# Informing Australia's Second Action Plan to End Violence Against Women and Children (2027–2032)

***A note before you read on***

Somewhere in Australia tonight, a family support worker will sit with a mother and her children in the hours following a crisis and will struggle to link them into a service – because the service that could help heal them has a waitlist, a funding end-date, or an age limit that excludes the child sitting in front of them. This submission is written with that family, and other families like them across the country, in mind. It asks the Australian Government to develop a Second Action Plan that recognises their right to be safe as a mandatory consideration in funding decisions

## About the Centre

The Centre for Excellence in Child and Family Welfare (the Centre) welcomes this opportunity to provide a submission to help inform the development of the Second Action Plan under Australia's National Plan to End Violence against Women and Children 2022–2032. The Centre is the peak body for child and family services in Victoria and Tasmania. For more than 100 years we have advocated for children and their families to be safe, connected to culture and community and to thrive in nurturing home environments. Our members work with children, young people and families at risk of, or living with, family violence, sexual violence and/or child sexual abuse.

## Scope of this submission

This submission addresses the Second Action Plan's provisions as these intersect with the safety and recovery of children and young people, the practice of the specialist and mainstream services that support them, and the capacity of the child and family services sector to respond.

It draws on research, the reported experience of practitioners and member organisations, the Centre's own analysis of current system settings, and the voices gathered through our sector's ongoing engagement with the families it serves.

It is pleasing to see children and young people named as a priority group in their own right in the ANROWS consultation paper (Australian Government, 2026). But naming is not the same as recognising, and recognising is not the same as resourcing. Children living with domestic and family violence continue to be routinely constructed as witnesses or bystanders rather than as people with their own experience of coercive control, their own trauma, and their own rights (under the United Nations Convention on the Rights of the Child [UNCRC]) to be protected from violence and to have their views heard in matter that affect them (United Nations 1989; UN Committee on the Rights of the Child, 2011; Callaghan et al., 2018; Katz, 2022).

Two threads run through our submission. The first is that child and family services provide critical existing infrastructure, which could be expanded and built on, to help prevent and respond to family violence. The second is that children are rights-holders in their own right, not extensions of an adult victim-survivor's case file.

## Overview

There has been significant reform in Victoria as a result of the 2016 Royal Commission into Family Violence (State of Victoria, 2016). The Orange Door network, the Multi-agency Risk and Assessment (MARAM) framework, legislative changes embedding information sharing reform, and significant investment in specialist family violence services did not exist ten years ago. These reforms have produced significant gains for victim-survivors. However, they have not closed the gap for children and young people, who continue to be treated by services, courts, and funding models as dependents of an adult victim-survivor rather than as victim-

survivors with recovery needs, risk, and rights of their own (Callaghan et al., 2018; Katz, 2022).

This gap is structural, built into eligibility criteria that channel support through a parent; funding models that treat child and family services as a soft entry point without resourcing that role; and legal and court processes which do not consistently recognise children as parties with their own interests. As noted in the Royal Commission report, the system response to young people who use violence in the home implicitly holds young people accountable as 'perpetrators' without recognising the complex drivers of this behaviour and the nuanced responses required.

In our submission, we have made five overarching recommendations, comprising 19 actions, for the Australian Government's consideration. In particular, we ask that children are no longer treated as an afterthought in a system built primarily around adults, and that the services families turn to first are recognised as critical infrastructure in a whole of system approach to prevention, early intervention and recovery.

The table below summarises the five priority areas addressed in this submission, and the corresponding shift that the Second Action Plan should make. Each priority area is examined in more detail in the sections that follow.

| Priority area | What the Second Action Plan needs to do |
|---|---|
| Victim survivors, including children, cannot access therapeutic recovery support once a crisis response has ended, and sexual violence and child sexual abuse are not consistently treated as distinct from each other and from broader family violence. | Recognise therapeutic recovery as a core, ongoing need, not a crisis-response add-on, and resource sexual violence and child sexual abuse services as distinct specialist areas. |
| Prevention and early intervention are chronically underfunded, and child and family services are relied on as an under-resourced 'soft entry point' into the system. | Recognise child and family services for their soft entry and early intervention function and protect this work from being continually absorbed by crisis demand. |
| Child and young people are not consistently recognised as victim-survivors with independent legal standing, child-focused support, or protection from structural age gaps between child and adult systems. | Legislate children's status as victim-survivors in their own right, including named entitlements in family violence intervention order and family law processes. |
| Accountability for people who use violence remains weak and inconsistently applied, particularly where mothers are held to a higher parenting standard than perpetrators (Smith and Humphreys, 2019), and where adult perpetrators of adolescent-attributed violence escape scrutiny. | Centre perpetrator behaviour, not victim-survivor protective capacity, in risk assessment and close systems-abuse pathways through family law, Centrelink and child support processes. |
| System integration, housing, and the workforce are the connective infrastructure the rest of the system depends on, and all three are chronically underfunded and short-term. | Treat coordination, housing and workforce capability as core system infrastructure, with funding cycles and legislative settings that reflect the complexity of the work. |

## The importance of family services in preventing and responding to family violence

The most visible parts of the family violence system are when police respond to a call-out, a court grants a protection order or a refuge offers a bed for the night. These are essential services and they save lives, but

they are not where most families first contact help. For the vast majority of families that the Centre's members work with, their first system interaction is through a universal or child and family services door – a family support worker, a maternal and child health nurse, a playgroup coordinator, a school counsellor. It is in these everyday settings that family violence is most often first identified, first named, and first responded to.

The 2016 Royal Commission recognised that family services 'must have a direct role' in identifying and responding to family violence (State of Victoria, p. 9). Child and family services are not adjacent to the family violence system; they are a core part of the structure. Without these services, the system becomes a series of discrete emergency responses to harm which could have been prevented or interrupted much earlier (Campo et al., 2014; Kaspiew et al., 2015). Investing in this infrastructure is not a 'soft' alternative to investing in specialist family violence and justice responses; it is the foundation that determines how much pressure these other services are placed under.

> ***What this looks like in practice: Child and family services as a soft entry point***
>
> A family support worker, engaged to help with a toddler's sleep routine, gradually builds sufficient trust for a mother to share what is happening in the home and for the worker to link the mother and toddler into a relevant service or services depending on need. Families choose to engage with everyday services because they are not badged as crisis responses. These are safe, non-judgemental places where disclosure can occur unexpectedly, incrementally, without fear of children being removed or situations escalating. These are the moments where early intervention becomes possible, if the worker who notices has the time, training, and pathway to respond.

Recognising child and family services as critical infrastructure means resourcing this service system explicitly, rather than treating it as something that happens for free, on the margins of a worker's caseload, because no one else is doing it (Campo et al., 2014; Robinson et al., 2022).

## Priority Area 1: Victim-survivors

The Centre supports priority being given to victim-survivors of violence against women and children and other forms of gender-based violence, agreeing with the proposed focus on whole-of-society and life-course.

Our members work with children and young people who use violence in the home. While data suggests this violence is frequently directed against mothers by male adolescents, it cannot be viewed purely through the lens of gendered violence as coercive control or through an adult perpetrator lens. Case studies gathered by the Centre show a wide range of factors need to be taken into account when assessing risk and response with young people using violence in the home.

For many families, family services are the first, and sometimes only, service that a parent will voluntarily approach. Therapeutic playgroups, a mother-child attachment program, or a healing-focused group for Aboriginal families or examples of services that feel safe to approach. This makes the sector a critical soft entry point for identifying family violence, sexual violence and child sexual abuse, and for beginning a family's engagement with safety and healing (Campo et al., 2014). The Centre is concerned that this role is not currently recognised or resourced as core infrastructure. Child and family services are expected to identify harm, respond to disclosure, and hold families through crisis, without support that reflects the skill and risk genuinely involved in doing so well.

This is not an abstract concern. It shapes whether a mother who finally discloses what has been happening at home is met by a worker with the time to sit with her, or a worker managing the next appointment in a back-to-back day. It shapes whether her child is offered their own path to recovery or quietly absorbed into hers. A child's right under the UNCRC to protection from violence and to recovery that support their dignity (United Nations, 1989, Arts 19, 39). Is only as real as the service standing in front of them on the day they need it.

### The gap after crisis: Therapeutic recovery is not funded as ongoing infrastructure

The family violence system is heavily weighted toward a crisis response. Once immediate safety has been established, victim-survivors, and children in particular, are left with very limited access to sustained, therapeutic recovery support. Continuity of the therapeutic relationship, which the evidence identifies as central to recovery from trauma, is broken not by clinical judgement but by a funding cycle. The Centre's member organisations report that evidence-informed recovery programs exist and are effective but rely on short-term or philanthropic funding rather than recurrent government commitment, meaning that they cannot guarantee continuity of care to the families who need it most (Campo et al., 2014; Kaspiew et al., 2015).

> ***What this looks like in practice: Recovery interrupted by a funding calendar, not a clinical decision***
>
> A mum and her two year old son have left a violent home and have recently been connected with a therapeutic 'mums and bubs' support group. It takes some weeks before the woman feels comfortable to openly discuss her situation and build trust with the staff that run the program. Unfortunately, just a several weeks after joining, the program's funding round ends. Workers suggest that the woman phones another generalist service which she had tried to access the year before, and where she now joins the bottom of the waitlist.

The Centre's member organisations currently deliver a number of evidence-informed recovery models for children, mothers and families recovering from family violence. This includes trauma-informed group-work, attachment-focused parenting support, and culturally grounded healing programs led by and for Aboriginal children and families. Aboriginal Community Controlled Organisations (ACCOs), in particular, offer models of recovery grounded in culture, kinship and community that mainstream services cannot replicate, and reflect children's right to enjoy their own culture as part of their recovery (SNAICC, 2025; United Nations, 1989, Art. 30).

These models demonstrate that recovery-focused, non-crisis contingent support improves outcomes for children when it is available (Campo et al., 2014). The problem is not a lack of evidence or expertise, but the absence of a commitment that treats recovery as core infrastructure rather than a time-limited pilot that ends just as trust has begun to form.

## Sexual violence and child sexual abuse must be treated as distinct

Sexual violence and child sexual abuse are frequently folded into the broader category of family violence in policy and funding design. The Centre is concerned that this conflation obscures the distinct dynamics, disclosure patterns, and specialist response required for each of sexual violence and child sexual abuse, including specialist forensic, medical and therapeutic responses that differ materially from the family violence service system.

A child disclosing sexual abuse needs a different kind of room, a different kind of question, and a different kind of practitioner to a family navigating coercive control. They deserve a system that recognises the difference rather than channelling every disclosure through the same generalist pathway. Treating sexual violence and child sexual abuse as a subset of family violence, rather than as related but distinct forms of harm, risks under-resourcing the specialist workforce, including Centres Against Sexual Assault (CASAs) that respond to them.

## Naming what recovery actually requires

Genuine recovery for a child who has lived with family violence is rarely linear and rarely finishes when a case is closed. It requires continuity of a relationship with a trusted adult, safety that is legally established, and space to make sense of an experience that adults around them may still be minimising. The evidence on children's own experience of coercive control makes clear that children are not passive witnesses processing an adult's trauma from the sidelines but living in the same climate of fear and control, often without a language to describe it, and often absorbing responsibility that was never theirs to carry (Callaghan et al.,

2018; Katz, 2022). A system that only funds crisis response, and only recognises the adult victim-survivor's case plan, is not designed to meet this need, and every year it goes unaddressed as another cohort of children move through the system carrying their trauma into adulthood.

### Priority Area 1: Policy solutions

| Policy solution | Evidence and rationale | Outcome | Mechanism |
|---|---|---|---|
| Recognise therapeutic recovery programs for victim-survivors, including children, as recurrent, core infrastructure rather than time-limited or philanthropically dependent projects, and align funding agreements accordingly. | Evidence-informed recovery models exist and are effective, but current funding does not allow services to guarantee continuity of care (Campo et al., 2014; Kaspiew et al., 2015). | Victim-survivors, including children, can access sustained recovery support that does not end when crisis funding does. | Australian Government, state and territory family services departments |
| Establish a policy and workforce stream for sexual violence and child sexual abuse response, separate from generalist family violence funding and reporting. | Sexual violence and child sexual abuse require specialist forensic, medical and therapeutic responses that are not interchangeable with generalist family violence services. | Victim-survivors of sexual violence and child sexual abuse receive a response matched to the specific nature of the harm. | Australian Government, state sexual assault service commissioners |
| Formally recognise the role of child and family services as a soft entry point for family violence disclosure and response, including protected time for relationship-building, disclosure response, thorough assessment, and warm referral within existing service agreements. | Child and family services are frequently the first service a family voluntarily engages, but this function is not reflected in current funding models (Campo et al., 2014). | Families are identified and supported earlier, before harm escalates to crisis point. | State and territory family services departments |

## Priority Area 2: Prevention and early intervention

The current family violence service system responds overwhelmingly to crisis, and there is limited protected space (financial, workforce, or structural), in which prevention and early intervention can occur. The Centre's

member organisations report that families are typically only able to access support once risk has escalated to a level that meets a formal threshold, by which point the opportunity for earlier, less intensive (and less costly) intervention has already passed.

## Child and family services as an unrecognised early intervention gateway

As set out in Priority Area 1, child and family services function as a soft entry point into the system. This role is particularly significant for early intervention. Families experiencing early-stage or emerging family violence, or parents seeking support with parenting under stress, are far more likely to approach a mainstream family service than a specialist family violence service (Kaspiew et al., 2015). However, the parenting support and early intervention components of this work are not funded as family violence prevention, despite functioning as exactly that. The Centre is concerned that this leaves a substantial early intervention opportunity under-resourced and invisible in family violence funding and reporting.

## Thresholds exclude those who most need early support

Structural exclusion at the threshold for support is a defining feature of the current system. People who are experiencing or at risk of family violence, but who do not yet meet crisis thresholds, cannot access support, and by the time they do meet a threshold, risk has already escalated. Centre members describe closed waitlists for programs, a lack of concrete referral options for families of young children showing early behavioural concerns, and very limited access to prevention and early intervention in regional and rural areas – a pattern that compounds every other form of disadvantage a family may already be carrying.

***What this looks like in practice: A family turned away twice before being accepted***

A mother raises concerns with her child's kindergarten about early signs of aggression linked to conflict at home. The family is referred to a parenting support service, which assesses the family as not meeting its intake threshold because there has been no formal family violence report. Eighteen months later, following a police attendance and an intervention order, the same family become eligible for a specialist service – one with a waitlist of several months. The support that could have prevented escalation was unavailable at the point it was needed, and available only once the situation had already become a crisis. No one along this path did anything wrong, the system simply was not built to catch this family earlier.

## Early intervention for children aged 5–12: The clearest evidence gap

Centre members have identified how crucial it is that the family violence system treats early intervention for children aged 5 to 12 who have been exposed to family violence as a named, standalone national priority. Across our member's work, this age band is consistently identified as the single most evidenced and most under-resourced opportunity in the entire prevention landscape; the point at which a child's response to living with violence is still forming, and still most responsive to intervention, but before it has hardened into the coping patterns, relationships models and behavioural habits that are carried into adolescence and adulthood.

The developmental case for this window is well established. Middle childhood is a period in which the stress-response systems shaped by early adversity are still highly plastic, and in which the safeguarding provided by a trusted adult or a consistent therapeutic relationship can meaningfully alter a child's developmental trajectory before toxic stress becomes biologically embedded (Shonkoff & Garner, 2012). Miss this window, and the same child re-enters the service system years later as an adolescent presenting with anxiety, aggression, or disengagement from school, and at a point where the intervention required is longer, more intensive, and far more expensive than it would have been at age seven or eight (Campo et al., 2014).

Two further patterns compound this gap. First, our members consistently observe that boys who go on to use family violence as adults are frequently the same boys displaying early signs of harmful or aggressive behaviour in middle childhood, and who are also not being reached. Prevention work with this age group is

therefore not only a recovery intervention for children who have experienced violence, but also one of the few genuinely upstream levers available for reducing the prevalence of violence in the next generation. Second, therapeutic gains made with a child in a clinical or group setting are difficult to sustain once that child returns home because parents are rarely given the tools, and services are rarely resourced, to support the follow-through. This can result in a child learning to regulate a difficult feeling in a Tuesday afternoon group and have no scaffolding for using that skill anywhere else in their week.

Additionally, prevention programming for this cohort too often proceeds without a gendered analysis or disability- and neurodivergence-informed design. This is despite a high prevalence of undiagnosed disability and neurodivergence among children showing early behaviours of concern, and despite risk-assessment tools such as MARAM not consistently being fit for purpose for children with disability or from culturally and linguistically diverse backgrounds. Addressing all of this is a matter of equity as much as effectiveness as a seven-year-old's right to grow up free from violence, and to be seen early enough for help to matter, should not depend on which postcode, culture, gender or ability profile they were born into (United Nations, 1989, Art. 19).

## Priority Area 2: Policy solutions

| Policy solution | Evidence and rationale | Outcome | Mechanism |
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| Fund the parenting support and early intervention functions delivered by mainstream child and family services explicitly as family violence prevention, with reporting and evaluation to match. | Mainstream family services are a primary entry point for families experiencing early-stage family violence, but this function is currently unfunded and unmeasured as prevention. | Earlier identification and support for families before harm escalates to crisis point. | Australian Government, state and territory family services departments |
| Lower or remove crisis-threshold gateways for early intervention programs, particularly in regional and rural areas. | Families who do not yet meet crisis thresholds are consistently unable to access support, and harm escalates the interim. | Fewer families cycling between closed waitlists and crisis presentation. | State and territory family services departments |

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| Name early intervention for children aged 5-12 exposed to family violence as a standalone national priority cohort, with a defined transition pathway. | This age group is consistently identified as the least resourced early intervention opportunity, and the developmental window it responds to closes as children move into adolescence (Shonkoff & Garner, 2012; Campo et al. 2014). | Evidence-informed programs for this age group survive beyond their pillow funding, and are available to the next cohort of children, not only the first. | Australian Government, state and territory education and family services departments |
| Require prevention and early intervention programming for children aged 5-12 to be gendered, disability- and neurodivergence-informed, and culturally responsive by design, including follow-through support for parents so gains made in a program are sustained at home. | Boys who go on to use violence as adults are frequently the same boys already showing early signs of harmful behaviour and not being reached, and therapeutic gains are difficult to sustain without parent-facing follow-through support. | Prevention programming reaches the children most likely to benefit, and gains are sustained beyond the program itself. | State and territory education and family services departments |

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

Children living with family violence continue to be constructed by much of the system as witnesses to, rather than subjects of coercive control, despite clear evidence that their experience is directly affected by coercive control controlling behaviour in its own right (Callaghan et al., 2018; Katz, 2022). The Centre is concerned that this framing continues to shape funding, legal standing and service design in ways that leave children without independent recognition, entitlement or voice. This is a gap that sits uncomfortably alongside Australia's obligations under the Convention on the Rights of the Child to ensure a child's views are given due weight in matters affecting them, and their best interests are a primary consideration (United Nations, 1989, Arts 3, 12).

### Children are excluded from the legal protections designed for their safety

Family Violence Intervention Orders in Victoria can be sought to protect a child, but children are not consistently named as protected persons in their own right, and in practice their inclusion often depends on whether the adult applicant nominates them. Family Law Courts, which determine parenting arrangements after separation, are required to prioritise a child's safety. However, in practice the system continues to prioritise a parent's right to a relationship with a child over a child's right to safety, placing children back into contact with a parent who has used violence without an independently resourced assessment of the child's own experience and wishes (Kaspiew et al., 2015). This is not a new observation; the joint Australian and NSW Law Reform Commissions identified the same structural tension between family law and the family violence protection systems over a decade ago, and much of it remains unresolved (Australian Law Reform Commission & NSW Law Reform Commission, 2010).

***What this looks like in practice: Consent as a barrier to a child's own recovery***

A 15-year-old girl wants to access individual counselling to process her experience of violence in the home, separate from any service her mother is engaged with. She knows her mother is overwhelmed, caught up in her own grief and trauma, and busy with rearranging their family affairs. The girl phones a service but is told she needs parental consent to access support. This leaves her feeling she's done the wrong thing in reaching out for help and she decides not to try phoning other services.

## A structural age gap between childhood and adult systems

There is a specific and largely unaddressed structural gap facing young people between the ages of approximately 16 and 18. Child-specific family violence therapeutic services are frequently designed around eligibility thresholds that end at 16 or 17, while adult family violence and homelessness services are designed around adult risk profiles and are frequently unable to appropriately support a minor. Young people in this age band, and infants and toddlers at the other end of the age spectrum who experience of family violence are easily missed because they cannot verbally disclose it, are two sub-cohorts of children that the current system is least equipped to see and response to. Both deserve better than to be defined by the limits of a service's intake form.

## Governance and accountability for children's outcomes

The Centre supports the establishment of a Commonwealth Minister for Children with cross-portfolio responsibility for children's outcomes, and the use of Child Impact Assessments for policy and funding decisions that affect children, including those made under the Second Action Plan. Without a named accountability mechanism, children's interests risk continuing to be represented only indirectly, through portfolios designed around adult victim-survivors, adults perpetrators, or family units rather than children as individual rights-holders. A Child Impact Assessment does not need to be a costly or bureaucratic exercise; it can be as simple as a standing requirement to ask what impact a policy or funding decision is likely to have on children.

## Priority Area 3: Policy Solutions

| Policy Solution | Evidence and Rationale | Outcome | Mechanism |
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| Legislate so that children are named as protected persons in their own right in family violence intervention order applications, rather than requiring an adult applicant to nominate them. | Children's legal protection currently depends on adult decision-making at the point of application, rather than an independent assessment of the child's own risk. | Consistent legal recognition and protection for children exposed to family violence. | State and territory attorneys-general |
| Require Family Law Courts to resource independent, child-specific safety assessment in matters involving family violence, with structured mechanism for the child's voice, separate from the positions of either parent. | Family Law Courts are required to prioritise child safety, but in practice a child's own experience is not consistently independently assessed (Kaspiew at al., 2015; Australian Law Reform Commission & NSW Law Reform Commission, 2010). | Parenting arrangements that reflect a child's own safety and wishes, not only parental rights of contact. | Attorney-General's Department, Federal Circuit and Family Court of Australia |
| Close the 16-18 year age gap and strengthen recognition of infants and toddlers as a distinct sub-cohort, including consent pathways that allow young people to access therapeutic support independent of a disengaged or conflicted parent. | Current service design leaves young people aged 16-18, and pre-verbal infants and toddlers, poorly served by both child-specific and adult service systems. | Continuity of age-appropriate support across the full span of childhood and adolescence. | Australian Government, state and territory family and youth services departments |
| Establish a Commonwealth Minister for Children with cross-portfolio responsibility and require Child Impact Assessments for family violence policy and funding decisions. | Children's interests are currently represented indirectly through adult-focused portfolios rather than through a dedicated accountability mechanism. | Children's outcomes are explicitly and transparently considered in family violence policymaking. | Australian Government |

## Priority Area 4: People who use violence

Accountability for people who use violence remains structurally weak and inconsistently applied. The current system continues to place the burden of safety, and of proving that safety, on victim-survivors rather than on those responsible for the harm, and this pattern holds true across policing, family law, and service system responses alike. This is a pattern that our members see reproduced in courtrooms, case conferences and referral pathways on a near-daily basis.

## Mothers are held to a higher standard than perpetrators

Mothers who are themselves victim-survivors are routinely held to a higher standard of parenting scrutiny than the fathers using violence against them (Smith & Humphreys, 2019). Child protection and family law processes frequently focus assessment on a mother's capacity to protect her children from a father's violence, rather than on the father's use of violence itself. This is not a perception unique to our sector; national research has found that women who use violence in response to violence perpetrated against them are frequently misidentified by police and courts as the primary aggressor, particularly where a pattern of coercive control is not adequately understood at the point of first response (Nancarrow et al., 2020). Meanwhile, people who use violence are not consistently or automatically directed to parenting-focused behaviour change support, despite the clear relevance of their parenting behaviour to their children's safety. Men's Behaviour Change Programs report high and increasing demand but are not resourced to provide the whole-of-family, parenting-informed engagement work that would meaningfully address this gap.

## A system stretched well past its designed capacity

Services responding to the highest-risk cases describe referral volumes that have outstripped their original design by a significant margin, with some Risk Assessment and Management Panels (RAMP) reporting referral numbers far above what they were established to manage. A police-led first response, while essential, is not always the right tool for every family violence call-out; our members describe situations, particularly involving young people using violence in the home, where police attendance can escalate a situation, and jurisdictions without a dedicated co-responder model report feeling this gap most acutely. A health-justice co-responder model, of the kind already used for mental health crises in some jurisdictions, has been raised by our members as a template worth exploring for a family-violence specific equivalent.

## Systems abuse through parallel legal and administrative processes

Perpetrators increasingly use systems outside the family system itself (e.g., family law proceedings, Centrelink and child support processes, and repeated subpoenas or legal applications) as mechanisms of ongoing control, imposing financial and administrative burden on a victim-survivor long after separation (Douglas, 2018; Douglas & Fitzgerald, 2013). The pattern of legal systems abuse is not consistently recognised across these systems, meaning a perpetrator can continue a pattern of coercive control through litigation and administrative processes that operate outside the family violence risk-assessment framework altogether.

***What this looks like in practice: Control continued through the system***

Following separation, a father repeatedly disputes child support assessments, lodges parenting applications which he does not pursue, and subpoenas a victim-survivor's medical and counselling records. Each action is individually within his legal rights and is assessed by the relevant agency in isolation. No single agency holds a complete picture of the pattern, and the cumulative effect – financial strain, repeated traumatisation, and ongoing contact enforced through legal processes – is not captured by any risk assessment framework. The system meant to protect the woman has (without any one part of it intending to) become one more thing she has to manage.

## A National Information Sharing Scheme

A National Information Sharing Scheme that shares a perpetrator's pattern of behaviour consistently across

jurisdictions and service types would help close the gap this submission has just described. At present, a perpetrator's history (police call-outs, protection order applications and breaches, family law proceedings, child support disputes) sits in separate systems that rarely, if ever, talk to each other. Reform proposals as far back as the joint Australian and NSW Law Reform Commissions' national inquiry identified information-sharing gaps between family law and state family violence systems as a central, unresolved barrier to safety (Australian Law Reform Commission & NSW Law Reform Commission, 2010). The evidence since has only reinforced the point: without a consolidated view of a perpetrator's conduct, courts, police and services are each making decisions with only a fragment of the picture, and victim-survivors are left to carry and repeat the burden of proof each system requires afresh (Douglas, 2018; Nancarrow et al., 2020).

A National Information Sharing Scheme would not need to create a single new database from nothing; existing state-based frameworks such as MARAM already demonstrate that structured, consent-based information-sharing between services is achievable in Australia's current legal settings. What is missing is the extension of that logic across jurisdictional and system boundaries, so that a pattern of behaviour visible to a Victorian court is not invisible to a Queensland one, and a perpetrator cannot simply move, or move systems, to escape a pattern that has already been established.

## A distinct framework is needed for adolescent violence in the home

Young people using violence in the home are frequently victim-survivors of family violence or trauma themselves. Our members describe a narrative shift in referral and justice processes toward treating these young people as 'perpetrators in the making' rather than recognising trauma responses and learned behaviour for what they are. This is a shift that risks doing lasting harm to a young person who is, in the fullest sense, also a child deserving of protection under the UNCRC (United Nations, 1989, Art. 19). A therapeutic, rather than purely punitive, legislative and service response for adolescent violence in the home is needed; one that does not allow adult perpetrator accountability to recede simply because a young person's behaviour has become the presenting issue.

## Priority Area 4: Policy Solutions

| Policy Solution | Evidence and Rationale | Outcome | Mechanism |
|---|---|---|---|
| Require child protection and family law risk assessment to centre the parenting behaviour and choices of the person using violence, rather than defaulting to scrutiny of the non-offending parent's protective capacity and embed guidance on misidentification of victim-survivors as perpetrators. | Assessment practice currently places disproportionate scrutiny on mothers' protective capacity relative to father's use of violence, and national research confirms a pattern of victim-survivor misidentification (Nancarrow et al., 2020). | Accountability is directed at the source of risk rather than at the parent managing its consequences. | State and territory child protection departments, family law system |
| Direct existing Men's Behaviour Change investment toward parenting-informed, whole-of-family engagement, and establish automatic referral pathways for people who use violence who are also parents. | Behaviour change programs report high demand but are not resourced for parenting-focused engagement, despite its relevance to children's safety. | People who use violence are engaged on their parenting behaviour as well as their intimate partner behaviour. | State and territory family violence service commissioners |
| Establish a National Information Sharing Scheme, extending existing state-based risk-assessment logic such as MARAM across jurisdictional and system boundaries, so a perpetrator's pattern of behaviour is visible wherever it is relevant. | Perpetrators use parallel legal and administrative systems, and jurisdictional silos, as a mechanism of ongoing control, and this gap has been identified in national legal reform recommendations for over a decade (Douglas, 2018; Douglas & Fitzgerald, 2013; Australian Law Reform Commission & NSW Law Reform Commission, 2010). | Legal systems abuse is identified and factored into family violence risk assessment nationally, not only within a single jurisdiction. | Australian Government, state and territory courts and services |

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| Build a distinct, therapeutic legislative and service framework for adolescent violence in the home, paired with continued and strengthened accountability mechanism for the adults whose violence created the conditions for the behaviour. | Young people using violence in the home are frequently victim-survivors themselves, and the system's response to them should not substitute for adult perpetrator accountability. | A therapeutic response for young people | Australian Government, state and territory attorneys-general and family safety agencies |

## Priority Area 5: System integration and workforce

A well designed risk framework, a well drafted intervention order, and a well-run refuge all depend on whether there is a house for a family to move into, a worker who is still in the job in six months' time, and a system that is integrated.

### Housing as a precondition for safety

Housing shortages are keeping women and children in unsafe homes. Our members report shelters are turning away women and children for want of space, average crisis accommodation stays are extending because there is no move-on housing, and parents are making the decision to remain in a violent home because no safe alternative is available. Housing failure can itself generate a child protection notification, where a parent's homelessness following family violence is treated as a parenting risk indicator rather than as the direct consequence of a housing system that has failed to respond (Productivity Commission, 2025). This dynamic is felt most acutely in regional and rural areas, where a shortage of housing also make it harder for services to recruit and retain the staff needed to support families in the first place, compounding the very gap it creates. A dedicated housing brokerage function, distinct from mainstream homelessness services, is needed to secure appropriate accommodation quickly for family violence victim-survivors, particularly in regional and rural areas where housing options are limited and distant, service availability and community visibility compound the risk of remaining unsafe.

### The need for integrated, coordinated systems

Where genuine, well-resourced coordination models exist (such as care teams that bring specialist family violence providers, child and family services, ACCOS, and Men's Behaviour Change providers into the same room around the same family), our members describe these spaces as transformative. These models foster a genuinely shared, collaborative response rather than a series of parallel, disconnected ones.

Access to shared risk information, including MARAM and L17 portal access, is not consistently extended to all the services that need it to assess and manage risk, and referral practices between services can default to a 'refer and close' model which leaves families to re-tell their story and re-establish trust with each new service, rather than a warm, accompanied referral standard.

***What this looks like in practice: A family falls through the service system***

A family engaged with a specialist family violence service is referred to a housing service once accommodation becomes the primary need. The referral is a phone number and a case note; the family violence service closes the case. The housing services has no visibility of the family's risk history, and the family must disclose their experience of violence again from the beginning. Where the housing service reaches capacity or the family does not attend a first appointment, no service holds responsibility for following up, and the family disappears from the system until the next crisis.

## Shared language and common understanding of family violence

A family that moves between services, or between states, should not have to explain their experience differently each time depending on which legal or clinical definition of 'family violence' the next service happens to use.

At present, definitions of family violence, coercive control and risk vary across Australian jurisdictions (in what conduct is captured, in whether coercive control is a criminal offence in its own right, and in how risk assessment frameworks like MARAM interact with the differently structured systems of other states and territories). This lack of harmonisation was identified as a significant barrier to a genuinely national response as early as the joint Australian and NSW Law Reform Commission's inquiry, which called explicitly for greater national consistency in family violence law and definitions (Australian Law Reform Commission & NSW Law Reform Commission, 2010). The National Domestic and Family Violence Bench Book continues to document the practical inconsistencies judicial officers navigate as a result (Australian Institute of Judicial Administration, 2024).

A shared language shapes whether a worker in one state recognises the same pattern of behaviours a worker in another state has already flagged, whether a family's risk history follows them when they relocate to escape a perpetrator, and whether national data can ever tell a true, comparable story of what is happening to children and families across the country. Harmonising the language of family violence across jurisdictions is a foundation, largely cost-neutral reform the Second Action Plan is well placed to drive.

## A workforce asked to do more than it is resourced to deliver

Our members describe a workforce experiencing sustained vicarious trauma and burnout, with intake and high-risk roles carrying a particularly acute level of exposure. Recruitment requirements that prioritise formal qualifications over relevant life and lived experience can shrink an already small specialist pool, while short, typically 12-month, funding cycles drive an annual pattern of recruiting, training and losing staff before their expertise is fully realised. Family violence and child and family services work is highly specialised, but wages and conditions, set under the Social, Community, Home Care and Disability Services (SCHADS) Award and individual enterprise agreements, do not consistently reflect the complexity, risk exposure or vicarious trauma inherent in the work, and the sector continues to lose skilled practitioners to better-remunerated parts of the human services system just as they become the most valuable to the families that they support.

## Priority Area 5: Policy Solutions

| Policy Solution | Evidence and Rationale | Outcome | Mechanism |
|---|---|---|---|
| Establish a dedicated housing brokerage function for family violence victim-survivors, distinct from mainstream homelessness services, with demand-based prioritisation for regional and rural areas. | Housing shortages are the single largest reported barrier to safety, and mainstream homelessness services are not resourced to respond to the specific urgency of family violence (Productivity Commission, 2025). | Faster, safer housing outcomes for victim-survivors leaving violence. | Australian Government, state and territory housing departments |
| Formalise cross-sector coordination, information-sharing and warm, accompanied referral as core system infrastructure, including extending MARAM/L17 portal access to all services managing family violence risk. | Coordination currently depends on unfunded practitioner relationships, and referral without accompaniment causes families to disengage from the system. | Families experience continuity of support and risk information across services, rather than repeated disclosure and disengagement. | State and territory family safety agencies |
| Lead a national process to harmonise definitions of family violence, coercive control and risk across jurisdictions, building on the National Domestic Family Violence Bench Book and prior national legal reform recommendations. | Definitional inconsistency across jurisdictions has been identified as a barrier to a national response for over a decade (Australian Law Reform Commission & NSW Law Reform Commission, 2010; Australasian Institute of Judicial Administration, 2024). | Families and practitioners are met with a consistent understanding of family violence wherever they are in Australia. | Australian Government, state and territory attorneys-general |

| | | | |
|---|---|---|---|
| Extend family violence and child and family services to funding longer than 12 months, and reviews SCHADS Award and enterprise agreement conditions against the complexity and risk of the work. | Short funding cycles and conditioned do not reflect the specialised nature of the work drive high turnover and an annual recruit-train-lose cycle. | A more stable, better-remunerated specialist workforce with lower attrition. | Australian Government, state and territory governments, Fair Work Commission |

## Recommendations

The Centre for Excellence in Child and Family Welfare makes the following recommendations.

**Recommendation 1: Recognise victim-survivor recovery as core, ongoing infrastructure**

a) Recognise therapeutic recovery programs for victim-survivors, including children, on a recurrent core infrastructure, and align existing funding agreements to remove time limits on continuity of care.

b) Establish a distinct policy and workforce stream for sexual violence and child sexual abuse response, separate from generalist family violence funding and reporting.

c) Formally recognise and fund the role of child and family services as a soft entry point for disclosure and early response, including protected time for relationship-building and warm referral.

**Recommendation 2: Protect and expand prevention and early intervention**

d) Formally recognise the parenting support and early intervention functions of mainstream child and family services explicitly as family violence prevention and reflect this in national reporting and evaluation.

e) Lower or remove crisis-threshold gateways for early intervention programs, particularly in regional and rural areas.

f) Name early intervention for children aged 5-12 exposed to family violence as a standalone national priority cohort, with a defined transition pathway from philanthropic pilot funding to a recurrent government footing.

g) Require prevention programming for children aged 5-12 to be gendered, disability- and neurodivergence-informed and culturally responsive by design, including follow-through support for parents.

**Recommendation 3: Recognise children and young people as victim-survivors in their own right**

h) Legislate a presumption that children are named as protected persons in their own right in family violence order applications.

i) Require Family Law Court to resource independent, child-specific safety assessments, with structured mechanism for the child's voice.

j) Close the 16-18 age gap and strengthen the recognition of infants and toddlers as a distinct sub-cohort, including consent pathways for young people to access support independent of a disengaged or conflicted parent.

k) Establish a Minister for Children with cross-portfolio responsibilities and require Child Impact Assessments for family violence policy and funding decisions.

**Recommendation 4: Strengthen accountability for people who use violence**

l) Require child protection and family law risk assessment to centre the parenting behaviour of the person using violence, rather than the protective capacity of the non-offending parent and embed guidance on victim-survivor misidentification.

m) Direct existing Men's Behaviour Change investment toward parenting-informed, whole-of-family engagement, with automatic referral pathways for people who use violence who are also parents.

n) Establish a National Information Sharing Scheme, extending existing state risk-assessment frameworks such as MARAM across jurisdictional and system boundaries.

o) Build a distinct, therapeutic legislative and service framework for adolescent violence in the home, alongside continued accountability for the adults whose violence created the conditions for that behaviour.

**Recommendation 5: Treat housing, coordination and workforce as core system infrastructure**

p) Establish a dedicated housing brokerage function for family violence victim-survivors, with demand-based prioritisation for regional and rural areas.

q) Formalise cross-sector coordination, information-sharing and warm, accompanied referral as core infrastructure, including extending MARAM/L17 portal access to all services managing family violence risk.

r) Lead a national process to harmonise definitions oof family violence, coercive control, and risk across jurisdictions.

s) Extend specialist family violence and child and family services funding cycles beyond 12 months and review SCHADS Award and enterprise agreement conditions against the complexity and risk of the work.

## Summary

Children and families affected by family violence, sexual violence and child sexual abuse in Victoria are being supported by a system that has been extensively reformed following on from the 2016 Victorian Royal Commission into Family Violence but has yet to provide adequate services for children.

The Centre's priorities for the Second Action Plan are that:

- Victim-survivor recovery, including for children, is recognised as a core funding need, not a crisis add-on.
- Sexual violence and child sexual abuse are resourced as distinct specialist areas, separate from family violence.
- Children and young people are recognised, protected and legally supported as victim-survivors in their own right.
- Accountability is directed at people who use violence, not at the victim-survivors managing the consequences of that violence.
- Housing, coordination and workforce capability treated as core system infrastructure
- Family services are seen as core early intervention infrastructure and resourced to be able to reach more families earlier before family violence emerges or escalates.

The Second Action Plan has the opportunity to close the existing gaps for children, young people, and families. The Centre and its members welcome opportunities to engage with the Australian Government as the Second Action Plan is finalised and implemented.

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