



**Submission to the Second Action Plan Consultation**  
**National Plan to End Violence against Women and Children 2022–2032**  
**July 2026**

**Acknowledgement of Country**

Thorne Harbour Health acknowledges the Traditional Owners of the lands on which our communities live, work and come together.

We pay our respects to Aboriginal and Torres Strait Islander people, particularly Rainbow Mob, and to Elders past, present and rising. We acknowledge the diversity of Rainbow Mob, Brotherboys and Sistergirls, their communities and cultures, and their intrinsic connection to the land and waters as Traditional Owners of Country.

Thorne Harbour Health appreciates and celebrates the stories, traditions, culture and strength of Aboriginal and Torres Strait Islander people and is honoured when they work together with us.

## **About Thorne Harbour Health**

Thorne Harbour Health is one of Australia's largest LGBTIQ+ community-controlled health organisations, delivering specialist family violence, alcohol and other drug, mental health and sexual health services across Victoria and South Australia.

Thorne Harbour delivers specialist family violence services, including case management, advocacy, therapeutic care and financial brokerage for victim-survivors of family violence and sexual assault, as well as a robust intervention program for LGBTIQ+ persons using family violence. Thorne Harbour Health delivers Victoria's only accredited Men's Behaviour Change Program for gay, bi, trans and queer men and non-binary people who have used violence in Victoria.

## **Introduction**

Thorne Harbour Health welcomes the opportunity to provide feedback on the proposed priorities for the Second Action Plan to End Violence against Women and Children 2022–2032.

The Consultation Paper appropriately identifies many of the systemic issues affecting LGBTIQ+ communities. In particular, it recognises the need for culturally safe family violence responses, tailored interventions, stronger system integration and a more capable specialist workforce. However, while LGBTIQ+ communities are acknowledged throughout the Consultation Paper, these priorities are not accompanied by dedicated actions, investment or accountability measures. Without this, there is a significant risk that LGBTIQ+ inclusion in the national response to domestic, family and sexual violence remains aspirational and theoretical, rather than being translated into improved outcomes.

## **Summary of Recommendations**

Thorne Harbour Health recommends that the Second Action Plan:

- Include detailed, dedicated actions and investment for specialist, community-led LGBTIQ+ family violence and sexual violence services, from response to prevention.
- Invest sustainably in sexual violence services for LGBTIQ+ communities, delivered by community-led organisations with practice expertise.
- Sustain and increase dedicated investment into specialist LGBTIQ+ community-controlled organisations to lead and deliver primary prevention initiatives, workforce capacity building, secondary consultation and system development and reform.
- Strengthen specialist LGBTIQ+ referral pathways across crisis and intake services, including police, central intake services, and cross-jurisdictional areas.
- Improve responses to technology-facilitated and hate-motivated sexual violence affecting LGBTIQ+ communities.
- Mandate consistent collection of sexuality, gender identity and variations of sex characteristics across the family violence system.
- Introduce accountability measures that hold systems and services responsible for accurate data collection and inclusive service responses.

- Include specialist LGBTIQ+ organisations with practitioner-led expertise as funded partners leading implementation, governance and evaluation of the Second Action Plan.
- Develop and implement a national framework for risk assessment, management and information-sharing, in consultation with specialist LGBTIQ+ organisations and stakeholders.
- Acknowledge and clearly articulate in policy the position that homophobia, transphobia and LGBTIQ+ antipathy are forms of family violence and address the impacts of familial homophobia and transphobia on LGBTIQ+ children and young people.
- Centre LGBTIQ+ community needs across national priorities, strategy and investment.

### **Translating recognition into investment**

Priority Area 5 identifies the need for a connected specialist workforce and acknowledges the value of practitioner-led evidence and community expertise. Thorne Harbour Health strongly supports this direction.

Despite this priority, specialist LGBTIQ+ organisations remain largely absent from Family Violence Reform investment nationally.

As a specialist LGBTIQ+ organisation, Thorne Harbour Health staff are frequently sought for consultation on issues relating to LGBTIQ+ experiences of domestic, family and sexual violence by government, tertiary education, researchers, and family and sexual violence services peak bodies. Thorne Harbour Health provides secondary consultation and workforce capability building to mainstream services yet has received no dedicated Family Violence Reform funding to undertake this work.

This misalignment in investment creates an ongoing reliance on community-led, specialist organisations to improve mainstream capability using funding intended for direct client services. To illustrate, Thorne Harbour Health's Family Violence Team Leader and Program Manager spend a minimum of two hours each week providing secondary consultation at the request of mainstream services, including crisis services, sexual assault services, central intake points and Victoria Police. This represents approximately \$6,500 annually in direct service funding redirected towards uncompensated system reform.

Invitations to consult reflect genuine and welcome acknowledgement of practitioner-led practice knowledge and LGBTIQ+ community expertise. However, if the expectation is that specialist organisations support implementation of the Second Action Plan, this work must be appropriately recognised and funded.

This practical approach to ensuring family and sexual violence responses include priority populations has precedent; across a decade, Family Violence Reform in Victoria invested dedicated capacity building funding to address the exclusion of criminalised women, women with disabilities, and First Nations women. Thorne Harbour Health strongly supports continuing these investments and investing further in specialist organisations to further reform work nationally.

### **System integration must include specialist LGBTIQ+ pathways**

Priority Area 5 proposes stronger system integration and coordinated service responses. Thorne Harbour Health supports this priority but notes that integration must improve quality of systems responses rather than simply increasing referral volume.

To illustrate, whilst the Victorian crisis response service Safe Steps and mainstream refuges have made welcome progress towards inclusion of LGBTIQ+ victim-survivors, Thorne Harbour Health notes a trend of referrals that remain inappropriate for specialist community services.

Trends include referrals where minimum crisis responses have not been undertaken, minimum data has been collected, consent for referral to specialist LGBTIQ+ services has not been provided by the community member, and referrals that do not reflect accurate assessment of risk. The issue is not only a failure to recognise and refer LGBTIQ+ victim-survivors for service but also reflects a service system where risk assessment frameworks are applied inconsistently in practice.

Similarly, referrals to specialist LGBTIQ+ services from The Orange Door, the Victorian central intake point, frequently occur without consistent risk assessment or identification of sexuality or gender identity, resulting in referrals based on identity rather than appropriately assessed levels of family violence risk and service need.

There is a need to invest in strong, integrated pathways to specialist services at the most critical times for victim-survivors and persons using family violence. This includes investment in pathways between police and specialist services, to ensure LGBTIQ+ people receive timely, risk-informed responses. Thorne Harbour Health notes the evaluated success of the Alexis Family Violence Response Model, a program embedding specialist family violence workers in Victoria Police Family Violence Investigation Units across metropolitan and regional areas. This structure supports coordinated, immediate responses for adult victim-survivors, their children, and adults using family violence. Whilst these programs have proven success in reducing cisgender, heterosexual men's recidivism and increasing safety for cisgender, heterosexual women, a lack of investment in specialist LGBTIQ+ organisations greatly reduces the capacity of such organisations to build such relationships with police at the station or area level.

System integration and coordinated service responses facilitate better, safer outcomes for victim-survivors and people using family violence. Thorne Harbour Health supports actions that invest in improved access to crisis response and recovery services across the spectrum of the service system, from police and crisis intake points to recovery and healing services.

Improving system integration requires investment in specialist pathways, improved workforce capability and a consistent approach to collection of demographic and risk information, rather than relying on specialist LGBTIQ+ services to compensate for gaps elsewhere in the system.

### **System integration must include frameworks for risk assessment and information sharing**

Priority Area 5 proposes stronger system integration and coordinated service responses. Thorne Harbour Health notes the importance of a collective responsibility for holding risk of family and sexual violence across the system.

Improving system integration requires investment in system reform. In Victoria, the introduction of the Family Violence and Child Information Sharing Schemes support practitioners to collaborate across complex service systems to support timely, accurate safety planning.

The capacity to request and share information proactively with police and other services supports family and sexual violence services to advocate for clients within the legal and service systems. This is particularly important for LGBTIQ+ community members, who face barriers to reporting and increased risk of being mis-identified by police responses.

Thorne Harbour Health acknowledges the commitment of the Department of Social Services to the development of a National Family and Domestic Violence Risk Assessment Framework. We note the important inclusion of LGBTIQ+ community organisations in consultations and support the valuing of practitioner and community expertise.

A national scheme for assessing risk and responsibly sharing and requesting information would support the system to respond to family and sexual violence.

A culturally-informed, LGBTIQ+ centred approach to risk assessment frameworks would support LGBTIQ+ community members to access supports across the family and sexual violence response system.

### **Risk assessment frameworks must acknowledge LGBTIQ+ antipathy**

#### ***Family of Origin Violence***

Priority Area 3 emphasises the importance of listening to the experiences of children and young people in their own right. Family violence has specific impacts on all children and young people, and Thorne Harbour Health supports a Second National Action Plan that centres the lived experiences of children and young people. It is important to centre the experiences of LGBTIQ+ young people, who experience high rates of family violence specifically targeting their sexuality or gender identity<sup>i</sup>.

For the LGBTIQ+ community, family-of-origin violence is a serious issue, with almost 40% of LGBTQ adults having experienced abuse from a family member<sup>ii</sup>, particularly identity-based abuse. Young LGBTIQ+ people experience family of origin violence targeting their sexuality or gender at even higher rates. Currently, risk assessment frameworks in Victoria and nationally do not adequately capture the impacts of familial homophobia and transphobia on children and young people.

In 2026, a high proportion (57.9%) of LGBTIQ+ young people who had experienced violence specifically targeting their sexuality or gender identity reported that a parent or carer had been the perpetrator. Other family members including siblings and older relatives such as grandparents, aunts or uncles, had also verbally harassed or assaulted young LGBTIQ+ people surveyed.

With LGBTIQ+ antipathy being recognised as a key contributor to high rates of youth homelessness, it is essential that homophobia and transphobia be recognised as forms of family violence.

Thorne Harbour recommends that centring young people in their own right involves recognising anti-LGBTIQ+ attitudes and behaviours as family violence.

#### ***Trans and gender diverse people's experience of family and sexual violence***

Family and sexual violence affects all communities. A person's social context greatly informs their experience of relationships, violence, and accessing support.

Thorne Harbour Health notes the investment from Safe and Equal, the peak body for Victorian organisations that specialise in family and gender-based violence, in developing the *Risk in Context* resource series. Through economic investment in partnership with the Zoe Belle Gender Collective, Safe and Equal supported the co-design and creation of the *Risk in Context* guide for strengthening family violence risk assessment practices with the trans and gender diverse community. Thorne Harbour Health supports this model of collaborative system integration, highlighting that this resource centres the lived experience of trans and gender diverse victim-survivors of family and sexual violence.

### **Tailored responses require specialist sexual violence services**

The Consultation Paper recognises that sexual violence requires a greater policy focus and acknowledges that current responses have not achieved the same progress as other forms of violence.

This reflects Thorne Harbour Health's experience. Thorne Harbour Health delivers a specialist LGBTIQ+ sexual assault counselling service for LGBTIQ+ people in Victoria, nested within the therapeutic family violence counselling program.

Specialist LGBTIQ+ family violence and sexual assault counselling programs continue to experience demand well beyond funded capacity. Thorne Harbour Health is operating at approximately 180% of funded activity across therapeutic counselling programs, despite the absence of dedicated specialist sexual assault funding.

It is recognised that LGBTIQ+ people experience higher rates of experiences of violence, including identity-based abuse, higher rates of child sexual abuse, corrective rape and coercive conversion practices. LGBTIQ+ people experience family violence in families of origin, community-based coercion (e.g. conversion therapy practices), and structural harm. These contextual experiences are not captured in mainstream sexual assault service models.

LGBTIQ+ people experience sexual violence and non-consensual sexual activity at significantly higher rates than cisgender heterosexual people <sup>iii</sup>. However, barriers to disclosure are significant, and under-reporting to police extremely high <sup>iv</sup>. National research similarly demonstrates high rates of sexual violence across the life course for LGBTIQ+ people, with complex long-term impacts on health, wellbeing and safety<sup>v</sup>.

Mainstream sexual assault services are rarely designed with LGBTIQ+ identities and relationships in mind and rarely collect adequate data on LGBTIQ+ service-users, which compounds exclusion and invisibility within the system<sup>vi</sup>.

Emerging forms of violence also require greater attention. Increased vilification of LGBTIQ+ people in online spaces has corresponded homophobic attacks on gay, bisexual and trans men. The severity and escalation of these attacks led to an Inquiry into anti-LGBTIQ+ hate crimes in Victoria, where evidence was heard relating to the scale and complexity of this challenge.

Sexual violence continues to disproportionately effect parts of our community who already face social marginalisation<sup>vii</sup>. Nationally, gay, bisexual, lesbian, pansexual and queer women were five times more likely to have experienced sexual violence (13%) than women who identified as heterosexual (2.4%)<sup>viii</sup>. Thorne Harbour Health has observed increasing numbers of trans and gender diverse persons seeking rapid HIV and STI testing following app-facilitated sexual assaults perpetrated by cisgender men.

These presentations intersect sexual violence, technology-facilitated abuse, hate crime and sexual health, yet current policy responses remain fragmented. Despite these higher rates of sexual violence, there is currently no dedicated funding for sexual assault services invested to support LGBTIQ+ people in Australia.

These emerging trends highlight the gaps in the current sexual health and sexual assault service systems for LGBTIQ+ communities at a national level. Recognising these emerging patterns of violence and disproportionate impacts of sexual violence on LGBTIQ+ peoples requires government investment in specialist LGBTIQ+ responses at a community organisation level, that understand these intersecting experiences of harm.

### **Prevention initiatives must challenge homophobic, transphobic and anti-LGBTIQ+ attitudes**

Priority Area 2 emphasises the need to challenge harmful attitudes that contribute to family and sexual violence and build the skills of communities and sectors to recognise and respond earlier. Thorne Harbour Health supports the clear language of challenging misogyny and gender stereotypes and encourages a focus on prevention strategy that includes names the link between misogyny and anti-LGBTIQ+ attitudes. Respect Victoria, the organisation for the prevention of family violence and violence against women in Victoria, acknowledge that despite welcome investment in this state, funding is not commensurate to the problem <sup>ix</sup>.

Respect Victoria acknowledges that some forms of violence, namely misogyny, homophobia and transphobia are likely to increase without investment that matches the scale and complexity of the challenge.

Prevention of family and sexual violence is a community responsibility, requiring commitment, relationship and trust. Though prevention of violence widely studied and heavily evaluated, success of prevention initiatives is difficult to measure. Findings are clear across the sector – short-term funding models and unstable, uncertain investment in prevention programs results in high staff turnover, loss of expertise and relationships across organisations, partnerships and communities, and challenges in evaluating and demonstrating evidence.

These challenges do not affect all prevention initiatives equally. Community-led organisations face greater challenges in building and maintaining engagement, which is not met with a commensurate level of investment. Returning to the issue of investment in family violence system reform, Thorne Harbour Health highlights that while specialist organisations' unfunded initiatives are acknowledged by government, this acknowledgement of the value of community-level prevention activities has not translated to actual, sustainable investment.

Thorne Harbour Health supports the recommendations of Victoria's Prevention Strategy <sup>x</sup>. LGBTIQ+ organisations with family violence expertise are appropriately placed to lead prevention programs, initiatives and strategies. Thorne Harbour Health endorses the model of partnership exercised by Rainbow Health Australia and Safe and Equal.

Sustainable funding models of five years minimum would allow community-led prevention initiatives the time they need to build community trust and engage in meaningful co-design.

### **Accountability requires better data and meaningful partnership**

Throughout the Consultation Paper there is recognition that better data, evaluation and practitioner expertise are essential to improving outcomes.

Consistent collection of sexuality, gender identity and variations of sex characteristics remains absent across many family violence systems. Without this information, government cannot accurately understand demand, evaluate outcomes or resource specialist responses appropriately.

Similarly, specialist LGBTIQ+ organisations continue to be consulted inconsistently about our community needs in system reform, despite holding significant expertise in responding to family violence, sexual violence and people using violence within LGBTIQ+ communities. To illustrate, we return to the issue of meaningful investment in LGBTIQ+ community expertise.

The Victorian Family Violence Reform Advisory Group provides consultation to government on directions and priorities for family violence service reform in Victoria yet contains no representation from specialist community organisations serving the LGBTIQ+ community.

Meaningful inclusion requires more than recognition of the challenges faced by LGBTIQ+ communities within policy documents. It requires strategic, sustainable resourcing of specialist organisations. To create sustainable inclusion across the family and sexual violence service systems, community-controlled LGBTIQ+ organisations must be funded implementation partners, with clear accountability measures for mainstream services that ensure LGBTIQ+ communities benefit from the reforms proposed under the Second Action Plan.

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<sup>i</sup> Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A. (2021). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia* (National report, monograph series no. 124). Australian Research Centre in Sex, Health and Society, La Trobe University. <https://doi.org/10.26181/6010fad9b244b>

<sup>ii</sup> Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

<sup>iii</sup> UNSW Gendered Violence Research Network, National Survey of LGBTIQ+SB Experiences of Sexual Violence: Summary Report, Sydney: UNSW, 2025.

<sup>iv</sup> N Clark, E Zajdow, L Couch, et al., LGBTQ+ People's Experiences of Disclosing Sexual Violence to their Supports: Findings from a NSW-based Survey, Hobart: University of Tasmania, 2023.

<sup>v</sup> Australia's National Research Organisation for Women's Safety. (2022). *Prevalence of sexual violence: Findings from the Australian longitudinal study on women's health* ANROWS.

<sup>vi</sup> Australian Institute of Health and Welfare, Family, Domestic and Sexual Violence: LGBTIQ+ People, Canberra: AIHW, 2022.

<sup>vii</sup> ACON, LGBTQ+ People's Experiences and Perceptions of Sexual Violence: Findings from Two NSW Surveys, Sydney: ACON, 2023.

<sup>viii</sup> Australia's National Research Organisation for Women's Safety. (2026). *Evidence to action: Informing direction for the Second Action Plan*. Consultation paper in support of the National Plan to End Violence against Women and Children 2022–2032. <https://engage.dss.gov.au/wp-content/uploads/2026/05/second-action-plan-consultation-paper.pdf>

<sup>ix</sup> Respect Victoria. (2025). *Prevention investment*. In *Maintain the momentum: Three yearly report to Parliament on the progress of prevention 2022–2024*.

<sup>x</sup> Department of Families, Fairness and Housing. (2021). *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women – Second action plan 2022–2025*. State of Victoria.