol and gender-based violence, drawing on the behaviour change approaches used in Every Moment Matters and comparable international campaigns; and
- invest in culturally safe, community-led prevention, early intervention and healing initiatives.

### *Nationally consistent, disaggregated data across priority populations*

Across this submission we have identified the absence of disaggregated national data in several areas, including health workforce training completion and technology-facilitated abuse. There is currently no single, unifying commitment to disaggregated national data collection across priority populations, without which the intersectional approach we recommend cannot be monitored or delivered.

We recommend that the Second Action Plan:

- establish, as a cross-cutting commitment, nationally consistent collection and public reporting of data disaggregated for priority populations, including First Nations women, migrant and refugee women, LGBTIQ+ people, people with disability, children and young people, and people living in regional, rural and remote areas, across all measures under the National Plan Outcomes Framework and Performance Measurement Plan.

## **Conclusion**

The PHAA Women's Health Special Interest Group thanks the Australian Government for the opportunity to provide feedback on the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032.

We welcome the opportunity to continue working with governments and stakeholders to support the development and implementation of evidence-informed policy to prevent and respond to gender-based violence.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

## References

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