NATIONAL ALLIANCE OF DFV SPECIALIST SERVICES

Thematic report

Consultations to inform the Second Action Plan

31 July 2026

Acknowledgement of Country

We would like to acknowledge and pay respects to all First Nations people, as the Traditional and only Custodians of this country we call Australia. We recognise First Nations peoples' culture, wisdom, and connection to this land and pay our respects to Elders, past, present and future. We recognise the loss of land and culture, acknowledging the consequences of dispossession and colonisation on First Nations peoples. We acknowledge that sovereignty over this land was never ceded. This land always was and always will be Aboriginal land.

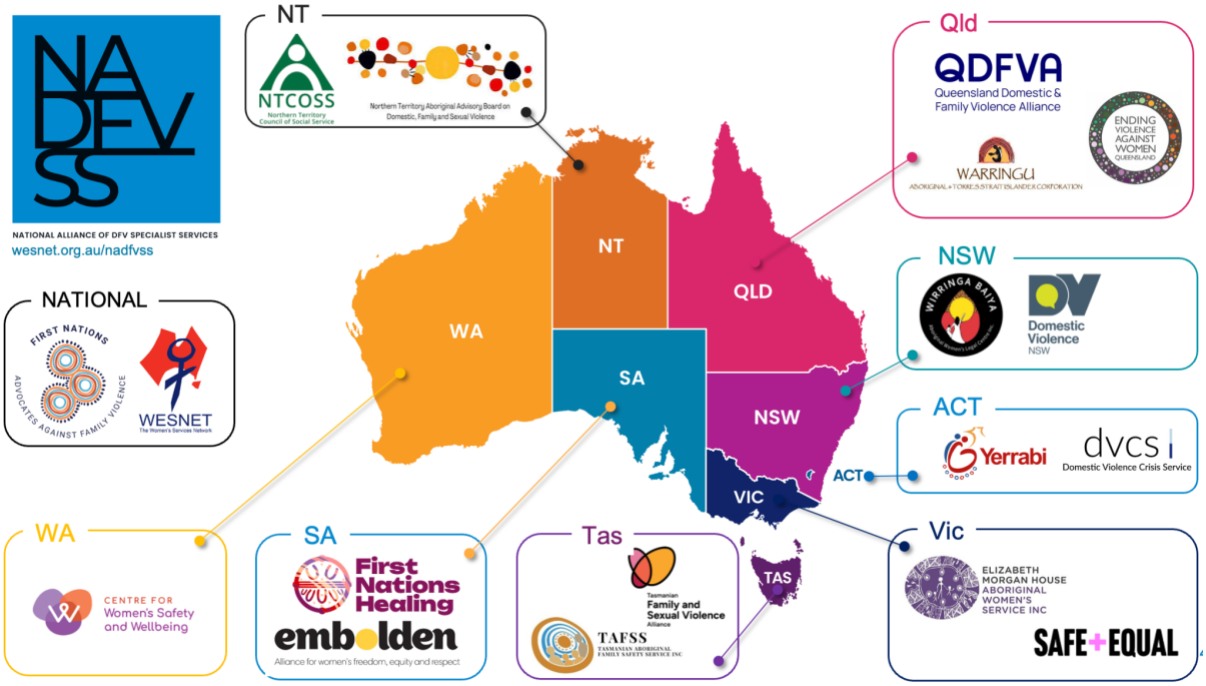
Acknowledgements

The NADFVSS Secretariat would like to acknowledge and extend our thanks to the members of the combined networks of the NADFVSS who participated in the consultations.

About NADFVSS

The National Alliance of Domestic and Family Violence Specialist Services (NADFVSS) represents the interests of specialist domestic and family violence (DFV) services across all jurisdictions in Australia. NADFVSS includes funded and non-funded formal peak entities, representative networks, and service providers in an informal representative function.

NADFVSS seeks to improve outcomes for people experiencing or at risk of domestic or family violence through promoting the unique value of and increasing access to specialist service supports.



Wesnet, the national peak body, performs the secretariat function for NADFVSS. For more information, please visit: https://wesnet.org.au/NADFVSS.

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A note on language in the report

This report aims to reflect the language used by those who were consulted. Typically, 'women and children' refers to victim-survivors, as this represents most of the victim-survivors that network members collectively support. The terms 'perpetrator' and 'people using violence' are used interchangeably, and generally refer to men who use violence.

Executive summary

In order to ensure that the views, expertise, experience and knowledge of organisations represented by the National Alliance of Domestic and Family Violence Specialist Services (NADFVSS) are considered by Government in its development of the Second Action Plan of the *National Plan to End Violence against Women and Children 2022-2032*, a series of consultations was funded by Government and convened by Wesnet on behalf of NADFVSS.

The consultations included five 90 minute consultation sessions, comprising at least 50 organisations and approximately 100 participants, arranged around the priority areas identified in the consultation paper. An additional session with a discrete focus on First Nations women and children was also held along with other bilateral meetings with other key partners of the NADFVSS. Overall, the consultations with the NADFVSS collected networks enabled participants to bring a diverse range of experiences and perspectives to the table.

Key themes emerged, including that structural barriers continue to impede progress, recognition of specific and place-based needs of RRRR communities is essential, and the role of specialist domestic and family violence (DFV) services remains underrecognised and underfunded. Each of these, and seven other themes, is explored in more detail in the report.

Across all sessions there was significant consensus, particularly in relation to the need to 'go the course' on addressing primary and structural drivers of violence against women and children and the pressing demand for more equitable access to services, but there were also divergent views including in relation to the efficacy and impact of particular initiatives and programs. This likely reflects different jurisdictional approaches and the different perspectives represented at the consultations, including specialists from refuges and shelters, legal services, refugee and immigrant services, First Nations services, and state and federal peak bodies.

We believe the report is an accurate representation of the issues and concerns of specialist women's domestic and family violence services across Australia who are working in the current service system. We recommend Government take account of the recommendations, noting the significant and comprehensive experience and expertise represented in these consultations. Women's specialist services understand the sector and - along with the women and children that they help to escape violence on a daily basis - know what is needed to actually end violence.

Recommendations

The list below represents the recommendations made by consultation participants over the course of all consultation sessions. The list aims to accurately reflect the words and intent of participants, so there may be some overlap and inconsistency. The length and breadth of the list reflect the number of participants and their diverse perspectives and priorities.

Overarching recommendations

★ Recommendation 1: Maintain women and children's ability to escape violence in all pillars of the National Plan - from prevention to recovery.

★ Recommendation 2: Continue investment in addressing the gendered drivers of gender inequality, including affordable childcare, reducing the gender pay and wealth gap, women's leadership and representation, women's bodily autonomy, access to welfare entitlements and other essential services, and reinforcing factors of gender-based violence.

Theme one: Structural barriers continue to impede progress

★ Recommendation 3: Provide long term funding of Aboriginal and Torres Strait Islander community controlled specialist family safety services, Aboriginal governance and decision-making, and culturally grounded healing and prevention.

★ Recommendation 4: Fund Aboriginal Community Controlled specialist services in a holistic manner to reduce multiple administration and reporting to multiple government departments.

★ Recommendation 5: Provide funding for First Nations domestic, family and sexual violence peaks at jurisdictional levels to support the work of the national peak, Our Ways Strong Together.

★ Recommendation 6: Mandate and fund a Child Protection Notification and Referral Scheme that automatically refers to independent Aboriginal Legal Services and wrap around support. The referral should clearly specify the recipient, purpose, consent and privacy arrangements, Aboriginal data governance and the safeguards against increased surveillance or child removal.

★ Recommendation 7: Ensure rapid delivery of affordable, appropriate public housing in all jurisdictions.

★ Recommendation 8: Invest in additional and improved specialist refuge accommodation and long-term and transitional housing.

★ Recommendation 9: Ensure access to services and resources is culturally safe, appropriate and responsive to community needs. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

★ Recommendation 10: Implement the recommendations from the Blueprint for Reform, securing safety for victim-survivors of domestic and family violence who are on temporary visas.

Theme two: Recognition of specific and place-based needs of RRRR communities is essential

★ Recommendation 10: Reinstate a strong and discrete focus on addressing the distinct barriers facing victim-survivors and the services that support them in regional, rural, remote and very remote areas, aiming to ensure justice and safety for all Australian women and children, regardless of where they live.

Theme three: There is a pressing need for more coordination, consistency and leadership

★ Recommendation 11: Create a national definition of domestic and family violence that includes violence in all family relationships.

★ Recommendation 12: Educate and train police and child protection services, and intersecting sectors, such as mental health and AoD sectors on coercive control and on the predominant aggressor to avoid the misidentification of victim-survivors and perpetrators.

★ Recommendation 13: Significant reforms and improvements are required to prevent the legal system from being weaponised, and to ensure safety is the first priority for victim survivors especially children.

★ Recommendation 14: Strengthen information-sharing legislation to support victim-survivor safety and perpetrator accountability, drawing on lessons from jurisdictions with family violence information sharing schemes, such as Victoria.

Theme four: The role of specialist DFV services remains underrecognised and underfunded

★ Recommendation 15: Develop safer service systems through enforcing standards in risk assessment and management (potentially through system and service design principles into Commonwealth/state agreements and resourcing specialist services to advise non-specialist services).

★ Recommendation 16: Resource the specialist DFV services to support opportunities for integration, coordination and advocacy.

★ Recommendation 17: Map service systems to clarify roles and responsibilities to better support victim-survivors.

★ Recommendation 18: Legally protect counselling, clinical and case management notes to prevent weaponisation by perpetrators and their legal representatives.

Theme five: Prevention requires a sustained focus across the community

- ★ Recommendation 19: Ensure specialist services have consistent, flexible secure funding to undertake place-based and community-led prevention work.
- ★ Recommendation 20: Encourage private businesses to undertake education and training to address the drivers of gender-based violence, and refer victim-survivors to specialist services when they access family violence leave.
- ★ Recommendation 21: Consider ways to better disseminate, and to make accessible, education and social media materials that can be tailored for use across different communities.
- ★ Recommendation 22: Retain the distinction between prevention and early intervention.
- ★ Recommendation 23: Educate boys, particularly those who are younger, about the harms of the manosphere and pornography.
- ★ Recommendation 24: Better regulate pornography.

Theme six: Early intervention work is not sufficiently recognised and pathways are poorly designed and/or inaccessible

- ★ Recommendation 25: Resource effective integrated service delivery models, including early intervention points of access, that refer to specialist family violence services.
- ★ Recommendation 26: Ensure that early intervention focuses on children and young people to prevent potential future victimisation or perpetration.

Theme seven: Empowering children and young people within family violence responses should be a priority

- ★ Recommendation 27: Provide dedicated, core funding to ensure children and young people have their own specialist practitioners and case plans, including in refuges.
- ★ Recommendation 28: Ensure there are specialist family violence accommodation services for children and young people.
- ★ Recommendation 29: Examine ways that children and young people can receive specialist support when the perpetrator doesn't provide consent.
- ★ Recommendation 30: Examine ways that children and young people can have safe cultural engagements with the perpetrator's family or community that is child-led, risk assessed and managed and Aboriginal and Torres Strait community controlled. Safe cultural connections should support safe connections to kin, Country, culture, language and identity without facilitating unsafe contact with the perpetrator or others who may minimise or enable violence.
- ★ Recommendation 31: Mandate that child protection agencies and independent children's lawyers undertake Safe and Together training.
- ★ Recommendation 32: Establish national standards for child protection agencies.

Theme eight: There is a pressing need for workforce development, resourcing and sustainability

- ★ Recommendation 33: Improve funding models to raise remuneration for specialist family violence practitioners to attract and retain skilled staff and better prevent burn-out. This could include pay parity with the public sector and recognition of Aboriginal expertise and lived experience.
- ★ Recommendation 34: Ensure that the work and impact of specialist domestic and family violence services is recognised through funded formal evaluations and the establishment of a national evaluation hub.
- ★ Recommendation 35: Explore the feasibility of a peer network workforce in the specialist DFV sector.

Theme nine: Perpetrators need to be held accountable, but not necessarily only via incarceration

- ★ Recommendation 36: Make family safety contact work required, reportable, measured and integrated into working with Men's Behaviour Change Programs and as well as therapeutic support for any children.
- ★ Recommendation 37: Explore national or state-based triage systems for perpetrators to access Men's Behavior Change Programs.
- ★ Recommendation 38: Educate and train services working with perpetrators on the gendered drivers of gender-based violence.
- ★ Recommendation 39: Build the evidence base and tailored programs to work with perpetrators.

Theme ten: Online and technology-facilitated abuse is a key concern for services

- ★ Recommendation 41: Provide more resourcing and direct funding to respond to technology facilitated abuse, including providing more tech-support and safe technology for victim-survivors, and training for the DFV specialist services that support them.
- ★ Recommendation 42: Invest more strongly in structural prevention including through making online platforms take on responsibility for the safety-by-design of digital spaces.

Introduction

The National Alliance of Domestic and Family Violence Specialist Services (NADFVSS) and their member networks are pleased to deliver this thematic report reflecting consultations across the sector regarding the Second Action Plan.

As a report on the consultations, this report relies on the experience and professional expertise of the participants who, for the most part, are currently working with victim-survivors and their children every day. Where consultation participants have quoted specific statistics and data we have, where possible and time permitting, provided links and footnotes. Participants were also invited to provide additional materials like evaluations and submissions as part of the consultations.

What the report makes clear is the importance of supporting the evidence base in preventing gender-based violence. This involves staying the course in addressing the gendered drivers and reinforcing factors as set out in Our Watch's framework.

The report also highlights the expertise of the specialist DFV sector in supporting victim-survivors and holding perpetrators accountable through advocacy, integration and coordination. The sector does this and more, such as prevention work, within resourcing constraints, without recognition and consistently reports feeling undervalued for their work. Their expertise is deprioritised in comparison with other sectors, such as police and child protection services, and this can place victim-survivors' lives in danger. There is a consensus that the specialist DFV sector should be better recognised, valued and resourced.

What is also clear is that services repeatedly report the same problems because they persist. Investment is either incommensurate with the scale and severity of persistent problems or there has not been action at all. There have been decades of recommendations that have not been implemented. These include lack of Aboriginal self-determination, housing investment, and not enough action on the Blueprint for Reform. Network members also observed that RRRR communities seem to have been forgotten as a community with specific needs, and that whether their needs will be met is an unacceptable 'postcode lottery'. A small jurisdiction like Tasmania is different from larger ones such as the Northern Territory or Western Australia. This report brings RRRR back into focus.

The DFV sector also offers new solutions. These include the need for dedicated specialist children's practitioners, protection of case notes, and strengthened information sharing.

The outcomes and recommendations in this report represent the voices of network members. While consultation questions focused on what is tangible, scalable and achievable in the next five years, network members consistently raised issues more broadly that impact practice and victim-survivors, underpinned by a strong belief that government investment has not yet met the scale and severity of the problem. Despite the $4.3 billion investment under the First Action Plan, there remain persistent barriers and lost opportunities across all of the articulated priority areas. This is why the themes that emerged from our consultation process are not organised according to the priority areas identified by ANROWS.

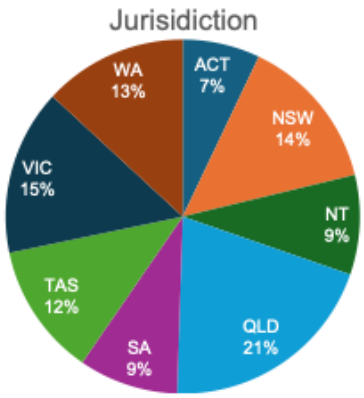
In convening the consultations, it was observed that, while federal and state and territory governments may have already taken action with respect to some recommendations presented here, network members may not be aware of specific reforms or they may not yet be experiencing or seeing their impacts.

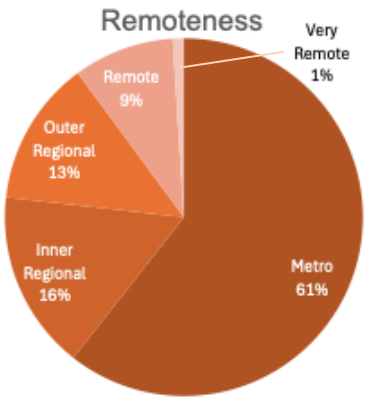
Approach to the consultation

As the NADFVSS secretariat, Wesnet convened five 90-minute online Zoom consultations with NADFVSS and their member networks between 6-23 July 2026. Each consultation focused on one priority area outlined in the consultation paper:

1. Victim-survivors of family, domestic and sexual violence
2. Prevention and early intervention
3. Children and young people in their own right
4. People who use violence
5. System integration and workforce.

Questions used an intersectional lens, and focused on what is tangible, scalable and achievable in the next five years to address each priority area. In total, there were around 100 participants throughout the consultations, noting that precise numbers are difficult to pin down because many unique registrations had multiple people in the room that were not necessarily visible on camera. Network members ranged from specialist family violence response practitioners, refuge practitioners, specialist children workers, policy makers, CEOs, lawyers, social workers, case managers and general support workers. There was also geographical representation across the continent, as well as services from inner and outer metropolitan areas, and RRRR communities.





5 Priorities

100

participants attended the consultations

Participants were informed before and during consultations that consultations would be recorded, purely for use in developing this report. Participants were advised that material contained in the report would be deidentified. This assisted in ensuring frank and fearless discussion and was important to the integrity of the consultation process. There was a separate process for NADFVSS First Nations members. Wakka Wakka and Mandandanji woman and CEO of First Nations Advocates Against Family Violence (FNAAFV) member, Kerry Staines, led member engagement.

Limitations

This report reflects what we heard and observed during the series of consultations. It is based on the people who were able to participate and the information they shared. For the most part, we did not independently check or audit the information, and we may not have captured every perspective. The findings should be read with these limitations in mind, and they represent a snapshot of the specialist DFV sector at the time of the consultations. Particular note should be taken of additional and First Nations-led consultation processes and recommendations.

Consultation outcomes

Key themes emerged across all consultations. These are reported in the following pages but **not** in order of priority.

Members expressed that an overarching priority must be that all pillars of the National Plan from prevention to recovery maintain women and children's ability to escape violence. Consultation participants emphasised that primary prevention and early intervention efforts are ineffective if women and children cannot practically flee unsafe situations.

> *…other strategies and points that have been talked about for a long time, including if you want to have early intervention and prevention, we need to maintain women's ability to escape violence. And so at the moment, the housing crisis and the cost of living crisis are impacting on that (regional service).*

Major barriers that are critical to address in relation to women and children being able to leave violence are the same barriers that have been present and articulated for many years.

★ *Recommendation 1: Maintain women and children's ability to escape violence in all pillars of the National Plan - from prevention to recovery.*

Another key and overarching observation was that gender and intersecting forms of inequality impact women and children's access to resources, opportunities and privileges. There was recurring emphasis on addressing the gendered drivers and reinforcing factors of gender-based violence - reflecting Our Watch's framework - and noting that confronting the issues of access and equity, human rights and justice, rather than a sole focus on the violence, would challenge the conditions that enable violence to occur. As one network member put it, **'prevention cannot exist in an ongoing environment of systems oppression'**.

Network members reflected that measures that are aimed at gender equality - such as equal pay, no fault divorce, and accessible childcare - benefit many women, and that these are hard-fought wins that improve the status of women in society. It was consistently noted, however, that these wins are uneven, particularly for members of communities that are most discriminated against, and the application of an intersectional lens is central to ensuring all women benefit. There were references to *bell hooks*, 'when you design from the margins, everyone benefits'.

> *It would be good to add to the 2nd Action Plan that women's ability to control our reproductive health/birth control and access to legal, safe terminations are critical! (metropolitan service)*

To this end, many participants reiterated that it is essential for governments and society to continue advancing measures that improve equality for all, particularly in the face of the global winding back of many previous gains. While it was not mentioned often - which may be instructive in itself – at least one contributor raised the need for alignment of the National Plan and its actions with the Government's Working for Women: A Strategy for Gender Equality.

We need to stress the value of those previous achievements in addressing men's violence against women - and fight to keep them (metropolitan service).

★ *Recommendation 2: Continue investment in addressing the gendered drivers of gender inequality, including affordable childcare, reducing the gender pay and wealth gap, women's leadership and representation, women's bodily autonomy, access to welfare entitlements and other essential services, and reinforcing factors of gender-based violence.*

Theme one: Structural barriers continue to impede progress

There is a need for culturally safe responses that support Aboriginal self-determination

Despite years of inquiries, reviews and clear recommendations for reform, First Nations women and children remain disproportionately affected by family violence, experiencing some of the highest rates of harm in the country. Urgent attention and accountability are still required to ensure that the structural drivers of violence are addressed and that First Nations communities can access effective responses that are culturally safe and community-led.

At the time of writing, consultations by the new Our Ways Strong Together National Aboriginal and Torres Strait Islander family, domestic and sexual violence peak body are still to occur along with a range of parallel consultations relating to other processes including:

- the First Action Plan under Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036
- the Second Action Plan under Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 (Safe and Supported)
- the Second Action Plan under the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030.

First Nations communities are overrepresented and under-supported as victim-survivors. Participants reported that the *Change the Story* framework is highly regarded and must be balanced with targeted interventions, such as supporting children in out-of-home care and juvenile detention centres, and women who are criminalised. The *Changing the Picture* framework is also critical as it specifically addressed the intersecting drivers of violence against Aboriginal and Torres Strait Islander women, including colonisation, racism and gender inequality.

A recurring theme was the need for early access to justice to avoid children being removed from families.

There was a strong call from participants in our consultations for the need for long term funding of Aboriginal and Torres Strait Islander community controlled specialist family safety services, Aboriginal governance and decision making, and culturally grounded healing and prevention.

There was also a call for existing Aboriginal Community Controlled specialist services to be funded holistically to give them more flexibility and to reduce administration and reporting. Silo effects are created because governments fund across departments. Providing more holistic funding would reduce administration and reporting time that takes up time away from direct service delivery.

It was raised that if First Nations domestic, family and sexual violence peaks across the jurisdictions were funded, this would significantly support the national peak Our Ways Strong Together.

★ *Recommendation 3: Provide long term funding of Aboriginal and Torres Strait Islander community controlled specialist family safety services, Aboriginal governance and decision-making, and culturally grounded healing and prevention.*

★ *Recommendation 4: Fund Aboriginal Community Controlled specialist services in a holistic manner to reduce multiple administration and reporting to multiple government departments.*

> *We deliver services in the strangest of circumstances at times and get really great outcomes in spite of the government's…systems and structures (Aboriginal specialist family violence service).*

★ *Recommendation 5: Provide funding for First Nations domestic, family and sexual violence peaks at jurisdictional levels to support the work of the national peak, Our Ways Strong Together.*

NADFVSS refers the reader to the submission by our member, the First Nations Advocates Against Family Violence (FNAAFV), which contains a comprehensive set of recommendations.

One of the most significant observations that arose during the consultations was that Aboriginal women continue to have a real and justified fear of child removal, which impacts their willingness to engage with services. First Nations agencies strongly recommended the need for a Child Protection Notification and Referral Scheme, where there is an automatic referral for Aboriginal legal support and wraparound support for Aboriginal families. It is considered critical that the referrals clearly specify the recipient, purpose, consent and privacy arrangements, Aboriginal data governance and the safeguards against increased surveillance or child removal.

★ *Recommendation 6: Mandate and fund a Child Protection Notification and Referral Scheme that automatically refers to independent Aboriginal Legal Services and wrap around support. The referral should clearly specify the recipient, purpose, consent and privacy arrangements, Aboriginal data governance and the safeguards against increased surveillance or child removal.*

Housing and cost-of living issues

Housing is universally seen as one of the most significant levers for meaningful change. One peak body reported that 82 per cent of their staff said that housing affordability and financial hardship are the biggest issues facing women and girls experiencing DFSV.

Members identified that the housing crisis is exacerbated by increasing costs of living. While there is government investment in affordable housing, it is not being delivered fast enough for victim-survivors now. Victim-survivors are frequently forced to remain with or return to abusive partners because long-term, stable housing is virtually non-existent.

Many victim-survivors are turned away from crisis accommodation due to lack of capacity, forced to return to unsafe relationships or placed in unsuitable accommodation such as hotels. DFV services are increasingly burdened with the administrative task of finding and booking hotel rooms for clients because dedicated refuge beds are full.

Even when they can get into a refuge, many women exit crisis accommodation straight back into homelessness or unsafe situations because there are no transitional or permanent housing 'exit points'. Refuges are supporting victim-survivors for longer periods because of the scarcity of transitional or long-term housing options. Not only are additional refuges and shelters needed, many existing ones require major upgrades to be fit-for-purpose. Victim-survivors must always be able to safely escape.

Participants reported a significant rise in homelessness among women, including those with stable incomes who are forced to sleep in cars or rough sleep due to an unaffordable private rental market.

> *We are seeing waaaaaaaay more homelessness amongst women - even women who are working and have incomes are sleeping in their cars or rough sleeping because they can't get a rental property (metropolitan service).*

While brokerage for emergency accommodation is valued by services, crisis accommodation is expensive, often hard to acquire and unsuitable or inappropriate as an alternative to specialist refuges and shelters. Long-term housing options are critical, especially post-crisis or outside of crisis accommodation.

> *[Brokerage to fund emergency accommodation is] helpful, but it also comes with additional responsibilities for us to find and book accommodation, try to find refuge or longer term housing etc, and it's not enough for everyone who needs it (regional service).*

Access to housing support varies wildly by jurisdiction and geography, often described as a 'post-code lottery'. For example, in the Northern Territory, waitlists for public housing can exceed eight years, and transitional programs are perpetually full. The Northern Territory has more than 12 times the rates of homelessness compared to the national average but, it was reported, there is only one program for victim-survivors and limited transitional housing.

Participants voiced support for a Housing First model which ensures all people are provided housing, including people using violence as a strategy to reduce risks of persons using violence returning to the victim-survivor due to their own homelessness.

★ *Recommendation 7: Ensure rapid delivery of affordable, appropriate public housing in all jurisdictions.*

★ *Recommendation 8: Invest in additional and improved specialist refuge accommodation and long-term and transitional housing.*

Socio-economic disadvantage

The consultations highlighted that many victim-survivors are forced to choose between staying in violent relationships or leaving relationships and ending up living in poverty. Insufficient welfare entitlements, unemployment, underemployment, casualisation of the workforce and inaccessible childcare continue to disadvantage victim-survivors.

For many victim-survivors, the choice to stay in violent relationships or poverty is exacerbated by oppressive structures impacting many communities, including First Nations, children and young people, women with disability, those who identify as being from diverse sexual orientation or gender identities, and those living in rural, regional, remote and very remote (RRRR) areas.

Participants noted that there were a number of government levers that could be used to address financial hardship for those seeking to flee violence and for those rebuilding their lives after escaping violence, including via social security, taxation and child support systems. Examples included raising the rate of welfare payments including rent assistance, debt forgiveness including in relation to HECS, rent price caps, no interest loans, expansion of existing programs such as the Leaving Violence Payment, and improving recovery of unpaid child support.

Participants emphasised that reforms must be responsive to community needs. For example, for one service, when changes were made to the Leaving Violence Payment, it went from a system that worked well for them to a system that required multiple phone appointments, which was neither culturally appropriate nor realistic for First Nations victim-survivors. It was strongly agreed by participants that there must be targeted resources for the most oppressed groups, including First Nations women, women from culturally and racially marginalised groups and women with disability.

> *If we have national roll outs or changes to existing programs, we need people to understand local contexts. For example [following changes] LVP can only be accessed across multiple phone call appointments - this is not a culturally-appropriate or realistic way for the majority of our clients to access support (remote service).*

★ *Recommendation 9: Ensure access to services and resources is culturally safe, appropriate and responsive to community needs. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*

Discriminatory conditions for temporary visa holders

The untenable position of temporary visa holders experiencing violence was raised repeatedly by participants. While there might be a dominant community perception that temporary visa holders marry to gain a better life here, many are in fact trafficked on

spousal visas for sexual and labour servitude. Other visas, such as the PALM (Pacific Australia Labour Mobility), can particularly expose women to exploitation. Network members were critically concerned about temporary visa holders being denied access to welfare entitlements, and community safety nets and services. These include income support through Centrelink, public housing, medical and health services or English courses.

> *Visas, such as the PALM visa program, are dangerous - especially for women. Any visa type that exposes anyone to exploitation should be ended (regional service).*

While network members report trying their best to provide support to this cohort, this is largely unfunded, often ad hoc and is very resource-intensive. Many consultation participants contributed to and recommended that the National Advocacy Group for Women on Temporary Visas Experiencing Violence's *Blueprint for Reform* be implemented as soon as possible.

> *Visa reform is a key safety issue for many women and something that is within the Commonwealth government's jurisdiction (metropolitan service).*

★ *Recommendation 10: Implement the recommendations from the Blueprint for Reform, securing safety for victim-survivors of domestic and family violence who are on temporary visas.*

Theme two: Recognition of specific and place-based needs of RRRR communities is essential

Geographical and social isolation in RRRR communities

Network members repeatedly drew attention to the distinct barriers facing victim-survivors in regional, rural, remote and very remote (RRRR) communities across all of the consultations, emphasising that services can be thousands of kilometres away from victim-survivors, with drives that can exceed 8 hours. It was noted that one remote service required nine times more funding than a metropolitan service in one jurisdiction. Another network member noted that the AIHW report does not reference RRRR communities as a population group under the First Action Plan measures.

There were strong views from the consultations that regional, rural, remote and very remote communities needed to be more visible in documents and reports as people living in these areas don't see themselves included unless there are specific references to RRRR.

> *We need justice where we live. We need safety where we live. We need access to health services and education where we live. We need a national standard for funding to be managed to get to remote and very remote areas. It is all of us. It is everywhere. It is every woman. It is every child. (RRRR advocate)*

In some jurisdictions, low numeracy and literacy, compounded by social and geographical isolation, result in community members' inability to recognise their own or others' experiences of domestic and family violence.

> *Tasmania is a melting pot of wrong conditions. We have really high rates of abuse, yet very low funding. There are cultural issues and poor conditions - less literacy, toxic masculinity, intergenerational violence. Neighbourhood houses report that the community has no understanding and, for example, a poster of DFV may often be when a victim-survivor realises they are in a violent relationship for the first time. There needs to be a greater understanding of what violence is (Tasmanian participant).*
>
> *There is a significant education piece that needs to occur to ensure people who use violence actually recognise that their behaviours are violent (regional service).*

★ *Recommendation 11: Reinstate a strong and discrete focus on addressing the distinct barriers facing victim-survivors and the services that support them in regional, rural, remote and very remote areas, aiming to ensure justice and safety for all Australian women and children, regardless of where they live.*

Theme three: There is a pressing need for more coordination, consistency and leadership

Lack of shared language and integrated responses

The lack of integrated and coordinated responses to domestic and family violence was repeatedly referenced, although examples of effective practice were provided including co-location hubs.

- South Australia has a hub where SDFV staff, police, legal, Centrelink, and financial services are co-located, and New South Wales has a KEYS Network where housing, health, communities and justice, and education portfolio workers work together.
- In Mparntwe (Alice Springs) and Garramilla (Darwin), there are co-responder programs with police, women's safety services, and men's behaviour change programs, who review incidents collectively and plan.
- Victoria has RAMPs (Risk Assessment and Management Panels), which are co-chaired by Victoria Police and specialist family violence services, and include members from child protection, corrections, housing, and health.

> *It takes a range of professionals and in a range of different spaces to secure safety for women and children and address perpetration by men (community legal regional service).*

Network members noted that these models - while good - need to better respect the expertise of specialist domestic and family violence services. In a later section, the need to map service systems to clarify roles and responsibilities is proposed.

> *Often we spend a significant amount of time getting basic police and court outcomes to help women safety plan. We need better collaboration and easier access to information to increase safety - and for better coordination of legal services, police, courts and specialist services (geographically remote service).*

It was noted in the consultations that a contributing factor to the lack of integrated responses is inconsistency in shared language. Foremost is the lack of a national definition of family violence. Network members expressed disbelief that the definition of family violence in Tasmania is limited to intimate partner violence. Other members noted the exclusion of elder abuse in some jurisdictional definitions, particularly noteworthy when rates were reportedly increasing. Members noted that elder abuse follows similar patterns to intimate partner violence, including the misuse of technology. One participant noted that perpetrator sons are also statistically more likely to use violence against their partners and not take responsibility for the impact of their actions. A national definition of family violence that considers violence in all family relationships is necessary.

★ *Recommendation 12: Create a national definition of domestic and family violence that includes violence in all family relationships.*

Inconsistent understanding of domestic and family violence and all its dimensions is particularly evident in different legislation around coercive control, along with a lack of understanding of the national primary prevention framework, and in the misidentification of

victim-survivors and perpetrators. Network members believe that misidentification continues to be prevalent and problematic.

> *Women are represented as perpetrators, particularly Elders and women over 50 who have been suffering abuse for years (remote service).*
>
> *Misidentification, particularly of First Nations and CARM [Culturally and Racially Marginalised] women is not an administrative error, it is a systemic failure rooted in racism and racial profiling. This needs to be considered in frontline policing and prevention responses (regional service).*

Network members called for more education and training on coercive control, women who use resistive violence, and perpetrator misidentification in police and child protection services, and intersecting sectors, such as mental health and Alcohol and other Drug (AoD) services.

★ *Recommendation 13: Educate and train police and child protection services, and intersecting sectors, such as mental health and AoD sectors on identifying coercive control and the predominant aggressor to avoid the misidentification of victim-survivors and perpetrators.*

The Family Court

Across the consultations, the Family Court was frequently identified as a significant site of systemic failure and systems abuse. The discussions centered on the dangerous disconnect between federal and state systems, the weaponisation of legal processes, and the resulting barriers to safety for women and children.

A primary concern raised was the profound disconnect between state-based domestic violence systems and the federal Family Court. Participants noted that family violence risk is often untested in the Family Court until the final trial, leading to unsafe parenting orders that do not adequately factor in violence. There were views that the Family Court often fails to recognise family violence if there is no 'previous proof' from state systems, placing children with unsafe parents because the violence was not legally established earlier. The lack of cooperation between state and federal jurisdictions was believed to contribute to misunderstandings and suspicions regarding the opposing party's motives, as well as enabling perpetrators to exploit loopholes.

> *It would be great to have nationally regulated DFV court orders with similar language and time frames enforced (regional service).*

Another key issue that arose in the consultations was the subpoenaing of therapeutic, case management and social work notes, which arose in many contexts, including specifically how this is a primary way the judicial system is weaponised against victim-survivors. Victim-survivors are fearful of these notes being used against them in court and, for this reason, will avoid accessing services or limit their disclosures.

Services reported that they do not have the funds or resources to object to the subpoenas, with one service reporting spending over $140,000 in one year on legal costs to fight them. Many participants advocated for extending legal professional privilege to social work and therapeutic notes to create a 'single matter file' that cannot be accessed by perpetrators.

> *We have spent a lot of money on legal advice to oppose subpoenas of client records in the past - it's a big issue even where Tasmania has good protections against this (regional service).*

There was a strong call for better training and accountability measures for the courts and their officers, including court-appointed experts. Again, coercive control arose particularly in this context, noting the differences between jurisdictions. Participants argued that many judicial officers lack a deep understanding of coercive control, leading to victim-blaming, misidentification of perpetrators and decisions that do not account for long-term patterns of power and control.

There were also recommendations for Independent Children's Lawyers (ICLs) and family report writers to undergo specialised domestic violence training, such as the *Safe & Together* model, to ensure disclosures are handled appropriately and in a timely manner. There was some advocacy by network members for a national judicial commission to retrospectively review court decisions and their long-term outcomes for families to ensure future accountability.

Another related issue raised was that women need earlier financial assistance from Victims Assistance programs when they are going through Family Court cases. Other cost barriers to accessing legal support were noted, including Legal Aid's narrow guidelines and conditions for grants of aid excluding many working women and those who run their own businesses.

> *Can additional resourcing/support be considered for Victims Assist programs to provide payments to victim-survivors quicker to allow earlier access to finances to leave unsafe homes? Currently there is a 12 month wait for example in Queensland for standard applications to be finalised (regional service).*

★ *Recommendation 14: Significant reforms and improvements are required to prevent the legal and judicial systems from being weaponised, and to ensure safety is the first priority for victim survivors especially children.*

Information sharing

There was wide-ranging discussion about the benefits and consequences of information sharing. Network members stated that information sharing about risk can significantly support victim-survivor safety and service integration, which is also relevant for legal professional privilege. A community legal representative reported that lawyers are prevented from sharing family violence risk information to other services, and that various agencies also have information about risk that is not shared with the Family Court or Children Contact Centres.

A network member based in Victoria, where the Family Violence Information Sharing Scheme is in place, said that information-sharing 'definitely saves lives'. However, additional considerations must be taken into account including that intensive resourcing, training and cultural change is required to ensure practitioners are aware which information can and should be shared. Some members reported that they were receiving less or no information compared to when the scheme was introduced. This was identified as new staff being uncertain about what they could share.

It was further noted that there can be a delay in police response to information sharing requests. Participants pointed out that delays were getting longer in Victoria, taking weeks to get vital information. Other jurisdictions awaiting information sharing reform were concerned about any additional bureaucratisation causing delays.

While network members emphasised the high value of information sharing in increasing the safety of victim-survivors and holding perpetrators to account, there needs to be improvements in policy reform to strengthen what is already out there and known to be working well and as intended.

> *We need to really…re-envisage the entire [Family Court] system. It's absolutely appalling how siloed everything is. It doesn't work from a victim perspective… People don't understand why information is not shared, why they have to go from service to service to service, telling their story all over again (regional legal service).*

★ *Recommendation 15: Strengthen information-sharing legislation to support victim-survivor safety and perpetrator accountability, drawing on lessons from jurisdictions with family violence information sharing schemes, such as Victoria.*

Theme four: The role of specialist DFV services remains underrecognised and underfunded

Integration, coordination and advocacy

Network members noted that much of their work is underfunded, unrecognised and undervalued, including the work that goes into building relationships with intersecting workforces, and carrying out coordination and advocacy activities.

Specialist practitioners often spend significant time 'weaving the web' to help survivors navigate disjointed systems such as the police, courts, health, NDIS and child protection, but they seldom felt that this element of their work was recognised or funded. While many jurisdictions have a strong push for 'no wrong door' approaches, this requires significantly greater investment in the adjacent workforce's capability to ensure consistent risk assessment across all agencies. As one member remarked, '*Coordination of services is key'*.

Participants agreed that a lack of clarity between non-specialist and specialist responses contributes to system failure. Participants highlighted that the 'everybody has a responsibility' approach has sometimes diluted funding, making it harder for specialist services to maintain their distinct, expert role in the system. More worryingly, in practice, participants noted that non-specialist services continue to be un- or insufficiently aware of risk assessment and management for victim-survivors and perpetrators.

Network members proposed mapping service systems to identify which parts non-specialists can and should engage in and where DFV services are integrated. This would help clarify roles and responsibilities to better support victim-survivors.

★ *Recommendation 16: Develop safer service systems through enforcing standards in risk assessment and management (potentially through system and service design principles into Commonwealth/state agreements and resourcing specialist services to advise non-specialist services).*

Network members expressed frustration at 'pilotitis' - where government-funded pilot programs are evaluated as having positive impacts but funding is discontinued.

Services reported that they frequently apply creative workarounds to perform work they are not funded to do. One participant noted how they had to create and deliver family programs using co-located non-DFV labelled services in order to support children and young victim-survivors experiencing DFV. Strengthening opportunities for integration, coordination and advocacy through additional resourcing of the specialist DFV services is seen as essential.

★ *Recommendation 17: Resource the specialist DFV services to support opportunities for integration, coordination and advocacy.*

★ *Recommendation 18: Map service systems to clarify roles and responsibilities to better support victim-survivors.*

Protection of case notes

As noted variously in this report, legal protection of counselling, clinical and case management notes is needed, including in relation to specialist services.

★ *Recommendation 19: Legally protect counselling, clinical and case management notes to prevent weaponisation by perpetrators and their legal representatives.*

Theme five: Prevention requires a sustained focus across the community

Attitudes and beliefs

Network members reported prevailing community beliefs that blame victim-survivors and absolve perpetrators from their use of violence. Beliefs include that women lie about violence and abuse to gain parenting access and to stop men from seeing their children. Believing women is critical: many intersecting sectors fail women and children by believing the perpetrators' stories and victim-blaming the victim-survivors.

While It was reported that this is particularly so in child protection services, participants noted that women and children report being not believed across the service system response including government agencies, law enforcement, legal practitioners, courts and non-specialist and non-government services alike. Not being believed goes beyond the immediate threat this poses to their safety; when women and their children lose foundational trust and respect in the system, it has long-lasting impacts on their sense of safety in the long term.

The role of specialist DFV services in prevention is overlooked and undervalued

That the role of specialist DFV services in prevention is overlooked, undervalued, under-measured and a lost opportunity was a consensus view across the consultations. There was a strong view that specialist frontline DFV services should be recognised and funded appropriately for the primary prevention work they do in their local communities. There was a view that the prevention sector is currently separated from the response sector and, as a result, refuges and specialist DFV crisis services are not consulted or involved in program design.

Refuges do, and have always done, the soft and the hard stuff (metropolitan service).

The response sector, beginning with women's refuges in the 1970s is regularly engaged in prevention work without specific funding or resources. It was further noted that the sector initiates, nurtures and maintains community connections in clubs and schools - a key part of prevention - and yet there is a lack of recognition that specialist services do this work, often relying on ad hoc funding from governments, industry or their own fundraising efforts.

One network member pointed out that state-based prevention work did not consider trends in perpetration by young men in regional Australia and it was agreed that framework prevention activities (for example, Our Watch and Respectful Relationships) must be supported by place-based and community-led initiatives. A network member shared a project that was led by trans- and gender-diverse organisations and another emphasised the need to support community-led initiatives in migrant and refugee communities that are co-designed by and for those communities. There was consensus among First Nations representatives that prevention work must have an Aboriginal lens.

There was a strong call for specialist DFV services to have consistent, flexible, and secure funding to undertake place-based and community-led prevention work as they are well

placed in local communities and are experts in understanding the continuum of interventions needed to address gender-based violence.

> *Responses need to be co-designed, culturally safe, accessible, locally available and properly funded over the long term (metropolitan service).*

★ *Recommendation 20: Ensure specialist DFV services have consistent, flexible secure funding to undertake place-based and community-led prevention work.*

The role of business

As all levels of society can play a role in preventing gender-based violence, network members also pointed to the role of businesses and schools. Participants suggested that governments could mandate that private businesses undertake education and training to address the drivers of gender-based violence, as well as refer victim-survivors to specialist services when they access family violence leave.

★ *Recommendation 21: Encourage private businesses to undertake education and training to address the drivers of gender-based violence, and refer victim-survivors to specialist services when they access family violence leave.*

The role of schools and other intervention points

In relation to schools, there is a view that relationship education in schools is variable and that intervention points other than educational institutions need to be considered, such as sporting clubs and health and justice services. Members suggested a nationally consistent approach, such as through the development of curriculum and social media messages stored within a hub (such as a peak body) for services in the community to access. This would deliver efficiencies and be more sustainable and a complement to social media campaigns.

In a similar vein, another participant suggested that primary prevention campaigns needed to be delivered nationwide and locally by community networks that include the regional specialist DFSV services. These campaigns needed to focus on shifting widely held attitudes but also needed to reflect issues specific to that community.

★ *Recommendation 22: Consider ways such as a prevention hub to better develop, disseminate, and make accessible education and social media materials that can be tailored for use across different communities.*

Distinguishing between prevention and early intervention

Network members noted that prevention and early intervention were considered one combined priority area in the consultation paper and were very concerned to ensure that the distinction was retained. 'Prevention' and 'early intervention' are very different and require different expertise and approaches with discrete resourcing.

★ *Recommendation 23: Retain the distinction between prevention and early intervention.*

Radicalisation of boys and young men into the manosphere

> *There is a need to examine shifting attitudes and the radicalisation of young men, and the development of programs to address the impact of the manosphere. Women's specialist services would be well placed to do this. While there has been a reduction in FV in Victoria, it is unclear how that will be sustained long-term without doing more work with young men, particularly given the global environment (regional service).*

Network members raised concerns about the radicalisation of boys and young men into the manosphere. There was general agreement that more education is needed at local levels to critique these attitudes, teach critical-thinking skills, and provide alternative models of masculinity. In the same context, access to pornography was also raised as being deeply problematic in that it normalises violence and objectifies women and girls. Services reported that children as young as eight and nine years old are accessing this material.

These issues were raised repeatedly and are covered again in this report under the later theme relating to online abuse.

★ *Recommendation 24: Educate boys, particularly those who are younger, about the harms of the manosphere and pornography.*

★ *Recommendation 25: Better regulate pornography.*

Theme six: Early intervention work is not sufficiently recognised and pathways are poorly designed and/or inaccessible

There was a widely considered view that there is a need to create pathways for victim-survivors to access support earlier. This can be done through visible, practical and trusted information at safe entry points into the specialist family violence response system. Services should be easy to find, safe to approach, flexible and connected.

> *Early help-seeking is supported by warm referrals, trauma-informed conversations, culturally safe services, practical assistance, and 'no wrong door' approaches that reduce the burden on victim-survivors to navigate complex systems alone (regional specialist DFV refuge).*

Support for effective integrated service delivery models, including early intervention points of access, is needed, according to participants. This should be resourced to increase 'warm referrals' from intersecting workforces to specialist family violence services.

> *People are more likely to access support earlier when information is visible, practical and trusted, and where there are multiple safe entry points into the system (regional service).*

★ *Recommendation 26: Resource effective integrated service delivery models, including early intervention points of access, that refer to specialist family violence services.*

First Nations representatives reported that early intervention initiatives are beneficial. This includes assessing Foetal Alcohol Spectrum Disorder (FASD) and implications on development and ability to regulate, and trauma, including intergenerational trauma.

One network member shared that their service data indicates a need for early intervention for younger age groups.

> *Our new client management system talks to outcomes. The data is saying there is a 50 per cent increase in clients presenting with ten or more lethality indicators. This sort of data needs to be used to inform this work. We are seeing much younger perpetration and higher lethality. We need to get in earlier (regional service).*

Services agreed that, as indicated by this data, the use of DFV is increasing among younger cohorts and victim-survivors are presenting to services with more lethality indicators than before. Early intervention must focus on children and young people to prevent potential future victimisation or perpetration.

★ *Recommendation 27: Ensure that early intervention focuses on children and young people to prevent potential future victimisation or perpetration.*

Theme seven: Empowering children and young people within family violence responses should be a priority

(Also see Children and Young People Roundtable Summary Report | Domestic, Family and Sexual Violence Commission)

The role of specialist DFV services

> *There is a lack of professional regard for DFV specialists. We are not being listened to, and there should be mechanisms to redress and address when we are not being heard or our advice is not acted on (metropolitan service).*

Network members reported that they undertake a significant amount of unfunded or underfunded work supporting children and young people. Often services have long waitlists and without dedicated DFV practitioners to work with children and young people, the funded work to support adults in crisis can be a barrier to attending to the specific needs of children and young people. Participants noted that specialist DFV services are often not funded to provide dedicated children's support, forcing them to 'carve out' resources from generalist funding.

Supporting safe parents and children and young people is also crucial, including in dedicated case planning and systemic advocacy.

> *It's the partnership work, the co-ordination between services, this essential work where the effort goes unnoticed. The knock on effects of DFV are profound: drug use, mental health, sole parenting. There needs to be more opportunities for more family conferencing and the development of co-ordinated planning, so mum isn't left navigating all the moving parts on her own (regional service).*

While there has been ample policy discussion on working with children and young people, services observed that this has not resulted in changes in language and practice. Services remarked that they still hear that children are 'exposed to violence' and that, for an actual focus on children in their own right, the community must consider that children and young have *experienced* violence, beyond just *being exposed* to it. This is an important nuance.

Specialist services point out that more staff resources are needed to work with children and young people. One network member noticed a gap in support for children under four and another for children under 12, while another noted that support and intervention must begin from the assumption that if a child is old enough to experience trauma, they are old enough to receive specialist trauma-informed support. Meanwhile another participant noted that it was not uncommon for victim-survivors under the age of 18 in a relationship with an adult (over 18) perpetrator to be referred to support with child sexual exploitation rather than to specialist DFV services, even though they were subject to intimate partner abuse. This resulted in them not getting specialist support for the intimate partner abuse because it focused on child sexual exploitation.

There was emphasis on engaging children and young people across all spheres of opportunity: prevention, early intervention, response, and recovery. Network members shared the benefits of child-specific services and programs. Services with dedicated

children's practitioners, and integrated models, such as practitioners embedded in schools or refuges, were seen as particularly beneficial. One service, for example, provides mobile therapy offered to victim-survivors as soon as they engage with the service, 'meeting children where they are', whether at home, school or in crisis accommodation.

There was consensus that the sector requires dedicated practitioners to work with children and young people in their own right. This needs to be flexible to enable work with children out of school hours and work with schools and child care centres. Specifically funded specialist children's practitioners are needed in refuges to support trauma healing and recovery while they are still in crisis.

★ *Recommendation 28: Provide dedicated, core funding to ensure children and young people have their own specialist practitioners and case plans, including in refuges.*

Lack of supported accommodation services for children and young people

There are significant gaps in services for children and young people in crisis accommodation. Accommodation services for children and young people is a specialised area that requires attention and resourcing and, because of this and legal requirements, some services are unable to respond adequately to unaccompanied children and young people.

> *Brokerage funding for accommodation in Queensland at least is for 18 years plus. Ditto for the LVP. But we have a number of young people aged 16-17 (or younger) in need of these supports and trying to flee violence. They do not all have safe and protective parents to shelter them, and financially support them (regional service).*

★ *Recommendation 29: Ensure there are specialist family violence supported accommodation services for children and young people.*

Issue of parental consent

Network members noted there is limited support for children and young people if the perpetrator has not provided consent for engagement with them. This makes it difficult to manage risk and ongoing trauma but, critically, the perpetrator can also prevent the child/young person from accessing support services at all.

★ *Recommendation 30: Examine ways that children and young people can receive specialist support when the perpetrator doesn't provide consent.*

The courts and legal barriers

Consultation participants highlighted several specific ways the Family Court impedes children's recovery. Some court orders prohibit mothers from asking children about their time with an abusive parent or from saying anything negative about that parent, which practitioners argued prevents safety planning and hides ongoing abuse. Participants noted that while proceedings are ostensibly about the children, their voices and interests are often not centred, and they remain passive players in a system that decides their future.

> *It is a challenge when clients are women but most matters are about the children - shared care, restraining orders etc. From a legal perspective we have to focus on the mum but this doesn't necessarily keep children's interests at the centre. There is a*

> *disconnect: kids aren't party, but it's all about them. Women aren't having one matter, they may have criminal matters, compensation etc and this is complex for women and children even though this takes place without children being part of proceedings (metropolitan legal service).*

Members raised a number of other issues with the legal system, specifically relating to children. One was that police are not including, and courts are not granting orders that include people under 18. The matter of subpoenas on therapeutic notes (also referred to elsewhere in this report) was also raised, with participants noting that children are not accessing support because of the risk to confidentiality. In this context there was again a very strong consensus view that therapeutic, clinical and case management notes must be legally protected.

> *We are still seeing police reluctance to include children and young people on ADVOs (metropolitan service).*
>
> *Children need diversity of support responses that are lacking. Protected confidence should expand beyond therapeutic interventions - as this is limiting safe spaces for children to make disclosures. Often NGOs are not resourced to object to subpoenas (metropolitan service).*

There were calls for building on Lighthouse and other existing initiatives to strengthen specialist family safety capability within the Courts.

Safe cultural connections

For children from Aboriginal and Torres Strait Islander communities or migrant and refugee communities, network members noted that children may not have cultural engagement with perpetrators' families due to the risk that perpetrators pose. It was noted that children are missing out on cultural connections with family members when the perpetrator is dangerous, and there was a call to examine ways that children and young people can have safe cultural engagements with the perpetrator's family or community. It is critical that cultural connections are child-led, risk assessed and, with First Nations children, Aboriginal and Torres Strait Islander community controlled. Cultural connections should support safe connection to kin, Country, culture, language and identity without facilitating unsafe contact with the perpetrator or others who may minimise or enable the violence.

★ *Recommendation 31: Examine ways that children and young people can have safe cultural engagements with the perpetrator's family or community that is child-led, risk assessed and managed and, for First Nations children, Aboriginal and Torres Strait community controlled. Safe cultural connections should support safe connections to kin, Country, culture, language and identity without facilitating unsafe contact with the perpetrator or others who may minimise or enable violence.*

Child protection agencies

> *…so much of the front line work in our case management programs is advocating with statutory agencies for safe and appropriate responses (metropolitan service).*

Network members raised concerns about the lack of a DFV lens in child protection agencies which is evident when agencies engage in woman- or mother-blaming. Participants from both First Nations and non-First Nations organisations spoke about concerns about

standards for government agencies. One participant highlighted that parents with children in out-of-home care have to meet a very high 'bar' and face many challenges to regain access to their children but, in contrast, observed the very low standards governments apply to themselves and independent children's lawyers in caring for children in out-of-home care.

The Safe and Together model is highly regarded and was proposed as a training option to lift standards across the board, including with respect to government employees. The Safe and Together model is an internationally recognised perpetrator pattern–based framework that shifts systemic focus from blaming protective parents or carers, usually mothers, to holding perpetrators accountable as parents. It details how a father's use of violence significantly impacts children, partners, and families, and uses a strengths-based approach to understand the resourcefulness of a mother's parenting under coercive control.

★ *Recommendation 32: Mandate that child protection agencies and independent children's lawyers undertake Safe and Together training.*

The issue of case notes was again raised, with First Nations agencies very concerned about the case notes of child protection practitioners, and calling for national standards for child protection agencies.

> *When child protection file notes or case notes... are subpoenaed, the judge seems to think that they're gospel, but there's no one holding the child protection workers accountable for what they're putting into those notes. (First Nations advocate).*

★ *Recommendation 33: Establish national standards for child protection agencies.*

Theme eight: There is a pressing need for workforce development, resourcing and sustainability

Workforce recruitment and retention

Network members reported that they were prevented from having the optimum number and mix of skills in their workforce to respond to demand due, in part, to the poor remuneration rates they are able to offer specialist staff. This results, in some jurisdictions, in only being able to attract junior staff, rather than skilled staff. Other services reported that relatively junior staff were being forced into more senior roles, and that contracts that fail to apply annual CPI indexation also impact the ability to offer competitive wages and conditions.

Specialist staff are also attracted to better paid government work or work in other sectors. As a peak body representative states, '*You can get paid more for working in a non-risky, non-trauma-inducing industry'.*

The increase in government jobs and the bureaucracy relating to DFV was also noted as a workforce drain on frontline services, contributing to high turnover of trained staff, and undermining incentives to invest in staff recruitment and specialist training.

> *In [our jurisdiction] we spend significant resources on upskilling and training new staff, only to have them walk into significantly higher-paid, less stressful government positions after a few years (metropolitan service).*

There is an agreed need for improved funding models to lift remuneration for workers to attract and retain skilled staff. Some network members suggested that there should be pay parity between the community sector and public sector, given that the specialist DFV sector is managing risk and safety issues. It was agreed that victim-survivors benefit considerably from stable specialist services that receive long term and appropriately indexed funding.

Participants noted how they and their colleagues are deeply impacted by the specialist nature of their work. Examples provided included when they have to exit someone from purchased crisis accommodation when brokerage money runs out or if accommodation is unsuitable for victim-survivors' needs. An Aboriginal specialist family violence service reported that the job is 24/7 as '*workers are also immersed in issues in the community. There is a need for opportunities to build workforce within [the] community.*' Another network member raised that the new SCHADS award includes lived experience but not Aboriginal expertise, which would open pathways for Aboriginal DFV practitioners.

> *Staff are deeply impacted when we have to exit someone because we have no more accommodation or because the accommodation is not suitable (metropolitan service).*

Another issue that arose is the threshold for homelessness service engagement. One network member reported that previously homelessness services could engage with victim-survivors if they were in purchased accommodation for one to three days. The current threshold for some jurisdictions now is a minimum of five to seven nights, requiring longer engagement with specialist DFV services.

★ *Recommendation 34: Improve funding models to raise remuneration for specialist family violence practitioners to attract and retain skilled staff and better prevent burn-out. This could include pay parity with the public sector and recognition of Aboriginal expertise and lived experience.*

Lack of recognition of impact

Services agree that there is current under-recognition of the work that specialist DFV services undertake to ensure victim-survivors do not fall through gaps and have support navigating complex systems. As raised throughout the consultations, this goes to both unfunded and underfunded work including, for instance, supporting women on temporary visas through fundraising. One ongoing issue is the lack of formal evaluation that captures the specialist practice and impacts and outcomes from the specialist sector. There was a view that, to improve recognition of the social impact and outcomes from specialist family violence services, formal evaluation of specialist services practice is needed.

> *Our services are so small and so underfunded that they do not have internal capacity for evaluation, and [there's a need] for a national evaluation hub linked to all family and domestic and sexual violence grants and program funding…such a hub should either assist the organisation to do that evaluation, or [do] that evaluation on their behalf to help prove program impact and move the sector beyond short-term "pilotitis" (regional service).*

★ *Recommendation 35: Ensure that the work and impact of specialist domestic and family violence services is recognised through funded formal evaluations and the establishment of a national evaluation hub.*

Lived experience

There was recognition that the sector is full of lived experience. There was discussion about how there is no established peer support workforce like there is in the mental health and AoD sectors. Those sectors provide training, support, remuneration and pathways for practitioners. While there was no consensus on whether the DFV sector should have a peer network workforce, this could be explored as an option.

★ *Recommendation 36: Explore the feasibility of a peer network workforce in the specialist DFV sector.*

Theme nine: Perpetrators need to be held accountable, but not necessarily only via incarceration

Men's Behaviour Change Programs

References to engaging with perpetrators was dominated by discussion about Men's Behaviour Change Programs (MBCPs). Network members reported a lack of referral pathways to MBCPs, along with a limited number of places especially for men who want to engage voluntarily, compared to those who are referred by police or courts.

> *There is a lack of recognition of the resource intensive nature and breadth of work in MBCPs - in group preparation, assessment, risk assessment work etc. We often have to highlight work taken outside reporting indicators that is essential to positive program outcomes (metropolitan service).*

A recurring theme was that work with people who use violence must never be 'siloed'; instead, it must be funded as an integrated model that includes family safety contact and therapeutic support for children. Critically, engaging with perpetrators cannot be distinct from engaging with victim-survivors. Family safety contact work must be mandated, reportable and measured, and considered an essential component of keeping victim-survivors safe.

> *Whenever services are funded to work with men using violence, they also need funding for family safety contact and therapeutic support for children. The team needs to wrap around the whole family, and get in early to potentially break the cycle. For the moment, we cobble together what we can. For reporting purposes, only reporting engagement with PUV is required for our MBCPs, so family safety contact is not recognised at all (regional service).*

One participant noted that they are seeing positive early outcomes from a pilot programs funded under the Supporting Adolescent Boys program, where early feedback from staff and participants is suggesting that outcomes are stronger when specialist DFV services also provide counselling and support to non-violent parents, caregivers and siblings alongside the young person's intervention.

★ *Recommendation 37: Make family safety contact work required, reportable, measured and integrated into working with Men's Behaviour Change Programs and as well as therapeutic support for any children.*

One state reported that there was no state-based triage system for men to access MBCPs. This placed responsibility on individual men to call each program to ask about vacancies, rarely considering suitability. It was also noted that FIFO workers and their work patterns mean that they cannot access MBCPs, which may require weekly attendance that they cannot comply with. There is potential to explore national or state-based triage systems for perpetrators to access MBCPs.

★ *Recommendation 38: Explore national or state-based triage systems for perpetrators to access Men's Behavior Change Programs.*

Need to focus on gendered drivers

Perpetrators may be engaging with other systems such as parenting programs, AoD and private psychologists but, while these intersecting workforces are important, there is a key risk that approaches focussed on an individual 'treatment' perspective are not as effective as specialised services at assessing DFV risk. Members report that courts, police and other systems can assume that completing a MBCP 'fixes' a perpetrator so cases and risk assessments are closed. An example of a private psychologist unintentionally colluding with the perpetrator and increasing the risk for victim-survivors, was raised.

> *We hear that ensuring these programs are coming from an intersectional feminist perspective can be difficult, ensuring those providing these have had some level of specialist training to ensure there isn't unintended collusion (regional service).*

A clear need was identified for education and training for anyone working with perpetrators on the gendered drivers of gender-based violence.

★ *Recommendation 39: Educate and train services working with perpetrators on the gendered drivers of gender-based violence.*

Mixed views on groups where there may be different levels of family violence risk

There were varied views about mixing groups of men who were high risk with lower risk men. It was noted that early interventions were more successful for 'lower risk' men, although the term is used cautiously as it is difficult to assess which perpetrator may become lethal.

> *In our program we have attempted to separate out low risk from higher risk men but could not resource this, but attempt it to an extent with group allocation - we are aware of the practice guidance around this (metropolitan service).*

MBCP facilitators report that in some cases some men in groups hear another man describing what he has done which they then use to minimise their own violence: "I am not as bad as him". In contrast, others report that some men in those circumstances are motivated to not become like the other man, and commit to change. There is not enough evidence of what programs work for which men, and MCBPs are always in the limited realm of dealing with individual men rather than structural causes.

Network members also identified gaps in knowledge and skills in working with perpetrators from specific communities. This includes perpetrators with disability, such as acquired brain injuries or cognitive impairment, and those from First Nations, immigrant and/or refugee backgrounds. One participant reported that the AIHW data does not have information about perpetrators: 'If [the] perpetrator is not seen in the data, he is invisible.' There is a need to build the evidence base and tailored programs to work with perpetrators.

★ *Recommendation 40: Build the evidence base and tailored programs to work with perpetrators.*

Diverging views on perpetrator accountability

Many participants called for stronger punishment and disincentives for perpetrators but there were mixed views on what this would entail. Some called for harsher penalties such as longer jail terms while others strongly opposed this, particularly relating to First Nations people who use violence. Instead, other sanctions, punishment and disincentives were called for that would have an impact on the person using violence and on the community around them. These could include being dropped from the football or sports team, community work, and education and courses. Some called for increased use of electronic monitoring.

★ *Recommendation 40: Explore alternatives to incarceration that create a sense of justice for the victim-survivor and the community, and that send a strong message to the person using violence and the broader community about consequences of actions.*

Participants called for a review and reform of DVOs and AVOs to enable magistrates to have clearer information about risk. There was also a call for better bench books for courts.

Participants raised the need for a national database for perpetrators, especially given the high rates of recidivism, to be made available to police and courts. This needs to be considered carefully in light of the high prevalence of misidentification of victim-survivors and people who use violence.

> *We desperately need greater investments in alternatives to custody for both women (who experience and use violence) and men who are using violence (geographically remote service).*

Theme ten: Online and technology-facilitated abuse is a key concern for services

Network members reported that most cases of DFV now involve some element of technology-facilitated abuse and highlighted it as an increasing, hidden, and poorly understood form of violence that requires significant attention in the Second Action Plan. The consultations revealed the diverse methods of this abuse, its impact on different demographics, and the practical challenges it poses for both victim-survivors and practitioners.

Participants noted in particular that technology-based surveillance acts as a primary barrier preventing victim-survivors from seeking help or engaging with services safely. Participants identified a wide range of technology tactics used by perpetrators to surveil and harass victim-survivors including:

- stalking, surveillance and monitoring including using spyware and malware, and the misuse of smart devices
- controlling, humiliating and shaming tactics and image-based abuse and online harassment
- a growing concern regarding AI-generated abuse
- perpetrators misusing a wide variety of digital systems, such as banking transactions, to send abusive messages and call victim-survivors 'horrible names'.

The prevalence and forms of technology abuse across the life course were considered.

It was frequently discussed in the context of children, both as direct victims and as tools for coercive control. Common tactics include weaponising children and the technology moving with children between households. Devices given to children are often weaponised by perpetrators to monitor mothers or continue harassment.

In the context of older children, young people and adults, participants were also keen to see the Second Action Plan responding to harmful online content and technology abuse within peer and dating relationships.

The rise in elder abuse involving technology was also noted. Perpetrators (often the victims' children) use tech-abuse tactics like 'hammer-dialing' and constant digital demands to bully and 'drive people crazy'.

Practitioners called for:

- Provision of specialist tech support, including CCTV and dash cams for safety, new secure devices like Wesnet Safe Connections phones, and sweeps for malware in survivors' homes
- Stronger attention to digital evidence support, noting that police often struggle to interpret patterns of coercive control documented through technology
- Increased workforce training to ensure practitioners can recognise and respond to the full spectrum of violence, specifically including tech-facilitated abuse.

★ *Recommendation 41: Provide more resourcing and direct funding to respond to technology facilitated abuse, including providing more tech-support and safe technology for victim-survivors, and training for the DFV specialist services that support them.*

Online abuse and incitement to violence

The issue of online abuse in the community more generally was also raised as a concern by participants. The concerns were both cultural and personal. Online abuse was seen in the context of undermining gender equality and creating preconditions to violence against women, as well as curtailing women's rights to engage freely online and enjoy the benefits of online connectivity. More personally, it was noted that online abuse was a stymie to entering public leadership roles: "*We see what victimisation looks like, and we don't want to put ourselves or our families through that*".

As raised earlier in relation to prevention, a major concern raised across the consultations is the radicalisation of young men through the 'manosphere' and the easy accessibility of violent and misogynistic pornography. Figures like Andrew Tate were specifically identified as contributing to a culture that socialises boys into violent attitudes and harmful beliefs. Participants noted that these online spaces entrench toxic masculinity and gender stereotypes, creating a social environment where violence against women is increasingly justified or normalised and that children as young as eight or nine are accessing these platforms, which shapes their understanding of relationships and 'healthy households' during critical developmental years

Network members argued for a shift toward 'structural prevention' which requires governments and online platforms to take responsibility for the safety-by-design in digital spaces. There is a strong call for the Second Action Plan to:

- Address misogyny where harmful attitudes and misogyny are challenged both online and off
- Hold platforms accountable including by investigating how government levers can be used to regulate online content and digital platforms that facilitate these harmful attitudes
- Provide comprehensive, national education in schools to counter the effects of the manosphere and harmful online content before these attitudes are solidified in adulthood.

★ *Recommendation 42: Invest more strongly in structural prevention including through making online platforms take on responsibility for the safety-by-design of digital spaces.*

Concluding remarks

Thank you for consulting with the members of the National Alliance of DFV Specialist Services. We appreciate the opportunity to bring the voices of the workers who are currently on the ground delivering services to end domestic and family violence and other forms of gender-based violence.

We commend the recommendations of this thematic report to the review and we are available to expand or elaborate on any of these thematic findings.