



Consultation on the Second Action Plan

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

Prepared in response to the consultation on the Second Action Plan under the
National Plan to End Violence against Women and Children 2022–2032.

Submitted By:

The Red Rose Foundation

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1. Introduction

The Red Rose Foundation 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.

The Red Rose Foundation is a national charity working to prevent domestic and family violence-related deaths, strengthen responses to high-risk and high-harm violence, and support those affected by domestic and family violence. Our work is grounded in a simple but urgent purpose: to learn from deaths, recognise risk earlier, and change the systems, practices and policies that can prevent future fatalities.

The Foundation recommends that the Second Action Plan include two cross-cutting national reforms:

Learning to Prevent Domestic and Family Violence-Related Deaths

Implement Recommendation 21 of the Commonwealth’s Rapid Review: Unlocking the Prevention Potential by establishing a nationally coordinated framework for learning from domestic and family violence-related deaths, including homicides, suicides, homicide-suicides, filicides and suspected hidden homicides.

Recognising and Responding to Strangulation Before Violence Becomes Fatal

Recognise non-fatal strangulation as a national priority for prevention, early intervention, health, justice and specialist recovery responses.

These reforms are directly connected. Domestic and family violence death reviews identify the warning signs, system gaps and missed opportunities that precede fatal violence. Non-fatal strangulation is one of the clearest warning signs of escalating risk and one of the most important opportunities for earlier intervention.

2. About The Red Rose Foundation

The Red Rose Foundation is a Queensland-based national charity dedicated to preventing fatal domestic and family violence, with a pioneering focus on non-fatal strangulation (NFS), a significant predictor of domestic homicide.

We established and operate Australia's only Strangulation Trauma Centre, providing specialist trauma-informed counselling, health and justice advocacy, and long-term support to victim-survivors of strangulation and domestic and family violence (DFV) across Queensland.

We further deliver training, education and research with partners across the state (developed through global collaborations with the US and UK), which consistently achieve high satisfaction and knowledge transfer and uplift rates.

Our Red Bench Project and Red Rose Rallies raise public awareness, share victim stories, and drive systemic change. We are guided by the lived experience of victim-survivors of NFS and of families bereaved by fatal domestic violence, and our Board of Directors work with police, courts, health services and community organisations to improve DFV responses. Since our establishment, we have supported thousands of victim-survivors, reduced barriers to health and justice, improved recognition of and responses to strangulation and positioned strangulation as a key indicator of high-risk DFV.

Our work over the last decade

Since the successful advocacy of the charity's founder, [REDACTED], for the establishment of Queensland's standalone non-fatal strangulation offence, and the subsequent establishment of the charity itself in 2016, the Red Rose Foundation has contributed substantially to Australia's evidence base and systemic response to non-fatal strangulation, including through strong national partnerships and international collaborations with experts in the United States and the United Kingdom.

Between 2024 -2026, we worked closely with the Queensland Law Reform Commission during its review of Queensland's non-fatal strangulation offence, bringing together the voices and experiences of victim-survivors with the specialist knowledge developed through almost ten years of supporting women affected by strangulation¹.



1. <https://www qlrc qld gov au/reviews/non-fatal-strangulation>

Our work has been evaluated by the Queensland Centre for Domestic and Family Violence Research (QCDFVR) over many years, with the latest being a mid-term insights report in April 2026, evaluating the Foundation's Health and Wellbeing Navigator response model, funded through the Australian Government's national 500 Workers Initiative under the Family, Domestic and Sexual Violence Responses 2021–30 Federation Funding Agreement. This latest evaluation provides emerging Australian practice-based evidence of the complex health, social, legal and systems-navigation needs of victim-survivors of non-fatal strangulation. It also demonstrates the important role specialist navigation can play in improving access to healthcare, advocacy, information, psychoeducation, referrals and coordinated service responses (Lowik & McDermott, 2026²).

In the same year, QCDFVR published an updated literature review, funded by the Queensland Government, titled *Non-fatal Strangulation: A Highly Lethal Form of Gendered Violence*. Launched at the Foundation's 2026 Breaking the Hold Conference (detailed below), the review provides an important national resource consolidating contemporary Australian and international evidence on the prevalence, dynamics and physical and psychological impacts of non-fatal strangulation; its relationship with coercive control and heightened homicide risk; and the implications for identification, assessment and effective responses across health, justice and specialist domestic and family violence systems.³

The Foundation has also delivered two national forums focused on strangulation in the context of domestic and family violence. The most recent, **Breaking the Hold: Strangulation Prevention and Response** conference, brought together close to 200 delegates from across Australia, to network, listen and learn from international leaders and national experts from the domestic and family violence, health, justice, policing, research and service sectors.

The conference combined emerging research, specialist practice knowledge and victim-survivor perspectives, strengthening national understanding of the prevalence, health consequences and lethality risks associated with non-fatal strangulation, as well as the need for immediate, informed and coordinated responses.



2. <https://noviolence.org.au/wp-content/uploads/2026/07/Mid-term-Insights-Report-Health-and-Wellbeing-Navigator-Role-Evaluation-April-2026-003.pdf>

3. <https://noviolence.org.au/wp-content/uploads/2026/06/Literature-Review-Non-fatal-Strangulation.pdf>

3. Why these reforms belong in the Second Action Plan

The Second Action Plan provides an opportunity to strengthen action across the full spectrum of prevention, early intervention, response, recovery and accountability.

The consultation paper identifies five proposed priority areas for the Second Action Plan, including strengthening a whole-of-society and life-course approach to prevention, early intervention, response, recovery and healing; embedding prevention and early intervention initiatives where people live, work, learn and connect; centring children and young people's voices, rights and safety; strengthening accountability and behaviour-change responses for people who use violence; and developing an integrated system supported by a connected and capable workforce.

The Red Rose Foundation's **two proposed reforms** are cross-cutting reforms that support all five proposed priority areas.

Death review reform to strengthen national learning, accountability, data, family participation, First Nations governance and system improvement.

Strangulation reform to strengthen early identification of high-risk violence, health and justice responses, workforce capability, perpetrator accountability and specialist recovery support.

Together, they give practical effect to the Rapid Review's prevention approach: identifying every opportunity to prevent violence before it happens, when it occurs, and before it becomes fatal.

The Commonwealth's Rapid Review: Unlocking the Prevention Potential, 2024 (Rapid Review)⁴ also expressly recognised the need for a consistent approach to death review processes, the uplift of death review panels across all jurisdictions, national coordination and improved understanding of the relationship between DFSV and suicide.

4. Summary of Recommendations

The Red Rose Foundation recommends that the Second Action Plan include the following actions:

RECOMMENDATION 1:

Implement Recommendation 21 of the Rapid Review by establishing a nationally coordinated framework for learning from domestic and family violence-related deaths.

RECOMMENDATION 2:

Establish and resource domestic and family violence death review capability across all jurisdictions, including First Nations support units and culturally safe protocols.

RECOMMENDATION 3:

Expand national learning from domestic and family violence-related deaths to include intimate partner and family homicides, homicide-suicides, filicides, domestic and family violence-related suicides and suspected hidden homicides.

RECOMMENDATION 4:

Establish a dedicated national support and advocacy pathway for families bereaved by domestic and family violence homicide, suicide and unexplained death, including support to participate meaningfully in death review processes.

RECOMMENDATION 5:

Require transparent monitoring of death review recommendations so findings are translated into measurable improvements in policy, legislation, systems and frontline practice.

RECOMMENDATION 6:

Recognise non-fatal strangulation as a national priority for prevention, early intervention, health, justice and specialist recovery responses.

RECOMMENDATION 7:

Develop nationally consistent health, police, justice and specialist service pathways for non-fatal strangulation, including funded access to medical assessment, diagnostic imaging and follow-up care.

RECOMMENDATION 8:

Work with states and territories towards nationally consistent legal responses to non-fatal strangulation, including external visual evidence to substantiate the act or consent as a defence.

RECOMMENDATION 9:

Evaluate, sustain and expand specialist strangulation service models informed by the Red Rose Foundation's Strangulation Trauma Centre, with input from pilot projects underway across Australia (including NSW and Queensland health settings).

5. Learning to Prevent Fatalities

Where are we now?

Australia has important foundations in existing jurisdictional death review mechanisms, the Australian Domestic and Family Violence Death Review Network and the ANROWS Death Review Program.

However, the current national picture remains inconsistent. Jurisdictions differ in their legislative basis, resourcing, scope of review, inclusion of suicides, family participation, publication practices and implementation monitoring. Some jurisdictions have no dedicated domestic and family violence death review mechanism or operate with very limited capacity.

The Commonwealth's own implementation update for the Rapid Review confirms that Recommendation 21 remains unresolved, stating that government is still considering how it could be addressed. This makes the Second Action Plan the appropriate vehicle to move from recognition of the issue to practical national implementation.

What are the gaps?

The Red Rose Foundation identifies five key gaps:

- First, Australia does not consistently learn from the full range of domestic and family violence-related deaths. Domestic and family violence-related suicides, homicide-suicides, filicides and suspected hidden homicides are not consistently included in death review processes.
- Second, deaths recorded as suicide, accidental, unexplained or undetermined may not be examined through a domestic and family violence lens, even where coercive control, prior strangulation, threats, stalking, separation-related risk or system contact may have been present.
- Third, families are not consistently supported or meaningfully included. The Foundation's previous work has identified that families, friends and communities often hold critical information about warning signs, coercive control, service contact, barriers to help-seeking and perpetrator behaviour that is not captured in official records. When families are excluded, critical prevention learning is lost. The ANRA Australia's National Research Agenda on women's safety (ANROWS) places emphasises on "work with the knowledge of experts by experience" as core to knowledge sourcing toward the National Plan and its action items.

- Fourth, many bereaved families receive no dedicated advocacy or support. This is particularly acute where criminality has not been established, where the death is treated as suicide or unexplained, or where families are left to navigate legal, coronial, police, administrative, and often media (incl. social media) systems alone.
- Fifth, recommendations from death reviews do not always translate into measurable change. A review process only fulfils its prevention purpose if findings are implemented, monitored and used to improve practice. This is a crucial form of knowledge translation, currently neglected, that has the ability to continually evolve Australia's DFSV risk screening tools

What needs to change?

The Second Action Plan should establish a national framework for learning from domestic and family violence-related deaths. This framework should:

- build on existing jurisdictional mechanisms, ANROWS and the Australian Domestic and Family Violence Death Review Network;
- establish nationally consistent minimum standards for death review practice;
- include homicides, suicides, homicide-suicides, filicides and suspected hidden homicides;
- ensure deaths recorded as suicide, accidental, unexplained or undetermined are examined where domestic and family violence may have caused, contributed to or obscured the death;
- support local, multi-agency learning so agencies can identify missed opportunities and improve practice in their own communities;
- require First Nations governance, support units and culturally safe protocols;
- ensure a formal mechanism where families, friends and communities are safely and meaningfully heard;
- establish a dedicated national support and advocacy pathway for bereaved families;
- require transparent monitoring and reporting on recommendation implementation.

This approach should be informed by international best practice, including the United Kingdom's Domestic Abuse Related Death Review model and its approach to reviewing suicides where there is a history of domestic abuse. It should also draw on multidisciplinary fatality review models in the United States, particularly the work of Professor Neil Websdale, Director of the Family Violence Center at Arizona State University and the United States Department of Justice-funded National Domestic Violence Fatality Review Initiative. Professor Websdale's research and policy leadership have been instrumental in establishing and strengthening multidisciplinary domestic violence fatality review teams across the United States and internationally.

High-level implementation approach

The Second Action Plan should establish a clear national commitment and staged reform pathway, building on the substantial work already undertaken by ANROWS in partnership with the Australian Domestic and Family Violence Death Review Network through the Australian Government Department of Social Services-funded Australian Domestic and Family Violence Death Review Network National Data Update project. Following, is a high-level implementation approach for consideration:

Stage 1: Establish national minimum standards

The Commonwealth, states and territories should agree minimum standards for scope, family participation, First Nations governance, methodology, information-sharing, publication and implementation monitoring.

Stage 2: Resource jurisdictional capability

All jurisdictions should have dedicated domestic and family violence death review capability, with particular attention to jurisdictions with no formal model or limited staffing.

Stage 3: Establish family support and advocacy pathways

Families should be offered trauma-informed support from the earliest possible point after a death, including support to understand police, coronial and review processes and to contribute information safely.

Stage 4: Build national thematic learning

Findings across jurisdictions should be analysed nationally to identify patterns, repeated missed opportunities and emerging risks, including strangulation, coercive control, threats to kill, suicide threats and post-separation escalation.

Stage 5: Monitor implementation and impact

Recommendations should be tracked through a public or reportable mechanism, with responsible agencies identified and implementation reviewed over time.

6. Supporting Bereaved Families

A central feature of the foundation's proposed reform is the establishment of a dedicated national support and advocacy pathway for families bereaved by domestic and family violence homicide, suicide and unexplained death.

Supporting bereaved families aligns with the central importance of placing victim-survivor voices at the heart of reform. After a domestic and family violence-related death, the voices of the deceased can often only be understood through those who knew them: their children, parents, siblings, friends, colleagues, neighbours and community.

"Our family turned our grief into a fight for justice for [REDACTED]. A young woman who was failed by systems in both life and death. When systems don't connect, patterns are lost, and DFV deaths risk being investigated as an "isolated incident" rather than the culmination of years of coercive control and abuse.

Families know their loved ones better than anyone else. We held the pieces of [REDACTED] life that had never been captured in any one system. We uncovered vital information detectives initially said didn't exist. We knew the history...not only of Courtney, but of the man who abused her. Witnesses chose to speak to us when they didn't feel comfortable speaking to police. We searched for every record, every document and every piece of evidence because we knew the truth of [REDACTED] life could not be found in a single system.

Families are often the only people who can connect the dots across years, services and systems to reveal the pattern that no single service can see. Excluding families from domestic and family violence death review processes doesn't just silence grieving families and the voices of those who have died, but it risks losing critical evidence, the lived context from families, and opportunities to identify and address systemic failures that could prevent future deaths. Meaningful family involvement is about ensuring death reviews are informed by every part of a person's life, not just the circumstances of their death. To understand how someone died, you must first understand what they were living through."

[REDACTED], bereaved by fatal domestic violence, QLD

As the quote above notes, families may (and frequently do) hold information that no other services/agencies have including:

- prior disclosures;
- coercive control;
- stalking, surveillance and threats;

7. Recognising and Responding to Strangulation Before Violence Becomes Fatal

Where are we now?

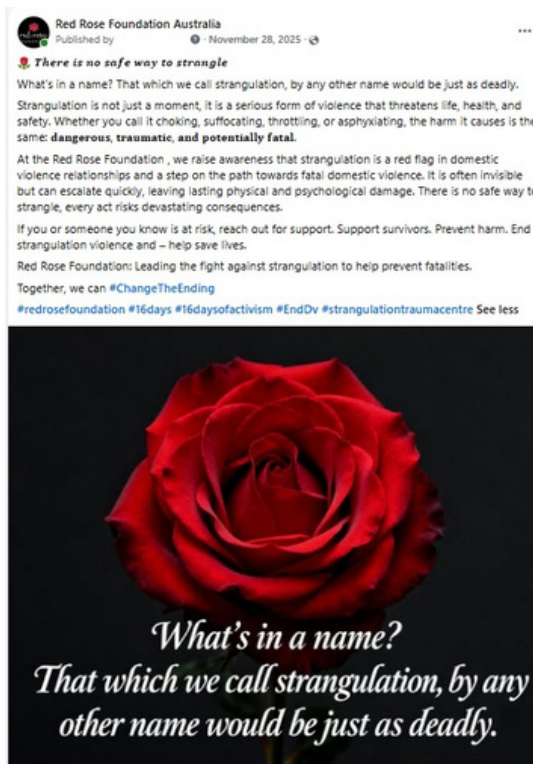
Non-fatal strangulation is a highly prevalent, high-risk and often hidden form of domestic, family and sexual violence. It is frequently used as a tool of coercive control, terror and domination. It may leave no visible injury, yet can cause serious and delayed health consequences, including brain injury, stroke, neurological impairment, psychological trauma and death.

The Red Rose Foundation operates Australia's only specialist Strangulation Trauma Centre and has developed significant practice expertise in supporting victim-survivors of strangulation over more than a decade.

The Foundation welcomes the Commonwealth's recognition of strangulation as an urgent national concern. At the 5th World Conference of Women's Shelters in September 2025, The Hon Tanya Plibersek MP, Minister for Social Services, used her address to highlight research indicating high rates of sexual strangulation among young Australians, including that 61% of young women reported being strangled or choked during sex. The Minister also acknowledged non-fatal strangulation as one of the strongest known predictors of intimate partner homicide and observed that the normalisation of strangulation in pornography has turned one of the clearest indicators of risk to life into a common sexual expectation for young people.

The Minister further noted medical advice that there is no safe way to strangle, and that the consequences of strangulation may occur not only at the point of assault, but in the minutes, hours, days, weeks and months that follow. This national recognition supports the Foundation's position that non-fatal strangulation must be addressed across the Second Action Plan as a serious and potentially lethal form of domestic, family and sexual violence requiring prevention, early intervention, health, justice, legal and specialist recovery responses.

The current Second Action Plan consultation paper also identifies strangulation as an emerging form of harm affecting children and young people, alongside harmful behaviours on dating apps, deepfakes, violent pornography and online extortion. While this recognition is important, strangulation must not be confined to young people's experiences or sexual harm. It is also a serious and prevalent feature of domestic, family and sexual violence across age groups and relationship contexts. So-called consensual strangulation and non-fatal strangulation look the same without training and thorough case investigation, and removing the notion of consent will help counter this issue.



"I went to the doctor. They didn't record it. They just noted I had a bruise, a punch in the face. They didn't say anything really about [the strangulation]. She just checked my throat. She also said, 'oh, you don't have any marks?'".

Red Rose Foundation service user, QLRC NFS legislation review, 2025⁵

What are the gaps?

Current responses to strangulation remain inconsistent across Australia.

Key gaps include:

- limited public and professional recognition of strangulation as a potentially lethal form of violence;
- continued reliance on visible injury, despite many strangulation injuries being internal or delayed;
- inconsistent health pathways and limited access to diagnostic imaging;
- limited follow-up care for neurological, cognitive, psychological and physical impacts;
- appropriate monitoring systems, screening and models of care for First Nations women;
- insufficient integration between health, police, courts and specialist domestic and family violence services;
- inconsistent legal responses across jurisdictions;
- inadequate data collection;
- limited specialist recovery support;
- a risk that strangulation is minimised or reframed as consensual, particularly in sexual contexts.

5. https://www.qlrc.qld.gov.au/_data/assets/pdf_file/0006/885867/nfs-background-paper-2-what-we-heard.pdf

Practice evidence: Health and Wellbeing Navigator response model

The mid-term evaluation of the Health and Wellbeing Navigator response model by QCDFVR (2026⁶) found that survivors of non-fatal strangulation commonly presented with complex physical, neurological and psychological health concerns, alongside housing, financial, legal and safety needs. Reported NFS-related health concerns included memory loss, loss of concept of time, difficulty concentrating, fatigue, fainting, heart rate irregularities, headaches, neck pain, sore throat, difficulty swallowing, voice changes, breathing difficulties, transient ischemic attack, brain and spinal injuries, nightmares, depression, anxiety, PTSD and panic attacks.

This reinforces the need for nationally consistent, trauma-informed and multidisciplinary health and specialist support pathways rather than fragmented or symptom-by-symptom responses (Lowik & McDermott, 2026⁷), and was reflected in our consultation response to the Senate Rural and Regional Affairs and Transport References Committee inquiry into Medicare access in March this year, which recommended funded access to diagnostic imaging and follow-up care because survivors may otherwise be unable to access timely diagnosis and intervention, forming part of identified structural and systemic barriers to timely care - and in some cases - an appropriate justice response. An enhanced and standardised health response to strangulation directly supports an enhanced response through the justice system. Far too often, our service supports victim-survivors who - as a result of *lack of evidence* - are unable to pursue or secure a justice outcome. Justice professionals share their frustration, and far too many dangerous perpetrators of domestic and family violence are left to continue to cause harm rather than the system being able to intervene earlier and prevent escalation.

Related to supporting adequate justice outcomes for non-fatal strangulation, the Foundation's position is that there is no safe way to strangle and that fully informed consent to strangulation is not possible because individual physiological responses are unpredictable and the brain itself may be impaired during the act. In its submission to the Non-fatal strangulation: Section 315A review by the Queensland Law Reform Commission (QLRC, 2025, p. 22), the Red Rose Foundation referenced the capriciousness of NFS:

“Every individual's physiology is unique and not static; a previous strangulation incident that appeared harmless is no guarantee of future safety. This unpredictability means that individuals cannot anticipate how their body will respond to strangulation, even with prior experience.”⁸

6. <https://noviolence.org.au/wp-content/uploads/2026/07/Mid-term-Insights-Report-Health-and-Wellbeing-Navigator-Role-Evaluation-April-2026-003.pdf>

7. Ibid.

8. https://www.qlrc.qld.gov.au/__data/assets/pdf_file/0006/885867/nfs-background-paper-2-what-we-heard.pdf

What needs to change?

The Second Action Plan should establish a nationally coordinated response to non-fatal strangulation.

This should include:

- national recognition of strangulation as a serious and potentially lethal form of domestic, family and sexual violence;
- public and professional education that there is no safe way to strangle- including national prevention messaging that addresses the normalisation of choking and strangulation in sexual contexts, particularly among young people, while making clear that strangulation is a high-risk act with potential immediate and delayed consequences;
- nationally consistent health, police, justice and specialist service pathways;
- funded access to medical assessment, diagnostic imaging and follow-up care;
- privacy protections so survivors can safely access Medicare and health services without perpetrators monitoring records;
- specialist medium-and longer-term recovery support, advocacy and systems navigation;
- dedicated Health and Wellbeing Navigator-style roles to support victim-survivors to understand the health impacts of strangulation, access timely assessment and follow-up care, navigate fragmented systems, and receive coordinated advocacy across health, legal, housing, income support and specialist domestic and family violence services;
- Appropriate support systems, screening, monitoring and models of care for First Nations women⁹.
- workforce development across health, policing, courts, domestic and family violence, sexual assault, child protection, mental health and legal systems;
- targeted primary health uplift, including GP training, clear referral pathways and identification of practitioners with specialist knowledge of non-fatal strangulation follow-up care;
- improved identification of strangulation in risk assessment, suicide prevention, homicide prevention and death review processes;
- strengthened perpetrator accountability;
- nationally consistent legal responses, including removal of consent as a defence;
- national data collection, research and evaluation;
- evaluation and expansion of specialist service models informed by the Red Rose Foundation's Strangulation Trauma Centre;
- Work with the Federal Minister for Communications building on Australia's world leading social media delays for young people, to prevent Australian accessibility of violent and degrading pornography, often inclusive of gendered NFS, especially for young people who are forming their understanding of sex, intimacy norms, gender norms and consent.

9. Please refer to the work of Dr. Michelle Fitts. https://www.menzies.edu.au/page/Our_People/Researchers/Michelle_Fitts

“A consistent theme appearing across the HWB Navigator reflections was that DFV presents as a complex and highly individualised health issue, with this complexity significantly heightened when NFS is involved. The reflections point to a critical gap in the sector-wide workforce’s understanding of DFV and NFS, particularly in relation to it being a high-risk, high-harm form of violence, with potentially serious and delayed health consequences, despite the invisible nature of some injuries. For example, survivor disclosures of NFS were not consistently considered during clinical assessment”.

Lowik & McDermott, 2026¹⁰

8. Two Connected Reforms

The Red Rose Foundation's work with bereaved families and strangulation victim-survivors shows that these issues are directly connected. This connection is echoed through national and international research and evidence, to the point that strangulation is now recognised as a one of the strongest known predictors of intimate partner homicide.

Death reviews should routinely examine whether strangulation was present, disclosed, suspected, documented, minimised or missed. They should also examine whether police, health services, courts, specialist services, family or community members had information that may have prompted earlier intervention.

They should also examine whether the health impacts of strangulation were recognised and responded to appropriately, including whether survivors were given access timely medical assessment, diagnostic imaging, follow-up care, specialist advocacy and safe referral pathways. The Health and Wellbeing Navigator evaluation demonstrates that missed or minimised strangulation can sit within a wider pattern of fragmented health, legal, housing and support responses and those system gaps are precisely the kinds of missed prevention opportunities that death review processes should identify and translate into reform.

At the same time, frontline strangulation responses should be informed by death review learning. If death reviews repeatedly identify failures to recognise strangulation, coercive control, suicide threats or escalating post-separation risk, those findings must lead to changes in risk assessment, clinical pathways, police practice, legal responses and specialist service funding. In our work with bereaved families, we hear too often of victims of domestic homicide who disclosed strangulation, but who were not subsequently referred to support.

Together, these reforms would help strengthen national capacity to learn from deaths, recognise high-risk violence earlier, support victim-survivors and bereaved families, and translate evidence into action that saves lives.

Australia cannot claim to understand, let alone reduce, the true toll of domestic, family and sexual violence while deaths by suicide remain largely invisible within our national data and death review systems. The failure to consistently identify, investigate and count suicides connected to DFSV victimisation materially understates the scale of the crisis, obscures preventable patterns of harm and limits governments' capacity to develop effective responses.

The Second Action Plan must therefore commit the Commonwealth, state and territory governments to establishing and strengthening specialist death review mechanisms in every jurisdiction, supported by nationally consistent standards, effective coordination and transparent sharing of findings. These mechanisms must include culturally safe First Nations support units, expertise and protocols, and must examine homicides, suicides and other deaths where DFSV may have been a contributing factor.

This work must be accompanied by an urgent national inquiry into the relationship between DFSV victimisation and suicide, with the objective of developing a reliable and consistent methodology for identifying and counting the full DFSV death toll. Until these deaths are recognised and recorded, Australia's understanding of DFSV fatalities will remain incomplete, the national response will remain inadequately informed, and opportunities to prevent future deaths will continue to be lost.

9. Mapping recommendations to the Second Action Plan

Recommendation	Priority Area 1: Victim-survivors	Priority Area 2: Prevention and early intervention	Priority Area 3: Children and young people	Priority Area 4: People who use violence	Priority Area 5: System integration and workforce
1. National DFV death review framework	Ensures victim-survivor experiences inform reform	Identifies missed prevention opportunities	Captures child deaths and children affected by fatal DFV	Identifies perpetrator patterns before deaths	Builds national consistency and learning
2. Resource death review capability across all jurisdictions	Reduces inequity based on location	Strengthens prevention infrastructure nationally	Supports reviews involving child deaths and bereaved children	Improves visibility of high-risk perpetrators	Addresses jurisdictional inconsistency
3. Include homicides, suicides, filicides and hidden homicides	<u>Recognises</u> the true fatal impact of DFV	Improves understanding of pathways to death	<u>Recognises</u> children as victims in their own right	<u>Identifies</u> homicide-suicide and coercive control patterns	Improves national data and review scope
4. National bereaved family support and advocacy pathway	Supports families as victim-survivors after fatal DFV	Enables families to contribute prevention learning	Provides specific support for bereaved children	Captures perpetrator histories known to families	Improves navigation across police, coronial and justice systems
5. Monitor implementation of death review recommendations	Ensures victim-survivor experiences lead to change	Turns learning into prevention action	Supports reforms affecting children's safety	Drives accountability for perpetrator-focused systems	Strengthens system accountability
6. <u>Recognise</u> strangulation as a national priority	Improves safety and recovery for victim-survivors	<u>Identifies</u> high-risk violence earlier	Addresses strangulation among young people and children exposed to violence	<u>Recognises</u> a serious perpetrator risk <u>behaviour</u>	Creates shared national practice standards
7. National strangulation health, police, justice and service pathways	Improves access to care and justice	Supports earlier intervention after disclosure	Supports young victim-survivors and children exposed to NFS	Improves justice and accountability responses	Strengthens integrated health, justice and specialist service responses
8. National legal consistency, including removal of consent as a <u>defence</u>	Reduces <u>minimisation</u> of harm	Sends a clear prevention message	Addresses harmful sexual scripts and emerging harms	Strengthens accountability	Supports consistent justice practice
9. Expand STC and Navigator-style models	<u>Improves</u> specialist recovery, advocacy and health navigation	Builds evidence after NFS disclosure	Informs family-aware pathways	Supports coordinated risk management	Builds workforce capability and referral pathways

10. Conclusion

The Second Action Plan is an opportunity to strengthen Australia's ability to prevent domestic and family violence-related deaths by learning more effectively from fatal violence and acting earlier when serious risk is identified.

The Red Rose Foundation recommends two national reforms: a nationally coordinated framework for learning from domestic and family violence-related deaths, and a nationally coordinated response to non-fatal strangulation.

These reforms are practical, evidence-informed and aligned with the priorities of the Second Action Plan.

Most importantly, they place victim-survivors and bereaved families at the heart of reform. Australia cannot prevent future domestic and family violence-related deaths without listening to those who have lived the warning signs, those who were not heard in time, and those left behind.

We thank the Government for 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, and welcome further discussion on any of the reforms or points raised in this submission.

