



Women's Resilience Centre

Submission To The Consultation On The Second Action Plan

Submitted by	Women's Resilience Centre
Focus	Recovery and healing; victim-survivor needs; system integration and workforce
Priority areas addressed	Priority Area 1: Victim-survivors; Priority Area 5: System integration and workforce
Purpose	To provide evidence for the need for a nationally accessible recovery and healing service system, incorporating place-based, digital and hybrid models.

Summary

The Women's Resilience Centre (WRC) welcomes the opportunity to contribute to the development of the Second Action Plan under the *National Plan to End Violence Against Women & Children 2022-2032*.

Australia has made considerable progress in strengthening prevention, early intervention, risk and crisis responses to domestic, family and sexual violence. These responses remain essential and must continue to be fully funded. However, recovery and healing remain comparatively underdeveloped as a national service system, and within states and territories, despite growing recognition that the impacts of violence can continue for years after the immediate crisis has passed.

The evidence base now points to a clear and urgent reform task - Australia needs a nationally accessible recovery and healing support system that is capable of supporting victim-survivors beyond safety and crisis, and into longer-term mental health and wellbeing, connection, economic security, confidence and participation in community life.

WRC submits that the Second Action Plan should make recovery and healing a centrepiece priority for policy and program design and implementation. Recovery should be treated as a distinct outcome requiring dedicated policy attention, investment, workforce development, service integration, research and outcome measurement. This should not come at the expense of crisis, safety, housing or legal responses. Rather, it should extend the continuum of support so that victim-survivors are not left without coordinated support after the minimal and immediate response system has concluded.

WRC supports the development of place-based recovery services, including those already funded under the *National Plan*, or those within some state and territory service systems. However, these are few and far between. Place-based services alone cannot deliver equitable national access to recovery and healing. A country as geographically and socially diverse as Australia requires a mixed architecture for recovery, comprising place-based, digital and hybrid models. WRC's distinctive contribution is its national digital recovery model, which can complement local services and reach women who face barriers related to location, disability, caring responsibilities, work, safety, transport or lack of specialist services.

About the Women's Resilience Centre

The Women's Resilience Centre is a national digital service dedicated to helping women heal and move forward from domestic abuse and trauma, through holistic long-term recovery support. Our work is grounded in trauma-aware principles, evidence-informed practice and deep respect for the strength, dignity and lived experience of every woman who engages with our services. We support women who have transitioned from crisis services and legal system interventions, providing pathways through which they can rebuild their lives with hope, safety and security.

Through our Client Care, group coursework programs and mentoring services, we provide a wraparound, *online-first* response that meets women where they are at. These services provide psychoeducation, peer connection, practical strategies, and trauma-informed parenting skills. Using our Emergence approach, we help women build self-worth, trauma-informed parenting skills, understanding of healthy relationships, and the tools to help

them create financial stability. Our particular contribution is in the recovery phase of the post-abuse journey; helping women move from survival into healing, self-determination, reconnection and longer-term wellbeing. WRC's recovery-focused services support women after they are safe and stable, and at their own pace. Our work is complementary to crisis services, legal services, housing responses, counselling, mental health services, children's services and local domestic and family violence supports. WRC's work is grounded in the understanding that recovery is unique to each woman, and extends beyond engagement with a crisis support service or legal response.

WRC's Perspective and Policy Lineage

WRC's contribution to this consultation is informed by our extensive experience delivering direct recovery services for women impacted by domestic and family violence. These services include digital and face-to-face recovery programs, counselling, mentoring and skills development, and online communities.

It is also informed by our longstanding policy and sector development work on integrated domestic and family violence responses in Australia, including the contributions of the WRC CEO to research, advocacy, and system reform initiatives over many years.

This earlier work identified many of the same system problems that remain relevant today. These include fragmented pathways, repeated need for disclosure, inconsistent information sharing, weak governance, insufficient accountability and significant service gaps for women and children. The Second Action Plan provides an opportunity to extend this long-standing integrated systems agenda into the recovery and healing phase.

Consultation Priority Areas Addressed

This submission primarily addresses two priority areas identified in the consultation paper:

- **Priority Area 1:** Victim-survivors - strengthening a whole-of-society and life-course approach to prevention, early intervention, response, recovery and healing.
- **Priority Area 5:** System integration and workforce - safe and effective prevention, early intervention, response and long-term recovery through an integrated system and a connected, capable workforce using trauma- and violence-informed approaches.

The submission also addresses children and young people, mental health, economic security, digital access, recovery service design, and the need for a nationally relevant evidence base and outcomes measurement strategy.

A. The Major Gap: Recovery Services Remain Underdeveloped

Many victim-survivors describe leaving violence, or becoming physically safer through housing and legal interventions as merely the *starting point* for their recovery journey. While danger may be reduced for many women, the effects of violence often continue, manifested as trauma symptoms, chronic stress, shame, grief, social isolation, financial hardship/financial abuse, legal process abuse, housing insecurity, disrupted

employment, parenting stress and reduced confidence. Many women require years of support to heal from the mental and physical health effects of abuse and to recover financial and practical independence.

The *National Plan* recognises recovery and healing as one of four core domains, alongside prevention, early intervention and response. However, recovery remains the least developed component of the policy and domestic violence service ecosystem. Thus while there has been recognition of the importance of longer term recovery and healing, and of the gaps that remain in comprehensive and trauma-informed care delivery, this domain has not been an area of strategic policy or funding focus. Two interventions are currently funded as pilots; the Illawarra Trauma Recovery Centre and the Supporting Recovery Model of Care trial, through Primary Health Networks (Department of Health & Aged Care, 2025). These services are embedded in public health approaches, are expensive, highly localised, and rely on the existence of local DFV crisis and support services for referral pathways. In the case of the PHN trial, the pilot focus is on mental health care coordination and mental health outcomes. The system foreshadowed by these pilots is framed within health paradigms, and is therefore dependent on health and allied health infrastructure being available in the regions that might be funded, should the pilot be scaled.

While the evidence base on recovery needs and effective programs is nascent, a number of features have been identified that suggest a *holistic*, ‘cross-disciplinary’ understanding of need is essential if recovery responses are to be truly person-centred and inclusive. Rebuilding requires connection, hope and personal empowerment, *as well as* stability and mental health (Sinko, James, & Hughesden, 2021). Achieving this requires inclusion of social, psychological, physical, cultural and spiritual components (Allen & Wozniak, 2011; Flasch, 2020; Anderson, Danis, & Renner, 2012). Such approaches, to be successful, would therefore need to engage with or deliver a range of supports, including practical skills for parenting children who have been impacted, economic empowerment, healthy relationship education, self-awareness and confidence, emotional regulation and resilience, job and employment pathways and community building (Flasch, 2020; Williams, Harb, Satyen, & Davies, 2024; Micklitz, Glass, & Bengel, 2024; Satyen, Sharda, & Robinson, 2025).

While the importance of recovery is acknowledged throughout the Second Action Plan Consultation Paper, there has been relatively little discussion of *how* Australia should build a recovery infrastructure. The next major reform task, therefore, is to build a nationally accessible recovery system so that women can move beyond survival and achieve healing, wellbeing, participation and post-traumatic growth.

B. What Recovery Means

Recovery reflects the process through which victim-survivors rebuild resilience, safety, wellbeing, identity, connection, autonomy and agency, economic security and social connection after violence. This process is not usually linear (Anderson, Danis, & Renner, 2012), is highly individualized, multi-dimensional and requires ongoing support throughout the journey (Carman, Kay-Lambkin, & Burgman, 2023).

Judith Herman's foundational trauma framework identifies recovery as involving the establishment of safety, remembrance and mourning, and reconnection with ordinary life and relationships (Herman, 2015). This remains a helpful frame because it recognises that trauma recovery is both personal and social: it involves restoring agency and rebuilding connection with the world.

More recent Australian research found that women describe recovery through interconnected themes of safety and survival, gaining freedom, moving on, enjoying a better life, and supporting their children’s healing (Carman, Kay-Lambkin, & Burgman, 2023).

C. Recovery is a Public Health, Economic and Social Policy Priority

The case for investing in recovery reflects social, community, health and economic imperatives. KPMG estimated that violence against women and their children cost Australia approximately \$22 billion in 2015-16, with victim-survivors themselves bearing more than half of those costs. When underrepresented groups are considered, total costs may exceed \$26 billion annually (KPMG , 2016).

These costs arise through pain and suffering, health system use, mental health impacts, reduced workforce participation, housing instability, justice and social service system costs, payments and long-term impacts on children. Recovery investment should therefore be understood as a strategy to reduce avoidable demand on multiple government systems, while improving health, wellbeing, workforce engagement and social participation.

The Illawarra Women’s Trauma Recovery Centre Business Case made a similar social investment argument, proposing that comprehensive recovery services can reduce long-term demand across health, justice, housing and community services (Illawarra Women’s Health Centre, 2021). The same principle applies nationally; recovery services can be viewed as a critical part of the infrastructure required to reduce future harm and future cost.

D. What Makes a Good Recovery Service

The recovery literature and emerging Australian models point to a consistent set of features that should inform the Second Action Plan.

Feature	Service Design
Trauma- and violence-informed practice	Services must understand trauma, coercive control, violence, systems abuse and the social context of victimisation. They must avoid blaming, disbelief, retraumatisation and narrow clinical responses that disconnect symptoms from structural disadvantage and holistic and somatic approaches to wellbeing.
Holistic support	Recovery services should address mental health, physical health, legal needs, housing, financial security, parenting, employment, education, social connection and community participation.
Connection and peer support	Social and peer support are central to women’s recovery, resilience and growth.

Practical resources and education	Survivors often need practical assistance with housing, parenting, employment and finances before deeper trauma recovery can occur. Education about abuse dynamics and impacts can also be validating and empowering, and support future healthy relationships and trauma-responsive parenting.
Long-term and flexible engagement	Recovery is non-linear and unique to women's particular needs and intersectionality. Services must allow women to access support at the right time and for as long as needed, recognising that women may move between stabilisation, healing, rebuilding and renewed safety needs.
Survivor-informed and strengths-based practice	Recovery services should recognise victim-survivors' agency, resilience, knowledge and resourcefulness, rather than defining women only by trauma, risk or pathology.

E. Systems Integration – the Need To Embed Recovery

Australian domestic and family violence reform movements have recognised that no single agency can meet all the needs of victim-survivors and their children. Joined-up practice has been long identified as integral to effective support (Wilcox, 2010). Joined-up service systems are also vital to prevent the harm caused when victim-survivors must repeatedly retell their story across multiple systems. Repeated disclosure and ad hoc information exchange are key contributors to secondary victimization. Effective system integration requires information sharing systems that protect victim-survivor privacy while enabling safety, coordination and continuity of care (Wilcox, 2010). Core features of good practice in integrated responses therefore include a focus on victim-survivor safety and other needs, accountability, shared aims and protocols, information sharing systems, senior-level commitment, adequate resourcing, governance structures, regular coordination meetings, evaluation, and mechanisms to identify and address service gaps.

These principles remain directly relevant to recovery and healing (Micklitz, Glass, & Bengel, 2024). While integrated responses have most often been developed around crisis, risk and legal intervention, recovery services also require integration. Victim-survivors recovering from violence may need mental health care, physical health care, legal advice, housing assistance, financial counselling, parenting support, employment support, peer connection and community participation. Referrals to other agencies, even 'warm' ones, may not be sufficient to prevent women from being required to navigate multiple systems, repeat their stories and carry the burden of coordination themselves.

The Second Action Plan should therefore extend the principles of holistically conceived and coordinated practice into the recovery phase. Rather than sitting at the 'edge' of the ecosystem, recovery services should be part of an integrated national architecture, with warm referral pathways, non-linear transitions, information sharing protocols, clear governance and collective impact and outcome monitoring.

F. Children and Intergenerational Recovery

Children who experience or witness domestic and family violence are victim-survivors in their own right. The impacts of violence on children are now fully accepted in the context of complex trauma, and include emotional, developmental, behavioural, relational, educational and health consequences that extend across the lifespan (Childhood Trauma Academy, n.d.; Webster, 2022). The Supporting Recovery Model of Care recognises children and young people as victim-survivors and notes that addressing developmental trauma is essential to disrupting future cycles of violence (Department of Health & Aged Care, 2025).

In addition to targeted healing and recovery for children, children's recovery is dependent on mothers understanding the impacts of trauma on their children's behaviour. Mothers may need practical parenting approaches to do this. Many victim-survivors are parenting while also managing trauma, legal processes, housing insecurity, financial stress, employment disruption and the ongoing impacts of coercive control. Recovery policy should therefore recognise the interconnected needs of women and children, while ensuring children have access to tailored supports in their own right. Recovery programs which support children and their mothers to heal from trauma provide a practical pathway to prevention of intergenerational cycles of violence (Isobel, Goodyear, Furness, & Foster, 2019).

G. Digital and Hybrid Recovery Models are Essential for National Access

WRC strongly supports the development of place-based recovery centres, including the Illawarra Women's Trauma Recovery Centre and Beyond DV in Brisbane (Cullen, Stevenson, Baffsky, & Walker, 2021; Satyen, Sharda, & Robinson, 2025). Place-based, localised services are important and should form part of the national recovery architecture. However, they cannot alone ensure equitable access across Australia.

Women continue to face barriers including geographic isolation, disability, transport limitations, caring responsibilities, work commitments, safety risks, lack of local specialist services and long waiting lists. Digital and hybrid models can extend access to women who would otherwise remain unsupported.

Digital recovery services therefore supplement face-to-face care. When properly designed, facilitated and safeguarded, digital models can provide tailored, connection, psychoeducation, group support, recovery planning, peer engagement and referral support in ways that are flexible, accessible and scalable. Online services also offer a lean, cost-effective and adaptive alternative to face-to-face service design and delivery.

A national recovery system should therefore include place-based, digital and hybrid models, with clear standards for trauma-informed practice, privacy, accessibility, workforce capability, safety planning and evaluation.

H. Building the Evidence Base

The Second Action Plan should include a dedicated research and evaluation agenda on recovery and healing, given the absence of clear and consistent evidence-based recovery frameworks (Williams, Harb, Satyen, & Davies, 2024). Australia needs more research on what works in long-term recovery, including digital and hybrid models, peer and group recovery, social connection, post-traumatic growth, and how best to deliver economic

security, parenting recovery and children's recovery. In addition, culturally-safe models, recovery outcomes for women with disability, and access for rural and remote and marginalised communities require exploration and outcomes evaluation.

Recommendations

Recommendation	Purpose
1. Develop a National Recovery and Healing Strategy	The Second Action Plan should include a dedicated strategy that defines recovery, identifies service system gaps, sets national priorities and supports shared outcomes across jurisdictions. Governance mechanisms (such as COAG) would enable adaptive implementation.
2. Adopt a nationally consistent recovery framework	The framework should articulate principles of trauma- and violence-informed recovery, including safety, choice, empowerment, cultural safety, connection, practical support, economic security, hope and long-term healing. The framework should include holistic, non-health paradigms.
3. Establish dedicated recovery funding	Recovery funding should be additional to crisis, housing, legal and frontline response funding, not drawn from already stretched crisis services.
4. Build integrated recovery pathways	Recovery initiatives should demonstrate how they connect with domestic and family violence services, sexual violence services, mental health, primary health, housing, legal assistance, child and family services, children's recovery, financial counselling, employment and income support.
5. Fund place-based, digital and hybrid models	A national recovery architecture should include local/place-based trauma recovery centres, digital recovery programs, telehealth, online groups and hybrid models.
6. Reduce systems-induced retraumatisation	Recovery models should include holistic services alongside warm referrals, shared care planning, appropriate information sharing, and mechanisms to reduce repeated storytelling.
7. Strengthen child and family recovery responses	Children should be recognised as victim-survivors in their own right, with tailored supports that also recognise the relationship between children's recovery and mothers' recovery.

8. Invest in peer-led and group-based recovery programs	Recovery funding should support peer connection, group programs, mentoring and community participation as core elements of recovery.
9. Develop national recovery outcomes and indicators	Governments should measure realistic and plausible recovery and healing outcomes alongside prevention, response and safety outcomes.
10. Commission further recovery research through ANROWS and other partners	Research should examine long-term recovery models, digital delivery, peer support, social connection, economic participation, parenting outcomes and culturally-safe approaches.

Conclusion

The evidence is clear that violence affects victim-survivors long after immediate safety has been achieved. Recovery is a distinct process requiring dedicated service systems, sustained investment, integrated support and outcome measurement. Recovery enables women to rebuild lives in ways that are safe, healthy, connected, economically secure and fulfilling, and offer stability and hope for children and families.

Australia has made important progress in strengthening responses to domestic, family and sexual violence. The next stage of reform should bring the same systems discipline to recovery that was increasingly brought to the development of crisis and safety responses.

The Second Action Plan provides an important opportunity to build a nationally accessible recovery and healing system that delivers on the vision of the *National Plan* and improves outcomes for victim-survivors, children, families and communities across Australia.

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