

RACGP Submission to the Australian Government Consultation on the Second Action Plan under the National Plan to end violence against women and children 2022–2032

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Executive summary

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Australian Government's *Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032*.¹

The RACGP supports the proposed priorities outlined in the consultation paper and the Australian Government's *Rapid review of Prevention approaches 2026*² and welcomes the continued commitment to preventing and responding to domestic, family and sexual violence (DFSV). The consultation paper appropriately recognises that ending violence requires coordinated action across governments, communities and service systems. However, the role of primary care - and general practice in particular - requires greater recognition as an essential component of Australia's national response.¹

General practice is the most accessible part of the Australian health system. More than 22 million Australians visit a general practitioner each year, often developing trusted therapeutic relationships over many years. These ongoing relationships provide unique opportunities to identify violence early, respond safely to disclosures, address immediate and long-term health consequences, support children and families, identify people who may be using violence, and coordinate multidisciplinary care.

General practitioners care for patients across the life course and frequently support multiple members of the same family. They are often the first, and sometimes the only, health professionals to whom victim-survivors disclose experiences of violence. Equally, general practice may provide one of the few opportunities to engage safely with people using violence before their behaviour escalates and causes further harm. This positions general practice as a critical setting for prevention, early intervention, treatment and recovery.

The RACGP considers that achieving the objectives of the Second Action Plan will require greater investment in primary care infrastructure, workforce capability and integrated models of care. While the consultation paper acknowledges health as an important partner, it does not adequately recognise the capacity of general practice to deliver sustained, trauma- and violence-informed care or the structural reforms needed to support this role.

The RACGP recommends that the Second Action Plan:

- recognise general practice as a core delivery partner in the implementation of the National Plan
- invest in sustainable Medicare funding that supports longer consultations, multidisciplinary care and continuity of care for people affected by DFSV.
- strengthen workforce capability through nationally consistent education, clinical guidance, ongoing professional support and fostering connections between general practice and dedicated non-government organisations providing DFSV support services.
- improve integration between general practice, specialist DFSV services, hospitals, mental health services, child protection and the justice system
- recognise children, young people as victim-survivors and support trauma-informed care within primary care settings
- recognise that older persons, both at home and in aged care facilities may have current or historical experiences as victim-survivors. Recognise the general practitioner role in longitudinal and whole of family care that may provide insight and context to this presentation. Strengthen integration between general practice, aged care and specialist DFSV services to identify and respond to abuse of older persons. strengthen early intervention pathways for people using violence. Recognise that GPs will be working with and should be supported in the care of the person using violence. Support research into safe evidence-based primary care responses in working with people who use violence.
- support culturally safe, equitable and accessible care for Aboriginal and Torres Strait Islander peoples, people with disability, culturally and linguistically diverse communities, LGBTQIA+ communities and people living in rural and remote Australia
- embed evaluation, quality improvement and long-term investment to ensure effective models of care are sustained beyond pilot funding.

The RACGP also emphasises the importance of supporting the wellbeing of the general practice workforce. Responding to domestic, family and sexual violence is clinically complex and emotionally demanding. GPs require access to education, peer support, specialist advice and referral pathways to provide safe, effective and sustainable care.

The RACGP looks forward to continuing to work collaboratively with the Australian Government and partner organisations to strengthen Australia's health system response to domestic, family and sexual violence and to ensure that general practice is fully utilised in achieving the vision of ending violence against women and children.

About the Royal Australian College of General Practitioners

The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation, representing more than 50,000 members working in metropolitan, regional, rural and remote communities.

The RACGP is committed to improving the health and wellbeing of all Australians by supporting high-quality, evidence-based general practice and advocating for a strong, sustainable primary healthcare system. General practitioners provide comprehensive, person-centred care across the lifespan and play a critical role in prevention, early intervention, diagnosis, treatment, coordination of care and ongoing support for individuals, families and communities.

Domestic, family and sexual violence (DFSV) is a significant public health issue with profound and enduring impacts on physical health, mental health, child development and community wellbeing. General practice is uniquely positioned to respond because GPs provide accessible, continuous care to patients over many years and often care for multiple members of the same family. This continuity enables GPs to recognise patterns of abuse, identify escalating risk, respond to disclosures safely, support recovery and facilitate referrals to specialist services.

The RACGP has a longstanding commitment to improving the health system response to abuse and violence. The College has developed nationally recognised guidance, including *Abuse and Violence: Working with Our Patients in General Practice* (the White Book), and continues to support education and professional development through clinical resources, curriculum development and continuing professional education. RACGP Specific Interests Abuse and Violence in Families also provides ongoing leadership through advocacy, education and collaboration with government, researchers and specialist services to strengthen general practice responses to abuse and violence.

The RACGP welcomes the opportunity to contribute to the development of the Second Action Plan and supports a whole-of-system response that recognises primary care as a fundamental component of preventing violence, supporting victim-survivors and improving long-term health outcomes.

Overall comments on the Second Action Plan

The Royal Australian College of General Practitioners (RACGP) welcomes the Australian Government's continued commitment to implementing the *National Plan to End Violence against Women and Children 2022–2032* and the opportunity to provide feedback on the proposed *Second Action Plan*. The RACGP supports the Action Plan's vision of a whole-of-society response that addresses the drivers of domestic, family and sexual violence (DFSV), strengthens prevention and early intervention, improves support for victim-survivors and enhances accountability for people who use violence.¹⁻³

Domestic, family and sexual violence is a significant public health issue with lifelong consequences for individuals, families and communities. Beyond the immediate physical injuries associated with violence, victim-survivors experience substantially higher rates of chronic disease, mental illness, reproductive health problems, substance use disorders, disability and premature mortality. The impacts extend across generations, with children exposed to violence experiencing poorer physical, emotional, developmental and educational outcomes and an increased likelihood of future victimisation or use of violence.³⁻⁶

General practice has a unique and indispensable role in addressing these harms. More than 22 million Australians access general practice each year, making it the most frequently accessed component of the Australian healthcare system. Unlike many health services that provide episodic care, general practice is characterised by continuity of care, comprehensive whole-person care and trusted therapeutic relationships developed over time. These characteristics position GPs to identify violence early, respond safely to disclosures, recognise patterns of coercive control and cumulative harm, support recovery, coordinate multidisciplinary care and facilitate access to specialist services.⁷⁻¹⁰

Importantly, general practitioners frequently care for multiple members of the same family over many years. This longitudinal perspective enables GPs to recognise the complex and evolving impacts of violence across the lifespan, including effects on women, children, adolescents, older people and people using violence. It also highlights the importance of safe clinical documentation, confidentiality and carefully coordinated care pathways that prioritise patient safety while supporting whole-of-family wellbeing where appropriate.

The RACGP considers that the consultation paper appropriately identifies health as an important contributor to the national response; however, it does not fully articulate the critical role of general practice in delivering the objectives of the National Plan. Too often, primary care is positioned as a referral pathway rather than recognised as a core partner in prevention, early intervention, treatment and recovery. The Second Action Plan presents an important opportunity to strengthen this recognition by embedding general practice within implementation, governance, workforce development and evaluation activities.

The RACGP also welcomes the consultation paper's increased emphasis on prevention and early intervention. General practice is well placed to contribute across the prevention continuum, from supporting healthy relationships and parenting, identifying early indicators of violence, responding to reproductive coercion and adolescent violence, through to engaging safely with people who use violence before harmful behaviours escalate. Realising this opportunity, however, requires sustained investment in primary care capacity, including Medicare funding that appropriately recognises the complexity and time required for trauma- and violence-informed care, multidisciplinary collaboration and continuity of care.¹¹⁻¹⁴ GPs should also be supported by and working together with DV services, child protection, legal and justice systems.

The College supports the Action Plan's recognition of children and young people as victim-survivors. General practice provides one of the few universal health services accessed throughout childhood and adolescence and is therefore uniquely positioned to identify developmental, behavioural and physical indicators of violence, support children and their caregivers, and facilitate timely referral to specialist services. Children should not be viewed solely through the experiences of the parent. They require developmentally appropriate, trauma-informed healthcare that recognises their individual rights, experiences and recovery needs.^{2,5} Children are affected by violence when violence occurs within the family even when they are not the direct recipient.

The RACGP particularly welcomes the consultation paper's acknowledgement that effective prevention requires investment beyond the justice system. Many people affected by violence never engage with police or specialist legal services, but they do seek healthcare. Similarly, many people who use violence do not voluntarily engage with behaviour change programs but may present to their GP with associated physical health conditions, mental ill-health, substance use disorders, relationship difficulties or parenting concerns. Supporting GPs with appropriate training, referral pathways and multidisciplinary partnerships offers an important opportunity for earlier intervention and risk reduction.¹⁰⁻¹⁵ This should be embedded within whole-of-system processes including the ability to access professional advice and support, timely accessible referral pathways and adequate provision of time to build the relationship within the consult.²

The RACGP also strongly supports the Action Plan's commitment to improving outcomes for Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander women and children continue to experience disproportionately high rates of family violence, driven by the ongoing impacts of colonisation, dispossession, racism, intergenerational trauma and structural inequity. Effective responses must therefore extend beyond individual interventions and address the broader social and cultural determinants of health.¹⁶⁻¹⁸

The RACGP recommends that implementation of the Second Action Plan be informed by the principles outlined in the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*. The National Guide emphasises that child and family safety is best promoted through culturally safe, strengths-based, trauma-informed and family-centred care that recognises protective factors within families and communities, supports self-determination and avoids practices that may inadvertently contribute to further trauma or disengagement from healthcare. Rather than focusing solely on risk, clinicians are encouraged to recognise resilience, strengthen protective relationships and work collaboratively with Aboriginal Community Controlled Health Organisations and local communities to improve outcomes for children and families.¹⁷

These principles are equally applicable across the broader implementation of the Second Action Plan. Trauma-informed, culturally safe healthcare benefits all Australians while recognising that Aboriginal and Torres Strait Islander peoples have distinct histories, strengths and priorities that require partnership, respect and community leadership. Embedding these principles throughout primary care, rather than treating them as discrete initiatives, will strengthen prevention, improve engagement with healthcare and support more equitable health outcomes.

The RACGP further notes that many communities continue to experience inequitable access to domestic, family and sexual violence services. This includes people living in rural and remote Australia, people with disability, culturally and linguistically diverse communities, migrant and refugee populations, LGBTQIA+ communities, older people and those experiencing multiple forms of disadvantage. General practice often remains the only consistently accessible healthcare service for these populations. Strengthening primary care therefore represents one of the most equitable mechanisms for improving access to early intervention and ongoing support across Australia.

Finally, the RACGP considers that the long-term success of the Second Action Plan will depend upon sustained investment in the health workforce. Responding to domestic, family and sexual violence is clinically complex and emotionally demanding. General practitioners require access to evidence-based education, updated clinical guidance, specialist consultation, peer support and multidisciplinary referral networks to provide safe, effective and sustainable care. Previous RACGP advocacy has consistently identified these workforce supports, together with appropriate Medicare funding and investment in integrated models of care, as essential enablers of an effective national response.^{11,13}

The Second Action Plan presents a significant opportunity to fully integrate general practice within Australia's response to domestic, family and sexual violence. Achieving the ambitious outcomes of the National Plan will require sustained investment in primary care as a trusted, accessible and continuous source of prevention, early intervention, treatment and recovery for individuals, families and communities.

Recommendations

The RACGP recommends that the Second Action Plan recognises general practice as a core implementation partner in Australia's response to domestic, family and sexual violence (DHSV). Achieving the objectives of the National Plan will require sustained investment in primary care, culturally safe and trauma-informed models of care, workforce capability and integrated service delivery.

The RACGP recommends that the Australian Government:

Recommendation 1

Recognise general practice as a core partner in implementing the Second Action Plan.

General practice should be explicitly recognised as a key delivery partner across prevention, early intervention, identification, treatment, recovery and care coordination. GPs are uniquely positioned to provide accessible, longitudinal, whole-person care across the lifespan and should be represented within implementation, governance and evaluation activities.¹⁻⁴

Recommendation 2

Invest in sustainable Medicare funding that reflects the complexity of responding to domestic, family and sexual violence.

The Australian Government should strengthen Medicare funding to support longer consultations, multidisciplinary case conferencing, safety planning, follow-up care, family consultations where appropriate, telehealth and care coordination for patients affected by HSV. Funding arrangements should recognise that responding to violence frequently requires multiple consultations over time rather than single episodes of care.⁵⁻⁸

We recommend 40% increase in Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations; 25% increase to Medicare rebates for GP mental health items and simplification of the process of chronic disease management and inclusion of HSV within this.

Recognise that some victim-survivors may have restrictions to Medicare funded primary care or government supports due to the nature of the abuse, including coercive control and/or financial abuse. The Government should also review the capacity of the Medicare claiming system to protect the identities of victims of HSV, who would understandably look to access healthcare confidentially without the knowledge of perpetrators.

Recommendation 3

Strengthen workforce capability through nationally consistent education, clinical guidance and ongoing professional support.

The Australian Government should continue investing in nationally consistent education and training for GPs and practice teams across the continuum of domestic, family and sexual violence. This should include undergraduate education, vocational training, continuing professional development, implementation of the RACGP White Book, updated clinical resources and access to specialist consultation and peer support.⁹⁻¹²

Recommendation 4

Embed trauma-informed, violence-informed and culturally safe care throughout the health system.

Implementation of the Second Action Plan should be underpinned by trauma-informed and culturally safe approaches that promote safety, trust, collaboration, choice and empowerment. The principles outlined in the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people* should inform implementation across all priority areas, recognising the impacts of colonisation, intergenerational trauma and structural inequity while supporting Aboriginal and Torres Strait Islander leadership and self-determination.¹³⁻¹⁶

Recommendation 5

Recognise children and young people as victim-survivors in their own right.

The Second Action Plan should strengthen developmentally appropriate healthcare responses for children and young people experiencing violence, recognising their individual health and recovery needs independent of those of the protective parent. Investment should support early identification, trauma-informed care, multidisciplinary collaboration and culturally safe approaches that strengthen children, families and communities.^{2,13,17}

Recommendation 6

Recognise that older persons, both at home and in aged care facilities may have current or historical experiences as victim-survivors.

Recognise that older persons, both at home and in aged care facilities may have current or historical experiences as victim-survivors. Recognise the general practitioner role in longitudinal and whole of family care that may provide

insight and context to this presentation. Strengthen integration between general practice, aged care and specialist DFSV services to identify and respond to abuse of older persons.

Recommendation 7

Strengthen prevention and early intervention through primary care.

The Australian Government should invest in evidence-based prevention initiatives that support healthy relationships, safe parenting, reproductive autonomy and early intervention for families experiencing adversity, with a focus on trauma-specific therapy that supports long term and intergenerational recovery from domestic violence. General practice should be recognised as a key setting for prevention across the life course through continuity of care, anticipatory guidance and early identification of violence.^{2,10}

Recommendation 8

Develop safe, evidence-based pathways for responding to people who use violence.

The Second Action Plan should strengthen early intervention pathways for people using violence, recognising that general practice may be one of the few services with opportunities for early engagement before behaviour escalates. GPs should be supported through evidence-based guidance, specialist referral pathways, multidisciplinary partnerships and appropriate clinical governance.¹⁸⁻²⁰ Recognise that GPs may also be working with and should be supported in the care of the person using violence. Support research into safe evidence-based primary care responses in working with people who use violence.

Recommendation 9

Strengthen integration between primary care and specialist services.

The Australian Government should improve integration between general practice, Aboriginal Community Controlled Health Organisations, specialist domestic and family violence services, sexual assault services, hospitals, mental health services, child protection, alcohol and other drug services and the justice sector. Investment should support coordinated referral pathways, shared care arrangements and local multidisciplinary networks.^{11,14}

Recommendation 10

Improve equitable access to services for priority populations.

Implementation of the Second Action Plan should recognise the diverse experiences of violence across Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, migrant and refugee populations, people with disability, LGBTQIA+ communities, older people and people living in rural and remote Australia. Responses should be co-designed with communities and supported by culturally safe, accessible and flexible models of care.¹³⁻¹⁶

Recommendation 11

Strengthen responses to sexual violence and reproductive coercion within primary care.

The Second Action Plan should recognise the important role of general practice in identifying and responding to sexual violence, reproductive coercion and related forms of abuse. National clinical guidance, referral pathways and workforce education should support timely, trauma-informed healthcare, recognising that general practice is frequently the first point of disclosure.²⁰

Recommendation 12

Support the wellbeing and sustainability of the healthcare workforce.

Responding to domestic, family and sexual violence is emotionally demanding and may contribute to vicarious trauma and burnout among healthcare professionals. Health professionals may also have their own lived experience, and this will impact on how they identify and respond to DFSV.³ The Australian Government should invest in peer support, supervision, mentoring, specialist advice services and workforce wellbeing initiatives to ensure clinicians are supported to provide safe and sustainable care.¹²

Recommendation 13

Commit to sustained investment, implementation and evaluation.

The Australian Government should move beyond short-term pilot programs and commit to long-term investment in successful models of care. Evaluation should include meaningful measures of health outcomes, patient experience, equity, workforce capability and system integration. General practice should be recognised as a key contributor to monitoring implementation and informing continuous quality improvement across the life of the National Plan.^{1,2,11}

Priority Area 1 – Supporting victim-survivors to be safe, recover and thrive

The RACGP strongly supports the Second Action Plan's commitment to improving outcomes for victim-survivors of domestic, family and sexual violence (DFSv). Ensuring that victim-survivors can access timely, coordinated and trauma-informed support is fundamental to achieving the vision of the National Plan. General practice has an essential role in achieving this objective and should be explicitly recognised as a core component of Australia's service system response.^{1,2}

General practice as a trusted point of disclosure

For many victim-survivors, general practice is the first – and sometimes only – health service accessed before, during or after experiences of violence. Patients frequently present with non-specific physical symptoms, chronic pain, mental health concerns, sleep disturbance, reproductive health issues or concerns relating to their children long before they disclose abuse. Disclosure often occurs only after trust has developed through repeated consultations over months or years.³⁻⁶

The longitudinal therapeutic relationship between a GP and patient is therefore one of general practice's greatest strengths. Continuity of care enables clinicians to recognise changes in health or behaviour over time, identify cumulative patterns of coercive control, monitor risk, respond to disclosure when patients are ready and provide ongoing support throughout recovery. Unlike crisis services, general practice offers continuous care across the lifespan, recognising that recovery from violence is rarely linear and often requires sustained healthcare over many years.⁵⁻⁸

The RACGP recommends that the Second Action Plan explicitly acknowledge continuity of care as a protective factor for victim-survivors and recognise general practice as a key setting for long-term recovery.

Trauma-informed and violence-informed healthcare

Victim-survivors consistently identify feeling believed, respected and safe as critical elements of effective healthcare. Trauma-informed and violence-informed care provides a framework for achieving these outcomes by recognising the widespread impacts of trauma and avoiding practices that may inadvertently re-traumatise patients. Principles including physical and emotional safety, trustworthiness, collaboration, choice and empowerment should underpin all healthcare interactions.⁹⁻¹¹

General practice is well placed to implement these approaches because of its person-centred model of care and ongoing therapeutic relationships. However, trauma-informed practice requires sufficient consultation time, appropriate clinical environments, access to multidisciplinary referral pathways and ongoing professional education. Current funding arrangements frequently do not reflect the complexity of consultations involving domestic, family and sexual violence.

The RACGP recommends that implementation of the Second Action Plan include investment in trauma-informed models of care within primary care settings, supported by Medicare funding that recognises the complexity and duration of consultations required to respond safely to DFSv.

Culturally safe care for Aboriginal and Torres Strait Islander peoples

The RACGP strongly supports the Action Plan's recognition that Aboriginal and Torres Strait Islander women and children experience disproportionately high rates of family violence and that responses must be developed in partnership with Aboriginal and Torres Strait Islander peoples.

Consistent with the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*, responses should be culturally safe, strengths-based and trauma-informed, recognising the ongoing impacts of colonisation, dispossession, racism and intergenerational trauma on health and wellbeing. Care should support self-determination, respect community leadership and build upon the strengths, resilience and protective factors that exist within Aboriginal and Torres Strait Islander families and communities.¹²

Chapter 4 of the National Guide emphasises that child and family safety should be understood within the broader context of family wellbeing, cultural identity and connection to Country, kinship and community. It recommends that healthcare providers remain alert to indicators of child abuse and neglect while avoiding routine screening that may undermine trust or discourage engagement with healthcare. Instead, clinicians should work collaboratively with families, Aboriginal Community Controlled Health Organisations (ACCHOs) and community services to strengthen protective factors and provide culturally appropriate support.¹²

The RACGP recommends that these principles inform implementation of the Second Action Plan across all priority areas. Aboriginal and Torres Strait Islander peoples should not be considered solely as a priority population; rather, culturally safe, strengths-based care should be embedded throughout policy development, workforce education, service design and evaluation.

The RACGP further supports greater investment in Aboriginal Community Controlled Health Organisations and partnerships between ACCHOs and mainstream general practice to improve access to culturally safe care for victim-survivors and their families.^{12,13}

Responding to children and young people

The RACGP welcomes the consultation paper's recognition that children and young people are victim-survivors in their own right. Exposure to violence has profound and lifelong consequences for physical health, mental health, educational attainment and social wellbeing. Early intervention is therefore essential to interrupt intergenerational cycles of violence and promote lifelong health.^{2,14}

General practice provides one of the few universal services accessed by children throughout infancy, childhood and adolescence. GPs are well placed to identify developmental concerns, behavioural changes, physical injuries, emotional distress and family circumstances that may indicate exposure to violence. General practice also provides opportunities to support the protective parent, promote safe parenting, facilitate referrals and coordinate multidisciplinary care. General practitioners often care for the whole family, including the person using violence. Families with disability, including neurodiversity may have unique needs. GPs should be supported in their role of providing whole of family care.

The National Guide reinforces that clinicians should adopt a strengths-based approach that supports families wherever possible, recognising that most parents wish to provide safe and nurturing environments for their children. Interventions should build protective factors, strengthen parenting capacity and maintain children's connections to family, culture and community whenever this can be achieved safely.¹²

The RACGP recommends that implementation of the Second Action Plan include dedicated investment in primary care resources that support trauma-informed assessment and management of children exposed to domestic, family and sexual violence.

Sexual violence and reproductive coercion

General practice also plays an increasingly important role in responding to sexual violence and reproductive coercion. Many victim-survivors first disclose experiences of sexual violence during consultations relating to contraception, pregnancy, sexual and reproductive health, mental health or chronic pain. GPs therefore require access to evidence-based guidance, specialist referral pathways and clear clinical resources that support immediate and ongoing care.¹⁵⁻¹⁷

The RACGP recommends development of nationally consistent clinical pathways for responding to recent and historical sexual violence, including improved integration between general practice, forensic medical services, sexual assault services and mental health providers.

The College also supports explicit recognition of reproductive coercion as a form of domestic and family violence within implementation of the Second Action Plan. Education and clinical guidance should equip healthcare professionals to recognise reproductive coercion, support informed reproductive decision-making and provide safe referral pathways.

Improving access through integrated models of care

Many victim-survivors require support from multiple services, including health, mental health, legal, housing, child and family services, alcohol and other drug services and specialist domestic and family violence organisations. Navigating these systems can be overwhelming, particularly during periods of crisis.

The RACGP supports greater investment in integrated models of care that strengthen collaboration between general practice, Aboriginal Community Controlled Health Organisations, specialist domestic and family violence services and community organisations. This should include clearly defined referral pathways, shared-care arrangements, local multidisciplinary networks and care navigation to improve continuity of support and reduce fragmentation.

Previous RACGP advocacy has also highlighted opportunities to embed domestic and family violence within chronic disease management arrangements, expand telehealth access where clinically appropriate and support outreach models that improve access for underserved communities. These practical reforms would strengthen the health system response and improve access to ongoing care for victim-survivors.^{18,19}

Strengthening implementation

The RACGP recommends that the Second Action Plan:

- explicitly recognise general practice as a core service for identification, response and long-term recovery;
- invest in Medicare funding that supports longer consultations, safety planning, multidisciplinary care and continuity of care;
- embed trauma-informed, violence-informed and culturally safe principles throughout implementation;

- strengthen partnerships between general practice, other health specialist, mental health, alcohol and other drug services, ACCHOs, specialist domestic and family violence services, and other community services including legal, housing, child and family services, aged care services;
- support nationally consistent clinical guidance for responding to sexual violence and reproductive coercion;
- invest in primary care resources that support children and young people as victim-survivors in their own right; and
- strengthen evaluation of health outcomes associated with primary care interventions to inform continuous

Priority Area 2 – Prevention and early intervention

The RACGP strongly supports the Second Action Plan's increased emphasis on preventing domestic, family and sexual violence (DFSVM) before it occurs and intervening as early as possible when violence is identified. Prevention and early intervention are fundamental to reducing the long-term health, social and economic impacts of violence. General practice has an important role across the prevention continuum through health promotion, early recognition of risk, trauma-informed responses, continuity of care and coordination of multidisciplinary support.^{1,2}

General practice is one of the few universal services that Australians access throughout their lives. Patients present for preventive healthcare, pregnancy care, childhood immunisations, chronic disease management, mental healthcare, sexual and reproductive healthcare and care for older people. These routine healthcare encounters create numerous opportunities to identify concerns early, support healthy relationships, strengthen protective factors and respond safely to emerging indicators of violence before harm escalates.³⁻⁶

Unlike crisis services, which are often accessed only after violence has occurred, general practice supports prevention across the life course. This longitudinal relationship allows GPs to identify changes over time, build trust, understand family circumstances and intervene at multiple points where risk factors emerge. Recognising and responding to violence should therefore be understood as a core component of comprehensive preventive healthcare.

Prevention through trusted therapeutic relationships

The effectiveness of general practice in preventing violence is founded on continuity of care. Patients commonly disclose experiences of violence only after repeated consultations and the development of a trusting therapeutic relationship. Disclosure rarely occurs during an initial consultation and may instead follow months or years of ongoing healthcare.^{1,7}

The RACGP White Book recognises that creating safe opportunities for discussion, responding compassionately to disclosures and supporting patients' autonomy are more effective than relying on routine screening approaches. Trauma-informed conversations, guided by clinical judgement and indicators of concern, allow clinicians to tailor care to each patient's circumstances while minimising the risk of re-traumatisation.⁷

Accordingly, the RACGP supports approaches that strengthen clinicians' capability to recognise indicators of violence and respond safely, rather than implementing universal screening programs that are not supported by current evidence.

Prevention begins in childhood

The Second Action Plan appropriately recognises children and young people as central to prevention efforts. The RACGP strongly supports this approach.

The *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people* identifies child and family safety as a fundamental component of preventive healthcare. Rather than focusing solely on identifying risk, the National Guide promotes a strengths-based approach that supports nurturing relationships, family wellbeing, cultural identity and community connection as protective factors for lifelong health.¹⁰

Chapter 4 highlights that clinicians should remain alert to indicators of abuse, neglect and family violence while working collaboratively with families to strengthen parenting, improve child safety and connect families with appropriate support services. Importantly, the National Guide advises against routine population screening for child maltreatment, instead recommending culturally safe, trauma-informed clinical assessment informed by professional judgement and ongoing relationships with children and families.¹⁰

These principles are equally applicable across the broader Australian population and align closely with trauma-informed models of general practice. Prevention should not be limited to identifying families at risk; it should also strengthen protective factors that promote resilience, healthy child development and safe family relationships.

The RACGP recommends that implementation of the Second Action Plan incorporate these preventive principles across all primary healthcare settings.

Supporting healthy relationships across the life course

General practice provides opportunities to promote healthy relationships and respectful behaviours throughout life.

Preventive interventions may include:

- supporting parents and families during pregnancy and the early years of parenting;
- promoting healthy adolescent development and respectful relationships;
- providing confidential sexual and reproductive healthcare;
- recognising reproductive coercion and other forms of coercive control;
- supporting older people experiencing elder abuse;
- addressing alcohol and other drug use, disability, ill-health including mental ill-health and social isolation where these coexist with violence; and
- connecting patients with community supports before crises develop.

The RACGP supports greater recognition of these preventive activities within implementation of the Second Action Plan.

Aboriginal and Torres Strait Islander leadership in prevention

The RACGP strongly supports Aboriginal and Torres Strait Islander leadership in preventing family violence.

The National Guide recognises that prevention must acknowledge the ongoing impacts of colonisation, forced child removal, racism and intergenerational trauma while recognising the resilience, strengths and leadership of Aboriginal and Torres Strait Islander peoples.¹⁰

Effective prevention is grounded in self-determination and culturally safe care. General practitioners should work collaboratively with Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Health Workers and Aboriginal Health Practitioners to deliver holistic, culturally responsive care that strengthens families and communities.

The RACGP recommends that implementation of the Second Action Plan include sustained investment in Aboriginal-led prevention initiatives and stronger partnerships between ACCHOs and mainstream general practice to improve continuity of care, shared learning and culturally safe referral pathways.

Building workforce capability

Preventing violence requires a confident and capable primary healthcare workforce.

The RACGP supports nationally consistent education that equips GPs and practice teams to:

- recognise indicators of domestic, family and sexual violence;
- undertake safe and sensitive enquiry where clinically indicated;
- respond using trauma-informed and culturally safe approaches;
- assess immediate safety and risk;
- recognise the risk associated with non-fatal strangulation;
- support children and families;
- recognise reproductive coercion and sexual violence;
- identify opportunities for early intervention with people using violence; and
- coordinate multidisciplinary care.

Education should commence during undergraduate training and continue throughout vocational training and continuing professional development. General practice includes the whole practice including administration staff, practice managers, nurses and Aboriginal health workers and we recommend whole of practice training for all staff. Ongoing access to mentoring, timely specialist advice and peer support is equally important in maintaining clinician confidence and reducing the impact of vicarious trauma.¹¹⁻¹⁴

The RACGP also recommends continued investment in the RACGP White Book and associated implementation resources to ensure that general practitioners have access to contemporary, evidence-based clinical guidance.

Strengthening community partnerships

General practice cannot prevent violence in isolation.

Successful prevention requires coordinated action across health, education, child and family services, Aboriginal Community Controlled Health Organisations, specialist domestic and family violence services, legal, housing, alcohol and other drug, mental health and community organisations.

The RACGP supports investment in integrated local service networks that facilitate warm referrals, shared care, multidisciplinary case discussions and improved communication between services. Primary Health Networks have an important role in supporting these partnerships, particularly in rural and regional communities where service availability may be limited.

Opportunities to strengthen the Second Action Plan

The RACGP recommends that the Australian Government strengthen Priority Area 2 by:

- explicitly recognising general practice as a universal platform for prevention and early intervention;
- embedding the principles of trauma-informed, violence-informed and culturally safe care across all prevention initiatives;
- adopting the preventive approach described in the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*, particularly the emphasis on strengths-based, family-centred care and avoiding routine screening for child maltreatment;
- investing in nationally consistent workforce education, implementation of the RACGP White Book and access to specialist clinical support;
- strengthening partnerships between general practice, ACCHOs, Primary Health Networks and specialist domestic, family and sexual violence services;
- supporting preventive initiatives addressing reproductive coercion, adolescent relationship violence, child and family wellbeing and healthy ageing; and
- investing in long-term evaluation of prevention initiatives within primary care to strengthen the evidence base and inform future policy development.

Priority Area 3 – Supporting children and young people to be safe, recover and thrive

The RACGP strongly supports the Second Action Plan's recognition that children and young people are victim-survivors in their own right. Exposure to domestic, family and sexual violence during childhood has profound and enduring consequences for health, wellbeing and development. Early experiences of violence are associated with increased risks of chronic disease, mental illness, substance use, poor educational attainment, social disadvantage and future experiences of violence across the life course.^{1,2,15}

Preventing and responding to violence affecting children is therefore both a child protection priority and a preventive health priority. General practice has a critical role in promoting children's safety, supporting healthy development and strengthening family wellbeing.

General practice as a universal service for children

General practice is one of the few services accessed by almost every Australian child from birth through adolescence. Immunisations, developmental surveillance, preventive health assessments, management of acute illness and chronic disease, adolescent health consultations and mental healthcare all provide opportunities to develop trusted relationships with children and families.

These repeated contacts enable GPs to observe changes over time, recognise developmental or behavioural concerns, identify indicators of family violence and provide ongoing support throughout childhood. Unlike many services, general practice is not limited to crisis intervention. It provides continuous, family-centred care that supports prevention, early identification and recovery.

The RACGP considers that the Second Action Plan should explicitly recognise general practice as a key component of Australia's child and family service system.

Children are more than witnesses to violence

Children should not be regarded solely as witnesses to violence perpetrated against others.

Growing evidence demonstrates that exposure to coercive control, emotional abuse and family violence directly affects children's physical, emotional, cognitive and social development, even when children are not themselves physically assaulted. The Australian Child Maltreatment Study further highlights the cumulative impacts of multiple forms of maltreatment on lifelong health outcomes.¹⁵

Accordingly, children require developmentally appropriate healthcare that recognises their individual experiences, strengths and recovery needs.

The RACGP supports the consultation paper's emphasis on recognising children as victim-survivors in their own right and recommends that this principle underpin implementation across all sectors.

Strengthening protective factors

The *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people* provides an important framework for understanding child and family safety within primary care.

Chapter 4 emphasises that effective prevention extends beyond identifying risk factors. Clinicians should actively strengthen protective factors including secure attachment, nurturing parenting, cultural identity, connection to family and community, social support and access to appropriate health and community services.¹²

The National Guide also recommends that clinicians:

- remain alert to indicators of child abuse, neglect and family violence;
- undertake culturally safe assessment informed by clinical judgement rather than routine screening;
- support parents experiencing adversity;
- strengthen parenting capacity;
- collaborate with Aboriginal Community Controlled Health Organisations and community services; and
- maintain children's connection to family, culture and Country wherever it is safe to do so.¹²

These principles reflect contemporary evidence that supporting families early is more effective than responding only after crises have developed.

The RACGP recommends that these preventive principles inform implementation of the Second Action Plan for all Australian children while recognising the importance of culturally specific approaches developed in partnership with Aboriginal and Torres Strait Islander communities.

Supporting Aboriginal and Torres Strait Islander children and families

The RACGP acknowledges that Aboriginal and Torres Strait Islander children continue to experience disproportionate exposure to family violence and involvement with statutory child protection systems.

Responses must recognise the ongoing impacts of colonisation, forced child removal, intergenerational trauma and systemic racism while supporting Aboriginal and Torres Strait Islander self-determination.

Consistent with the National Guide and the National Agreement on Closing the Gap, implementation of the Second Action Plan should strengthen Aboriginal Community Controlled Health Organisations, support Aboriginal-led models of care and ensure that policies affecting Aboriginal and Torres Strait Islander children are developed in genuine partnership with communities.^{12,16}

General practitioners should be supported to work collaboratively with Aboriginal Health Workers, Aboriginal Health Practitioners and Aboriginal Community Controlled Health Organisations to provide culturally safe, holistic care for children and families.

Supporting parents and caregivers

Parents experiencing violence frequently prioritise their children's safety above their own healthcare needs.

General practitioners therefore have an important role in supporting the protective parent, recognising parenting strengths and assisting families to navigate health, education and community services. General practitioners often work with whole of family, including potentially the person using violence.

The RACGP supports family-centred models of care that recognise parents as partners in children's recovery while also addressing parents' own physical and mental health needs. Investment in longer consultations and multidisciplinary care coordination would significantly strengthen these approaches.

Adolescent health and prevention

Adolescence provides an important opportunity to prevent future violence.

General practice consultations relating to mental health, sexual and reproductive health, gender identity, contraception, alcohol and other drug use and chronic disease create opportunities to discuss respectful relationships, consent, online safety, reproductive coercion and help-seeking behaviours.

The RACGP recommends that implementation of the Second Action Plan include age-appropriate resources to support GPs in promoting healthy relationships, recognising adolescent relationship violence and responding safely to disclosures.

Improving system integration

Children affected by violence frequently require support from multiple services including education, child and family services, mental health, disability services, specialist domestic and family violence organisations and healthcare providers.

The RACGP supports greater investment in integrated care pathways that enable timely information sharing, coordinated care and multidisciplinary collaboration while maintaining children's privacy and safety.

Primary Health Networks, Aboriginal Community Controlled Health Organisations and local child and family services have important roles in facilitating these partnerships.

Opportunities to strengthen the Second Action Plan

The RACGP recommends that the Australian Government:

- explicitly recognise general practice as a universal child health service that contributes to prevention, early identification and recovery;
- adopt the strengths-based approach outlined in Chapter 4 of the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*;
- strengthen culturally safe partnerships with Aboriginal Community Controlled Health Organisations;
- invest in trauma-informed primary care resources that support children and young people as victim-survivors in their own right;
- support longer consultations and multidisciplinary care for children and families experiencing violence;
- improve referral pathways between general practice, child and family services, specialist domestic and family violence services and mental health providers; and
- strengthen evaluation of health outcomes for children affected by violence to inform continuous improvement across the National Plan.

Priority Area 4 – Strengthening responses to people who use violence

The RACGP supports the Second Action Plan's recognition that ending domestic, family and sexual violence requires effective responses to people who use violence. While victim-survivor safety must remain the primary consideration, reducing future violence also requires earlier identification of harmful behaviours and timely access to evidence-based interventions.^{1,2}

General practice has an important, but often under-recognised, role in this work. Many people who use violence will never engage voluntarily with specialist behaviour change programs, yet they continue to access healthcare for physical illness, mental health conditions, alcohol and other drug use, relationship concerns, parenting issues and chronic disease management. These presentations may provide valuable opportunities to recognise risk factors, initiate conversations about behaviour and facilitate referral to appropriate services.³⁻⁶

The role of general practice

General practitioners frequently care for entire families, which creates both opportunities and challenges when responding to domestic, family and sexual violence. GPs may unknowingly provide care to both victim-survivors and people using violence within the same practice. This requires careful management of confidentiality, safety planning, documentation and clinical decision-making.

The RACGP emphasises that general practice responses to people using violence must always prioritise the safety of victim-survivors and children. Healthcare responses should never place responsibility on victim-survivors to manage or monitor behaviour change, nor should they compromise confidentiality or increase risk.

Instead, general practice should be supported to:

- recognise indicators that a patient may be using violence;
- undertake safe, non-collusive clinical conversations where appropriate;
- assess immediate risk;
- address contributing health issues, including mental illness, substance use and physical health concerns;
- facilitate referral to specialist men's behaviour change programs or other evidence-based services; and
- work collaboratively with specialist domestic and family violence services where appropriate.

These activities require appropriate education, clinical guidance and referral pathways.

Recognising opportunities for early intervention

Many patients who use violence do not present seeking help for their behaviour. Rather, violence may become apparent through discussions about relationship conflict, parenting, mental health, substance use, financial stress or legal issues.

General practice should therefore be recognised as one component of a broader early intervention system. Clinicians should be supported to recognise patterns of coercive control, intimidation and abusive behaviour while maintaining a clear focus on accountability and victim safety.

The RACGP does not support simplistic approaches that attribute violence solely to mental illness, alcohol or other drug use. While these factors may coexist and we support public health measures that address these, domestic, family and sexual violence is a pattern of behaviours involving power, control and coercion. Clinical assessment should therefore consider the broader social and behavioural context while avoiding explanations that diminish personal responsibility.^{7,8}

Building clinician capability

Responding safely to people using violence requires a different skill set from responding to victim-survivors.

The RACGP recommends development of nationally consistent education that equips GPs to:

- identify indicators of coercive control and abusive behaviour;
- conduct safe, evidence-informed conversations;
- assess immediate safety concerns;
- avoid collusion or victim-blaming;
- understand referral pathways;
- maintain appropriate clinical documentation; and
- manage situations where multiple family members attend the same practice.

Education should align with the RACGP White Book and contemporary evidence regarding behaviour change interventions.

Integration with specialist services

General practice should not be expected to manage people using violence in isolation.

The RACGP supports stronger collaboration between primary care, specialist behaviour change programs, alcohol and other drug services, mental health services, child and family services and the justice sector.

Clear referral pathways, access to secondary consultation and opportunities for multidisciplinary case discussion would strengthen clinician confidence while improving patient safety.

The College also supports continued evaluation of primary care interventions addressing perpetration, recognising that this remains an evolving area of evidence.

Opportunities to strengthen the Second Action Plan

The RACGP recommends that the Australian Government:

- recognise general practice as an important setting for early intervention with people using violence;
- develop nationally consistent clinical guidance for primary care responses;
- strengthen referral pathways between general practice and specialist behaviour change services;
- invest in workforce education addressing coercive control, accountability and safe clinical practice;
- support multidisciplinary collaboration across health, justice and community sectors; and
- evaluate the effectiveness of primary care interventions that contribute to preventing future violence.

Priority Area 5 – System leadership, workforce capability and implementation

The RACGP strongly supports the Second Action Plan's recognition that achieving sustainable change requires coordinated leadership, a capable workforce and integrated service systems. These elements underpin all other priority areas and will determine whether the National Plan translates into meaningful improvements for individuals, families and communities.^{1,2}

The RACGP considers that general practice should be recognised as a foundational component of Australia's domestic, family and sexual violence response. As Australia's largest and most accessible healthcare service, general practice provides an existing national infrastructure capable of supporting prevention, early intervention, treatment and recovery. Realising this potential requires sustained investment in workforce capability, service integration and system reform.

Strengthening workforce capability

Responding to domestic, family and sexual violence is a core component of contemporary general practice.

The RACGP recommends a nationally coordinated education framework that spans undergraduate medical education, vocational training, continuing professional development and ongoing professional support. Education should encompass:

- trauma- and violence-informed care;
- culturally safe practice;
- child and family safety;
- responding to sexual violence and reproductive coercion;
- recognising coercive control;
- responding to people using violence;
- safe documentation and information sharing; and
- multidisciplinary care coordination.

Consistent with previous RACGP advocacy, education should be complemented by updated clinical guidance, implementation resources and continued investment in the RACGP White Book.^{9,10}

Supporting clinician wellbeing

General practitioners regularly hear disclosures of trauma, abuse and violence. Repeated exposure to traumatic experiences may contribute to vicarious trauma, compassion fatigue and professional burnout. This may be compounded by their own lived experiences.

Supporting workforce wellbeing is therefore essential to maintaining a sustainable healthcare response.

The RACGP recommends investment in:

- peer support;
- clinical supervision and mentoring;
- specialist consultation services;
- communities of practice;
- protected learning opportunities; and
- wellbeing initiatives that recognise the emotional impact of responding to domestic, family and sexual violence.

These recommendations are consistent with previous RACGP advocacy and stakeholder discussions supporting national workforce capability.

Medicare and funding reform

Current funding arrangements frequently do not reflect the complexity of trauma-informed care.

Patients experiencing domestic, family and sexual violence often require:

- longer consultations;
- multiple follow-up appointments;
- multidisciplinary case conferencing;
- care coordination;
- family-centred care;

- telehealth; and
- collaboration with community services.

The RACGP recommends that Medicare funding better support these models of care. Building on previous RACGP advocacy, consideration should also be given to recognising domestic and family violence within chronic disease management and strengthening funding mechanisms that support comprehensive primary healthcare responses.

The RACGP recommends 40% increase in Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations; 25% increase to Medicare rebates for GP mental health items and simplification of the process of chronic disease management and inclusion of DFV within this.

The Government should also review the capacity of the Medicare claiming system to protect the identities of victims of DFSV, who would understandably look to access healthcare confidentially without the knowledge of perpetrators.

Integrated systems

The Second Action Plan presents an opportunity to strengthen collaboration across Australia's health and community sectors.

The RACGP recommends improved integration between:

- general practice;
- Aboriginal Community Controlled Health Organisations;
- specialist domestic and family violence services;
- non-government organisations
- sexual assault services;
- hospitals;
- mental health services;
- alcohol and other drug services;
- child protection;
- aged care services;
- legal services; and
- Primary Health Networks.

Investment in local multidisciplinary networks, shared care arrangements and care navigation would improve continuity of care while reducing fragmentation for patients. Dedicated non-government organisations provide extensive support to victims of DFSV, but often have no clear linkages with general practice including referral pathways and mechanisms for follow-up. Strengthening connections between the general practice sector and these organisations would improve communication and encourage GPs to be advocates for their patients.

Aboriginal and Torres Strait Islander leadership

Consistent with the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people* and the National Agreement on Closing the Gap, implementation of the Second Action Plan should strengthen Aboriginal leadership, support Aboriginal Community Controlled Health Organisations and embed culturally safe care across the health system.¹²

Aboriginal and Torres Strait Islander leadership should be reflected not only in service delivery but also in governance, workforce development, implementation and evaluation.

Research, evaluation and continuous improvement

The RACGP supports a strong evaluation framework that measures health outcomes alongside justice and social outcomes.

Evaluation should include:

- patient-reported experience measures;
- continuity of care;
- equitable access to services;
- Aboriginal and Torres Strait Islander health outcomes;
- workforce capability;
- clinician wellbeing;
- multidisciplinary collaboration; and

- long-term health outcomes for adults and children.

The RACGP also supports continued investment in implementation research to strengthen the evidence base for primary care responses to domestic, family and sexual violence.

Opportunities to strengthen the Second Action Plan

The RACGP recommends that the Australian Government:

- recognise general practice as core national infrastructure supporting implementation of the National Plan;
- strengthen Medicare funding to support comprehensive trauma-informed primary care;
- invest in nationally coordinated workforce education and ongoing professional support;
- embed culturally safe practice informed by the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*;
- strengthen partnerships between mainstream general practice and Aboriginal Community Controlled Health Organisations;
- support clinician wellbeing through supervision, mentoring and peer support;
- move beyond short-term pilot programs towards sustainable funding for successful models of care; and
- establish a robust evaluation framework that measures health outcomes and supports continuous quality improvement.

Conclusion

The Royal Australian College of General Practitioners (RACGP) welcomes the Australian Government's commitment to developing the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032*. The proposed priorities provide an important opportunity to strengthen Australia's response to domestic, family and sexual violence through greater emphasis on prevention, early intervention, recovery and accountability.

The RACGP strongly supports the Action Plan's whole-of-system approach and its recognition that ending domestic, family and sexual violence requires coordinated action across governments, health services, community organisations and specialist sectors. Achieving the ambitious objectives of the National Plan, however, will require greater recognition of the critical role that general practice plays within Australia's health system.

General practice is Australia's largest, most accessible and most trusted healthcare service. General practitioners develop enduring therapeutic relationships with individuals and families across the life course and are uniquely positioned to recognise violence early, respond safely to disclosures, coordinate multidisciplinary care and support recovery over time. For many victim-survivors, the relationship with their GP represents the first opportunity to disclose violence and may remain their most consistent source of healthcare throughout recovery.

The RACGP considers that the Second Action Plan should explicitly recognise general practice as core national infrastructure supporting implementation of the National Plan. This includes recognising the central role of continuity of care, comprehensive primary healthcare and multidisciplinary collaboration in preventing violence and reducing its long-term health impacts.

The College also emphasises that prevention must begin well before violence occurs. General practice contributes to prevention through preventive healthcare, child and family health, sexual and reproductive healthcare, mental healthcare, chronic disease management, healthy ageing and ongoing support for families experiencing adversity. Investment in primary care therefore represents investment in Australia's capacity to prevent violence across the life course.

The RACGP welcomes the increased focus on Aboriginal and Torres Strait Islander peoples throughout the consultation paper and recommends that implementation of the Second Action Plan be informed by the principles articulated in the *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*. These principles recognise that child and family safety is strengthened through culturally safe, trauma-informed, strengths-based care that supports self-determination, community leadership and partnership with Aboriginal Community Controlled Health Organisations. Embedding these principles throughout implementation will contribute to more equitable and culturally responsive healthcare for Aboriginal and Torres Strait Islander peoples while strengthening the quality of care for all Australians.

The RACGP further considers that sustainable implementation will require long-term investment in the general practice workforce. Responding to domestic, family and sexual violence requires time, clinical expertise, multidisciplinary collaboration and ongoing professional support. Appropriate Medicare funding, nationally consistent education, access to specialist consultation, peer support and integrated referral pathways are essential to enable general practitioners and practice teams to provide safe, effective and sustainable care.

The College encourages the Australian Government to move beyond short-term pilot programs and invest in evidence-based models of care that have demonstrated effectiveness within primary care. Continued evaluation, implementation research and collaboration with the general practice sector will be critical to ensuring that the Second Action Plan delivers meaningful and lasting improvements for victim-survivors, children, families and communities.

The RACGP looks forward to continuing to work in partnership with the Australian Government, Aboriginal and Torres Strait Islander organisations, specialist domestic, family and sexual violence services, researchers and community organisations to strengthen Australia's health system response to domestic, family and sexual violence.

By recognising general practice as a cornerstone of prevention, early intervention and recovery, the Second Action Plan can build on Australia's existing primary healthcare system to improve safety, strengthen families and contribute to the National Plan's vision of ending violence against women and children.

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