wesley mission

driven to do more good

Response to the consultation on the Second Action Plan

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

July 2026

Executive Summary

Wesley Mission welcomes the opportunity to provide feedback on the Second Action Plan and acknowledges the continued commitment of governments, service providers and communities to ending violence against women and children. We are a major provider of services that support children, families and individuals impacted by family and domestic violence (FDV), including family preservation and early intervention, out-of-home care, housing and homelessness, and a range of community-based support services. Through this work, Wesley Mission engages with people across the continuum of violence, from early identification and prevention through to crisis response, recovery and long-term support.

In 2024–25, Wesley Mission supported 139,683 people across its services, including 27,217 people through our families and children programs, 14,192 people through teenager and young adult services, and 3,257 people through housing and accommodation services. During this period, 900 parents were supported to feel more confident in their parenting, and 3,944 family members were supported to remain safely together. In 2025-26, 561 families were supported through our Specialist Homelessness Services, with 33% noting FDV as one of the reasons for requiring support.

Wesley Mission supports the priorities outlined in the Second Action Plan, particularly the focus on prevention and early intervention, children and young people in their own right, people who use violence, and system integration and workforce development. This submission draws on Wesley Mission's frontline experience across multiple service areas to offer practical insights into how each of these priorities can be implemented to meet the needs of diverse individuals and communities.

While important progress has been achieved, more must be done earlier to prevent violence and ensure that responses are appropriately tailored to the needs of those experiencing, using, or at risk of violence. Additionally, effective responses require coordinated systems that support people beyond the point of crisis and recognise the diverse pathways through which individuals experience and recover from violence.

Across our services, Wesley Mission consistently sees the difference that early intervention and coordinated support can make. Whether supporting a family to stay safely together, assisting a woman to leave a violent relationship, or helping someone rebuild after homelessness, our experience is that timely access to practical, therapeutic and recovery-focused supports can fundamentally change long-term outcomes for individuals and families.

For victim-survivors and people who use violence, the quality and timeliness of support can significantly influence safety, recovery and long-term outcomes. Early intervention and appropriately tailored responses are critical to preventing harm from escalating or reccuring. This includes ensuring services are equipped to respond to the unique needs of children and young people, women, culturally and linguistically diverse communities, and people who use violence.

Based on our experience delivering services across New South Wales, Wesley Mission’s recommendations contained in this submission are intended to support the priority areas identified in the consultation paper and contribute to a national response that intervenes earlier, strengthens accountability, and improves long-term safety and recovery for women, children and families impacted by violence. To achieve this, the Second Action Plan should prioritise:

- Child-centred domestic and family violence responses that recognise children and young people as victim-survivors in their own right and provide access to dedicated therapeutic and recovery supports,
- Dedicated intervention services for people who use violence that strengthen accountability and support sustained behaviour change through wrap-around supports,
- Improved pathways to safety, housing and recovery for women on temporary visas experiencing violence,
- Greater recognition and investment in the role of community-based and non-specialist organisations as trusted partners in prevention, early intervention and referral.

Appropriate and capable supports can reduce the likelihood of individuals returning to violent situations, improve long-term outcomes, and reduce pressure on specialist domestic and family violence services. Investment in these areas not only improves safety and wellbeing for individuals and families but also contributes to a more sustainable and effective service system.

Wesley Mission is passionate about improving the lives of all Australians, but especially the most vulnerable in our society. These recommendations reflect the ways in which we believe the positive progress can be even further enhanced in the years ahead as we work together to protect women and children and families from the scourge of family and domestic violence.

Yours sincerely,

[redacted]

[redacted]
Managing Director, Community Services
Wesley Mission

Contents

Wesley Mission acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First Peoples. We acknowledge Aboriginal and Torres Strait Islander peoples as the original and ongoing traditional Custodians of the lands and waters on which we all live and work. We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples across the Australian states and territories where we have a presence, and their absolute right to self-determination. We pay our respects to all Elders – past, present and future generations – and to all Aboriginal and Torres Strait Islander peoples and communities.

Names of individuals referred to in case studies throughout this submission have been changed to protect their privacy.

For further information, contact:

[redacted] **General Manager – Strategy, Advocacy & Stakeholder Engagement**

T: [redacted]

E: [redacted]

1. Summary of recommendations

The following recommendations are intended to support the priority areas identified in the consultation paper and contribute to a national response that shifts the balance towards earlier intervention and prevention. Based on Wesley Mission's experience delivering services across NSW, achieving this requires ensuring the right services exist, that they are accessible to those who need them, and that they are appropriately tailored to the diverse needs of individuals and communities. On this basis, the Second Action Plan should:

#	Recommendation
1	Achieve a child-centred model of care through the development of age-appropriate engagement and supports consistent across the service network. It should also improve timely access to dedicated therapeutic and recovery supports through strong network collaboration and referral pathways, supported by the development of measurable benchmarks such as response and treatment times, enabling greater insight for families and providers in assessing access and care quality.
2	Prioritise investment in dedicated early interventions for people who use violence that combine behaviour change programs with ongoing wrap-around supports, including housing, mental health, employment and case management, to strengthen engagement, changed behaviours, accountability and victim-survivor safety.
3	Ensure visa status is not a barrier to accessing support, and strengthen support for all women experiencing violence through dedicated funding, culturally responsive service delivery, increased housing supply, and improved referral and recovery pathways, recognising the unique vulnerabilities faced by women on temporary visas.
4	Strengthen and resource the role of non-specialist and community-based organisations as critical partners in the family and domestic violence response, through training to support early identification, trusted disclosure and effective referral pathways.

2. Child-centred responses for children and young people

2.1. Current context

2.1.1. Wesley Mission supports the Second Action Plan's focus on children and young people in their own right and welcomes the substantial work underway on education-based prevention including respectful relationships, consent, and awareness. However, children continue to be disproportionately affected by FDV and too often remain invisible within service responses, despite experiencing significant and lasting harm in their own right.

2.1.2. In 2024-25, 275,000 children were subjects of notifications of alleged maltreatment and 37,900 were the subject of substantiated maltreatment. Of those with substantiated maltreatment, the majority (56%) recorded emotional abuse as the primary type of abuse, which includes children who experience or are exposed to FDV. Neglect was the second most common (25%) and is also a recognised form of maltreatment that can co-occur with FDV in the home. The true extent of FDV-related harm is likely higher than these figures suggest. FDV is a significant driver of notifications but may not always result in substantiations due to a high evidentiary threshold and the complex, multi-faceted ways harm from FDV manifests. This under-capture means many children affected by violence do not go on to receive support.[1]

2.1.3. Self-report data supports this. In 2021-22, about 1 in 8 (13% or 2.6 million) people, aged 18 years and over, reported witnessing violence towards a parent by a partner before the age of 15. 18% of women and 11% of men had experienced abuse themselves before the age of 15, with the majority involving a parent.[2]

2.1.4. The impacts of experiencing FDV are long-lasting. FDV affects children's physical and mental wellbeing, development and schooling, and is the leading cause of children's homelessness in Australia.[3]

2.1.5. Genuine child-centred practice requires consistent, trauma-informed engagement with children and young people across the services they encounter — not only building awareness of violence, but ensuring children are heard, supported and responded to directly.

2.2. Children as victims in their own right

2.2.1. Despite growing recognition of children's experiences of FDV, service responses often remain adult-centred, treating children primarily as extensions of the non-offending parent rather than victim-survivors with their own experiences, needs and recovery pathways.

2.2.2. Children's engagement with services is frequently mediated by parental participation, transport availability, financial circumstances and broader family pressures, limiting opportunities for direct assessment and support. This can leave little space for children to

[1] Australian Institute of Health and Welfare, 'Child Protection Australia 2024–25' (21 July 2026) <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2024-25/contents/insights/introduction> ; Australian Institute of Health and Welfare, 'Family, Domestic and Sexual Violence: Child Protection' (24 February 2026) <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection>
[2] Australian Institute of Health and Welfare, 'Family, Domestic and Sexual Violence: Children and Young People' (23 April 2026) <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/children-and-young-people>
[3] Campo, Monica, *Children's Exposure to Domestic and Family Violence* (CFCA Paper No 36, Australian Institute of Family Studies, 2015) <https://aifs.gov.au/resources/policy-and-practice-papers/childrens-exposure-domestic-and-family-violence>

voice their own experiences, particularly where no protective caregiver is available to advocate on their behalf.

2.2.3. Child-centred and trauma-informed practice requires children and young people to be engaged directly, using age-appropriate language, communication methods and participation approaches that enable them to safely express their experiences and needs.[4]

2.2.4. Wesley Mission's services are framed within the Powerful Child Participation principle, which recognises that children and young people are experts in their own lives and should be actively involved in decisions affecting their safety and wellbeing. This includes engaging directly with children in age-appropriate ways, creating meaningful opportunities for them to express their views, experiences and desires, and ensuring these perspectives are reflected in support planning and service delivery. The principle emphasises understanding the child's unique lived experience, advocating for their needs, and creating environments where they feel heard, valued and respected. Wesley Mission caseworkers report that listening to a child's voice, seeing them feel heard, valued, and included in decisions, increases the potential to create safety and hope for their future.

2.2.5. Child-centred practice does not mean children should be supported in isolation from their families. Wesley Mission's experience indicates that positive outcomes are strongest when services can work directly with both the protective parent and the child, helping to rebuild safety, attachment, confidence and stability following violence. For many children, relationships with both the person who used violence and the protective parent can be strained, for example, where a parent has been unable to parent freely while experiencing abuse, or is working through their own trauma and recovery. Programs such as SafeCare support parents to rebuild safe and nurturing relationships with their children following violence, while mentoring programs such as our Wesley 'Aunties and Uncles' provide children with a consistent, positive relationship with a trusted adult outside the immediate family.

2.2.6. Through our family preservation, family support and out-of-home care services, Wesley Mission regularly works with children whose experiences of violence have had ongoing impacts on their emotional wellbeing, engagement with education, family relationships and sense of safety. Our experience is that positive outcomes are strongest when children receive direct therapeutic support alongside interventions that strengthen the capacity of safe caregivers and families.

[4] Fitz-Gibbon, Kate, Jasmine McGowan, and Rebecca Stewart. *I Believe You: Children and Young People's Experiences of Seeking Help, Securing Help and Navigating the Family Violence System*. (Monash University, 2023) <https://doi.org/10.26180/21709562.v2>.

Case study: The impact of mentoring

When [redacted] and her three siblings were at risk of being separated and placed into foster care, their grandmother [redacted] stepped in as kinship carer. [redacted] struggled the most to adapt, displaying behaviours including running away and avoiding school, through to grappling with an eating disorder and even attempting to end her life. Through Wesley Aunties & Uncles program, [redacted] was matched with [redacted], a mentor, who spends time with her outside her home and supports her wellbeing. A year on, Sophie is attending school consistently and achieving strong results, has taken on part-time work, and completed a vocational course aligned with her goal of becoming a paramedic.

[redacted] and the broader Wesley Aunties & Uncles management team, were also a great support and advocate for [redacted]. "I don't feel like I have to prove anything to her. She understands me. I like to solve problems on my own but it's good knowing if something happens, I can call on her anytime."

Case study: The value of a trusted adult

[redacted] and [redacted], their two younger siblings and their mother fled their home to escape domestic violence. With few belongings and little money, the family moved through unstable accommodation. At one point, they were living in a crowded three-bedroom home shared by ten people, and later separated both from their mother and their two younger siblings when the girls moved in with a cousin. While their cousin did all they could to create a home-like environment, it didn't feel like home and the girls were closed off.

Over time, their Wesley Mission caseworker helped [redacted] and [redacted] to find a sense of normality and stability. From picking them up from school, spending time with them, and supporting them to simply be young people again. "I think they enjoy having an older role model and someone that they can healthily test boundaries with. I'm very patient with them. I let them be themselves. And I try and encourage them as much as I can."

All four children now live with their father and feel safe and settled, with structure, routine and consistent school attendance. Both girls also recognise the trauma they have experienced and want to address their mental health, and their caseworker is now organising counselling to support their recovery. "They're able to recognise that not-so-good things have happened, but that we can improve on that. They have the drive and ambition to feel better."

2.3. Continued experiences of trauma

2.3.1. The impacts of FDV on children do not end when violence is identified and immediate safety concerns are addressed. Trauma can affect multiple areas of a child's life and may continue long after FDV and long after contact with specialist services has ceased.

2.3.2. Trauma-related impacts may emerge over time through mental health challenges, disengagement from education, behavioural difficulties, relationship challenges, or contact with the youth justice system.

2.3.3. For some children, exposure to violence can also shape their understanding of relationships into adulthood, increasing the risk of experiencing or using violence later in life themselves. An individual supported by Wesley Mission described growing up witnessing her father's abuse: "I saw that relationship as normal…That's what love is." She later experienced prolonged abuse in her own relationship.

2.3.4. Without early therapeutic intervention and ongoing support, trauma may be pathologised or criminalised rather than recognised and treated as a response to violence and adversity.

2.3.5. Children should be connected to dedicated therapeutic and support services that remain available beyond the immediate crisis response, recognising that recovery is often non-linear and support needs may emerge at different stages of development.

2.3.6. Schools are one important forum for assisting children. Trauma-related difficulties, including mental health challenges and behavioural changes, frequently present in the school environment and can limit a child's engagement and learning. As a consistent and trusted presence in children's lives, schools are well placed to provide ongoing monitoring, early identification of need, and connection to support through school-based wellbeing services such as counsellors and wellbeing officers. Sustained engagement in education also supports socialisation and is associated with improved long-term outcomes, including reduced risk of later disadvantage and homelessness.

2.3.7. However, service access and collaboration across schools, services, providers, clinicians and supports can be tough. Parents, carers and service providers often have to advocate persistently to secure appropriate support for children, including access to mental health, behavioural and disability supports. Current experience indicates that limited access to child-specific therapeutic services, long waitlists and inconsistent referral pathways leave many children without timely access to the support they need.

Case study: Partnering across home and school

When a Wesley Mission case worker first connected with [redacted] family, [redacted] was on partial school attendance, going only once or twice a week. Together, the caseworker and [redacted] worked alongside the school's behavioural support worker to ensure he had the right support at school and to create strategies to increase his school attendance. "Between us tag teaming in the home and school, we were kind of able to check in on how things were going and make sure the safety plan was being implemented". Since working as a team, [redacted] is now going to school regularly and has increased his hourly attendance.

2.4. Recommendation

2.4.1. The Second Action Plan should achieve a child-centred model of care through the development of age-appropriate engagement and supports consistent across the service network. It should also improve timely access to dedicated therapeutic and recovery supports through strong network collaboration and referral pathways, supported by the development of measurable benchmarks such as response and treatment times, enabling greater insight for families and providers in assessing access and care quality.

3. Strengthening accountability for people who use violence

3.1. Current context

3.1.1. Wesley Mission supports the Second Action Plan's continued focus on addressing the attitudes and behaviours of men who use violence and holding them accountable. Ending violence requires not only supporting victim-survivors, but also reducing the risk posed by those who use violence.

3.1.2. Experiences of violence are diverse, but violence is disproportionately perpetrated by men against women and children. In 2023–24, four in five FDV offenders proceeded against by police were male, and women were more likely to experience violence from an intimate male partner than from any other known person.[5]

3.1.3. Most domestic violence offenders have a history of abuse that precedes their formal contact with the justice system. Across studies, between 39% and 55% of offenders had a prior history of violence towards an intimate partner. This rate varies depending on how 'prior history' is measured. Police data alone understates the true prevalence of violence, as much abuse occurs behind closed doors and goes unreported. As a comparison, 6-13% of FDV offenders had a proven prior protection order breach while 62% of "first-time" FDV offenders self-reported having been violent towards a partner.[6]

3.1.4. A significant proportion of offenders also continue to offend after a first offence. One study estimated one in two offenders (51%) recorded by police as the perpetrator of a family violence incident were involved in another recorded incident within four years. Another study found that 23% committed a further domestic violence offence within six months, with the highest-risk period being the weeks and months immediately following an incident.[6]

3.2. Dedicated responses for people who use violence

3.2.1. Interventions for men who use violence are too often delivered as an 'add-on' to programs primarily designed to support victim-survivors, rather than as dedicated responses in their own right.

3.2.2. When engagement with people who use violence is secondary to a program's core purpose, competing priorities can emerge between ensuring the safety of victim-survivors while working with the person using violence, and holding the person accountable while validating the survivor.

3.2.3. Sustained and focused engagement is often what makes accountability possible. In one Wesley Mission family, a father initially referred over his use of violence was reluctant to engage, minimising his behaviour and using work commitments to avoid contact. Through persistent, non-judgemental engagement, the caseworker maintained regular conversations with him about his children and the impact of his behaviour. Over time he began to reflect on his own childhood experiences of violence and agreed to link in with a Men's Behaviour Change program, an outcome that would not have been reached had engagement ceased at the point of his initial resistance.

[5] Australian Institute of Health and Welfare, 'Family, Domestic and Sexual Violence: Who Uses Violence?' (30 July 2025) <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/who-uses-violence>
[6] Hulme, Shann, Anthony Morgan and Hayley Boxall, *Domestic Violence Offenders, Prior Offending and Reoffending in Australia* (No 580, Australian Institute of Criminology, 2019) <https://www.aic.gov.au/publications/tandi/tandi580>

3.2.4. In reality, this level of sustained focus and relationship-building is not always achievable. Under-resourced services are frequently required to prioritise the primary caregiver and children, where service demand is greatest. With limited time, funding and capacity, practitioners are often unable to work intensively with all family members, meaning engagement with the person using violence is constrained not always by unwillingness, but by the way services are resourced and designed.

3.2.5. Funding dedicated support services for men is not about removing resources from victim-survivors. It is about creating an accountability structure where people using violence are actively engaged, their behaviour is assessed and reviewed, and they are held accountable while ensuring victim-survivors receive the support they need.

3.2.6. Dedicated support pathways for people who use violence will create opportunities for earlier intervention, including voluntary engagement before an incident and reduce the cycle of victimisation through successful behaviour and attitude change.

3.3. Achieving accountability and behaviour change

3.3.1. People who use violence must be held accountable. Men's behaviour change programs are a necessary part of the response, but on their own they risk being treated as a box to tick rather than a genuine driver of change.

3.3.2. Evidence indicates that Men's Behaviour Change Programs can contribute to reduced violence and improved safety, but their effectiveness depends heavily on the broader system of support surrounding them. Evaluations have found that participation appeared to increase some men's understanding of the impact of FDV, improve emotional regulation and communication, and support respectful behaviour. However, lasting behaviour change is often limited, and it is unrealistic to expect transformational change from a single intervention.[7]

3.3.3. Critically, positive outcomes are strongest when programs are embedded within an integrated response rather than in isolation, including dedicated FDV advocates supporting the safety of women and children, strong information-sharing between services, and individualised support responding to men's trauma, substance use, housing and other needs alongside group work.

3.3.4. Through our work with individuals and families impacted by FDV, Wesley Mission frequently observes that people who use violence present with a range of intersecting needs, including housing instability, mental health challenges, social isolation and substance use issues. While these factors do not excuse the use of violence, they can influence engagement with services and the effectiveness of interventions designed to promote accountability and behaviour change.

3.3.5. The consequences of unmet need are evident in Wesley Mission's experience. In one case, a father with a longstanding history of power, control and domestic violence had his children removed from his care. Following this, he experienced profound grief, disconnection and a diminished sense of identity, compounded by unresolved mental health issues, problematic alcohol use, repeated incarceration and frequent police contact. A significant challenge in his case management was the limited availability of funded supports capable of addressing his underlying mental health and substance use needs. His reduced engagement with services, and his feeling of being unheard, illustrate how unmet needs can entrench risk and vulnerabilities rather than reduce it.

[7] Helps, Nicola et al, *The Role of Men's Behaviour Change Programs in Addressing Men's Use of Domestic, Family and Sexual Violence* (ANROWS, 2025) <https://www.anrows.org.au/publication/the-role-of-mens-behaviour-change-programs-dfsv/>

3.3.6. Where men's needs go unmet, disengagement is more likely and risk to victim-survivors increases. When a person using violence is removed from the family home without alternative accommodation or ongoing support, he may become less visible to services, disengage from behaviour change work and be more likely to attempt to return to the family home.[8]

3.3.7. Wrap-around supports, including housing assistance, mental health services, employment support, and intensive case management, can strengthen engagement, support participation in behaviour change interventions and provide opportunities for ongoing risk assessment.

3.3.8. Opportunities for earlier engagement should also be strengthened. Many men come into contact with health, mental health, alcohol and other drug, housing, employment and community services before entering the justice system. Building workforce capability across these settings may support earlier identification of risk and referral to appropriate interventions before violence escalates.

3.4. Recommendation

3.4.1. The Second Action Plan should prioritise investment in dedicated early interventions for people who use violence that combine behaviour change programs with ongoing wrap-around supports, including housing, mental health, employment and case management, to strengthen engagement, changed behaviours, accountability and victim-survivor safety.

4. Supporting women on temporary visas

4.1. Current context

4.1.1. Wesley Mission supports continued efforts to provide legal and financial support to vulnerable migrants and refugee women, particularly those on temporary visas experiencing violence. However, significant barriers remain to accessing culturally safe support, housing, income support and longer-term recovery pathways, leaving many at heightened risk of ongoing harm. Addressing these barriers requires sustained investment across these areas.

4.1.2. As of 30 June 2025, 32% of Australia's population was born overseas. According to the 2021 census, there were 984,300 temporary visa holders (excluding New Zealand citizens) in Australia, 45% of which identified as female. Data on FDV experiences amongst migrant and refugee women is sparse as it is not routinely collected or reported in national statistics. The most comprehensive evidence available comes from an independent study by Monash University in 2021, which identified that 1 in 3 (33%) migrant and refugee women had experienced some form of FDV, with the most common (91%) reporting controlling behaviours. Women on temporary visas reported disproportionately higher rates, with 40% experiencing FDV.[9]

[8] Spinney, Angela, *Home and Safe? Policy and Practice Innovations to Prevent Women and Children Who Have Experienced Domestic and Family Violence from Becoming Homeless* (No 196, Australian Housing and Urban Research Institute, 2012) <https://www.ahuri.edu.au/research/final-reports/196>

[9] Segrave, Marie, Rebecca Wickes and Chloe Keel, *Migrant and Refugee Women in Australia: The Safety and Security Study* (Monash University, 28 June 2021) <https://bridges.monash.edu/articles/report/Migrant_and_refugee_women_in_Australia_The_safety_and_security_study/14863872/4> ; Australian Bureau of Statistics, 'Temporary Visa Holders in Australia' (28 April 2023) <https://www.abs.gov.au/statistics/people/people-and-communities/temporary-visa-holders-australia/latest-release>; Australian Bureau of Statistics, 'Australia's Population by Country of Birth' (29 April 2026) <https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release>

4.2. Visa status creates vulnerability

4.2.1. Women on temporary visas continue to face structural barriers that leave them trapped between abuse and destitution.

4.2.2. Immigration status can itself be a driver of FDV and a barrier to leaving. Many women have limited rights, little or no income, and restricted access to government services and social supports, creating a dependency that perpetrators can exploit. This is often weaponised as coercive control, through threats of deportation, manipulation of visa sponsorship, or exploiting a woman's fear of authorities, forcing her to choose between remaining with an abusive partner to retain her visa, or leaving and risking homelessness, loss of income or separation from her children.[10]

4.2.3. Many women on temporary visas also face profound isolation, often without established support networks or the confidence and knowledge to navigate life independently.

Case study: Compounding insecurity on a temporary visa

A mother of two young children, who had migrated to Australia several years earlier, self-referred to Wesley Mission Family Preservation. The family faced compounding insecurity. The children's father was incarcerated, resulting in a loss of income, the family was facing eviction, the children were missing childcare, and the household was going without basic groceries. The family's pending permanent visa status added a further layer of insecurity.

When the father was released and returned to the family home, he began using violence and intimidation. With limited support networks, the mother initially had little understanding of the impact of the violence she had experienced and placed a high value on keeping her family together. Through consistent, culturally responsive and non-judgemental engagement, her caseworker built trust over time, supporting her to recognise her own strengths, establish a safe support network, and prioritise her children's safety.

4.3. Limited eligibility restricts pathways to safety and housing

4.3.1. Restricted eligibility for income support, social housing and some mainstream services limits opportunities for women on temporary visas to transition from crisis accommodation into stable housing.

4.3.2. As a result, women and children often remain in crisis accommodation for extended periods while housing, migration and financial matters are resolved.

4.3.3. Extended stays create bottlenecks across the service system, reducing refuge capacity and constraining the sector's ability to respond to the needs of other women and children seeking safety. Without viable pathways into stable housing and financial independence, some women may remain in unsafe situations or return to the person using violence.

4.3.4. Wesley Mission's experience is that women on temporary visas often face a prolonged period between leaving violence and achieving stable housing because they are excluded

[10] Vasil, Stefani, '"I Came Here, and It Got Worse Day by Day": Examining the Intersections between Migrant Precarity and Family Violence among Women with Insecure Migration Status in Australia' (2024) 30(10) *Violence Against Women* 2482 <https://doi.org/10.1177/10778012231159414>

from many mainstream support systems. During this time, specialist services are frequently required to coordinate complex housing, migration, financial and legal supports while managing ongoing safety risks for women and children. Rather than turning these women away, services continue to support them but this means extended stays in refuges and an unfair financial and capacity burden on providers.

4.4. Responses must be culturally safe and coordinated

4.4.1. Support is further complicated where services are not culturally aware. Language barriers, migration-related trauma, and cultural stigma associated with leaving a relationship all lengthen and complicate the support process. Combined with added legal, financial and migration-related complexity, casework for this cohort takes significantly longer.[11]

4.4.2. Effective responses require culturally safe casework, access to migration legal advice, flexible accommodation options and stronger coordination and referral pathways between FDV, housing, legal, health and migrant support services. Wesley Mission's experience is that reducing fragmentation across these systems is critical to improving access and reducing delays for this cohort.

Case study: Culturally safe support in practice

A mother from a culturally and linguistically diverse background self-referred to Wesley Mission Family Preservation with her three young children. Living with coercive control and violence, and with limited English and no independent income, she had become profoundly isolated. She later disclosed that she had not left her home in six years, too fearful to seek connection in her community.

Recognising the importance of cultural safety, her caseworker worked in partnership with a migrant community organisation from the point of referral, building trust and connection over time. Support was patient and paced around the mother's needs. The caseworker reflected: "I must listen to Mum and understand her experiences to help and motivate her."

With this support, the mother was gradually able to rebuild her independence and confidence. She opened her own bank account and secured financial support, enrolled in English classes and further study, connected with a culturally matched counsellor, and grew her networks through a local community learning hub.

4.5. Recommendation

4.5.1. The Second Action Plan should ensure visa status is not a barrier to accessing support, and strengthen support for all women experiencing violence through dedicated funding, culturally responsive service delivery, increased housing supply, and improved referral and recovery pathways, recognising the unique vulnerabilities faced by women on temporary visas.

[11] Centre for Women's Safety and Wellbeing, *Snapshot of Demand and Current Issues for Women on Temporary Visas Who Are Victims/Survivors of Family and Domestic Violence* (2021) <https://cwsw.org.au/wp-content/uploads/2021/11/Snapshot-of-demand-and-current-issues-for-women-on-temporary-visas.pdf>

5. Strengthening the non-specialist workforce

5.1. Current context

5.1.1. Wesley Mission supports the Second Action Plan's focus on building collaboration between response, prevention and specialist workforces, and on strengthening pathways for integrated programs and services.

5.1.2. However, by the time individuals are reaching out to specialist services, it is likely harm has already occurred. This reduces the ability for early intervention measures to be successfully implemented.

5.1.3. Non-specialist and community-based services are frequently exposed to individuals experiencing violence yet are not equipped with the tools or knowledge to address it.

5.2. Non-specialist services for early intervention

5.2.1. Non-specialist and community-based services can provide trusted, non-stigmatising environments where people feel safe to disclose concerns before violence escalates or a crisis occurs.

5.2.2. Unlike specialist FDV services, these settings may already have established relationships with individuals and families, enabling earlier identification of risk and opportunities for intervention. Through its community services, family support programs, homelessness services and faith-based networks, Wesley Mission frequently encounters individuals and families experiencing violence who may not yet be engaged with specialist services. These trusted touchpoints provide important opportunities to identify risk, offer support and facilitate referrals before situations escalate into serious crisis.[12]

5.2.3. This role is particularly important in culturally and linguistically diverse communities, First Nations communities, and rural and regional areas, where distrust of authorities, stigma, community dynamics and limited awareness of available services can create additional barriers to seeking help.[13]

5.2.4. No single engagement strategy works across all communities. Effective prevention and early intervention responses require genuine partnerships with communities and recognition that experiences of violence, barriers to disclosure and preferred engagement approaches differ across cultural and social contexts.

5.2.5. Partnerships with trusted community organisations enable specialist services to reach people they might otherwise struggle to engage. Through Wesley Family Preservation's long-standing partnership with the Community Migrant Resource Centre, one parent was connected with a bilingual cultural worker that created a turning point in building the family's confidence and engagement. As the worker recalled, the parent was "moved to tears…so delighted that someone could actually speak to her in her own language."

5.2.6. These partnerships can also provide benefits beyond early intervention. Trusted community organisations can continue to offer connection, support and oversight after individuals exit specialist services, helping to sustain recovery and reduce the risk of future harm.

[12] Block, Karen et al, '"It's about Building a Network of Support": Australian Service Provider Experiences Supporting Refugee Survivors of Sexual and Gender-Based Violence' 20(3) *Journal of Immigrant & Refugee Studies* <https://www.tandfonline.com/doi/full/10.1080/15562948.2021.1930321>

[13] Cho, Hyein Ellen, 'Filling the Gaps: Grassroots Prevention of Domestic and Family Violence within the Korean-Australian Community' (2025) 9(2) *Journal of Gender-Based Violence* 168 <https://research.monash.edu/en/publications/filling-the-gaps-grassroots-prevention-of-domestic-and-family-vio/>

5.3. Community organisations require greater support to fulfil this role

5.3.1. Grassroots and community organisations often fill gaps within the formal service system and play an important bridging role between communities and specialist FDV services.

5.3.2. However, many organisations face challenges in undertaking this work effectively, including limited funding, workforce capability constraints, language barriers, inconsistent training opportunities and a lack of awareness of current referral pathways and available services.[6]

5.3.3. Strengthening the capacity of community-based services to identify, respond and refer people experiencing FDV has the potential to reduce demand on specialist services by supporting earlier intervention and preventing escalation.

5.4. Recommendation

5.4.1. The Second Action Plan should strengthen and resource the role of non-specialist and community-based organisations as critical partners in the family and domestic violence response, through training to support early identification, trusted disclosure and effective referral pathways.