

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

Submission from The  
Benevolent Society  
July 2026

# Introduction

The Benevolent Society welcomes the opportunity to contribute to the development of the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032 (National Plan).

The Benevolent Society has been operating since 1813. Our vision is for a just society where everyone is valued, safe and belongs.

As a multi-service provider, we support people across all stages of life and deliver services throughout metropolitan, regional, and rural New South Wales, Queensland, South Australia and the Australian Capital Territory.

Our services include early childhood, child, youth and family, support for people with caring responsibilities, and support for older Australians to live well in the community. We also provide services to support people in times of crisis, including specialist domestic and family violence services such as Staying Home Leaving Violence.

We see the impacts of domestic, family and sexual violence (DFSVM) and the barriers women and children face to getting help.

We see people who use violence continuing to justify their abuse and avoid accountability while their victims have to fight to navigate systems that are insufficient and failing to protect them.

Our longstanding presence in regional, rural and remote communities provides us with a unique perspective on the opportunities and challenges of implementing the National Plan in places that are the hardest to reach and support.

We acknowledge the ongoing impacts of colonisation, dispossession and systemic injustice, which contribute to inequitable outcomes and the disproportionate impacts of violence experienced by Aboriginal and Torres Strait Islander women and children. We also recognise that racism, ableism, homophobia, transphobia, economic disadvantage and geographic isolation can increase the risk of violence and create additional barriers to safety, support and recovery.

The Second Action Plan presents an opportunity to address these inequities.

The Benevolent Society has a long history of working alongside children and families and is recognised for its expertise in integrated early support and place-based service delivery.

People experiencing violence may bring their children to our long day care centres and kindergartens, attend playgroups and health check-ins through our community hubs, work with our family support teams, or receive support in their homes through our family preservation and aged care workforce.

In many locations, particularly regional, rural and remote communities, specialist DFSVM services are limited or unavailable, meaning women and children often seek support through the services they already know and trust.

At The Benevolent Society, we are working to ensure that all of our services are not only aware of DFSVM and how it can present but are embedding the capability to recognise and respond to violence in every context.

The Second Action Plan should focus on strengthening universal community services to support earlier intervention, improving quality of care, and ensuring accountability for those who use violence.

This submission focuses on five priority areas:

1. Leveraging universal community services as a neutral space for victim-survivors to access support.
2. Prioritising targeted interventions and supports for children and young people alongside universal education programs.
3. Enabling children and young people affected by violence to access the right support, at the right time.
4. Strengthening accountability and creating earlier opportunities for behaviour change.
5. Embedding DFSV response capability in the services people know and trust.

# Our Recommendations

## Priority Area 1. Victim-survivors of domestic, family and sexual violence

### Leverage universal community services as a neutral space for victim-survivors to access support.

Many of the drivers and consequences of DFSV intersect with housing instability, social isolation, poor mental health, financial insecurity and fragmented service systems. However, governments frequently design programs and funding models to respond to these interconnected challenges separately rather than holistically.

This fragmentation can require victim-survivors to repeatedly navigate multiple systems and retell their experiences to access support.

When DFSV is not recognised as relevant to these systems, opportunities to identify risk can be missed.

Recent reforms have laid the foundations for more coordinated, multi-agency responses to DFSV. Integrated Service Responses, High Risk Teams and information-sharing arrangements have strengthened collaboration between agencies and supported risk management. However, these responses are often activated only once risk is assessed as severe or imminent.

Many victim-survivors continue to encounter fragmented systems long before they meet thresholds for intensive intervention. This is why we need trusted entry points, service navigation and care coordination that support women and children throughout their journey, rather than only when risk has escalated to crisis point.

Housing is one of the most significant barriers to safety and recovery for victim-survivors of DFSV.

For many women and children, homelessness is both a consequence of DFSV and a pathway to further disadvantage and vulnerability. Family and domestic violence remains the leading reason people seek homelessness assistance in Australia, with 34,459 people seeking support in March 2026.<sup>1</sup>

Women and children escaping violence struggle to access refuge accommodation, social housing and affordable private rentals. In many cases, there is simply nowhere safe to go.

These barriers are particularly acute for people with disability, children with disability and older people who may rely on the person using violence for care or support.

Even where violence is identified, people may be unable to leave because there is no accommodation available, because specialist disability supports cannot be replicated elsewhere, or because leaving would mean losing access to essential care arrangements.

For some, this may mean spending extended periods in temporary accommodation before ultimately being unable to find a suitable refuge placement.

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<sup>1</sup> Australian Institute of Health and Welfare. Specialist Homelessness Services: monthly data (29 May 2026), viewed 21/07/2026, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>.

Safe and accessible housing is therefore fundamental to victim-survivors' safety and recovery and must be integrated with DFSV, child and family, disability, health and recovery supports.

Older people experiencing abuse face additional barriers to support. While abuse against older people is frequently perpetrated by adult children, partners and other family members, there are relatively few specialist services available to respond. The DFSV system is largely designed around intimate partner violence and may not be equipped to respond to abuse perpetrated by other family or household members.

As a result, aged care workers are often responsible for identifying, responding to and managing significant risks without access to specialist support, advocacy services or funded case coordination.

Even when abuse is identified, aged care providers can find themselves managing significant risk without access to specialist DFSV expertise or support.

The limited availability of specialist services for older people experiencing abuse means there are too few referral pathways, leaving aged care workers to manage complex family violence.

Older people experiencing abuse are often forced to navigate difficult choices between maintaining important relationships, remaining in their own home and seeking protection from abuse. These circumstances frequently require intensive advocacy and coordination across multiple systems. While the new Support at Home program does provide claimable funding for case management, this may only be used in response to family violence if it can be directly related to aged care needs and safe service delivery.<sup>2</sup> This can limit providers' capacity to undertake advocacy, support guardianship applications, coordinate responses across systems and assist older people to navigate pathways to safety and support.

### **Case Study: A trusted entry point supports recovery and healing**

The Benevolent Society delivers the Local Care Team component of the Supporting Recovery from DFSV Program in partnership with South Western Sydney Primary Health Network. The program addresses a gap in access to long-term recovery support for victim-survivors.

The Local Care Team provides assessment, case management and care coordination for victim-survivors. The service acts as a trusted entry point to support people navigate their recovery journey and connect with legal, financial, housing and other social supports, as well as psychological therapies and trauma-informed mental health care.

The program recognises that victim-survivors often require support across multiple systems and that recovery extends beyond immediate crisis responses. The effects of DFSV can persist for many years after the violence has ceased. Through ongoing case management and coordinated referrals, the Local Care Team helps people remain connected to support as their needs and circumstances change over time.

Over an 18-month period to July 2026, the Local Care Team received 1,034 referrals for 382 women and their children. 567 (55%) of these referrals were to mental health services, most commonly domestic and family violence-recovery-focused mental health supports for women and specialist DFSV mental health supports for children. The volume and breadth of referrals demonstrate that victim-survivors often require support across housing, health, legal, financial and mental health systems throughout their lives. While women and children may need assistance from multiple services, they should not be expected to navigate these systems alone.

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<sup>2</sup> Australian Government Department of Health, Disability and Ageing. Support at Home service list, viewed 27/07/26, <https://www.health.gov.au/resources/publications/support-at-home-service-list>.

## **Recommended actions:**

1. Invest in place-based community hubs and service navigation models that provide a single-entry point to housing, health, legal, financial, family and community services.
2. Strengthen integrated cross-agency DFSV responses through information sharing, coordinated intervention, shared risk assessment and joint decision-making across universal, community and specialist services.
3. Expand specialist supports, advocacy and funded case coordination for older people experiencing abuse, recognising the overlap between elder abuse and DFSV and the limitations of existing service responses.
4. Increase the availability of safe, affordable and accessible housing options for victim-survivors of DFSV, particularly in regional, rural and remote communities.

# Priority Area 2. Prevention and early intervention

## Prioritise targeted interventions and supports for children and young people alongside universal education programs.

Children and young people who experience DFSV are at an increased risk of experiencing violence or using violence later in life.

The impacts of violence are long-term and intergenerational.<sup>3</sup> Prevention therefore requires more than education.

While school-based initiatives such as Love Bites play an important role in promoting respectful relationships and challenging harmful attitudes, children and young people affected by violence also need targeted interventions that support recovery and break the cycle of violence.

Through programs such as Rural Youth Mental Health, Love Bites, and the Pathways to Safety and Support (PSS) Pilot, The Benevolent Society works with children, young people and families across the continuum of prevention and early intervention.

The PSS Pilot in particular demonstrates the value of child-centred and family-focused responses that seek to understand the experiences underlying children's behaviours. The program supports children and young people aged 0-17 who display sexual behaviours that are concerning, developmentally inappropriate or potentially harmful.

Rather than focusing solely on the behaviour itself, the program works with children, families and support networks to identify underlying factors, including disrupted attachment, abuse and trauma, while promoting safety, healthy development and respectful relationships.

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**"In one case, an eight-year-old who was displaying concerning behaviours was discussed through a multi-agency Safety Action Meeting involving police, health, child protection and family support services. If we take a justice and punitive approach to an eight-year-old instead of a therapeutic one that addresses why they're behaving in this way ... we're on a life course that is not going to be a good one."**

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Despite significant innovation across the sector, many promising programs continue to operate as short-term pilots with limited opportunities for rigorous evaluation.

Greater investment is needed in both specialist service delivery and robust evaluation to build the evidence base for approaches that support recovery.

Programs such as this, alongside specialist recovery supports, including therapeutic interventions, specialist counselling and protective parent-child attachment supports, have the potential to reduce the intergenerational impacts of violence.

By responding to the impacts of trauma and violence early, specialist supports can change the trajectory of a child's life.

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<sup>3</sup> Australian Institute of Health and Welfare. Children and young people (23 April 2026), viewed 29/07/2026, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/children-and-young-people>.

## Case Study: Responding early to support safer futures

A mother re-engaged with The Benevolent Society's Pathways to Safety and Support (PSS) Pilot program while caring for four young children and navigating the ongoing impacts of domestic and family violence. Like many families, she was managing multiple and interconnected challenges, including child protection involvement, disability, behavioural concerns and the pressures of engaging with numerous service systems.

One of her children had previously received support through disability and early intervention services. However, at the same time behavioural concerns intensified at home, her NDIS funding was cut. The child was distressed and became aggressive towards siblings and caregivers. They also displayed harmful sexualised behaviours. A previous referral to mental health services had been declined because the child's behaviours were not considered to be driven by mental health challenges.

As the mother sought help, different services responded to specific behaviours, diagnoses and eligibility criteria. Yet no single service was focused on understanding what sat underneath those behaviours, including the impacts of family violence, trauma, disability, family relationships and caregiver wellbeing. While individual systems held pieces of the picture, the broader context shaping the child's experiences remained largely unseen and as a result, little progress was made.

In response, The Benevolent Society worked with the family using a child-centred and trauma-informed approach. Rather than focusing primarily on the behaviours presenting at a point in time, practitioners sought to understand the child's experiences within the context of their family environment and broader support needs.

This included safety planning, parenting support, practical assistance and collaboration with disability, health, education and specialist therapeutic services. Over time, the child's harmful sexualised behaviours stopped and violent incidents reduced from daily, and often multiple times per day, to one incident over a two-week period.

The family were taught safety strategies for their home, while therapeutic interventions and coordinated support led to sustained behavioural change.

The family's experience demonstrated that early intervention can support outcomes for children who have experienced DFSV. By identifying and responding to trauma and violence early, specialist supports can improve a child's wellbeing and reduce the risk of future harm in their life.

## Recommended actions:

1. Invest long-term in specialist DFSV recovery services to support children and young people, including specialist counselling, supports to repair attachment between children and their protective parent after abuse, and access to psychological supports.
2. Expand the suite of primary prevention work that is funded to include not only respectful relationships programs but also community mobilisation programs and culture change programs.
3. Recognise children and young people who are demonstrating problematic behaviours as likely victim-survivors and ensure therapeutic supports are the primary interventions for children.
4. Invest in robust evaluation of pilot programs to build an evidence base for what works to prevent future violence.

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

## Support children and young people affected by violence to access the right support, at the right time.

The Benevolent Society strongly supports the recognition of children affected by DFSV as victim-survivors in their own right.

While this principle is increasingly reflected in policy, it is not yet consistently reflected in service responses. Children face significant barriers to support that recognise and respond to the impacts of violence on their development, wellbeing and long-term outcomes.

Children affected by DFSV often come into contact with health, disability, education and child and family services because of developmental, behavioural or emotional concerns. However, those services are not always designed to identify the impacts of violence, including fear, disrupted attachment and trauma.

As a result, responses often focus on the behaviours children present with, rather than understanding those behaviours in the context of violence and abuse.

While diagnostic assessments are important, they don't always pick up violence as a contributing factor, meaning children are given supports that do not adequately address the underlying impacts of DFSV.

In some cases, this may contribute to misidentification or misdiagnosis.

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**"We see children who are diagnosed with Oppositional Defiant Disorder, ADHD or autism spectrum disorder when there is little to no consideration of attachment disruption or the impacts of violence. When children are living in fear, it affects their development, emotional regulation and behaviour, and then ... the diagnosis becomes the focus. Children may receive support for the diagnosis, but this is not necessarily the right response to the trauma, fear and violence that are shaping their behaviour and wellbeing."**

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Across The Benevolent Society's child and family services, families consistently report difficulties accessing child and adolescent psychology and psychiatry services.

Long waitlists and workforce shortages limit access to services across Australia, particularly in rural and regional communities. Families often have little meaningful provider choice and may struggle to access practitioners with expertise in domestic, family and sexual violence.

In our services, we see the compounding impacts of this shortage on children and young people impacted by DFSV.

Trauma from exposure to violence can affect attachment, emotional regulation, behaviour, learning and development.

Without access to DFSV-informed assessment and therapeutic support, children may be misidentified as having behavioural or developmental disorders, while the impacts of trauma remain unrecognised.

Equally, developmental disabilities or neurodivergence may be viewed in isolation from a child's experiences of violence, preventing an accurate understanding of their support needs.

Addressing these issues requires both immediate and long-term investment.

In the short term, governments should introduce incentives that support psychologists, psychiatrists and other therapeutic practitioners to build capability in responding to children and young people affected by DFSV. This could include dedicated funding mechanisms, training incentives or Medicare-supported pathways for DFSV-specific therapeutic interventions.

Over the longer term, governments should invest in growing the child and adolescent mental health workforce to meet increasing demand, particularly in rural and regional communities.

Improving access in rural and regional communities will also require investment in digital connectivity and infrastructure. Community services can play an important role in providing safe spaces for children and young people to use telehealth when local services are unavailable.

At a more systemic level, despite increased rhetorical recognition of children and young people as victim-survivors in their own right, there is almost no accountability to children and young people themselves anywhere in our DFSV intervention system.

As members of [The Possibility Partnership](#), Benevolent and our peer community services organisations have engaged [Accountable Futures Collective](#) (AFC) to develop policies, processes and practices that are expressly accountable to children and young people.

In our experience, the resources that AFC have developed and the strong leadership of their staff and Youth Impact Board are helping drive the system change needed to stop children and young people experiencing harm.

The second Action Plan must include strategies to recognise children and young people as experts by experience and be accountable to them for delivering on its outcomes.

## **Recommended actions:**

1. Establish mechanisms to centre children and young people as experts by experience, and to be accountable to them for delivering on the Second Action Plan's commitments related to them.
2. Expand access to DFSV-informed psychological and psychiatric services for children and young people, including targeted workforce development, specialist training and incentives to improve service availability in regional, rural and remote communities.
3. Improve access to therapeutic services in regional, rural and remote communities through investment in telehealth infrastructure, digital connectivity and community-based facilities that support safe access points for children and young people.
4. Build the capability of disability, health and child and family services to recognise how trauma may present in children with disability or developmental concerns, reducing the risk of misidentification, misdiagnosis and inappropriate service responses.
5. With children and young people, develop and embed child-centred outcomes measurement, data collection and reporting to increase the visibility of children's experiences in DFSV system interventions.

# Priority Area 4. People who use violence

## Strengthen accountability and create earlier opportunities for behaviour change.

Through The Benevolent Society's delivery of Staying Home Leaving Violence program, we see how harm continues to affect women and children long after separation from a perpetrator.

Leaving a violent relationship does not always end the violence.

Perpetrators can continue to exert power and control by weaponising legal processes, repeatedly breaching protection orders, manipulating child protection concerns, using family members to intimidate victim-survivors, and exploiting delays within justice systems.

These behaviours are abuses of the system, where legal and statutory processes are used to intimidate, discredit or maintain control over victim-survivors long after separation.

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**"I think there's an assumption in society and women themselves who feel that if they leave a violent relationship, that things will improve. But the reality is post-separation violence is often an escalation, and women are at most risk in that time of leaving and the 12 months immediately following that."**

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Justice systems frequently respond to individual incidents rather than recognising patterns of abuse over time.

Victim-survivors are required to repeatedly recount and prove their experiences, even where there is a documented history of repeat offending, protection order breaches, stalking or ongoing coercive control.

A pattern-based approach draws on information from multiple interactions, incidents and service contacts to build a more complete understanding of a person's situation. This requires agencies, services and courts to consistently identify, document and respond to perpetrators' ongoing abuse as a matter of protocol.

Domestic and family homicides rarely occur without warning, and in many instances are preceded by identifiable risk factors and repeated episodes of abuse.

Current or historical domestic violence orders were present in 43% of intimate partner homicides, highlighting that many women who lost their lives to DFSV had previously sought protection and were already known to justice systems.<sup>4</sup>

That is why we must identify escalating risk and intervene quickly when perpetrators are already known to the justice system.

However, current responses to people using violence are often concentrated at the point of crisis, when behaviours have already escalated and contact with police, courts or child protection systems have occurred.

While behaviour change programs and criminal justice responses remain important components of the service system, they are typically targeted at a relatively small proportion of people using violence and often occur after abusive attitudes and behaviours have become entrenched.

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<sup>4</sup> Australian Institute of Health and Welfare. Domestic homicide (30 January 2026), viewed 21/07/2026, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/domestic-homicide>.

The Second Action Plan should support a broader continuum of interventions that identify and respond to concerning behaviours earlier, before violence escalates.

This includes early intervention with children and young people as previously outlined; as well as, parenting and family support programs that engage fathers; workforce capability building across services that regularly interact with men and fathers; expanded opportunities for self-referral through services such as MensLine; and behaviour change interventions that are accessible prior to criminal justice system involvement.

A broader suite of early intervention responses would create pathways for behaviour change before violence becomes entrenched, reduce the risk of escalation, and complement existing criminal justice and behaviour change responses.

Justice system contact points, including protection order proceedings, repeat breaches, bail decisions and release processes, also provide important opportunities to intervene.

However, these responses do not operate consistently in practice. Victim-survivors do not always receive consistent information about bail decisions, release dates and other changes in risk. These gaps can leave victim-survivors unprepared for changes in risk.

### **Case Study: Ongoing abuse alongside justice system involvement**

This family's experience through The Benevolent Society's Staying Home Leaving Violence program shows why victim-survivors need long-term support and why the justice system must respond to patterns of abuse – not isolated incidents. Prior to engaging with the program, the woman experienced 10 years of violence, including strangulation, physical assault, sexual assault, coercive control and threats involving firearms.

While criminal justice responses initially reduced immediate risk, the violence did not end following separation. Over the next decade, the perpetrator continued to stalk, intimidate, harass and even hire a private investigator to follow the woman, while family members attempted to cut off her electricity and sell their property on the perpetrator's behalf.

Throughout this period, safety planning continued to address the ongoing impacts of trauma, future release from custody and the need for urgent relocation. Despite court orders, repeated Apprehended Domestic Violence Order breaches, periods of incarceration and multiple interactions with the justice system, the perpetrator continued to exert control through a persistent pattern of behaviour designed to create fear and undermine the family's sense of safety.

Over 9 years she and her children had multiple touchpoints: from police to therapeutic supports, to multiple courts and victims services.

The woman continued to navigate the system in all the ways that she was asked to.

She consistently reported breaches to police in an effort to protect herself and her children. However, this resulted in her family being repeatedly required to provide evidence through ongoing court proceedings, during which the perpetrator prolonged the processes through repeated adjournments and changes in legal representation. In practice, the court process itself became another avenue through which the family experienced intimidation and ongoing trauma.

This experience demonstrates that victim-survivors can remain engaged with multiple systems for years in pursuit of safety, while perpetrators continue to exploit those same systems to maintain power and control.

## Specific System Failures

### **Victim-survivors carry the burden of reporting, participating and maintaining engagement with justice processes:**

Despite years of engagement with police, courts and legal processes by victim-survivors, systems do not always hold perpetrators accountable for their ongoing patterns of abuse. In some cases, charges are withdrawn or matters are not progressed despite significant victim-survivor participation. This lack of accountability enables perpetrators to continue causing harm, while placing the burden of safety and proof unfairly on victim-survivors.

### **Perpetrators exploit legal and statutory processes to maintain control:**

Perpetrators can weaponise mental health, substance use, parenting arrangements and child protection processes to maintain control over victim-survivors. Our practice experience highlights instances where perpetrators create or contribute to circumstances that are later used against the victim-survivor in legal and statutory decision-making.

### **Patterns of abuse are not always recognised:**

Cross-Apprehended Violence Orders are increasingly being applied following domestic and family violence incidents without sufficient consideration of broader patterns of coercive control and abuse. In some circumstances, victim-survivors' acts of resistance can be misidentified as mutual violence, allowing perpetrators to undermine and continue their abuse through justice processes.

## Recommended actions:

1. Design, test, implement and rigorously evaluate a suite of responses that identify and divert people using violence before behaviours escalate and criminal justice intervention becomes necessary.
2. Expand investment in parenting and family supports that engage fathers and build the capability of workforces that regularly interact with men and fathers in parenting contexts such as child health nurses, family preservation case workers, early childhood educators and community organisations.
3. Expand support for men to seek help before crisis point, including through self-referral pathways, early intervention services and behaviour change supports and services, such as MensLine.
4. Expand access to evidence-based behaviour change interventions for people using violence before criminal justice system involvement, alongside court-mandated programs.
5. Review how DFSV is being understood and treated by the family courts with a view to establishing specialist family and domestic violence courts.
6. Strengthen bail, release and victim notification processes to ensure victim-survivors receive timely notification about changes in risk and significant court outcomes.

# Priority Area 5. System integration and workforce

## Embed DFSV response capability in the services people know and trust.

DFSV is often identified outside specialised services.

Many victim-survivors never engage with a specialist service, with evidence showing that people are far more likely to disclose violence to family and friends, followed by generalist services such as GPs and counsellors.<sup>5</sup>

Universal and community services can provide earlier opportunities for people to ask for help.

People experiencing coercive control may have limited freedom to seek help due to close monitoring by a perpetrator. Similarly, carers may not identify that they are experiencing violence, instead interpreting abusive behaviour as part of a degenerative condition such as dementia and remaining committed to their caring responsibilities. In both circumstances, people may continue to attend routine appointments or services such as early childhood education and care, schools, health services or community programs.

The Benevolent Society's Child and Family Hubs in Queensland demonstrate the important role trusted community-based services can play in identifying DFSV and connecting families with support.

Located within familiar community settings, Child and Family Hubs provide families with safe, non-stigmatising pathways to support, including those who may not otherwise access specialist DFSV services.

Trusted services play an important role in building the relationships that make identification and disclosure possible. For many victim-survivors, recognising abuse, disclosing violence and seeking support is a gradual process rather than a single event.

How workers respond to those first conversations can influence whether a person feels believed, understood and confident to seek further support.

Building DFSV capability across universal and community services can help ensure these interactions are trauma-informed, safe and empowering.

Universal and community services also have an important role to play in prevention and early intervention.

By strengthening family wellbeing, reducing social isolation and supporting access to help before violence escalates, these services can change lives.

They can also engage with men and fathers, build self-awareness and emotional regulation skills, and respond confidently when concerning behaviours or attitudes become known. The importance of capability across services extends beyond services supporting women and children.

DFSV presents across many areas of The Benevolent Society's work, including early childhood education and care, child and family services, and support for older Australians. In the 2025-26 financial year, domestic and family violence was the most common referral reason in our Child, Youth & Family services, accounting for 27% of referrals.

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<sup>5</sup> Australian Bureau of Statistics. Partner violence, 2021-22 (16 November 2023), viewed 21/07/2026, <https://www.abs.gov.au/statistics/people/crime-and-justice/partner-violence/2021-22>.

Older people experiencing abuse may have limited contact with specialist DFSV services, while aged care and community support workers may be among the few professionals regularly engaging with them.

Elder abuse is a form of family violence, yet it is often addressed through separate policy, practice and reporting frameworks. Around 1 in 6 older people living in the community experienced elder abuse in the past year, and more than half (53%) of perpetrators were family members.<sup>6</sup>

For some older people, abuse may be normalised, minimised or understood as part of a caregiving relationship, or a symptom of a degenerative condition, creating additional barriers to identification and support. These experiences reinforce the importance of equipping mainstream and community-based services, including aged care services, to recognise family violence dynamics.

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**"As a society, we don't consider it domestic violence; we compartmentalise and handle it as elder abuse."**

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Building workforce confidence requires more than training.

Workers need practical tools, clear referral pathways, reflective supervision and opportunities to apply knowledge in their day-to-day practice. Consistent practice frameworks can help build a shared understanding of DFSV across service systems and support more confident, effective responses wherever victim-survivors engage with support.

As a multi-service provider, The Benevolent Society has recognised the need for a consistent understanding of DFSV across its workforce to ensure victim-survivors receive effective and appropriate support, regardless of where they engage with services.

Our Domestic and Family Violence Practice Principles establish a shared understanding of domestic and family violence across the organisation and are informed by a human rights approach, an intersectional understanding of violence, a recognition of the gendered nature of violence, and a focus on the underlying dynamics of power and control.

Our experience has reinforced the value of shared principles and common practice approaches in supporting consistent identification and responses beyond DFSV services.

Victoria's Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework provides another useful example of how shared principles, common language and clearly defined responsibilities can support a whole-of-system response to family violence across universal, community and specialist services. By establishing a consistent approach to identifying, assessing and responding to family violence risk, MARAM supports early identification of violence, clearer referral pathways and more coordinated responses across service systems.

DFSV must be recognised and responded to as a whole-of-system issue, not solely the responsibility of specialist services.

A shared understanding of DFSV, supported by workforce capability and clear referral pathways, can help ensure workers feel confident to respond when violence is identified.

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<sup>6</sup> Australian Institute of Health and Welfare. Older People (24 February 2026), viewed 24/07/26, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people>.

## **Case Study: Trusted services can be first point of disclosure**

A mother from a culturally and linguistically diverse background engaged with The Benevolent Society's Intensive Family Services whilst caring for two young children and experiencing domestic and family violence. The family was experiencing multiple intersecting challenges, including long-term substance misuse, financial insecurity, housing instability and the risk of homelessness.

Despite these challenges, the mother remained engaged in seeking support for herself and her children. Through her involvement with services, concerns emerged about domestic and family violence, including coercive control, social isolation and financial abuse. The father actively sought to isolate the mother from services and supports, creating significant barriers to safety, financial independence and stability for the family.

The practitioner worked alongside the mother to identify and map the domestic and family violence occurring within the family and advocate with other services to recognise its impact on the wellbeing and safety of both the mother and children. As the violence had not been physical, the mother, and at times other services, had minimised its impact.

Through ongoing engagement, the mother developed a greater understanding of the coercive control she was experiencing and the impacts it was having on her mental and emotional wellbeing, parenting, housing stability and financial security. As part of her efforts to create a safer future for her children, the mother explored specialist domestic and family violence supports and refuge options. However, she was assessed as not meeting the required risk threshold for refuge accommodation due to the absence of threats to kill. This experience contributed to distrust of specialist services and increased barriers to seeking support.

With ongoing support, the mother was able to leave the relationship safely and relocate to stable accommodation outside the local area. Even after the program support concluded, she continued to rely on the practitioner as a trusted professional and consented for other services to contact The Benevolent Society to better understand her circumstances and current needs.

## **Recommended actions:**

1. Adopt nationally consistent DFSV principles, practice standards and risk identification approaches across universal, community and specialist services, drawing on evidence-informed frameworks such as Victoria's Multi-Agency Risk Assessment and Management (MARAM) Framework.
2. Recognise and resource aged care, disability, childcare, family support and community services as critical components of Australia's DFSV response system.
3. Strengthen referral pathways and partnerships between universal, community and specialist DFSV services to improve continuity of support.
4. Improve workforce capability to identify and respond to coercive control, elder abuse and other forms of family violence that may not be recognised through traditional service models.
5. Increase funding flexibility and reduce program silos to enable universal and community services to respond holistically to the intersecting needs of women and children experiencing DFSV.

# Conclusion

Despite numerous action plans, growth in awareness, legislative reforms and a growth in victim support services, Australians continue to use violence at an alarming rate.

No single service or system can respond to this challenge alone.

The recommendations outlined in this submission recognise the need for a coordinated and whole-of-system response, including building DFSV capability across services, recognising children as victim-survivors in their own right, reducing fragmentation through coordinated responses, and strengthening accountability for people who use violence.

The Benevolent Society urges the Australian Government to use the Second Action Plan to drive a coordinated response to domestic, family and sexual violence across the full spectrum of services that women, children and families engage with every day.

Safety cannot rest on the shoulders of victim-survivors. It requires systems that protect those experiencing violence and place responsibility squarely where it belongs – with those who choose to use it.