

Uniting Vic.Tas Submission - Second Action Plan.

**National Plan to End Violence Against
Women and Children 2022-2032**

Acknowledgement of Country.

This submission was written on the lands of the Wurundjeri people of the Kulin Nation. We work in solidarity with Aboriginal and Torres Strait Islander people as Australia's First Peoples and as the traditional owners and 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 over their lands and waters and their inalienable right to self-determination. We offer our respect to all Elders past and present.

Acknowledgement of lived and living experience.

In developing this submission, Uniting consulted frontline practitioners from across our specialist family violence programs, family and children's services, housing and homelessness services, and other community-based programs. We also drew on the expertise of managers, senior leaders, clinicians and practitioners working with victim-survivors, children and young people, and people who use violence. Their practice knowledge and direct insights into the strengths, gaps and pressures within current service systems have informed this submission and its recommendations.

Uniting acknowledges the strength, resilience and expertise of all people with lived and living experience of family, domestic and sexual violence, including women, children and young people, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse communities, people with disability, LGBTIQ+ people, people living in regional and remote communities, and women on temporary visas and people seeking asylum.

We recognise that people with lived and living experience hold essential knowledge about the ways violence is perpetrated, the barriers encountered when seeking safety, and the changes required across services, institutions and government systems. Their voices and expertise must be meaningfully centred in the development, implementation, monitoring and evaluation of the Second Action Plan. This must extend beyond consultation to genuine influence, shared decision-making and accountability for how lived-experience evidence is acted upon.

About Uniting.

Uniting Vic.Tas is the community services organisation of the Uniting Church in Victoria and Tasmania. We work in partnership with individuals, families, communities, governments and other organisations to reduce the impacts of poverty, trauma and disadvantage and to advance a more inclusive, connected and just future.

With a workforce of more than 5,000 employees and volunteers, Uniting delivers more than 650 programs and services across Victoria and Tasmania and supports more than 110,000 people each year. Our services include supports for people experiencing family violence, family and children's services, housing and homelessness, early learning, mental health, alcohol and other drugs, emergency relief, financial wellbeing, multicultural services and support for people seeking asylum. We intervene early to prevent hardship and crisis wherever possible, while also supporting people experiencing acute risk, entrenched disadvantage and complex or intersecting needs.

Uniting works alongside people whose experiences of family violence may intersect with poverty, housing insecurity, disability, social isolation, migration status, mental ill-health, substance use, discrimination and intergenerational trauma. Our practitioners see how fragmented systems and inadequate social protections can heighten risk, obstruct access to safety and place an unreasonable burden on victim-survivors to coordinate their own responses.

This direct service experience informs Uniting's research, advocacy and commitment to systemic reform. We advocate for policies and institutions that uphold human dignity, confront injustice, address the structural drivers of disadvantage and ensure that every person can live safely and participate fully in their community.

Content warning: This submission discusses family, domestic and sexual violence, including impacts on women, children and young people. Some readers may find this content distressing. Information about confidential support services is available through Healthdirect's mental health helplines directory.

Executive Summary.

So far in 2026, Australian Femicide Watch has recorded at least 59 women and children as having been killed by violence in Australia.¹

During the five weeks between commencing and finalising this submission alone, 14 deaths were recorded, including 10 women and four children. Six occurred in Victoria or Tasmania.

These deaths are not abstract statistics. Each represents a life taken, loved ones and communities left grieving, and a profound failure to uphold the right of every woman and child to live safely and free from violence.

The frequency with which women and children continue to be killed demands a national sense of urgency. It requires more than expressions of sorrow after each death, fragmented reform or an expectation that victim-survivors navigate complex and overstretched systems alone. It demands sustained national leadership, transparent accountability and a willingness to confront the social, economic and institutional conditions that allow violence to be perpetrated, excused, minimised and repeated.

It is within this devastating and urgent context that Uniting presents evidence and direct insights from a sample of practitioners across our workforce of more than 5,000 people in Victoria and Tasmania.

Every day, Uniting staff work to prevent violence through universal services, early intervention and behaviour-change programs. They support victim-survivors and children through immediate danger and the often-lifelong process of recovery from abuse, trauma and economic harm. They also work with people using violence, families experiencing intersecting disadvantage, and communities where specialist support remains limited.

Their experience demonstrates that family, domestic and sexual violence cannot be understood or addressed solely as a series of individual decisions or isolated incidents. Violence is a choice for which the person using it must be held accountable. However, those choices are made within a wider social and institutional environment that can either challenge violence or enable it.

Effective prevention must confront the attitudes, norms and inequalities that underpin and legitimise violence. This includes rigid and harmful ideas about masculinity, the normalisation of aggression and sexual harassment, victim-blaming, gender inequality, and attitudes that diminish the autonomy, credibility and safety of women and children. These drivers must be named clearly and addressed consistently across homes, schools, workplaces, institutions, media, sporting environments and communities.

Prevention must be matched by early identification and intervention grounded in the realities of coercive control and cumulative harm. A first disclosure is not necessarily a first incident, and a person's first contact with a service may follow years of violence. The Second Action Plan should establish nationally consistent definitions of prevention, early identification and early intervention, so responses reflect the risk and harm being experienced rather than when a system first becomes aware of it.

The national response must also recognise that economic and social policy settings can increase or reduce exposure to violence. Housing insecurity, poverty, inadequate income support and inaccessible crisis payments can prevent a victim-survivor from leaving safely, compel a person to return, or prolong dependence on a person using violence. A woman's safety should never depend on whether she can afford rent, food, transport, utilities or the costs of caring for her children.

Adequate income support is not peripheral to family violence policy. It is a prevention, safety and recovery measure. Social security systems, crisis payments and material supports must be sufficient, timely, accessible and responsive to coercive control and economic abuse. Safe and affordable

¹ Sherele Moody, *Australian Femicide Watch*, The RED HEART Movement, accessed 29 July 2026.

housing must likewise be treated as central to the national response, supported by investment across the housing continuum and a national direction to end the routine use of unsafe and unsuitable motel accommodation for women and children escaping violence.

Women on temporary visas and people seeking asylum require particular and urgent attention. Uniting practitioners described women being pushed into poverty, housing insecurity and homelessness after seeking safety, including through exclusion from Centrelink, Rent Assistance, public housing, free English-language programs and other essential supports. Visa restrictions, limited study rights, language barriers, social isolation and fear that disclosure may affect immigration status can deepen dependence on a person using violence. The Second Action Plan must establish that no woman or child is excluded from safety because of visa status and ensure access to income support, safe housing, health care, interpreters, education, legal assistance and coordinated specialist services.

Children and young people must be recognised as victim-survivors in their own right. They do not merely witness family violence; they experience fear, coercion, disrupted relationships and instability. Each child requires an individual risk assessment, safety plan, developmentally appropriate therapeutic support and meaningful opportunities to shape the policies and services that affect them. Their experiences must not be subsumed within an adult victim-survivor's case.

Accountability for people using violence must extend beyond the criminal legal system and participation in a single behaviour-change program. Australia needs a nationally coordinated continuum of interventions that keeps people using violence visible across services, supports sustained behaviour change and centres the safety of adult and child victim-survivors. Programs must be culturally responsive and accessible, including in-language and individual models where mainstream group programs are inappropriate, and available in regional, rural and remote communities.

These reforms depend on an integrated system in which responsibility is shared but never diluted. The next phase of the National Plan must therefore move beyond fragmented initiatives and uneven implementation. It must be backed by long-term investment, measurable responsibilities, transparent reporting and consequences when governments and institutions fail to deliver. National leadership means setting clear expectations, funding services to meet them and publicly accounting for whether reforms are making women and children safer.

Australia has developed significant knowledge about the prevalence, dynamics and drivers of family, domestic and sexual violence. The central challenge is no longer a lack of awareness. It is whether governments and institutions are prepared to act with the urgency, courage and consistency that the scale of harm demands.

The Second Action Plan must represent a decisive national commitment to prevent violence before it begins, confront the gendered attitudes and structural inequalities that enable it, provide safety, housing and material security when violence occurs, ensure women on temporary visas and people seeking asylum are not excluded from safety, recognise children as victim-survivors in their own right, hold people using violence consistently accountable, and build an integrated system that does not leave women and children carrying the risks created by institutional fragmentation.

Women and children have a fundamental right to live safely and free from violence, irrespective of income, housing circumstances, cultural or linguistic background, or migration status. Realising that right requires more than sympathy. It requires national urgency, accountable leadership and sustained action across every part of government and society.

Yours sincerely,



Carol Jeffs
Chief Executive Officer

Recommendations.

Priority Area 1: Victim-survivors.	
1. Review income support through a family violence prevention and response lens	The Australian Government should review whether the adequacy, accessibility and administration of income support, including payment levels, crisis payments, eligibility rules, mutual obligations and evidence requirements, enable victim-survivors to establish and sustain safety.
2. Make housing and material security core family violence responses	The Second Action Plan should expand access to safe crisis, transitional, social and affordable housing, private rental assistance and flexible financial support. It should also commit governments to ending the routine use of commercial motels and apply enforceable safety standards while they remain in use.
3. Guarantee access to safety regardless of visa or residency status	Victim-survivors should have access to income, housing, health care, interpreters, education, settlement, legal and financial support regardless of visa status. Immigration and social security settings that prevent people from leaving violence should be reformed.
4. Strengthen protections against economic abuse and systems abuse	The Second Action Plan should establish nationally consistent family violence protections across utilities, banks, telecommunications, insurers, creditors, debt collectors, fines and government payment systems.
Priority Area 2: Prevention and early intervention.	
5. Sustain whole-of-society primary prevention	The Second Action Plan should fund long-term prevention across education, workplaces, media, sport, online environments and communities to address gender inequality, harmful gender norms, disrespect and violence-supportive attitudes.
6. Establish nationally consistent definitions of prevention, early identification and early intervention	The Second Action Plan should establish nationally consistent definitions of prevention, early identification, early intervention, response, and recovery and healing. These definitions should guide funding, commissioning, workforce responsibilities, data and evaluation.
7. Resource universal and non-specialist services to respond safely	Family, health, housing, education, financial, settlement and community services should receive role-appropriate training, specialist consultation, supported referral pathways and funding proportionate to the family violence risks they encounter.
8. Expand long-term therapeutic recovery and healing	Governments should fund timely, flexible and long-term therapeutic, practical, financial and legal recovery support for adult and child victim-survivors beyond the immediate crisis period.

Priority Area 3: Children and young people in their own right.	
9. Give effect to children's rights as victim-survivors in their own right	Where family violence is identified, each child should receive an individual assessment, safety plan, direct and developmentally appropriate engagement, advocacy and access to recovery support.
10. Strengthen responses for children experiencing cumulative and institutional harm	The Second Action Plan should support therapeutic and stable responses for children affected by family violence across child protection, out-of-home care, education, youth justice, alcohol and other drug services and family law.
11. Establish distinct responses for children and adolescents using violence	Governments should fund trauma-informed, developmentally appropriate and disability-responsive interventions that protect family members, address harmful behaviour and avoid inappropriate criminalisation or placement in adult perpetrator programs.
Priority Area 4: People who use violence.	
12. Build a nationally coordinated intervention system for people who use violence	The Second Action Plan should expand evidence-informed responses for people who use violence, including early engagement, behaviour-change, intensive intervention, accommodation, justice, compliance and ongoing risk-management responses that keep people using violence visible and accountable.
Priority Area 5: System integration and workforce.	
13. Establish an integrated, capable and accountable national system	The Second Action Plan should set national minimum expectations for risk assessment, information sharing, supported referral, child-specific practice, workforce capability, specialist consultation and multi-agency coordination. It should identify responsible governments, funding, timeframes, outcomes and transparent reporting arrangements.

Priority Area 1: Victim-survivors.

Safety requires housing, income and material security

Safe housing, adequate income and financial security must be treated as core family violence interventions, not peripheral welfare supports. Without these foundations, a victim-survivor may be unable to leave, may be compelled to return to the person using violence, or may remain exposed to post-separation coercion, economic abuse and systems abuse. Safety cannot be achieved where a person must choose between violence, homelessness and poverty.

Uniting practitioners consistently identify housing and financial insecurity as among the most significant barriers to safety, healing and recovery. Staff described victim-survivors unable to afford to leave, long waits for housing, limited and unsuitable crisis accommodation, and women returning to live with people using violence because they had no financially viable alternative. Practitioners also described parents being required to secure suitable housing before reunification with their children, while being unable to obtain that housing because the children were not currently in their care. In the most serious cases, the absence of housing, income and practical support can place family preservation itself at risk, with women reporting that they feel compelled to consider adoption because they cannot see a safe or financially viable way to care for their child.

Housing is a family violence response

Family violence is highly visible across Uniting's Victorian homelessness programs. In 2025–26, 16 per cent of people presenting to Uniting homelessness entry points identified domestic or family violence as the main reason they were seeking housing assistance.

Family or domestic violence was also recorded as a current or previous experience for

- almost one-quarter of consumers in transitional housing support programs,
- 9 per cent of consumers in rough sleeping support programs, and
- one in ten consumers accessing private rental assistance.

The figures show that family violence is not a marginal issue within the housing and homelessness system. It is a significant pathway into homelessness, transitional accommodation, rough sleeping and private rental distress. Conversely, the lack of housing can prolong exposure to violence and undermine the ability of victim-survivors and children to establish safety.

"Housing would have to be the other main concern around access to services. Many women inform us on a daily basis that they are returning to reside with the person using violence due to financial or housing insecurity."

— Senior practitioner, The Orange Door, Southern Melbourne

Other practitioners identified the absence of affordable housing, lengthy waitlists and limited crisis accommodation as barriers that delayed access to safety and compounded family violence risk.

Housing responses must therefore extend across the full continuum: support to remain safely at home where appropriate, safe crisis accommodation, rapid rehousing, transitional housing, social and affordable housing, private rental assistance, and mortgage and tenancy hardship support. Responses must also include appropriately managed accommodation for people using violence where removing them from the home would increase the safety and stability of victim-survivors and children.

Motels are not safe or sustainable crisis accommodation

In 2023, Family Safety Victoria commissioned a project to examine how commercial motels were being used as emergency accommodation for victim-survivors of family violence across Victoria. Uniting was a project delivery partner covering the Southern Melbourne Area. Our report brought together family violence and homelessness agencies, government departments, police and community-controlled and multicultural services and included consultations with victim-survivors, all

of whom had infants or children with them during their motel placement, two identified as Aboriginal. Their stays ranged from three to eight months.²

The research found that motel accommodation was frequently determined by availability rather than suitability. Victim-survivors and children could be placed in environments that were dirty, isolated or unsafe, lacked cooking and laundry facilities, disrupted schooling and support networks, and exposed families to other guests or staff who posed additional risks. The project recorded reports of sexual advances, verbal abuse, coercive behaviour and physical or sexual assault by motel staff or other guests. Commercial accommodation providers were not required to comply with child-safe standards, and staff were not necessarily required to hold Working with Children Checks.

The project also found that private motel accommodation providers often had limited understanding of family violence and its gendered drivers. Although local coordination, training, booking protocols and preferred-provider arrangements could mitigate some risks, they could not make commercial motels fit for the purpose of housing women and children escaping violence. The final report concluded that motels remained unsuitable emergency accommodation providers and called for decisions about crisis accommodation to be centred on the safety and wellbeing of victim-survivors, children and young people.

The continued reliance on motels reflects blockages across the entire housing system. When refuge, transitional, social and affordable housing are unavailable, a short crisis placement can extend for months. During that time, victim-survivors may be unable to establish routines, maintain employment, meet children's developmental and educational needs or begin recovery. Poor exit planning can increase the risk of homelessness, service disengagement or return to an unsafe relationship.

The Second Action Plan should set a national direction to end the routine use of motels as family violence accommodation. While motels remain in use, governments must establish enforceable minimum standards covering physical safety, child safety, accessibility, privacy, location, amenities, cultural safety, transport, risk assessment, case management and exit planning. This can only be achieved through an increase in investment in fit-for-purpose alternatives, including self-contained crisis properties, refuge capacity, rapid rehousing, and accommodation with co-located supports.

Emergency relief and material aid are points of safety and identification.

Uniting does not currently collect consistent, structured data on the prevalence of family violence among people accessing emergency relief and material aid. However, these services may be among the few supports a victim-survivor can access quickly, locally and without a formal referral. A person may seek food, transport, temporary accommodation costs, assistance with a utility bill or help replacing essential items without initially disclosing that violence is driving their hardship.

A review of de-identified case-note summaries from seven Uniting service locations, Ballarat, Norlane, Grovedale, Gippsland, Wodonga, Broadmeadows and Prahran, highlighted clear connections between family violence, homelessness, repeated displacement and financial insecurity.

One woman was living in her seventh temporary placement since escaping a violent relationship. Another sought assistance with a deposit for a caravan park cabin because her former partner continued to locate her. Other consumers had left violent relationships interstate, were seeking accommodation because violence was continuing, or were trying to remain safely housed with their children after the person using violence had been removed.

The records referred to coercive control and financial, emotional, physical and sexual abuse, alongside intervention orders, court proceedings and involvement with The Orange Door, police, Child Protection, housing services and Victims of Crime processes. They demonstrate that a request for food or a small amount of financial assistance may be the visible consequence of a much broader pattern of violence, post-separation risk and system involvement. Children were affected through housing instability, food insecurity, separation from parents and statutory intervention.

² Uniting Vic.Tas (2023), *Motel Project – Southern Melbourne Area, Final Report*

Financial counselling programs highlight the scale of economic harm.

Financial hardship is not merely a consequence of family violence. In many cases, control over income, bank accounts, debts, household bills, transport and access to essential resources forms part of the violence itself.

Analysis of Uniting's 2025–26 financial counselling consumer demographic data demonstrates both the widespread financial disadvantage experienced by people accessing financial counselling and the distinct layer of economic harm associated with family violence.

Family violence within general financial counselling

Among general financial counselling consumers with family violence recorded as a vulnerability, 29 per cent were identified as experiencing economic abuse and a further 10 per cent were assessed as at risk. This compares with 2 per cent experiencing economic abuse and 3 per cent assessed as at risk among consumers without family violence recorded. In total, **almost four in ten consumers with a family violence vulnerability recorded were experiencing or at risk of economic abuse, compared with fewer than one in twenty consumers without family violence recorded.**

This difference is particularly important because it shows that economic abuse is not confined to specialist family violence services. A person may seek assistance with a utility bill, fine, car loan, housing arrears or other debt before disclosing, or recognising, the broader pattern of coercion and control shaping their financial circumstances.

Financial disadvantage was severe across the general financial counselling population. However, reliance on Commonwealth income support was particularly pronounced among consumers with family violence recorded. Sixty-nine per cent were receiving a Centrelink payment, compared with 58 per cent of consumers without family violence recorded. A further 27 per cent were assessed as having insufficient income and 3 per cent had no income. Only 1 per cent were recorded as experiencing no financial disadvantage.

Consumers with family violence recorded were more likely to present with household debt (49 per cent, compared with 44 per cent of consumers without family violence recorded), utility debt (40 per cent compared with 35 per cent), unpaid fines (19 per cent compared with 11 per cent), car loan difficulties (15 per cent compared with 9 per cent) and debt involving third-tier lenders (11 per cent compared with 7 per cent).

Unpaid fines showed the clearest divergence. Such liabilities may arise through vehicle use, tolls, parking, identification misuse or financial disruption associated with violence and separation. The data cannot establish the cause of each debt, but it demonstrates the need for fines, transport, credit and enforcement systems to identify and respond appropriately where family violence may have contributed to the liability.

Housing circumstances further reinforce the pattern of vulnerability. Private rental was the most common tenure among consumers with family violence recorded, accounting for 44 per cent. Approximately 10 per cent were homeless, living in a rooming house, or residing in transitional housing or refuge, compared with around 3 per cent of consumers without family violence recorded. Consumers with family violence recorded were also less likely to own their home outright—6 per cent compared with 10 per cent.

Universal financial counselling services must be equipped to identify economic abuse safely. Financial counsellors require appropriate time, training, practice guidance, referral pathways and access to specialist secondary consultation. A response should not depend on a person first identifying themselves as a victim-survivor or entering through a specialist family violence pathway.

Specialist family violence financial counselling

Uniting's specialist family violence financial counselling program supported 741 consumers in 2025–26. Women made up 93 per cent of the cohort. Sixty-three per cent were one-parent households and 96 per cent of those households were headed by women. Overall, **six in ten consumers were women parenting children alone.**

This is critical because the economic consequences of family violence extend beyond the adult victim-survivor. A woman leaving or recovering from violence may become solely responsible for rent or mortgage payments, utilities, food, transport, childcare, education and children's recovery needs. Economic abuse can therefore directly affect children's access to safe housing, food, electricity, transport, education and stability.

Economic abuse was a defining feature of the specialist cohort. Fifty-five per cent of consumers were identified as experiencing economic abuse and a further 5 per cent were assessed as at risk. **Almost six in ten were therefore experiencing or at risk of economic abuse.**

Financial disadvantage was also pervasive. **Sixty-one per cent relied on a Centrelink payment**, 34 per cent were assessed as having insufficient income and 3 per cent had no income. Only 2 per cent were recorded as experiencing no financial disadvantage.

Housing circumstances demonstrate the same precarity. Private rental was the most common tenure, accounting for 44 per cent of consumers. A further 8 per cent lived in public housing and 6 per cent in community housing. Three per cent were homeless and 3 per cent were in transitional housing or refuge.

The high proportion of private renters is especially significant. Victim-survivors may need to leave a property quickly, establish a new tenancy, manage arrears and relocation costs, or sustain a tenancy on a reduced income after separation. People purchasing homes may face mortgage stress, jointly held liabilities, property damage, exclusion from financial information or disputes over assets.

The most common financial difficulties involved basic household needs. Forty-eight per cent presented with household debt, 41 per cent with utility debt and one in five with unpaid fines. Other common difficulties included housing arrears, credit card debt, personal loans and car loans.

Taken together, the data presents a consistent picture.

In 2025/26 the typical financial counselling (family violence) program consumer was a woman aged 30–49, parenting children alone, living on a Centrelink payment, renting privately and managing household and utility debt within a context of economic abuse.

This is not simply a profile of financial hardship. It is a profile of women attempting to establish safety and autonomy while carrying responsibility for children and meeting essential costs with limited income and reduced assets.

Essential-service providers as sites of identification and support.

Uniting's financial counselling data demonstrates the extent of utility debt among victim-survivors. Lived-experience research undertaken by Uniting Social Impact Consulting for the Essential Services Commission provides further insight into how utility providers can respond safely and effectively when family violence affects a customer's account or capacity to pay.

The research involved 31 victim-survivors of family violence participating through focus groups and individual interviews, four specialist family violence financial counsellors and an experienced perpetrator intervention practitioner. Participants represented different stages of crisis and recovery and included people from metropolitan, outer-metropolitan and regional Victoria. The findings informed the Essential Services Commission's *Better practice in responding to family violence* handbook for energy and water businesses.³

The research found that victim-survivors' needs differed between the immediate crisis and longer-term rebuilding phases, although these experiences were not linear. People may move between crisis and rebuilding multiple times as violence, separation and post-separation abuse continue. During crisis, victim-survivors may need immediate protection of their personal information, a pause on

³ Uniting Vic.Tas (2025), *Better practice in responding to family violence: lived experience insights for utilities providers*, report commissioned by the Essential Services Commission Victoria, <https://www.unitingvictas.org.au/wp-content/uploads/USIC-ESC-DFV-Lived-Experience-Report.pdf>

payment recovery and debt collection, protection from disconnection, and time to secure housing and engage with support. During rebuilding, they may require debt relief, sustainable payment arrangements, assistance establishing accounts in their own name and continued access to specialist support.

Participants identified significant barriers to disclosure, including shame, fear of disconnection, uncertainty about whether disclosure would result in meaningful assistance, the need to repeatedly recount traumatic experiences and concern that personal information could be accessed by the person using violence. These findings reinforce that improved identification cannot be separated from the availability of a tangible and safe response. Asking a person to disclose family violence without offering meaningful protections may add complexity and distress without improving their safety.

The research identified four elements of better business practice: clear information about family violence protections and how to access them, safe engagement through multiple channels, including telephone, online chat and electronic forms, baseline family violence capability for all customer-facing workers, with consent-based connections to specialist family violence-trained staff, and an accessible package of safety, consumer protection and financial assistance measures.

Strong privacy and information-security protections were fundamental across every stage. Utility accounts, contact details and changes of address can be used by a person using violence to monitor or locate a victim-survivor. Providers must therefore anticipate how ordinary account-management processes could be weaponised and test new policies and systems through a family violence safety-by-design approach.

The research also highlighted the importance of recognising financial counsellors as trusted intermediaries. Dedicated contact channels, consistent recognition of authorities to act and streamlined processes can reduce the burden on victim-survivors and allow scarce financial counselling resources to be used more effectively. Requiring a victim-survivor to participate repeatedly in creditor negotiations or provide excessive evidence can reproduce trauma and create additional barriers to assistance.

These findings show that utility companies are not simply creditors responding to financial hardship. As providers of services essential to health, safety and human dignity, they have a responsibility to ensure their systems do not facilitate economic abuse, disclose sensitive information, impose liability for debt created through violence or deprive victim-survivors and children of essential services.

The Second Action Plan should recognise utilities, banks, telecommunications providers, insurers, creditors, debt collectors and government payment and enforcement systems as important sites for the safe identification of and response to abuse. It should also support nationally consistent minimum family violence protections across essential-service and financial systems, while preserving stronger protections already operating in individual jurisdictions.

Income support is a family violence safety measure.

Uniting's practice experience reflects a broader evidence base showing that financial insecurity is both a consequence of family violence and a factor that can increase exposure to it. ANROWS research examining economic insecurity and intimate partner violence among Australian women during the COVID-19 pandemic found that economic insecurity was independently associated with physical, sexual and non-physical violence.⁴ Acute financial pressures were linked to both first-time violence and the escalation of existing violence, with heightened risks for women already experiencing structural disadvantage, including women with disability, First Nations women, pregnant women and women caring for children.

Anne Summers' pioneering 2022 report, *The Choice: Violence or Poverty*, drew on previously unpublished customised ABS data to examine the scale and economic consequences of partner

⁴ Morgan, A and Boxall, H (2022), *Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic*, Australia's National Research Organisation for Women's Safety,

violence, particularly for single mothers.⁵ It found that 275,000 women had experienced physical or sexual violence from a current partner. Of the 90,000 women who wanted to leave but felt unable to do so, one-quarter cited a lack of money or financial support. A further 82,000 women temporarily separated and returned, including 15 per cent who reported having no money or nowhere to go. The report also found that 185,700 single mothers had left violent relationships, half relied primarily on government payments, 48 per cent were in the lowest income quintile and more than 17,000 had gone without meals.

More recent research commissioned by the Economic Inclusion Advisory Committee reinforces these findings. Social Ventures Australia found that approximately 36–40 per cent of victim-survivors of partner violence received a government payment.⁶ Payment recipients faced greater difficulty leaving, were more likely to identify a lack of money as the principal barrier to separation and were more likely to return to a violent relationship than victim-survivors receiving wages. The research also identified barriers to securing and maintaining payments during crisis, including short application timeframes, evidence requirements, unsafe or difficult interactions with Centrelink, and payment suspensions arising from unmet mutual obligations. In its 2025 report to government, the Committee called for further research and an evidence-based policy agenda examining whether the adequacy, design and administration of social security enable victim-survivors to leave, remain separated and recover.⁷

The Australian Government therefore controls one of the principal policy levers determining whether victim-survivors can meet basic needs and establish safety. The evidence demonstrates that financial insecurity and family violence are cyclical and mutually reinforcing. Economic insecurity can create conditions in which violence emerges or escalates, without excusing or displacing responsibility from the person choosing to use violence. Family violence can then deepen financial insecurity by disrupting employment, restricting access to money, creating debt and increasing the costs of housing, transport, legal assistance and caring for children.

The Second Action Plan should recognise adequate income support, timely crisis payments and accessible family violence exemptions as essential prevention, response and recovery measures. Income support settings should ensure that no victim-survivor is required to remain in, or return to, an unsafe relationship because they cannot afford housing, food, transport, utilities or the costs of caring for children.

⁵ Summers, A (2022), *The choice: violence or poverty*, University of Technology Sydney, doi:10.26195/3s1r-4977.

⁶ Social Ventures Australia (2025), *The impact of government payments on victim-survivors escaping domestic violence*, report prepared for the Economic Inclusion Advisory Committee

⁷ Economic Inclusion Advisory Committee (2025), *Economic Inclusion Advisory Committee 2025 report to government*, Australian Government,

Practitioner insights: when system inaction shapes permanent decisions

Uniting practitioners report an increase in women considering adoption because family violence, poverty and the absence of practical support have left them feeling unable to care safely for their children. Practitioners described women who, after leaving violent relationships, felt they had no viable alternative because they could not secure safe housing, adequate financial assistance, parenting support or timely access to services.

"These women are considering adoption for their children because of the lack of support they have received, especially in relation to housing, financial and parenting support after leaving a family violence relationship."

Women on temporary visas face particularly acute barriers because they may be ineligible for income support, housing assistance and other essential services.

"We are also seeing a significant increase in individuals on temporary visas seeking adoption information and referral due to a lack of system support, including those experiencing family violence from partners or family members living overseas."

These experiences reveal the consequences of system inaction at their most severe. Decisions that permanently alter a child's legal and family relationships have lifelong consequences for children, parents, siblings and extended families. Adoption must never become a de facto response to family violence, poverty, homelessness or inadequate service provision.

The reported increase in women considering adoption should therefore be treated as a serious warning of systemic failure. Where a mother contemplates permanent separation from her child because she cannot secure a safe home, adequate income or practical support after leaving violence, the family violence response has failed both her and her child. A decision made because the supports required to keep a family safely together are unavailable cannot be understood as one made with genuine agency or meaningful social and economic choice.

Migrant and refugee women and women on temporary visas

Immigration status, income support, housing, language access, family violence and child safety are deeply interconnected. Uniting practitioners in Tasmania and Victoria described women on temporary visas and people seeking asylum being pushed into poverty, housing insecurity and homelessness after seeking safety from family violence. Some are ineligible for Centrelink, Rent Assistance, public housing, free English-language programs or other essential supports because of their visa status. Many are also isolated from family and cultural networks because of perpetrator control, stigma associated with separation, or fear that disclosing family violence may affect their visa.

Uniting's Asylum Seeker Welcome Centre in Melbourne has identified further structural barriers. Practitioners reported a lack of suitable medium-term housing after crisis accommodation, exclusion from public housing, and restricted access to the Status Resolution Support Services program for asylum seekers at later stages of the protection process. Visa conditions can also limit economic independence. For example, some women may have work rights but no study rights, preventing them from gaining qualifications needed for secure employment. The person using violence may remain the household's sole income earner, meaning that separation can leave women without any viable source of income.

Practitioners also identified significant gaps in mainstream service responses. Clients have described seeking help from mainstream services but feeling misunderstood or poorly supported where services lacked knowledge of visa entitlements and immigration-related barriers. Limited information-sharing can also prevent referring services from communicating the full circumstances, risks and support needs of a client. Timely specialist immigration advice is therefore essential to safety planning, alongside stronger coordination between family violence, settlement, housing, legal and income-support services.

These barriers can directly determine whether leaving violence is possible. In one example, a mother seeking asylum on a Bridging Visa E wanted to leave a violent relationship but had no access to income support or affordable

housing. Although she had work rights, she had no study rights and had not worked for eight years, significantly limiting her employment options. With no viable pathway to income or housing, she remained in the home with the person using violence. This illustrates that remaining with a person using violence may reflect constrained choices created by policy settings, rather than an absence of risk or willingness to seek safety.

“People experiencing violence are fearful of disclosing family violence and how it may impact their visa. Even when services become involved, the person using violence is often the sole breadwinner in the household. Even if cases are separated, there are financial barriers to leaving violence.”

— Caseworker, Asylum Seeker Programs, Victoria

Women on temporary visas and people seeking asylum are an urgent example of why the National Plan must reach beyond the specialist family violence system. Safety depends on immigration, income support, housing, settlement, health, legal and language services working together, with no wrong door and no visa-status exclusion from safety.

Recommendations - Priority Area 1: Victim-survivors.	
1. Review income support through a family violence prevention and response lens	The Australian Government should review whether the adequacy, accessibility and administration of income support, including payment levels, crisis payments, eligibility rules, mutual obligations and evidence requirements, enable victim-survivors to establish and sustain safety.
2. Make housing and material security core family violence responses	The Second Action Plan should expand access to safe crisis, transitional, social and affordable housing, private rental assistance and flexible financial support. It should also commit governments to ending the routine use of commercial motels and apply enforceable safety standards while they remain in use.
3. Guarantee access to safety regardless of visa or residency status	Victim-survivors should have access to income, housing, health care, interpreters, education, settlement, legal and financial support regardless of visa status. Immigration and social security settings that prevent people from leaving violence should be reformed.
4. Strengthen protections against economic abuse and systems abuse	The Second Action Plan should establish nationally consistent family violence protections across utilities, banks, telecommunications, insurers, creditors, debt collectors, fines and government payment systems.

Priority Area 2: Prevention and early intervention.

Nationally consistent definitions of prevention, early identification and early intervention.

The Second Action Plan must include an action to establish nationally consistent definitions of prevention, early identification and early intervention. These terms are often used inconsistently or interchangeably across policy, program funding and service delivery, despite describing materially different purposes, intervention points and responsibilities.

The National Plan describes prevention as stopping violence before it starts and early intervention as helping early when people are at risk. It also recognises prevention, early intervention, response, and recovery and healing as interconnected domains. The First Action Plan applies several actions across multiple domains but does not provide sufficient operational guidance for determining where a particular program or service response sits within this continuum.

This lack of clarity has practical consequences. Programs may be characterised and funded as early intervention because they are intended to engage families before statutory child protection or specialist family violence involvement. However, the point at which a family enters a service does not establish how early the intervention is in the trajectory of violence.

Family violence first identified through family services programs, for example, may have been occurring for months or years. It may involve an entrenched pattern of coercive control, escalating physical or sexual violence, post-separation abuse, threats, stalking or technology-facilitated surveillance. Children may have experienced significant cumulative trauma before the violence is recognised by a service. In these circumstances, the family requires an appropriately resourced family violence response, even if this is their first engagement with a specialist service.

Early identification must therefore be distinguished from early intervention. A service may identify family violence early in its engagement with a family but very late in the experience of the victim-survivor. A first disclosure is not necessarily a first incident, and a first referral is not evidence that harm is at an early stage.

Without nationally consistent definitions, high-risk or longstanding family violence may be classified as early intervention merely because it is identified in a non-specialist service. Universal and community services may be expected to manage risks beyond their role, expertise and funding, investment in early intervention may be overstated by including services principally delivering crisis responses or managing established violence, and children's cumulative experiences may be obscured by an adult-focused assessment of immediate risk. Program eligibility may also be determined by the service pathway rather than the person's actual safety and support needs, while monitoring may focus on identification and referral activity without establishing whether violence was interrupted or safety improved.

Family and community services as early identification settings.

People affected by family violence frequently present to family services, health, housing and homelessness, settlement, financial counselling, alcohol and other drug, mental health, disability, early years and emergency relief programs before they contact a specialist family violence service. These services are trusted and accessible points of contact and provide important opportunities for earlier identification, safe engagement and connection to support.

Universal services may also encounter people who use violence, creating opportunities to identify harmful behaviour earlier, keep risk visible across systems and connect people with appropriate intervention. Early intervention should not depend on a victim-survivor first reaching crisis point or navigating a fragmented specialist system alone.

However, non-specialist services must not be expected to absorb specialist family violence responsibilities without corresponding funding, practice infrastructure or clear boundaries around their role.

In 2025, Uniting undertook a mixed-method evaluation of family violence within its Victorian Family Services programs.⁸ The evaluation involved a survey of 72 practitioners and team leaders, representing 32 per cent of the relevant workforce, two focus groups and three case studies, including one informed by consumer experience. It examined the prevalence, severity and forms of family violence encountered in Family Services and the effectiveness of existing responses.

The evaluation found that almost two-thirds of families supported by surveyed practitioners were experiencing family violence. Most were initially assessed as being at high risk, and 63 per cent of practitioners reported at least one occasion when the person using violence was present during a home visit. These findings demonstrate that family violence is not incidental to the work of family services. It is a significant and recurrent part of the environment in which practitioners are working.

Uniting's staff feedback to inform our submission to this consultation reinforces these findings. Among respondents working predominantly across child, family and family violence services in Victoria and Tasmania, 89 per cent encountered family violence daily or weekly, 83 per cent reported that presentations had increased since they began working in their current service area, 72 per cent said their program sometimes or frequently identified risks it was not adequately funded, designed or supported to address, and 56 per cent selected the capacity of family services and other non-specialist services as an issue the Second Action Plan must prioritise.

Prevention must be sustained, system-wide and matched by effective interventions.

Ending violence against women and children requires sustained action to transform the gendered, social and structural conditions that enable violence. Primary prevention must continue to address gender inequality, rigid gender roles, disrespect towards women and violence-supportive attitudes across the settings where people live, learn, work and participate online.

However, prevention cannot be separated from the systems responsible for recognising and responding to emerging risks. Family violence frequently becomes visible in universal and community services well before a person reaches a specialist family violence service. Effective intervention therefore depends on whether these services have the capability, resources and pathways to respond safely when warning signs or disclosures emerge.

Uniting supports the National Plan to End Violence against Women and Children 2022–2032 adoption of this whole-of-society approach. We welcomed the First Action Plan's commitments to increase the capability of mainstream services to identify, respond to and refer people experiencing gender-based violence, build the capacity of mainstream and specialist services to provide coordinated, trauma-informed responses, establish better information-sharing, referral and joint case-management arrangements, and strengthen early intervention and referral pathways for children at risk of experiencing or using violence.

These commitments remain essential. However, Uniting's practitioner evidence suggests that they have not yet translated into a sufficiently clear, resourced or consistent model for non-specialist services. Training workers to identify family violence is not enough if services lack specialist consultation, timely referral pathways, practical safety resources or the capacity to manage the risks that identification reveals.

The Second Action Plan should move from a broad expectation that mainstream services will identify and refer family violence to a funded, accountable national approach that defines what different services are responsible for doing, and ensures that specialist services have the capacity to respond.

⁸ Uniting Vic.Tas (2025), *Family violence in family services: evaluation summary*, https://www.unitingvictas.org.au/wp-content/uploads/FV_evaluation_summary.pdf.

Recovery and healing must extend beyond crisis response.

The present system remains heavily weighted towards immediate crisis intervention. Crisis support is essential, but it does not address the longer-term consequences of trauma, economic abuse, disrupted relationships, legal proceedings, homelessness and repeated system contact.

Recovery should be available when a person is ready, not restricted to a short period immediately after separation. It should include long-term therapeutic support, financial counselling, legal assistance, housing stability, culturally grounded healing and support to rebuild family and community connections.

Uniting's service experience indicates that recovery frequently begins only after victim-survivors have achieved some distance and stability from the violence. Long waitlists and short service models can prevent access at the point when therapeutic support becomes most useful. As a regional family violence integration practitioner explained:

"True recovery occurs after there has been time, space from incidents. Systems abuse also needs to be addressed to stop continuous harm that is often done long after couples have separated and safety has been achieved."

MARAM Project Coordinator, regional family violence integration, Southern Melbourne

Senior program leaders participating in Uniting's internal consultation identified a mismatch between investment in intake and assessment and the availability of recovery services. They reported that therapeutic family violence counselling waitlists are especially long for children and in regional areas, creating a risk that people miss the period when they feel ready and able to engage.

Uniting practitioners identify the need for long-term therapeutic recovery for adults and children, funded mental health support, financial assistance, practical safety responses, legal support, and support for non-offending parents to rebuild safety and connection with children. Practitioners also emphasised that children need therapeutic support for trauma, emotional regulation, attachment, developmental impacts and healthy relationships.

Crisis services alone cannot deliver healing, reduce intergenerational harm, or prevent future violence. Schools, early learning, child and family services, mental health, AOD, financial counselling, settlement services and community services all have a role in recovery and prevention.

Priority Area 2: Prevention and early intervention.	
5. Sustain whole-of-society primary prevention	The Second Action Plan should fund long-term prevention across education, workplaces, media, sport, online environments and communities to address gender inequality, harmful gender norms, disrespect and violence-supportive attitudes.
6. Establish nationally consistent definitions of prevention, early identification and early intervention	The Second Action Plan should establish nationally consistent definitions of prevention, early identification, early intervention, response, and recovery and healing. These definitions should guide funding, commissioning, workforce responsibilities, data and evaluation.
7. Resource universal and non-specialist services to respond safely	Family, health, housing, education, financial, settlement and community services should receive role-appropriate training, specialist consultation, supported referral pathways and funding proportionate to the family violence risks they encounter.
8. Expand long-term therapeutic recovery and healing	Governments should fund timely, flexible and long-term therapeutic, practical, financial and legal recovery support for adult and child victim-survivors beyond the immediate crisis period.

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

Children do not merely witness family violence. They experience it directly through fear, coercion, disrupted relationships, instability and the effects of violence on the people who care for them. They may be directly targeted, forced to participate in abuse or used to extend control over another family member. These experiences can affect children's physical and emotional development, sense of safety, mental health, learning and relationships, although every child's experiences, needs and recovery will differ.⁹

The First Action Plan recognises that policies and programs have historically failed to elevate the needs and voices of children as victim-survivors in their own right. It commits to age-appropriate and culturally safe programs informed by children and young people, early intervention and referral pathways, targeted therapeutic support and integrated specialist responses addressing trauma and the risks of future victimisation or use of violence.¹⁰ These commitments should remain central to the Second Action Plan and be strengthened through clear implementation responsibilities, dedicated investment and mechanisms for accountability.

Recognising children as victim-survivors requires more than recording their names as members of a family. It requires an individual assessment of each child's safety, experiences, strengths and recovery needs; meaningful engagement with their views; and access to developmentally appropriate support. It also requires governments and services to recognise that children communicate in different ways. A child's voice may be expressed through speech, writing, behaviour, play, body language, relationships or silence.

From recognition to child-specific assessment and response

When asked to identify the most significant gaps in support for children and young people affected by family violence, Uniting staff across Victoria and Tasmania identified overlapping failures in child-specific assessment, direct engagement, information sharing, therapeutic recovery and service access.

In Uniting's staff survey to inform our submission, 72 per cent of respondents identified children and young people as a priority for the Second Action Plan, while 56 per cent identified therapeutic recovery support as a priority.

Practitioners reported that children may be recorded as members of a family without receiving an assessment, safety plan, referral or service response of their own. One practitioner described the continuing gap between recognition in policy and treatment in practice:

"Children are rarely spoken to by family violence services. As a result, their experience of family violence is not heard, and they are unable to engage in safety planning. Children have a unique experience of violence that is missed when they are not spoken to directly. Despite systems now accepting that children are victim-survivors in their own right, they are still not treated this way in practice."

— Senior Child Wellbeing Practitioner, Family Violence and Family Services, Victoria

Each child should have an individual risk assessment and safety plan where family violence is identified. A family-level assessment cannot capture differences between siblings, violence directed specifically towards one child, the child's relationship with the person using violence, disability or

⁹ Campo, M. (2015), *Children's exposure to domestic and family violence: key issues and responses*, Australian Institute of Family Studies.

¹⁰ Australian Government Department of Social Services (2023), *First Action Plan 2023–2027 under the National Plan to End Violence against Women and Children 2022–2032*

communication needs, or the ways in which the child may be used to monitor or control other family members.

Uniting's Therapeutic Model of Care requires risk and protective factors to be identified for every child individually. It also emphasises that practitioners should engage with the child's own understanding of safety rather than relying solely on an adult's or professional's interpretation. Asking children who helps them feel safe, when they feel safe and who they can speak to when they are worried can inform assessment and planning without requiring them to recount every detail of the violence.

However, practitioners reported that children's experiences are often inferred from an adult's account. Child-specific assessments may be overlooked or populated with information copied from an adult assessment:

"Child-centred assessments are often overlooked—for example, MARAM assessments are rarely completed with children—and there is a lack of therapeutic recovery."

— Senior Lead Practitioner, Family Services, Southern Victoria

Direct engagement must be safe, voluntary, developmentally appropriate and responsive to culture, disability and communication needs. It does not mean requiring every child to participate in a formal interview or repeatedly recount their experiences. However, an adult's account should not automatically substitute for the child's perspective.

The quality and timeliness of information sharing are also central to child-specific assessment. Uniting's practice experience shows that referrals to family services can be incomplete, inaccurate or misdirected, including referrals categorised as parenting support where serious family violence is evident. Missing information about police involvement, intervention orders, family violence assessments or the person using violence can delay support and increase risks to children, families and practitioners.

Hearing children safely, and acting on what they communicate

Meaningful engagement requires more than giving children an opportunity to disclose violence. Children and young people may remain silent because they fear retaliation, family separation, removal from a protective parent, consequences for siblings, or that speaking will make their situation worse. They may have been threatened, told that they will not be believed or made to feel responsible for holding the family together. They may also have learned from previous experiences that adults will not act.

A child's reluctance to speak should therefore not be interpreted as an absence of harm or a lack of views. Children need repeated, relationship-based opportunities to communicate with a practitioner they trust, with meaningful choices about when, where and how this occurs. They should be able to communicate through conversation, writing, drawing, play, technology or another method appropriate to their age, culture, disability and communication needs.

Children must also receive accessible information about what is happening, what can remain confidential, what may need to be shared and what will happen as a result of what they communicate. Their views must be given meaningful weight without placing responsibility on them to protect siblings, manage adult risk or determine the response.

Practitioners identified limited time, confidence and capability as barriers to this work. Pressure to meet service targets can compound the problem, particularly where workers are concerned that identifying a child's needs will not lead to meaningful support:

"Practitioners report limited confidence and skill in speaking with children, as well as KPI pressures that prevent them from engaging children. There is also a lack of support available to children as victim-survivors. Practitioners are concerned that, if they speak to children and identify needs, they will not be able to refer them to support."

— Senior Child Wellbeing Practitioner, Family Violence and Family Services, Victoria

Inviting children to speak about safety creates a corresponding obligation to respond. Where practitioners identify needs but cannot offer or refer a child to meaningful support, trust may be undermined and distress compounded. Expectations for direct engagement must therefore be

accompanied by investment in workforce development, reflective supervision, child-specific practice leadership and accessible specialist services.

The Second Action Plan should also establish safe and ongoing mechanisms through which diverse groups of children and young people can shape policy, service design and implementation. Participation should be voluntary, appropriately supported and remunerated, facilitated through trusted organisations and accompanied by a clear feedback loop explaining how children's contributions influenced decisions. Children and young people should not only be consulted after policies and services have already been designed.

Research with children in Victorian out-of-home care demonstrates that listening is not a symbolic exercise. Systems that fail to listen can reinforce children's sense that their rights, experiences and aspirations do not matter, while genuine participation can improve decisions affecting their safety, relationships and future.¹¹

Listening beyond words: infants and young children

A child's voice is not limited to spoken language. Infants, pre-verbal children and preschool-aged children communicate their experiences through their behaviour, play, bodies and relationships. Distress may be expressed through changes in sleep, feeding or toileting; developmental regression; heightened startle responses; separation distress; withdrawal or aggression; difficulties with emotional regulation; changes in attachment behaviour; or repeated themes of fear, danger and control in play.¹²

These behaviours are not, by themselves, proof of family violence and should not be interpreted without considering the child's developmental, cultural, health and disability-related needs. However, they should prompt curious, trauma-informed assessment rather than being treated solely as behavioural or parenting problems.

Assessment should draw on observation, play-based engagement and information from the child's safe and trusted adults, while keeping the infant or young child visible as an individual victim-survivor. Practitioners require specialist capability to understand what behaviour may be communicating, assess the child-caregiver relationship and strengthen safety and connection with the non-offending parent.

The absence of spoken disclosure cannot be treated as an absence of voice. A system that only recognises children who can describe violence in adult language will continue to overlook many of the youngest victim-survivors.

Parenting arrangements and post-separation violence

Separation does not necessarily end children's experience of family violence. Parenting arrangements, changeovers, telephone and online contact, court proceedings and the exchange of information about children may all be used to continue violence.

Children may be pressured to communicate messages, gather information about the protective parent, keep secrets or reject that parent. They may also be required to maintain contact with a person using violence despite expressing fear or opposition:

"Children are caught in the middle and required to be with the person using violence, despite their wishes not to."

— Family Violence Counsellor, Victoria

Another Uniting practitioner described the ways in which contact can enable continuing abuse:

"Violence can continue through access to the child. Parents' rights can be prioritised over the safety of the child. The child's relationship with the non-offending parent can continue to be"

¹¹ Commission for Children and Young People (2019), *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*

¹² Campo, M. (2015), *Children's exposure to domestic and family violence: key issues and responses*, Australian Institute of Family Studies

undermined when the person using violence has access and can say whatever they want to affect that relationship.”

— Social Worker, Children, Youth and Families, Melbourne

Where parenting arrangements require or facilitate contact despite identified family violence risk, responsibility can effectively be transferred to the child to report renewed violence. This is unsafe and inappropriate. Children may not disclose because they are afraid, have been threatened, feel responsible for keeping the family together or do not believe adults will act. Parenting arrangements should not rely on children speaking up only after further harm has occurred.

Protective parents may also feel compelled to facilitate contact despite concerns for their children because they fear enforcement proceedings, returning to court or losing care of their children. A Tasmanian manager identified “family court orders trumping family violence orders” as a significant gap.

Changes to the *Family Law Act 1975* that commenced in May 2024 removed the presumption of equal shared parental responsibility, simplified the factors used to determine children’s best interests and introduced requirements for Independent Children’s Lawyers to meet directly with children, subject to limited exceptions.¹³ The Second Action Plan should monitor whether these reforms are producing safer outcomes in practice, particularly where coercive control and post-separation abuse are present.

Coordination and timely information sharing between the family law, child protection, police, courts and family violence systems must also be strengthened. Children should have access to independent, developmentally appropriate assistance to understand and participate in family law processes. Wrap-around family violence, legal, financial and therapeutic support should remain available throughout proceedings rather than ending before parenting matters are resolved.

Supporting children and the protective parent

Children’s safety and recovery are closely connected to the safety and wellbeing of the non-offending parent. Strengthening the relationship between children and their protective parent can be central to recovery. However, services must avoid placing sole responsibility for children’s safety on that parent while leaving the behaviour and parenting of the person using violence unexamined.

A Uniting School Attendance Support practitioner captured how fragmented and demanding systems can exhaust an adult victim-survivor, affect their relationship with their children and leave children to form their own explanations for what is happening:

“Parents are not supported, or the victim-survivor has so many hoops to go through that they become overwhelmed. They have to repeat their story over and over, go to court, fight the system, juggle the family—and can have no energy left for their children.

“The children might feel resentful towards their mother because she is so stressed and worried. Children fill in the gaps and may wonder whether their mother is the problem. They have no worker to explain the situation to them because people are trying to protect them from knowing too much.”

— School Attendance Support Program, Family Services, Melbourne South East

This account demonstrates how fragmented systems can reproduce some of the pressures created by violence. Repeated disclosure, complex court processes, duplicated referrals and the need to navigate multiple services can consume the time and emotional capacity of the protective parent. Their stress may then be misunderstood by children—or interpreted by services—as evidence that the parent is the problem.

Supporting the protective parent and engaging directly with the child are complementary, rather than competing, responses. Children need truthful, age-appropriate explanations that help them understand that the violence is not their fault and that the protective parent is not responsible for the

¹³ Australian Government Attorney-General’s Department (2024), *Family Law Amendment Act 2023: Fact Sheet for Family Law Professionals*

behaviour of the person using violence. Protecting children from unnecessary detail should not mean leaving them without any explanation of what is happening.

Protective parents require practical, legal, financial and therapeutic assistance that reduces system burden and strengthens their capacity to restore safety and connection. Assistance with housing, income, debt, legal matters, parenting arrangements, transport and access to education is integral to children's safety and recovery.

Relational and child-parent interventions are promising in this context. Australian research into Child-Parent Psychotherapy found the approach acceptable and feasible for young children and mothers affected by intimate partner violence, while identifying the need for specialist family violence knowledge, clinical governance and strong referral partnerships.¹⁴

Prevention and early intervention must begin with children's relationships

The Second Action Plan should give greater attention to prevention and early intervention that engages children, parents, carers, education settings and communities before harm escalates. This should include helping children develop an age-appropriate understanding of kindness, respect, consent, bodily autonomy, emotional regulation, help-seeking and safe relationships, while supporting parents and carers to model these principles in everyday family life.

This work must involve open dialogue rather than simply adults instructing children about what is safe. An "adult knows best" approach can obscure what children are communicating and, where coercive control exists, may reinforce the authority and narrative of the person using violence. Children need to know that they can question behaviour that makes them feel unsafe or uncomfortable, that adults will take their concerns seriously and that seeking help will not make them responsible for what happens next.

Young people with a care experience have identified the absence of safe and open conversations about respectful relationships. As one young person told CREATE Foundation: "No one really talked to me about what a healthy relationship looks like."¹⁵ Prevention must therefore extend beyond the classroom and be reinforced by carers, residential-care workers, family services, health and sporting organisations and other adults with whom children have trusted relationships.

Universal prevention programs should help children and young people critically examine gender norms, stereotypes and violence-supportive attitudes and develop the skills to form healthy and respectful relationships. Schools and other universal services must also have clear pathways for responding safely when prevention activities lead to disclosure.¹⁶

Early intervention should not be understood only as identifying children who are beginning to display behaviour that concerns adults. It also means recognising the early signs of coercion and fear, strengthening children's relationships with safe adults, responding to families' practical needs and providing support before violence contributes to child removal, homelessness, educational disengagement, harmful substance use or contact with the justice system.

Where a child or young person is using violence or displaying harmful sexual behaviours, responses must be developmentally appropriate, trauma-informed and accountable. They must recognise the harm caused without defining the child solely by their behaviour. Assessment should consider the child's own experiences of violence, abuse, neglect, exploitation and disrupted attachment, while providing clear boundaries, safety planning and specialist intervention.

Therapeutic recovery as a priority

Recognition without access to recovery support is insufficient. Crisis intervention and safety planning do not address the longer-term emotional, developmental and relational effects of family violence.

¹⁴ Hooker, L., Toone, E., Wendt, S., Humphreys, C. and Taft, A. (2022), *RECOVER – Reconnecting mothers and children after family violence: The child-parent psychotherapy pilot*, research report commissioned by Australia's National Research Organisation for Women's Safety

¹⁵ CREATE Foundation (2025), *This matters to us: Youth Advisory Group report 2024–2025*

¹⁶ Campo, M. (2015), *Children's exposure to domestic and family violence: key issues and responses*, Australian Institute of Family Studies

Therapeutic recovery must be available across infancy, childhood and adolescence. Eligibility should not depend on a child receiving a mental health diagnosis, reaching a crisis threshold or displaying behaviour that adults find difficult to manage. Family violence recovery is not interchangeable with clinical mental health treatment, although some children will require coordinated support across both systems.

Children communicate distress in different ways according to their age, development, culture and communication needs. Behaviour that appears disruptive, withdrawn or developmentally regressive may represent an adaptation to fear, instability or trauma rather than a problem located solely within the child. Therapeutic responses should therefore be relational, developmentally informed and attentive to what behaviour communicates.

Practitioners consistently identified limited service availability, long waits and restrictive eligibility criteria:

"There are limited therapeutic support programs and significant barriers for families trying to access therapeutic recovery."

— Senior Practitioner, Intake and Referral, The Orange Door, Victoria

A therapeutic specialist described the breadth of the unmet need:

"Many children require specialised therapeutic interventions to address trauma, emotional regulation, attachment and developmental impacts, but access is often limited by waitlists and service capacity. There are ongoing gaps in ensuring children's voices, experiences and individual needs are meaningfully incorporated into safety and recovery planning."

"Support for infants, young children and adolescents requires further strengthening, including developmentally appropriate responses and stronger links with schools and community services. Additional support is also needed for non-offending parents to strengthen safe, responsive parenting and rebuild children's sense of safety and connection."

— Therapeutic Specialist, Family Violence Therapeutic Services, Victoria

Other practitioners identified funding and eligibility barriers and an absence of long-term approaches beyond immediate crisis responses. Funding models must allow practitioners to build trust, work at the child's pace and continue support through periods of instability.

Therapeutic support should help children make sense of their experiences, recognise safe and respectful relationships, develop emotional regulation and strengthen protective relationships. It should not be framed through deterministic assumptions that children who experience violence will inevitably become future victim-survivors or use violence themselves. Research indicates that outcomes are shaped by a range of intersecting experiences and protective factors, including the child's relationships with safe adults, access to effective support and the broader social and economic circumstances in which recovery occurs.¹⁷

Where violence has already occurred, support should be described and funded as recovery—not classified as early intervention merely because the child is young or has only recently entered a service. Early identification describes when a system recognises and responds to harm; it does not establish that the violence has been brief, low-risk or less harmful.

Family violence, out-of-home care and cumulative system harm

Family violence is a significant pathway into the child protection and out-of-home care systems. Once children enter care, removal from family, separation from siblings, disrupted cultural and community connections, placement changes and inconsistent relationships with workers and carers can compound the harm they have already experienced. Care must provide safety, stability and recovery; it must not reproduce the powerlessness, instability and disrupted attachment created by violence.

MacKillop Family Services' review of 100 young people in Victorian residential care found that 87 per cent had known histories of significant family violence and all had experienced multiple forms of

¹⁷ Campo, M. (2015), *Children's exposure to domestic and family violence: key issues and responses*, Australian Institute of Family Studies

abuse. Forty-two per cent had experienced at least 10 placements, while 43 per cent had experienced sexual exploitation at or before the commencement of their current placement. Young people's principal concerns were often the safety and wellbeing of their mothers and siblings.¹⁸

These findings demonstrate that removing a child from a violent home does not, by itself, resolve their fear, grief, relational disruption or sense of responsibility for family members. Nor does it guarantee safety. Young people may continue to experience violence in intimate relationships, exploitation, unsafe placements or further disruption to relationships with protective adults, siblings, family, culture and community.

CREATE Foundation has similarly documented young people moving between unsafe family homes and care placements, not being believed when they sought help, and lacking consistent adults who could teach and model emotional regulation and respectful relationships.¹⁹ Children in care require stable relationships with safe adults, meaningful participation in placement and contact decisions, specialist family violence recovery and support to maintain safe connections with the people and communities that matter to them.

The system must also confront the heightened risk of sexual exploitation experienced by children in residential care. Data released by the Victorian Commission for Children and Young People identified 423 reported incidents of sexual exploitation involving 165 children in residential care between July 2021 and March 2023. Almost two-thirds of the incidents involved children aged under 16.²⁰ Prevention and response must focus on the conduct of people who target and exploit children, while addressing the placement instability, isolation and unmet relational needs that perpetrators may seek to exploit.

Children in residential care are also at heightened risk of being criminalised for behaviour arising in the context of distress, trauma and unmet support needs. An analysis of Victoria Legal Aid clients found that 42 per cent of child clients in residential care accrued criminal charges within one year of placement and 51.3 per cent within two years. Victoria Legal Aid identified unnecessary police involvement in response to behaviour such as low-level property damage as a significant contributor.²¹

National data also demonstrate substantial overlap between child protection and youth justice: 65 per cent of young people under youth justice supervision in 2022–23 had a history of contact with the child protection system.²² These figures should not be used to suggest that family violence or care experience inevitably leads to offending. They point to cumulative trauma, placement instability, poverty, racism, disability, unmet support needs and institutional responses that can criminalise children rather than provide care.

The Second Action Plan should support stable and therapeutic placements, consistent relationships with trusted adults, specialist sexual exploitation prevention and response, trauma-informed approaches to behaviour, and strong protocols limiting unnecessary police involvement in residential care. It should also require coordinated responses across family violence, child protection, housing, education, AOD, mental health and youth justice systems.

Violence and abuse among young people accessing AOD services

The 2025 Youth Alcohol and Other Drug Census report demonstrates how experiences of violence intersect with young people's contact with other service systems. Based on information about 893 young people accessing Victorian youth AOD services, the Census found that 36.1 per cent were victim-survivors of family violence and 20.5 per cent were victim-survivors of intimate partner

¹⁸ MacKillop Family Services (2020), *Outcomes 100: Residential Care Case Reviews Summary Report*,

¹⁹ CREATE Foundation (2024), *Submission to the Royal Commission into Domestic, Family and Sexual Violence on the Issues Paper*

²⁰ Commission for Children and Young People (2023), *Statewide action overdue amid new data showing continuing sexual exploitation of children in residential care*, <https://ccyp.vic.gov.au/news/statewide-action-overdue-amid-new-data-showing-continuing-sexual-exploitation-of-children-in-residential-care/>

²¹ Victoria Legal Aid (2025), *Care not Custody—keeping kids in residential care out of the courts*

²² Australian Institute of Health and Welfare (2026), *Child protection*, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection>

violence. Almost three in five, 59.7 per cent, had experienced emotional, physical or sexual abuse, neglect or violent crime.²³

These experiences were disproportionately prevalent among young women, LGBTQIA+ young people and Aboriginal and Torres Strait Islander young people. Almost half of young women and more than half of LGBTQIA+ and Aboriginal and Torres Strait Islander young people had experienced family violence. Approximately one-third of all young people in the Census had previously been subject to a child protection order, around one in ten was currently in out-of-home care and 48 per cent had experienced criminal justice system involvement.²⁴

These findings do not suggest that family violence inevitably results in harmful alcohol or other drug use. They demonstrate that young people entering AOD services frequently bring significant experiences of violence, trauma and system involvement that cannot be addressed through a substance-use response alone.

Youth AOD services must be equipped to identify and respond safely to family violence. Specialist family violence and child and family services must also be able to recognise that substance use may be connected to trauma, coping, exclusion and unmet support needs. The Second Action Plan should support integrated, youth-specific responses rather than requiring young people to navigate each issue through a separate service system.

Particular gaps in Tasmania

The need for investment is especially acute in Tasmania. Uniting practitioners described fragmented availability of support across infancy, the primary school years and adolescence. Long waits, restrictive eligibility criteria, workforce shortages, transport barriers and limited school-based and community-based services can delay support until children's needs become acute.

Uniting's Tasmanian Manager of Child, Youth and Families identified:

"A lack of early intervention supports, long waiting lists, limited recognition of the impacts of trauma on children, and family court orders overriding family violence orders."

Practitioners also described a lack of services for children, including few early responses supporting trauma recovery. Specialist services may turn families away because their needs are considered too complex or do not meet particular thresholds, leaving universal and non-specialist services to carry significant risk without specialist resources.

A practitioner reported that their family service program in Launceston regularly supports families experiencing coercive control, physical and emotional violence, financial abuse, post-separation abuse and ongoing risks to children, despite being funded for family support rather than specialist family violence intervention.

The scale of childhood disadvantage compounds these service gaps. The 2024 Child Social Exclusion Index found that Tasmania had the highest prevalence of child social exclusion nationally. Thirty-five per cent of Tasmanian children aged under 15 lived in areas in the most excluded quintile and a further 28 per cent lived in the second-most excluded quintile. Tasmania also had the highest child poverty rate nationally, at 24 per cent.²⁵

These findings do not measure family violence prevalence or suggest that family violence is confined to disadvantaged communities. They demonstrate that many Tasmanian children must recover in circumstances where poverty, housing insecurity, transport barriers, educational disengagement, disability and reduced access to health and community services may compound harm and restrict access to support.

²³ Rintala, J., Johnston, B., Bruun, A., Bryant, J., Weir, S., Belotti, K. and MacLean, S. (2025), *The 2025 Youth AOD Census: Technical Report*, Youth Support and Advocacy Service

²⁴ Rintala, J., Johnston, B., Bruun, A., Bryant, J., Weir, S., Belotti, K. and MacLean, S. (2025), *The 2025 Youth AOD Census: Technical Report*, Youth Support and Advocacy Service

²⁵ Miranti, R., Freyens, B., Vidyattama, Y., Tanton, R. and Shakir, G. (2024), *Child Social Exclusion Index—Nurturing Inclusion: Paving the Way to Improved Child Wellbeing*, University of Canberra, report commissioned by UnitingCare Australia

To address the particular gap in support for infants and young children, Uniting has developed the Play for Safety program model for children aged from birth to five who have experienced family violence. The program would provide individually paced, relational and play-based therapeutic support focused on restoring safety, supporting healthy development and strengthening the child’s relationship with the non-offending parent.

Despite service experience demonstrating the lack of developmentally appropriate family violence recovery support for infants and young children in Tasmania and parts of Victoria, Uniting has not yet secured funding to pilot the program.

Responses must recognise diverse experiences and barriers

Children’s experiences of family violence and their access to support are shaped by culture, disability, gender, sexuality, geography, visa status and contact with statutory systems.

Aboriginal and Torres Strait Islander children and families must have access to self-determined, community-controlled and culturally safe responses that recognise the continuing effects of colonisation, child removal and institutional racism. Mainstream systems must work in genuine partnership with Aboriginal Community Controlled Organisations and avoid responses that increase surveillance or the risk of unnecessary child removal. Fear of child removal can itself deter victim-survivors from disclosing violence or seeking assistance.²⁶

Children with disability require accessible communication, skilled practitioners and services able to distinguish disability-related needs from trauma responses without overlooking either. Children from culturally and linguistically diverse backgrounds require qualified and independent interpreters, rather than family or community members who may know the person using violence. LGBTIQA+ children and young people require affirming services that understand identity-based abuse and the risks associated with involuntary disclosure.

Children in rural and regional communities, children in out-of-home care, children seeking asylum, children who are not connected to education, and children living in families experiencing poverty or housing insecurity require proactive outreach. A system based principally on adult self-referral will continue to leave many children invisible.

Priority Area 3: Children and young people in their own right.	
9. Give effect to children’s rights as victim-survivors in their own right	Where family violence is identified, each child should receive an individual assessment, safety plan, direct and developmentally appropriate engagement, advocacy and access to recovery support.
10. Strengthen responses for children experiencing cumulative and institutional harm	The Second Action Plan should support therapeutic and stable responses for children affected by family violence across child protection, out-of-home care, education, youth justice, alcohol and other drug services and family law.
11. Establish distinct responses for children and adolescents using violence	Governments should fund trauma-informed, developmentally appropriate and disability-responsive interventions that protect family members, address harmful behaviour and avoid inappropriate criminalisation or placement in adult perpetrator programs.

²⁶ Australian Government Department of Social Services (2023), *First Action Plan 2023–2027 under the National Plan to End Violence against Women and Children 2022–2032*

Priority Area 4: People who use violence.

Accountability must extend beyond specialist programs

Uniting staff consistently identify the need for greater accountability for people who use violence across the whole service and justice system. Staff describe a system in which interventions are underfunded, difficult to access and too frequently dependent on the person voluntarily seeking help. Long waitlists, limited options beyond standard Men's Behaviour Change Programs and inconsistent responses from courts, police, corrections and child protection can allow violence to continue while responsibility for managing risk remains with victim-survivors and children.

Uniting's family services evaluation also demonstrates why accountability cannot be confined to the specialist family violence sector. Almost two-thirds of families supported by participating practitioners were experiencing family violence, with 69 per cent assessed as high risk at intake. Sixty-three per cent of practitioners reported at least one occasion when the person using violence was present during a home visit. These findings highlight the risks that arise when family services practitioners come into direct contact with people using violence without clear role boundaries, complete risk information, specialist consultation or appropriately resourced referral pathways.²⁷

The Second Action Plan should establish a nationally coordinated perpetrator intervention system that keeps people using violence visible across service and justice systems, supports sustained behaviour change and places the safety and wellbeing of adult and child victim-survivors at the centre of every intervention.

Build a continuum of responses, not a single program pathway

People who use violence are not a homogenous group. Responses must be proportionate and tailored to the person's level and pattern of risk, use of coercive control, motivation and readiness to engage, age, disability, cultural and family context, parenting role, geographical location and contact with justice and human services systems.

Men's Behaviour Change Programs remain an essential component of the intervention system, but they cannot constitute the entire response. ANROWS' recent evidence review cautions against expecting transformational change from a single intervention and concludes that Men's Behaviour Change Programs must be embedded in a wider system of accountability, risk management and victim-survivor support. It also finds that diverse and complex patterns of violence require differentiated rather than "one-size-fits-all" responses.²⁸

The continuum should encompass community-based prevention and earlier engagement, voluntary and mandated behaviour-change interventions, telephone and online interventions that build motivation and readiness for more intensive support, and both individual and group-based responses. It should address parenting behaviour, the use and impact of children, and the effects on children and the protective parent. Specialist responses are also needed for people with disability and people from migrant, refugee and LGBTIQ+ communities, alongside connected responses to co-occurring mental health, alcohol and other drug, gambling or other needs without treating those needs as the cause of or excuse for violence. For people presenting serious or persistent risk, the system should provide proactive outreach, intensive case management, accommodation connected to behaviour-change intervention, civil and criminal justice responses, timely action on breaches, compliance monitoring, ongoing risk assessment, partner and family safety contact, information sharing and post-program monitoring.

²⁷ Uniting Vic.Tas (2025), *Family violence in family services: evaluation summary*, https://www.unitingvictas.org.au/wp-content/uploads/FV_evaluation_summary.pdf

²⁸ Helps, N., Bell, C., Schulze, C., Vlais, R., Clark, O., Seamer, J. and Buys, R. (2025), *The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: an evidence brief*, ANROWS Insights 01/2025, Australia's National Research Organisation for Women's Safety

Engaging people when violence or harmful behaviour becomes visible

People using violence cannot be kept in view through passive referral alone. Uniting practitioners described low levels of voluntary help-seeking and repeated instances in which people referred to interventions did not engage. A senior practitioner working with adults using family violence observed:

"From working with adults using family violence every day over the last five years, I could count on one hand how many have contacted us seeking support to change their behaviour. Most engage with Men's Behaviour Change Programs and other supports only if they are court ordered."

— Senior Practitioner, The Orange Door, Victoria

The same practitioner reported more promising engagement where a specialist practitioner was based at court and could speak with the person immediately. Other staff called for people using violence to be engaged soon after police attendance or another family violence incident, when there may be an immediate opportunity to challenge minimisation, assess risk and connect the person with intervention.

The Australian Government's evaluation of telephone and online perpetrator interventions similarly found that many participants entered services at an early stage of readiness. Denial, minimisation and resistance to change remained common, while motivation to engage was frequently external, including court requirements or fear of losing a relationship or contact with children. Brief interventions can assist with motivation and treatment readiness, but are unlikely to produce sustained behaviour change in isolation.²⁹

These pathways should include direct contact with specialist practitioners, warm referral and proactive follow-up rather than relying on the person to initiate contact independently.

As discussed under Priority Area 2, universal and community services can play an important role in recognising violence and creating pathways into intervention. However, this responsibility must be supported by specialist secondary consultation, safe information sharing, clear escalation processes and properly defined role boundaries. Earlier engagement must not transfer responsibility for comprehensive risk management to workers or services that lack the necessary mandate, expertise and resources.

Justice accountability must be connected to intervention

Staff consultation identified weak or inconsistent accountability through courts, police and corrections, lengthy court processes and limited consequences when a person does not engage with an intervention or comply with an order. Several respondents supported mandated participation and stronger compliance mechanisms.

Mandating attendance may provide an important point of entry, particularly where a person is unlikely to seek help voluntarily. However, attendance or program completion should not be equated with accountability, reduced risk or sustained behaviour change. Research has found mixed evidence concerning both behaviour-change and legal interventions, with effectiveness differing according to the intervention, the pattern and history of violence and the circumstances of the person using violence.³⁰

A practitioner captured the importance of maintaining accountability beyond the immediate incident and after separation:

²⁹ Australian Government Department of Social Services (2024), *Evaluation of telephone and online domestic violence perpetrator intervention services: Men's Referral Service, Brief Intervention Service and Changing for Good*

³⁰ Bell, C. and Coates, D. (2022), *The effectiveness of interventions for perpetrators of domestic and family violence: an overview of findings from reviews*, Research Report WW.22.02/1, Australia's National Research Organisation for Women's Safety

"Family violence continues to be perpetrated long after the relationship ends. It affects a victim-survivor's ability to function, parent and recover because the impacts of violence do not end."

Coordinator, Restoring Families, Victoria

The use of courts, parenting arrangements, child protection processes, financial systems, immigration processes and complaints mechanisms to continue coercion should be recognised in risk assessment and intervention planning. Systems must be able to identify and respond to this conduct without requiring the victim-survivor to continually demonstrate that violence is ongoing.

Provide safe accommodation for people who use violence

Where safe and legally appropriate, the system should support the person using violence to leave the family home rather than routinely requiring women and children to abandon their home, community, school, employment and support networks.

Uniting staff repeatedly identified a lack of perpetrator accommodation as a barrier to safety and accountability. Without appropriate alternatives, victim-survivors may remain living with the person using violence or be forced into crisis accommodation, while the person responsible for the violence remains in the home. Accommodation can support victim-survivor safety and increase the visibility of the person using violence, but only where it is integrated with active risk management.

Uniting's homelessness practitioners have previously identified that people using violence may need to be accommodated outside the immediate area because they cannot safely be placed in accommodation also used by women and families escaping violence.³¹ Accommodation should therefore be commissioned as a specialist component of the perpetrator intervention system rather than left to already overstretched general homelessness services. It should not simply relocate a person without oversight, intervention or continuing risk management.

Make interventions culturally safe, inclusive and accessible

Responses should continue to recognise the overwhelmingly gendered nature of intimate partner and sexual violence while being capable of responding safely to women, non-binary people and people in same-gender relationships who use violence. Systems must also guard against misidentifying a victim-survivor who has used force in resistance or self-defence as the predominant aggressor.

Programs must be physically and cognitively accessible and responsive to differences in communication, culture, sexuality, gender identity, migration experience and disability. Interpreter access alone will not necessarily make a standard program accessible, culturally safe or effective.

A practitioner from Uniting's asylum seeker services identified a significant gap:

"Individual case management is needed for people from culturally and linguistically diverse communities. Behaviour change programs are not suitable for clients who require interpreters. This is a significant gap in the sector."

— Caseworker, Asylum Seeker Programs, Victoria

Recent ANROWS research identifies a critical need for community-led interventions for migrant and refugee men that consider migration experiences, cultural understandings and intersecting experiences of marginalisation. Emerging evidence indicates that culturally adapted and in-language delivery can improve engagement, while short-term and inflexible funding constrains meaningful adaptation, partnership and evaluation.³²

³¹ Uniting Vic.Tas (2023), *National Housing and Homelessness Plan: submission by Uniting Vic.Tas*, <https://www.unitingvictas.org.au/wp-content/uploads/Submission-to-the-National-Housing-and-Homelessness-Plan.pdf>.

³² Block, K., Tarpey-Brown, G., Khan, N., Hoang, P., Sutherland, G. and Vaughan, C. (2025), *Interventions for migrant and refugee men who use domestic, family and sexual violence: an integrative review of evidence*, Research Report 01/2025, Australia's National Research Organisation for Women's Safety,

The Second Action Plan should fund genuinely in-language models rather than relying solely on interpreters within standard group programs, and provide individual case management where group participation is unsafe, inaccessible or inappropriate. It should resource partnerships between specialist family violence, settlement, multicultural, disability, mental health and alcohol and other drug services, and support appropriate cultural and religious leaders to reinforce community accountability where specialist expertise leads the work and confidentiality, gender equality and victim-survivor safety are protected.

Ensure equitable regional, rural and remote access

Uniting has identified that extensive waitlists and limited access to perpetrator interventions are particular problems outside major cities, with limited availability and workforce capacity remaining as significant barriers in Tasmania and regional communities.

Telephone and online services can provide an important point of engagement where no local program is available. The Australian Government's evaluation found that telephone interventions helped bridge geographical barriers for people in regional, rural and remote communities. However, it also concluded that call-based services were not a replacement for face-to-face Men's Behaviour Change Programs and other locally available intensive responses.³³

The Second Action Plan should establish equitable national access expectations, including for Tasmania and regional, rural and remote communities. Telephone and digital models should expand choice, provide immediate engagement and support continuity between services. They should not become a lower-cost substitute for locally available specialist capacity.

Adolescents who use violence require a distinct response

Violence used by adolescents in the home must be taken seriously. Responses must prioritise the safety of parents, siblings and other family members while recognising that adolescents are developmentally and legally distinct from adults who use intimate partner or family violence.

Australian research involving more than 1,000 young people who reported using violence in the home found that they identified needs including a safe place, someone to talk to, professional support, informed assistance for parents and carers, and safe and supportive school environments. The research concludes that young people's own experiences as victims and survivors must be addressed if services are to reduce intergenerational violence and respond effectively to the harm experienced by family members.³⁴

Many adolescents who use violence have experienced family violence, abuse or other trauma. Disability, unmet mental health needs, disrupted education, housing instability and gaps in family and community support may also shape the behaviour and the young person's response to intervention. These circumstances do not make later violence inevitable or remove responsibility for harmful behaviour. They demonstrate why intervention must address the violence alongside the young person's development, experiences of victimisation and family relationships.

Assessment must also distinguish adolescent family violence from unsafe behaviour associated with disability, developmental distress or other unmet support needs. A senior child wellbeing practitioner reported:

"I have seen an increase in police family violence referrals where a child under 12 is listed as the respondent and their parents as affected family members. These cases usually involve a child with disability and parents calling police because they are unable to manage behaviour that is placing the child or others at risk."

³³ Australian Government Department of Social Services (2024), *Evaluation of telephone and online domestic violence perpetrator intervention services: Men's Referral Service, Brief Intervention Service and Changing for Good*

³⁴ Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J. and Roberts, S. (2022), *Adolescent family violence in Australia: a national study of service and support needs for young people who use family violence*, Research Report 18/2022, Australia's National Research Organisation for Women's Safety

- Senior Child Wellbeing Practitioner, Family Violence and Family Services, Victoria

Not every harmful, aggressive or unsafe behaviour by a child constitutes a pattern of family violence equivalent to violence used by an adult. Assessment must consider the child's age, development, disability, communication, trauma, family relationships and the function and context of the behaviour. This should not minimise harm or deny family members an immediate safety response. It should prevent children being inappropriately labelled, criminalised or placed into adult perpetrator pathways.

Adolescents should not be labelled or treated as adult perpetrators. Equally, families should not be denied an effective response because services categorise the violence solely as a parenting, disability, behavioural or youth justice issue.

Build the national evidence base

Australia does not yet have a national measure of the prevalence of domestic, family and sexual violence perpetration. Important evidence gaps also remain concerning pathways into and out of violence, continuing violence after separation, technology-facilitated abuse and the effectiveness of interventions for different communities.

The Second Action Plan should support nationally consistent and ethically collected perpetration data, longitudinal research into pathways into and out of violence, and nationally consistent intervention and safety outcome measures. Evaluation should draw on multiple sources, including the experiences of victim-survivors and children, and research should include Aboriginal and Torres Strait Islander people, people with disability, LGBTIQ+ communities, migrant and refugee communities and people in regional, rural and remote Australia. Findings should be published transparently and shared nationally, with sustained funding to test, refine and scale promising models.

Evidence development must not delay investment in responses already known to be necessary. It should support continuous improvement while governments expand the availability, accessibility and diversity of intervention.

Priority Area 4: People who use violence.	
14. Build a nationally coordinated intervention system for people who use violence	The Second Action Plan should expand evidence-informed responses for people who use violence, including early engagement, behaviour-change, intensive intervention, accommodation, justice, compliance and ongoing risk-management responses that keep people using violence visible and accountable.

Priority Area 5: System integration and workforce.

Establish a nationally coordinated but locally responsive system

Victim-survivors, children and people using violence frequently interact with family violence and sexual assault services, family law, police, courts, child protection, housing, health, education, social security, immigration and community services. Each system may hold part of the information, authority or support required to improve safety. No single service can provide a complete response.

When these systems operate separately, people can experience repeated disclosure, delays, inconsistent risk assessment, conflicting advice and unclear responsibility. Referrals may be rejected because a person is considered too high risk, not high risk enough, outside a program's geographic boundary or ineligible under a narrow service definition. People can be repeatedly assessed without receiving practical assistance, while children and people using violence disappear from view.

A nationally integrated system does not require every jurisdiction or community to operate an identical service model. It requires shared foundations for safe and accountable practice, combined with local governance and service responses that reflect community needs, geography, existing infrastructure and the authority of Aboriginal and Torres Strait Islander communities.

The Second Action Plan should establish national minimum expectations for risk identification, assessment and management, safe and timely information sharing, child-specific assessment and engagement, identification of the predominant aggressor, supported referral and warm handover, multi-agency case coordination, keeping people using violence visible across systems, access to specialist secondary consultation, inclusive and culturally safe practice, workforce capability, supervision and safety, and data collection, monitoring and system accountability.

These foundations should apply across domestic, family and sexual violence responses while preserving the distinct expertise and functions of specialist family violence and sexual assault services.

Supported referrals and safe handovers

As outlined under Priority Area 2, universal and community services are important sites for earlier identification. However, identification is only beneficial if it leads to a timely, safe and meaningful response. Training a worker to ask about violence is insufficient if specialist services have no capacity to accept the referral, eligibility criteria exclude the person, or the referring worker receives no advice about managing immediate risk.

Uniting staff described specialist services turning people away because their circumstances were considered too complex, too high risk or outside narrowly defined criteria. Families were then left with non-specialist services that were neither funded nor designed to manage the risk. A Tasmanian practitioner explained:

"Our service is frequently supporting families experiencing coercive control, physical violence, emotional abuse, financial abuse, post-separation abuse and ongoing risks to children. These issues are disclosed during our work with families, but our program is funded to deliver early intervention and family support rather than specialist family violence responses."

— Child and Family Services Practitioner, Tasmania

The Second Action Plan should establish clear expectations for supported referral. A referral should not be treated as complete because contact details have been provided or an electronic form has been submitted. Where no service can accept responsibility, the system must have an escalation pathway. Victim-survivors and children should not be left to manage the consequences of a failed referral or a dispute between services about eligibility.

Case Study: A Non-Specialist Practitioner Responding to High-Risk Family Violence in Tasmania

Names and some personal, demographic and situational details have been changed or generalised to protect the identities of the people involved.

A Uniting Child, Youth and Families practitioner recently supported a woman, Anne*, who was experiencing severe and escalating family violence. Anne had recently been assaulted by one of her school-aged children, who had also experienced significant trauma associated with family violence. Following this incident, extended family members stepped in to care for the children temporarily.

Shortly afterwards, Anne was physically assaulted by her partner. During the incident, the person using violence took Anne to a public business. While there, she was able to discreetly alert a staff member that she was frightened and needed help. This intervention enabled Anne to separate from the person using violence and escape the immediate situation.

After Anne escaped, the person using violence took property belonging to her and caused significant damage to her home. He also retained access to the property and some of her belongings, leaving Anne fearful that he could return at any time.

Practitioner Response

The following morning, Anne contacted her Uniting family services practitioner in extreme distress and fear for her safety. Although family violence was not the practitioner's specialist area, they responded immediately and worked alongside Anne to seek protection and support.

The Uniting practitioner supported Anne to contact several services, including:

- a specialist coordinated support program, which was unable to provide the assistance required;
- a non-crisis family violence service, which advised that it could not adequately assess the risk or provide support at that time because the person using violence was not residing with Anne; and
- housing services, in an effort to secure crisis accommodation. Despite the serious and continuing safety concerns, no emergency accommodation was available.

Despite Anne's clear vulnerability and the ongoing threat posed by the person using violence, an immediate specialist response was not available. The Uniting practitioner continued to advocate for Anne and explore alternative options to support her safety.

Through the practitioner's persistence and coordination, a police escort and safety assessment of Anne's home were arranged. Anne was supported to stay temporarily with a trusted person, and an immediate safety plan was developed and implemented.

Anne was subsequently connected with the Family Violence Counselling and Support Service for ongoing specialist assistance. This service was then able to re-engage with other family violence and housing services and escalate Anne's need for support.

Reflection

This case demonstrates the barriers victim-survivors can face when seeking assistance during periods of acute and escalating risk. Despite physical violence, significant property damage, ongoing intimidation and concerns that the person using violence retained access to her home, Anne encountered repeated barriers to specialist family violence and housing responses. Her eventual connection to support was achieved through sustained practitioner advocacy rather than a timely and coordinated service response.

The case also highlights the critical role that non-specialist practitioners can be required to play when specialist services are inaccessible, unavailable or unable to respond. The practitioner's persistence, risk awareness and coordination across agencies were instrumental in helping Anne establish immediate safety.

Risk assessment and information sharing

Victoria's Multi-Agency Risk Assessment and Management Framework, Family Violence Information Sharing Scheme and Child Information Sharing Scheme represent significant, interrelated reforms intended to strengthen consistent risk assessment, information sharing and coordinated responses across services.³⁵ Together, they establish family violence risk as a shared responsibility, define the roles of different workforces and enable relevant information to be used to assess and manage risk.

Uniting's experience demonstrates both the value and limitations of this architecture. The reforms have strengthened understanding of shared responsibility and created clearer authority to exchange information. However, staff continue to encounter uncertainty about obligations, inconsistent interpretation, incomplete referrals, delays, poor-quality information and gatekeeping.

The staff survey identified instances in which police family violence risk information was not shared, was incomplete or was difficult to obtain. Practitioners also reported barriers to accessing court information needed for real-time risk assessment and safety planning. One practitioner summarised the problem as:

"Services still aren't sharing all the information, including police family violence reports that are not shared or are not shared in full. There are not enough staff to provide timely support, and practitioners do not always understand how to identify and respond to family violence."

— Coordinator, Restoring Families, Victoria

Information sharing is not an outcome in itself. Its purpose is to support action that reduces risk. Systems should therefore monitor not only whether information was exchanged, but whether it changed assessment, safety planning, service access, accountability or the response to a child.

Build national capability from jurisdictional experience

Australian jurisdictions have developed different elements of integrated family violence responses. NSW's Safer Pathway uses central referrals and Safety Action Meetings to coordinate actions for victim-survivors assessed as facing a serious threat. Queensland has introduced a Common Risk and Safety Framework and an integrated service system approach. South Australia's Family Safety Framework combines common risk assessment with locally based Family Safety Meetings. Western Australia's Common Risk Assessment and Risk Management Framework establishes common practice standards across government and community services, supported by multi-agency case management. The Northern Territory has a Risk Assessment and Management Framework, a Family Safety Framework and a statutory information-sharing scheme.

These approaches demonstrate a growing national commitment to common risk language, multi-agency responsibility and information sharing. However, coverage, legislative authority, workforce reach and implementation infrastructure remain uneven.

Tasmania should be a particular focus for further reform. Its Third Family and Sexual Violence Action Plan provides a coordinated, whole-of-government framework.³⁶ Under the Plan, the Tasmanian Government has developed standardised risk assessment processes across government and non-government family and sexual violence services and has continued working to strengthen interagency coordination and information sharing.³⁷ Despite this progress, Uniting's Tasmanian staff continue to describe fragmented service pathways, limited specialist capacity and non-specialist services being left to identify and manage significant family violence risk without adequate specialist support.

The Second Action Plan should establish national principles and interoperability so jurisdictions use compatible concepts and risk language, agencies understand their responsibilities when people move

³⁵ Family Violence Reform Implementation Monitor (2022), *Monitoring Victoria's family violence reforms: Early identification of family violence within universal services*, Office of the Family Violence Reform Implementation Monitor,

³⁶ Tasmanian Government (2022), *Survivors at the Centre: Tasmania's Third Family and Sexual Violence Action Plan 2022–2027*

³⁷ Tasmanian Government (2026), *Survivors at the Centre: Tasmania's Third Family and Sexual Violence Action Plan 2022–2027—Progress Report, 1 July 2025–31 December 2025*

across borders, and national services can participate effectively in state and territory responses. Commonwealth systems, including social security, immigration and the Leaving Violence Program, should be able to receive and share relevant information safely. Children and people using violence must remain visible when families interact with multiple systems, and evidence and implementation learning should be shared nationally.

Victoria's experience provides an important foundation for this work. Its reforms demonstrate what is possible when risk assessment, information sharing and organisational alignment are treated as system-wide responsibilities. They also show that reform cannot end with legislation. It must be backed by training, practice leadership, specialist consultation, implementation monitoring and continuing investment.

Victoria's MARAM and information-sharing reforms provide a strong foundation for national learning. The next step is to build comparable capability across Australia: shared risk language, timely information sharing, child-specific assessment, clear referral standards, local practice leadership and properly resourced non-specialist services. Information-sharing reform must move from legal permission to practical capability, so victim-survivors and children are not forced to carry risk while systems delay, withhold information or treat family violence as someone else's responsibility.

Build role-based capability across the whole workforce

A nationally capable workforce does not mean that every worker should become a specialist family violence practitioner. It requires workers to have capability proportionate to their role, supported by clear boundaries and accessible specialist expertise.

The Second Action Plan should establish a tiered national capability approach covering:

1. **Foundational capability** for workers across health, education, housing, social security, disability, aged care, settlement, legal, financial and community services. This should include recognising family, domestic and sexual violence, responding to disclosure, understanding coercive control, protecting privacy, avoiding victim-blaming, identifying immediate danger, and making a supported referral.
2. **Intermediate capability** for workers who regularly encounter family violence or sexual violence and have responsibilities for risk identification, safety planning or coordination.
3. **Specialist capability** for workers undertaking comprehensive assessment, risk management, therapeutic intervention, sexual assault response, perpetrator intervention or high-risk case coordination.
4. **Practice leadership capability** for supervisors, senior practitioners and organisational leaders responsible for clinical governance, reflective supervision, complex decision-making and organisational alignment.

Uniting's family services evaluation found that practitioners in non-specialist roles regularly encounter complex family violence, including direct contact with people using violence. The current staff survey reinforces the need for clear boundaries and readily available specialist support:

"Family services practitioners are not family violence specialists and are not trained to undertake comprehensive MARAM assessments or safety planning. They should have support from family violence practice leaders or consultants and be able to refer into specialist family violence case management for care-team support."

— Coordinator, Restoring Families, Victoria

Non-specialist workers should not be expected to undertake comprehensive risk assessment or manage serious risk simply because they have completed introductory training. Clear pathways to secondary consultation, specialist assessment and shared case management are essential.

Support culturally safe and accessible systems

Integration can improve access, but it can also reproduce exclusion if mainstream systems dominate decision-making or assume that one model will work for every community.

Aboriginal Community Controlled Organisations must be funded and authorised to lead the design, governance and delivery of responses for Aboriginal people, families and communities. Mainstream organisations should build cultural capability and establish accountable partnerships without shifting unpaid consultation and system-navigation work onto Aboriginal organisations.

A Uniting practitioner stated:

“Family violence responses must be designed and delivered in genuine partnership with Aboriginal Community Controlled Organisations.”

— Child and Family Services Practitioner, Launceston

Culturally safe integration requires qualified and independent interpreters, including safeguards in small communities where an interpreter may know or be related to the person using violence, specialist immigration advice and knowledge of visa-related entitlements, disability-accessible communication, premises and service models, and support for LGBTIQ+ people that protects identity and recognises identity-based abuse. It also requires outreach and local partnerships in regional and remote communities, options for people who fear police, child protection or other statutory systems, and service eligibility that does not exclude people because of visa status, family structure, disability or the identity of the person using violence.

Commonwealth programs must also participate in integrated practice. One Uniting asylum seeker practitioner reported that referrals to the Leaving Violence Program allowed only limited contextual information to be provided, making it difficult to communicate a person’s specific risks, barriers and support needs. National programs should have safe mechanisms to receive relevant information and coordinate with referring services, with consent and appropriate safeguards.

Priority Area 5: System integration and workforce.	
15.Establish an integrated, capable and accountable national system	The Second Action Plan should set national minimum expectations for risk assessment, information sharing, supported referral, child-specific practice, workforce capability, specialist consultation and multi-agency coordination. It should identify responsible governments, funding, timeframes, outcomes and transparent reporting arrangements.

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