Australian Government Consultation:

National Plan to End Violence against Women and Children 2022–2032: Second Action Plan

Barnardos Australia submission July 2026

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Barnardos Australia

Acknowledgement

Barnardos Australia acknowledges that this submission is made on lands that were never ceded. We recognise Aboriginal and Torres Strait Islander peoples as the sovereign peoples of this continent and acknowledge the enduring and intentional impacts of colonial practices, including the violence inflicted on Aboriginal and Torres Strait Islander children, women, families and communities. We honour Aboriginal and Torres Strait Islander resistance and leadership and affirm the right of Aboriginal and Torres Strait Islander people to lead self-determined solutions to end violence and create safety.

Recognition of Contributions

This submission is grounded in the practice wisdom of Barnardos Australia practitioners and the lived experiences of the children and families they walk alongside every day. We gratefully acknowledge their collective contribution and extend special thanks to the exceptional teams at the Barnardos South Coast Child and Family Hub and Gurung Wellama.

Introduction

This submission has been prepared to inform the Australian Government's development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032*. It responds to the consultation's focus on practical and systemic actions needed over the next five years to strengthen prevention, early intervention, response, recovery and healing, and to progress the national goal of ending gender-based violence in one generation.

Barnardos Australia (Barnardos) welcomes the opportunity to contribute to this consultation process alongside the voices of courageous lived experience and sector colleagues.

Barnardos has been providing early intervention, family preservation and out-of-home care services for more than hundred years. We bring our collective experience and expertise to this submission, grounded in strong determination about the importance of the work. Done well, child protection service delivery can mean the difference of safety, love and belonging for children. Our submission is written with deep belief in the importance of a united, skilled sector, and abiding hope for the children who rely on it.

Violence against women needs to be understood as violence against children. This position is held firmly throughout our submission, coupled with deep respect for the importance of the mother–child relationship to children's safety, resilience and well-being.

Our submission:

- Responds to the consultation materials, including *Evidence to action: informing direction for the Second Action Plan* and the Second Action Plan consultations summary paper.
- Reflects our practice expertise, developed through more than 100 years of working with child and adult victim-survivors and users of violence.
- Draws on our experience of delivering services that span inner city to remote communities.
- Upholds the rights of children and young people as primary victim-survivors.
- Integrates contemporary evidence with practice wisdom centred on our experience in listening deeply to child victims and adult co-victims.

Reflects Barnardos child-centred, family-focused and place-based perspective, with particular attention to children and young people.

Priority Area 1: Victim-Survivors

Consider:

- **What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?**
- **What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?**
- **What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?**
- **What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?**

Collective responsibility and accountability

Preventing and responding to gendered violence is a shared responsibility and should not rest with any one part of the system.

There is ample evidence about the challenges in interagency relationships where approaches are siloed; collaborative policies and frameworks are lacking; and where protocols for information sharing are not clear. A 2017 Australian study[1] found that the 'blanket sharing of confidential and private information about mothers was considered inappropriate, potentially dangerous and could close down help – seeking by the mother'.

Child and adult victim-survivors require the entire service system, and broader social institutions, including business and communities, to be genuinely violence-informed. This does not discount the need for specialised responses, rather that collective responsibility is taken and consistent, safe responses are experienced by victim-survivors at every service contact they have and with every professional they encounter.

Strong, long-term investment in whole-of-system capacity building in violence-informed attitudes, knowledge and skills is required across the primary service system as an urgent priority. This should also extend into the secondary service system.

Barnardos has heard from children, young people and women about their experiences of service responses that caused traumatic harm, including discrimination and feeling blamed or abandoned. Often, the priority assistance being sought by victim-survivors is for support to navigate unhelpful or unsafe service responses. The perspectives of our workforce reinforce this point. Barnardos practitioners report that they spend much of their time advocating for children and women with other parts of the system. This creates a mutual dilemma – not only do victim-survivors describe

[1] Humphreys and Healey, 2017

being subject to institutional harm, but specialist and community-based services are also spending much of their time and resources managing other parts of the system that are failing children and women.

The current system design is inefficient, ineffective and unsustainable. Instead, investment in a violence-informed, whole-of-system response is required, liberating specialist and community-based funding to be directed into safety and recovery from interpersonal violence.

Barnardos considers the following as essential steps to increasing the violence-informed capability of the system:

- **Recognition of the impact of professional attitudes**: There is a range of evidence that the personal attitudes of professionals about gender equality and violence impacts their responses, professional relationships and decision making[2]. This is not surprising, given that practitioners represent their own beliefs and biases based on their culture and the larger societal and macro systems from which they originate and operate in[3].

  There is also evidence about the way practitioner attitudes and beliefs impact victim's experiences of the support they received. An Australian study[4] about women's experience of therapy services reported that almost all the women spoke about negative experiences, including that the psychologist made them feel blamed for entering or remaining in the relationships, responsible for the violence and disbelieved. To that end, attitudinal screening should be included in the recruitment of pivotal roles in which child and adult victim-survivors rely on for safety. This includes police, child protection, health, magistrates and legal professionals.

- **Mandatory, quality training and coaching across the system about domestic, family and sexualised violence:** Such approaches should focus on the gendered and discriminatory nature of violence; recognising and responding to patterns of abusive behaviours; partnering with victim-survivors; avoiding victim-blaming language; misidentification; and understanding the social context of a man's use of violence.

- **Workplace performance expectations:** Clear policies about, and performance requirements for, users of domestic violence, particularly in roles that work with community members. This should include performance standards or indicators about expected violence-informed responses that are tied to job performance and/or funding requirements.

- **Addressing media reporting:** In 2018, Sydney newspapers reported on the murders of teenagers Jack and Jennifer Edwards by their father. The media headlines to describe the murders included, 'It is what can only be described as a tragic set of circumstances for the whole family'[5], and when Olga died by suicide, 'Sydney mother's death following domestic

[2] Hollinshead *et al*., 2021; Baviskar and Winter, 2017
[3] Bartelink, *et al*., 2018
[4] Marsden *et al*., 2021
[5] Palin, 2018

violence tragedy leaves community reeling[6]'. Such reporting reflects minimising and mutualising language including the term 'domestic violence tragedy' which should have read 'cold-blooded murder'.

- Domestic and family violence is a problem for the whole of society, and the media plays a key role in the way it is portrayed in the public domain. Positively, media coverage can raise public understanding and increase community awareness. It can educate the community about the reality of the issue, and it can challenge attitudes. Balanced reporting can lead to compassionate understanding about the impacts of trauma, disadvantage, addiction and family violence[7].

- Journalists, producers and media outlets need clearer expectations, training and guidance on how to report domestic, family and sexual violence. This must include centring victim-survivors and their families; avoiding perpetrator-focused narratives; placing responsibility for violence and change with the person using violence; recognising that harm to a parent harms children, regardless of whether they directly witness the abuse; and avoiding language that minimises the seriousness of the harm caused.

The *Second Action Plan* should support improved media reporting standards, ethical media training, advocacy, femicide mapping and public reporting. This could draw on existing examples such as Australian Femicide Watch and She Matters, which document children and women killed by a person using violence. Media should be encouraged to seek to tell these stories in ways that honour lives lived, rather than obscuring responsibility or sensationalising the actions of perpetrators.

A flexible, survivor-driven system

Victim-survivors need ongoing, coordinated and flexible support that is not time-limited. Support should be available across the full continuum, from crisis responses through to longer-term healing and recovery. Importantly, the expertise of children and women should be upheld, allowing them to determine what is considered a crisis rather than the system holding rigid criteria or assumptions about what and when a crisis is experienced.

A 'key worker' or 'navigator model' would make a significant difference. A single worker linked to the woman and her family could coordinate referrals, maintain continuity, reduce re-traumatisation, and support access to the right mix of services over time. The DV Linker model delivered by Barnardos in Western NSW is a useful example, particularly because it provides practical follow-up rather than simply making a referral. LINKER - The Journey from Violence to Safety in Central NSW - Barnardos Australia

Multidisciplinary child-centred hubs should also be considered, with access to general supports alongside health, housing, police, legal support, domestic and family violence specialists, and practical/emotional supports in one place. In some locations this may be a physical hub, while in

[6] ABC online, 2018
[7] Alexander 2022

rural and regional areas it may need to operate weekly, through outreach, or virtually. Multiple entry points are essential because every victim-survivor has unique needs for safety and access.

Victims should have access to a range of 'soft entry points' with information and support available through trusted everyday settings such as schools, early childhood services, health services, libraries, pharmacies, community centres, religious and cultural organisations, workplaces, sporting clubs, online platforms and local events. These entry points should provide discreet information, safe referral options and pathways to support without requiring a person to disclose everything at once.

Strong investment in models of care that provide flexibility may increase earlier access to support by reducing eligibility criteria (which are commonly in place to mediate resource demands rather than for a specific client benefit), freeing up hours of service delivery and increasing the ability to adequately resource for culturally responsive options.

Decolonising social responses for victim-survivors

The entire system must be grounded in deep understanding that many mothers choose to stay in relationships with men who use violence because it is not only safer for them to do so, but also as an act of protection for their children[8]. This is especially important for Aboriginal women in Australia who are disproportionately overrepresented as victims, including having been found to be 31 times more likely to be hospitalised for injuries caused by domestic violence than other Australian women[9]. Barriers for disclosing bring additional fears for Aboriginal women, including in trusting the police and not wanting their male partners to be imprisoned[10].

Buxton-Namisnyk's (2022) research examined files of 68 Aboriginal women who had been murdered by their current or former partners across Australia between 2006 and 2016. She found several factors contributed to women's fear in reporting violence. Most troubling is which was the finding that when Aboriginal women did contact police seeking help directly, 73 per cent of them were described in police records as 'uncooperative' or 'unwilling' to work with the police.

Earlier work (2014) by Buxton-Namisnyk (2014) described that Aboriginal women's fears about the responses of child protection systems, including about privacy, reprisal from community, and lack of confidence in the justice system, need to be appreciated as very real reasons why women may choose not to disclose and to stay in an abusive relationship.

System responses must be decolonised, culturally safe and accessible to diverse cultural and religious backgrounds, which starts with active system and community-wide efforts to eliminate implicitly racist practices and systems assumptions, as well as education about the intersectional nature of interpersonal and institutional violence.

Systems design and resourcing must be self-determined by cultural communities. More practical requirements such as access to information in community languages, interpreters, bicultural

[8] Kantor and Little, 2003
[9] Tayton *et al*., 2004
[10] Bamblett *et al*.,

workers, culturally-trusted services, and workers who understand how migration history, racism, colonial violence, visa status, faith, family expectations and community pressures can limit the options for help-seeking.

Barnardos Aboriginal practice leaders provided the following insights to this submission:

- The importance of responding to victim-survivors: Including the need for holistic responses from support services such as health, police and case workers; build on contemporary knowledge and understanding of 'triggers', particularly if the perpetrator's family is in the same community.
- There needs to be more male case workers who can work with the men.
- Programs in high school such as 'Love Bites' which teach teenagers what healthy relationships are assessment approaches that place all responsibility on mothers.

Accurate identification of victim-survivors

Connected to the need for a violence-informed system is the misidentification of victim-survivors, not only by police, but also child protection and the family court systems which continues to be a significant issue for many of the mothers Barnardos works with. In our experience, this is particularly true for Aboriginal women, women who use substances, or have previously been criminalised. A targeted strategy in the Second Action Plan is required to attend to this continued problem.

Many child and adult victim-survivors have shared with us that their fear, or previous experiences, of misidentification by a responder reduces the likelihood of them accessing supports early, or at all. A saturation of evidence-based and victim-survivor led education and communication is needed, with a strong focus on internalised discrimination and perceptions about how victims behave and respond. This should also include common tactics employed by users of violence to manipulate systems and use propaganda to intentionally have their victim misidentified.

An example of this point is reflected in relationship Barnardos built with a mother whose baby was in foster care. The baby had been removed by the statutory system because of concerns about the mother's use of substances. While there were undeniable risks to the baby and the mother's health, her substance abuse needed to be understood through comprehensive and holistic assessment. The mother described to our practitioners that she had started to use substances to numb the pain of the violence she lived with and to help her sleep. This mother needed help to reduce her substance use, but in the first instance she needed safety. The system identified her as a *'safety threat to her child because of problematic substance use*'. A more accurate assessment would have held the father responsible for the primary safety concerns and led to a case plan that prioritised the baby and mother's safety and then substance use rehabilitation, in that order.

Improving children and women's experience of the Family Court of Australia

The continuing risk to children of experiencing domestic violence post separation of their parents is well documented[11]. Laing (2017)[12] reports on research with women who described consistent themes in their experiences of family law processes, including of 're-victimisation' where the process of engagement exacerbated and compounded the traumatic impacts of having lived with domestic violence.

Children and their mothers have regularly told Barnardos their experiences of the various ways in which the Family Court of Australia has been used against them by their perpetrator of violence. In such situations, women have described how difficult it has been for them to prove that the man's acts are abusive, because the man is intentionally using processes that are within his legal rights to access, including:

- The use of subpoenas to invade privacy, exert omnipotence, weaponise health records that document abuse-related impacts and, access information about protective strategies the woman relies on. It can also include refusing to consent to the child accessing supports such as disability, psychological or medical assessments and interventions.
- Financially abusing the children and their mother by delaying proceedings, requesting expensive assessments, reapplying to court, and accessing financial records.
- Using court ordered contact as an opportunity to intimidate and abuse children's mothers at handover and/or, neglect or abuse the children; with limited ability for the mother to act protectively without returning to court – which results in further financial abuse.

A significant gap exists for many children and their mothers who may have financial assets that impact their options for free legal assistance, but with no access to financial means to fund legal representation, particularly for hearings – with contested family law matters commonly costing hundreds of thousands of dollars. This entraps mothers into a deeply harmful set of circumstances including:

- Being driven into poverty and major debt in the plight to protect their children, sometimes to no avail.
- Self-representing which limits their likelihood of success and requires them to come face to face with their perpetrator in hearing.
- Being forced into submission without the capacity to fight for the safety of their children in court – leaving children in danger and mothers struggling with unwarranted guilt and shame as well as chronic fear for their children.

These issues are further compounded when police and child protection systems avoid responding to reports of domestic and family violence (DFV) if there are family law proceedings, with victim-survivors frequently informing our practitioners that they are turned away when help seeking because 'it's a matter for the family court' or 'it's a family conflict'. This frequently creates a deeply

[11] Humphreys and Healey, 2017
[12] '*Secondary Victimisation: Domestic Violence Survivors Navigating the Family Law System*

harmful context in which children and their mothers may be subjected to a legal process that is being used against them, and they experience abandonment by systems that are meant to protect them.

Entrapment through systemic denial of basic needs

The risks to children and women upon leaving relationships where they have been hurt by violence are well documented, including that the risk of fatality increases significantly upon separation[13]. Barnardos has worked with many children and women who describe staying with the man using violence, or experiencing danger upon leaving, because there are such profound barriers to access basic needs, particularly safe housing. Barnardos has regularly heard from mothers that they fear being reported to statutory child protection services, or being judged and assessed, for being unhoused or living in their car because it is all that is available to them.

Domestic violence is the leading cause of children's homelessness in Australia[14]. Safe, stable and affordable housing must be treated as a core safety response, not a secondary support. Women and children cannot be expected to leave violence, recover from trauma, maintain connection to school and community, or engage with services if they do not have somewhere safe and affordable to live. Housing insecurity can keep women and children entrapped by the man using violence, force them into unsafe temporary accommodation, or create further risk through homelessness, poverty and repeated relocation. Systemic change is needed so access to safe and affordable housing is recognised as essential to keeping women and children safe.

The rapidly evolving nature of tech-facilitated abuse

As noted in the consultation paper, technology-facilitated abuse is a significant issue for most victim-survivors Barnardos supports. This is particularly dangerous because forms of tech-facilitated abuse are rapidly evolving and even specialist domestic violence services are chasing behind new and emerging tactics used by men to perpetrate harm.

Some newer forms being observed in Barnardos practice include the use of smart devices and appliances such as robotic vacuums, fridges, audio systems, smart locks and heating and cooling systems to monitor and surveil, to cause distress (watching, listening and dictating demands virtually), discomfort and sleep deprivation (e.g. blasting music, controlling temperature) and entrapping children and women in their homes (smart locks and smart gates).

Similarly, the use of gaming platforms or streaming services that enable men to access their children to spy, coerce and intimidate. One recent example was provided to Barnardos by a mother who had left her male partner whereby he accessed shared streaming services and covertly threatened her, by changing her profile title to a degrading name and creating recently watched titles as murder documentaries.

[13] Campbell, *et al.*, 2003
[14] Bland and Shallcross, 2015

Furthermore, the use of sexualised material by boys and men, including AI generated images, is a rapidly growing concern that adolescent girls and young women have described to us. This includes photos of young women distributed on social media to humiliate, isolate and degrade or making threats to distribute images as a coercive tactic.

Opportunities for victim-survivors and practitioners to easily and quickly submit examples of emerging tech-facilitated methods to central locations to identify emerging tactics would allow for the sector to remain up to date in considering safety planning options and to know what to ask victim-survivors to assess dangers.

Technology providers and social media platforms should have:

- Cearer domestic and family violence-specific reporting pathways so harmful content can be reported and investigated quickly.
- Be compelled to provide funding into services and programs that assist in preventing and responding to tech-facilitated abuse.

Responses must be culturally safe, accessible and adaptable to diverse cultural and religious backgrounds. This includes access to information in community languages, interpreters, bicultural workers, culturally-trusted services, and workers who understand how migration history, racism, visa status, faith, family expectations and community pressures can affect help-seeking. Responses for CALD communities need to be developed with communities, not simply translated after the fact, and must be careful not to excuse violence or place responsibility back on women and children.

Priority Area 2: Prevention and early intervention

Consider:

- **What would make the biggest difference in preventing and ultimately ending violence?**
- **How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?**

- **How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?**
- **What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?**
- **What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?**

A true and enduring investment in equity and anti-discrimination

The single biggest difference would be a profound and sustained, whole-of-society investment in gender equality, children's rights, and the social conditions that enable safety, belonging and wellbeing.

Evidence demonstrates consistently that gender inequality is the root cause and most consistent predictor of men's use of violence against women and children[15]. While domestic violence cuts across cultural, religious, and socio-economic boundaries, disproportionately higher rates exist amongst marginalised populations[16] reflecting that men are more likely to target women and children who are subjected to other forms of discrimination and institutional harm[17]. For example, women with disabilities face significantly higher rates of violence as do women[18] from First Nations and marginalised communities[19]. Prevention of men's use of violence must therefore begin early, addressing harmful gender norms, power imbalances and the multiple intersections of inequity and discrimination before they choose to use violence and, these efforts must be led by Aboriginal and Torres Strait Islander communities.

This is suggestion is clearly significant. It speaks to the interconnected nature of interpersonal violence and its direct relationship with systemic violence embedded through colonial, patriarchal and imperialist practices. It seeks for the *Second Action Plan* to relinquish a siloed approach. And realistically, it requires government to uphold, promote and resource social and economic equity and anti-discrimination – no doubt, the most significant pursuit a government could embark on. Although the realisation of this is clearly not possible within the *Second Action Plan*, the explicit naming of this interconnectedness and an effort to draw it together alongside other strategies that attend to the social conditions that promote power imbalances should be considered.

Ending violence requires governments to treat prevention as long-term social infrastructure rather than short-term project funding. The evidence is clear that prevention is more effective and less costly than responding after harm has occurred.

Language as a driver of prevention

[15] ANROWS; Our Watch 2024;
[16] Cox, 2015
[17] Our Watch 2024
[18] Amnesty International 2022
[19] Australian Institute of Health and Welfare 2019

Key to all prevention of men's use of violence is the explicit and consistent naming of what it is we are seeking to prevent. The language used across government, service systems, research, media and public discourse is not neutral. It shapes how problems are understood, where accountability is located, and which prevention strategies are prioritised.

Language that mutualises violent behaviour implies that the victims is at least partly to blame and inevitably conceals the fact that violent behaviour is unilaterally and solely the responsibility of the perpetrator[20]. If we fail to accurately name the problem, we risk designing responses that focus on the symptoms rather than the drivers of violence. Intentional and precise language is therefore a fundamental prevention strategy in its own right – and it is a strategy that is simple, does not require significant investment or workforce resources and attends to the dignity of survivors.

For example, this consultation relates to the *National Plan to End Violence against Women and Children*. While well-intended, such framing obscures the fact that most of the violence against children and women is perpetrated by men. It could more accurately be described as a national plan, *to end men's use of violence against women and children*.

Across government and sector policies, frameworks and communications, the language of violence is frequently depersonalised and passive. References to 'violence against women and children'; 'family violence', 'domestic violence incidents' or 'harmful behaviours' often omit the perpetrator altogether. This has the effect of concealing men's accountability, positioning violence as a social phenomenon without agents, rather than a pattern of behaviour enacted by individuals within broader systems of gender inequality and power.

Primary prevention requires us to be honest about both the gendered drivers of violence and who is responsible for perpetrating it. While recognising that people of all genders can use violence, prevention efforts are weakened when language avoids naming the reality that men's violence against women and children is the predominant pattern of harm that the National Plan seeks to address.

Explicitly naming men's use of violence is not about blaming all men. Rather, it is about accurately identifying the problem so that prevention efforts can effectively address the attitudes, social norms, power imbalances and structural inequalities that enable violence to occur. Clear language creates clear accountability, and clear accountability is essential to prevention. Some common examples include:

Women killed by domestic violence	*versus*	Women killed by men's use of domestic violence
Domestic violence crisis	*versus*	Crisis in men's use of domestic violence
Escaping domestic violence	*versus*	Escaping a man using violence
Safety from domestic violence	*versus*	Safety from a man harming them with violence
Vulnerable to domestic violence	*versus*	More likely to be targeted by a man using violence

[20] Wade and Coates 2004

Similarly, adult-centric language practices consistently place children secondary to adults, for instance 'women and children' is standard phrasing; but why should that be? A shift towards 'children and women' may appear subtle but it can reflect a radical intent to shift the power, and our focus. At the same time, children are frequently described as 'having witnessed' or 'been 'exposed to' domestic violence. At Barnardos we refer to children as having 'experienced violence[21]'. This choice in terminology upholds the resistance of children and acknowledges their incredible capacity to cope, maintain a sense of agency, and frequently resist violence in resourceful, resilient and courageous ways[22].

A key area for improvement in responses to gender-based violence is shifting the focus back onto the person choosing to use violence, rather than placing the responsibility on children and women to keep themselves safe. For many years, prevention messaging has largely targeted women, encouraging them to recognise warning signs, develop safety plans, seek support and leave unsafe relationships. While these resources remain important, they can unintentionally reinforce the idea that preventing violence is the responsibility of victim-survivors.

Public messaging needs to be rebalanced. It is common to see posters in women's bathrooms, health services and community spaces providing information about domestic and family violence and how women can stay safe. We should also be seeing messages directed at men and people using violence, asking: 'Are you using violence or controlling behaviour? Help is available to change.' These campaigns should promote accountability, encourage early intervention, and provide clear pathways to behaviour change and support services.

Investing in children is violence prevention

Barnardos holds an unwavering belief that children are central to the solution. Investing in their safety, agency, relationships, healing and wellbeing is our greatest opportunity to prevent violence across generations. This includes:

- Effective safety and healing supports for children and young people.
- Targeted early intervention responses for young and first-time parents, recognising that if we respond when it is their first child, we are creating a better chance for all other children they go on to have.
- Scaffolding parents with education and support pathways across pre-and-post-natal, early childhood, primary years and adolescence.
- Embedding respectful relationships, gender equality, anti-discrimination and consent education from early childhood through adolescence.
- Tailoring evidence informed responses to adolescents demonstrating misogynistic beliefs or early use of violence

[21] Sims, *et al.,* 2022
[22] Katz, 2015

- Integrating knowledges across domestic violence, disability, mental health and cultural specialisations to attend to the nuanced intersections that contribute to early use of violence.
- Tackling harmful online content, misogyny and gender-based hate that is increasingly shaping attitudes and behaviours among young people.

A socio-ecological approach

As indicated in the consultation questions, an approach that attends to micro, meso and macro layers is essential.

Individual level interventions are described above with a particular focus on children, young people and their parents.

Community level approaches should invest in community-led initiatives that reflect localised strengths, cultures and needs. This includes place-based approaches that bring together schools, services, sporting organisations, faith communities and local government.

Organisational approaches require child-safe, violence-informed and anti-racist practices and governance across organisational culture, leadership, policy and practice rather than being treated as standalone initiatives. Barnardos has led this approach having an organisational Domestic and Family Violence Governance Group for close to a decade. Organisations require resources to adequately strengthen workforce capability to recognise and respond to the intersections between child abuse, domestic and family violence, and broader forms of discrimination.

Institutional and organisational level prevention requires improved coordination across education, health, justice, housing, child protection and community service systems. Increased accountability is required for institutions whose policies or practices may reinforce inequity or create barriers to safety. Strengthened data collection and evaluation is needed to identify what works, for whom, and under what circumstances.

Lastly, and crucially, societal level interventions are the foundation of all efforts as outlined above. This includes:

- Increased long-term investment in gender equity initiatives.
- Challenging harmful gender, racial and disability stereotypes and social norms through public campaigns and policy reform.
- Addressing economic and social inequities that increase opportunities for men who use violence to target and perpetrate violence
- Promoting media and digital environments that support respectful relationships and rejecting misogyny, racism and other forms of discrimination.

Strengthening community-based approaches

Recognising and responding to harmful attitudes requires more than awareness raising. People need practical skills, confidence and supportive environments that enable action.

To that end, governments should:

- Fund sustained public education campaigns addressing gender inequality, coercive control, online harms and bystander action.
- Develop consistent national frameworks and messages across jurisdictions.
- Invest strongly in prevention workforce development.

Schools are a consistent source of opportunity and are often the centre of communities. As a nation it is essential to continue to consider what knowledge and skills are essential to learn in childhood to set children up not simply as workers but as community members. With that in mind, existing efforts should be expanded in the following ways:

- Deliver age-appropriate, evidence-based respectful relationships education across all year levels.
- Build educator confidence to discuss gender, power, consent, diversity and inclusion.
- Teach critical digital literacy so children and young people can identify online manipulation, misogyny and harmful influencers.
- Prioritise the centring of children's rights, participation and safety in school cultures , with deep reflection needed to identify and adjust traditional school practices that reinforce or role model coercion-based compliance.

Community-level supports should build on awareness campaigns through the delivery of bystander programs that help people safely challenge harmful behaviours. Such supports should also engage men and boys as partners in prevention while maintaining accountability and a focus on gender equality will continue to be essential; as well as investing in cultural and community leaders who can model respectful attitudes and behaviours.

Online platforms are now a deeply embedded form of community. Government and industry must partner with victim-survivors and the sector to:

- Increase accountability for harmful content, harassment and algorithmic amplification of misogyny and racist, homophobic, transphobic and ablest abuse.
- Strengthen safety-by-design approaches.
- Improve reporting mechanisms and responsiveness to online abuse targeting children, women and marginalised communities.
- Invest in digital citizenship and online safety education for children and young people.

Promising prevention and early intervention approaches

There is a growing body of evidence[23] highlighting the importance of culturally grounded, self-determined, community-controlled approaches that address the intersections of violence, colonisation, racism, trauma and social exclusion. While conventional evidence frameworks have often under-recognised these approaches, they are increasingly identified as essential and highly promising. Emerging evidence points to the value of:

- cultural strengthening programs
- healing-informed approaches
- community-led family wellbeing initiatives
- place-based responses grounded in self-determination.

Barnardos has seen great promise in place-based prevention approaches, delivered through our Child and Family Hubs and community outreach. Our Hubs use a localised approach that attend to the community context and emphasise community trust and strong local relationships. They bring together schools, services, local government, local businesses, sporting organisations and community groups to address local drivers of violence. These initiatives can shift social norms more effectively than isolated programs because they intervene across multiple settings simultaneously. However, they need adequate investment to support the strategic leadership and coordination required for scaled and sustained impact.

There is also growing evidence[24] that parenting programs can simultaneously reduce violence against children and intimate partner violence when they explicitly address gender norms, power, caregiving roles and healthy relationships. The evidence suggests these approaches can strengthen parent-child relationships, reduce harsh parenting, challenge gender inequality and reduce family violence risk factors. These approaches recognise that men's use of violence against children and violence against women are intertwined and that prevention efforts should address both together rather than through separate systems.

An important and emerging concept is that responses themselves can function as prevention, reflecting our model of practice at Barnardos. When working alongside a child and their family we view the child not only as they are but also who they have the potential to be. We use all contact points with our service to identify a man's use of domestic violence earlier and coordinate intervention across our programs and the broader system to prevent his violence escalating further, disrupt the potential that child or adult victim-survivor being re-targeted and give opportunities for the child to heal and learn so that they have more agency about their future choices within intimate and family relationships.

Our violence-informed approach is an ethical imperative but requires us to be innovative and navigate beyond the rigid limitations of contracted service delivery. Cohesive, de-siloed and

[23] https://www.paulramsayfoundation.org.au/news-resources/building-our-understanding-of-dfv-in-australia
[24] https://www.unicef.org/innocenti/reports/parenting-programmes-reduce-violence-against-children-and-women

community-led funding contexts provide freedom to move between the realities of simultaneously facilitating early intervention and violence response alongside prevention for future violence.

Prevention initiatives which examine masculine norms critically, entitlement, power and gender expectations can contribute to reduced support for violence-supportive attitudes and increased gender-equitable beliefs show promising evidence. While the evidence on long-term behavioural impacts is still developing, this is considered a promising area for primary prevention.

Examples include:

- school-based programs for adolescent boys
- mentoring programs
- sporting club interventions
- community-based initiatives focused on healthy masculinities and bystander action.

The emerging evidence suggests these approaches are most effective when connected to broader gender equality strategies rather than delivered in isolation.

Directly related is the rapidly developing need to prevent the influence of online misogyny, male supremacist content and gender-based hate on children and young people. While the evidence base is still emerging, governments and researchers increasingly identify digital environments as a critical prevention setting. Promising approaches include:

- critical digital literacy education
- early interventions targeting harmful online influences
- initiatives helping young people critically analyse gender stereotypes and social media content

Given children's extensive engagement with online environments, this must become a major prevention priority.

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

Consider:

- **What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?**
- **How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?**

- **What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?**
- **How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?**
- **How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?**

For many years, Barnardos has advocated for children and young people to be recognised as primary victim-survivors of domestic and family violence, rather than being treated as secondary victims or, more often, rendered invisible altogether. Their experiences of domestic, family and sexual violence should not be treated only as an extension of the adult victim-survivor's experience. This is consistent with Barnardos research, *Truth is, the abuse never stopped*, which highlights the lasting impacts of being subjected during childhood to an adults' use of domestic and family violence and the need to recognise children as victim-survivors with their own legitimate safety and support needs.

System reform needs to be grounded in knowledge about the impact of domestic violence on children is as harmful as other forms of child maltreatment, as well as awareness that those impacts span all stages of childhood. Barnardos has worked for decades with children and young people who have been victims of domestic violence. This includes very young children through to adolescents. The impact of domestic violence on children starts in utero[25].

The World Health Organisation reports on the higher likelihood of premature births, miscarriage, and babies with low birth-weight for mothers who are victims of domestic violence[26]. Further research reports that the impact of domestic violence is evident in children as young as babies[27], disproving any assumption that might be made that such young children are unable to understand, remember, or be affected by violence. More recent research found that babies may be at an even higher risk of the trauma associated with experiencing domestic violence than older children because of the way negative stress impacts the maturing infant brain[28].

Safety and recovery focussed supports for child victim-survivors should not only be viewed as an investment in health and wellbeing outcomes, but also as a critical intergenerational prevention approach to DFSV.

Adult-centric and siloed systems

Children often fall through gaping voids in the system because the systems intended to protect and support them remain fundamentally adult-centric. Adult perspectives, experiences, voices and

[25] Howell *et al*., 2016
[26] WHO, 2019
[27] Muelle and Tronick, 2020
[28] Zeanah and Gleason, 2010

decision-making power are privileged, while children's experiences are frequently minimised, mediated through adults, or overlooked altogether. In this way, institutional responses can inadvertently mirror the dynamics of coercive control, reinforcing children's powerlessness and limiting their ability to be heard and recognised as primary victim-survivors.

Compounding this problem is the fragmented nature of service systems. This fragmentation is reflected in a system where responsibility for children subjected to domestic and family violence is dispersed across multiple sectors, none of which is adequately equipped or accountable for responding to the whole child. Specialist domestic and family violence services focus primarily on adult victim-survivors; perpetrator programs often operate independently of services working directly with children; police responses have traditionally prioritised incidents and physical violence; and child protection systems can be experienced as blaming and punitive towards non-offending parents and are oriented to the most severe reports of risk. Meanwhile, schools are expected to support child victim-survivors without adequate resources or specialist expertise, and community sector organisations contend with fragmented funding and contracting arrangements that undermine continuity, collaboration and long-term support. The cumulative impact is a system in which children are too often overlooked despite being among those most profoundly harmed by domestic and family violence.

Improving the statutory child protection response to domestic and family violence

There is a growing body of evidence highlighting a range of problems with the statutory child protection response to children at risk of domestic violence, including gender bias[29]; and lack of clarity in the guiding mandate. There are also challenges in prioritising reports alongside other forms of child maltreatment and balancing the needs of children with those of victim and perpetrators. This point is well reflected by evidence that reports about children at risk because of domestic violence have been found to be less likely to be 'screened in', or to receive an assessment than reports about other forms of maltreatment[30].

The subject of safety and risk assessments is also highly relevant. One of the reported problems with the child protection approach for domestic violence lies in the tools used to assess safety and risk to children. Such tools are frequently inadequate in unearthing the chronic nature of domestic violence because they focus on incidents of physical harm rather than patterns of coercive control[31]. Furthermore, such approaches often fail to recognise fear for women and children; are not structured to assist practitioners to create safety to increase the chances of disclosure; and do not lead to useful help, including referrals to domestic violence support services[32].

Safety and risk assessment tools routinely focus on violence as incidents of harm and do not foster understanding of the impact for children of chronic patterns of fear and coercive control[33]. Furthermore, child protection assessments frequently rely on a single focus on the mother's capacity

[29] DeSimone and Heward-Belle, 2020
[30] Humphreys, 2007
[31] Bourassa *et al.*, 2008
[32] Kohl and Macy 2008
[33] Douglas & Walsh, 2010

to protect, obscuring responsibility for the perpetrator's use of violence and for being slow to realise that helping to establish safety for the mother is synonymous with ensuring safety for her children. For many mothers, disclosing the extent of violence brings fear that they will be given an ultimatum to leave that may place them in greater danger than staying[34]. Such fears are reinforced by evidence that mothers often deny the violence or reject, delay, or avoid seeking help.

Fear of harm, and the consequences of others finding out, can mean mothers are reluctant to seek help. Ironically, these survival behaviours can be understood as non-protective by child protection practitioners. Add to that, when mothers do not trust the child protection safety assessment process, they are at risk of being perceived as un-cooperative and their protective, coping and survival strategies underestimated or ignored.

A study in Canada[35] relied on interviews with mothers who had survived domestic violence. Those who had been on the receiving end of statutory intervention described a common experience that they did not feel their child protection practitioner understood what it was like to be the victim of violence, nor appreciate the reality of choices available to mothers to keep themselves and their children safe. Furthermore, some of the mothers described that they felt judged about their parenting and choices as well as pressured to leave the relationship.

To that end, another problem with safety and risk assessment tools is that they can lead to an overly strong investigative or forensic focus where parent's perceptions and opinions are not sought or listened to. Such focus characterises a narrow approach where the safety of children is 'conceived of as separate to the rights and needs of families to support and opportunities for participation'[36].

Hearing how the mother has managed the violence paints a picture of the seriousness and chronicity beyond the single incident. This likely challenges the views of those who do not appreciate the reasons mothers stay. It challenges them to see the mother as capable of keeping her children safe, not as a passive victim or that she has chosen the relationship over her children. At the same time, it gives greater understanding, even empathy about why she has stayed in the relationship. It is also likely to have made participants with misinformed attitudes think about the potential for safety planning with the mother because her protective qualities had been illuminated.

Effective child protection approaches require attention to perpetrator accountability and a belief in women's abilities to accurately perceive and act on the risks to themselves and their children. Safety assessment approaches that respect victim autonomy and routinely prompt practitioners to gather information about what mothers do to manage, resist, and survive violence; their insights about what has worked; and their thoughts about their options for safety, are critical to an accurate assessment[37]

Such lost opportunities in safety assessments and subsequent intervention responses can result in children being taken into care unnecessarily. This is despite evidence that children's safety and

[34] Humphreys & Absler, 2011
[35] Hughes 2011)
[36] Healy *et al.*, p. 287
[37] Alexander et al., 2022

well-being is tied closely to the safety of their mothers, and the most effective way to protect children is to support the non-offending parent[38].

True investment in voice, choice and agency

Children and young people's experiences, perspectives and expertise must be meaningfully embedded at every level of the service system, from individual service delivery through to program design, commissioning, policy development and evaluation. Achieving this requires more than a commitment in principle. Funding models must explicitly resource child and youth participation, including the infrastructure, governance, workforce capability and safeguarding practices needed to support ethical engagement and genuine co-design.

While there is a growing and welcome expectation that funded services draw on the lived expertise of those who use them, funding arrangements rarely account for the time, skills and systems required to do this well. As a result, organisations are often expected to facilitate participation without the resources needed to ensure it is safe, inclusive and meaningful. This creates a risk that children's voices are sought in tokenistic ways or, worse, that participation processes inadvertently cause harm.

Governments should prioritise investment in the development, piloting and evaluation of service models that are co-designed with children and young people, particularly those with lived experience of domestic and family violence. Such investment would support the development of more effective responses grounded in children's realities, needs and aspirations.

Perhaps the most significant reform would be the provision of ongoing, adequately funded case management and family support that is not constrained by arbitrary time limits. Children who are subjected to an adult's use of violence should have their own safety, case and recovery plans, developed in partnership with them and tailored to their individual circumstances. These plans should recognise that the impacts of violence extend far beyond the home, shaping children's experiences at school, within friendships, in sport and recreation, through relationships with extended family, and across their cultural and community connections. A truly child-centred response must address the whole of a child's life, not simply their immediate safety.

Integrated, intersectional whole-of-family services

Whole-of-family approaches should be a central pillar of the service system, with greater investment in testing and scaling innovative models that can work safely and effectively with child victim-survivors, adult victim-survivors, the person using violence, and the family's broader support network. These models should be intentionally designed to decentre adult perspectives and instead build responses from the child's experience outward, recognising children as victim-survivors in their own right and placing their safety, wellbeing and recovery at the centre of intervention.

An intersectional approach to service design and funding is equally critical. Too often, siloed funding streams shape service models and organisational boundaries rather than the needs of children and

[38] Lapierre, 2010

families. Services are frequently forced into narrow specialisations aligned to funding categories such as domestic and family violence, mental health, alcohol and other drugs, disability, child protection or family support. Yet child victim-survivors do not fit neatly within these categories. Many children experience domestic and family violence alongside a range of interconnected challenges.

When funding and service systems respond to these issues in isolation, children and families are required to navigate multiple disconnected services, repeatedly retelling their stories and attempting to coordinate their own support. The burden of integration falls on those already in distress. This fragmentation also creates a significant risk that so-called 'co-occurring issues' are addressed separately from, or even prioritised over, the use of violence itself, obscuring the dynamics of the perpetrators use of coercive control and reducing the effectiveness of intervention. A genuinely integrated service system would organise around the needs of children and families, with a violence-informed lens, rather than expecting children and families to organise themselves around the constraints of the system.

Attending to ambiguous suffering

Children deserve the very best practitioners with the skill and knowledge to navigate complicated and nuanced responses. One of the most painful and often misunderstood aspects of domestic and family violence for children is the ambiguity of their suffering. The person who frightens them may also be someone they deeply love, admire, and depend upon. This emotional contradiction creates a profound internal conflict. Children are not simply victims of fear; they are often victims of divided loyalties, carrying both affection and terror in the same relationship. The natural attachment children feel towards a parent does not disappear because that parent is harmful. Instead, love and fear can become intertwined, leaving children confused about their feelings and unsure of who they can trust.

For many children, the perpetrator is not defined solely by abusive behaviour. They may also be the parent who reads bedtime stories, attends school events, provides gifts, or expresses affection at other times. As a result, children often grieve not only the violence they are subjected to, but also the loss of the parent they wish that person could consistently be. They may desperately seek the perpetrator's approval while simultaneously living in anticipation of the next outburst. This ongoing tension can be emotionally exhausting, shaping a child's sense of safety, identity, and relationships long after the violence has ended. Their suffering is therefore not always visible or straightforward; it is often characterised by a heartbreaking coexistence of love, hope, fear, and loss.

Similarly, the child's relationship with their mother may be undermined by the perpetrator's efforts to isolate them from one another and by tactics that weaponise mothering as a means of coercion and control. Attempts by the mother to resist or protect her child may also be manipulated by the perpetrator, increasing risk, straining the parent-child relationship, and further driving a wedge between them.

Recovery and healing as a long-term journey

There remains a profound gap in accessible, violence-informed and long-term therapeutic, recovery and healing supports for children and young people subjected by an adult's use of domestic and family violence. Too often, support is crisis-driven, time-limited or contingent on meeting narrow eligibility criteria that fail to reflect the ongoing and evolving impacts of violence across childhood, adolescence and early adulthood.

Innovative, flexible and adequately resourced therapeutic responses should be piloted, evaluated and expanded, operating alongside sustained case management and navigation support. Such models should recognise that healing is not linear. Children and young people may require different forms of support at different stages of their lives as they encounter new developmental milestones, transitions and relationships that reshape their understanding of violence and its impacts. Proper investment is needed to nurture and expand intersectional therapeutic options such as Barnardos *Connecting Three Dots* program which provides neuroaffirming, culturally responsive, trauma-informed and flexible therapeutic support to child victim-survivors of violence who have a disability, with strong engagement from Aboriginal children and young people. The flexible therapeutic approach includes outreach, virtual or in-clinic; works individually with the child as well as with the protective adult, provides group-based recovery for the non-offending parent and partners with a co-located domestic violence case manager for wrap around support.

Recovery support should not be limited to clinical interventions. Children and young people benefit from a broad range of healing opportunities, including cultural connection, peer support, mentoring, family support, educational engagement, recreation, sport, creative expression and connection to community. Funding models should recognise these diverse pathways to healing and enable children and young people to access the supports that are most meaningful and effective for them.

Early intervention is important, but recovery does not have an end date. Many children continue to experience the effects of violence long after the abuse has ceased, with impacts emerging or re-emerging as they move through different stages of development. Access to support should therefore be based on need rather than arbitrary service timeframes, age thresholds or funding cycles.

A child-centred recovery system would ensure that children and young people can move in and out of support as needed, without having to repeatedly retell their story or re-establish eligibility. Rather than asking whether a child has recovered, services should be designed around the understanding that healing is an ongoing process of building safety, connection, identity, agency and hope.

Some stronger policy propositions that fit naturally into this section:

- Recovery packages or brokerage funding that follow the child rather than the service and expand beyond the limited format of current victim support schemes.
- Dedicated recovery budgets for children as distinct from supports provided to the adult victim-survivor.
- Support through transition points, particularly school entry, transitions to high school, and the move into adulthood.

- Culturally-led healing models, particularly for Aboriginal and Torres Strait Islander children and families.
- Peer-led and youth-led recovery approaches, recognising the value of connection with others who have lived experience.
- Outcomes frameworks that measure wellbeing, belonging, resilience and connection, rather than focusing solely on immediate safety or service completion.

Family law as an opportunity for freedom and voice

Court and family law processes need to become more child-focused and violence-informed. Children need stronger support to safely express their views, particularly where they are living in fear or coercive control. Short assessments with unfamiliar professionals are often not enough for children to safely disclose their wishes, fears or experiences, nor for patterns of covert tactics to be revealed.

There should be increased violence-informed court supports, including workers who understand children's experiences of violence and can help ensure their voices are properly represented. Training Independent Children's Lawyers and child assessors should be continued and expanded. Lawyers, magistrates and other legal professionals also need stronger domestic and family violence training.

An example was provided by Barnardos practitioners where a child wanted to speak in court about the violence experienced by her mother and her own acts of resistance in supporting her mother and siblings, but the perpetrator's solicitor successfully prevented this. This example highlights a major gap in the system: children's voices can be overridden even when they are ready and willing to speak. The *Second Action Plan* should address how children can safely and meaningfully participate in legal processes.

Children as targets across environments

Children and young people experience and navigate a range of interconnected environments throughout their daily lives, including their homes, schools, sporting and recreational settings, peer networks, community spaces and online environments. The *Second Action Plan* should recognise the full range of contexts in which children and young people may experience violence, harm, coercion and exploitation, and acknowledge that these risks evolve across different stages of childhood and adolescence.

Current policy and service responses remain largely focused on violence occurring within the household. While this focus is critical, it does not fully reflect the ways children live in and move through the world. Children's experiences of safety and harm are shaped by a complex web of relationships, environments and systems, many of which extend beyond the family home. Limiting responses to household-based interventions risks overlooking significant sources of harm, as well as opportunities for prevention, early intervention and recovery.

Greater attention should be given to the intersections between domestic and family violence, child sexual abuse, child sexual exploitation, criminal exploitation, peer violence, technology-facilitated abuse and other forms of harm that children may experience across multiple settings. Children who are subjected to a person's use of violence in one context are often targeted and further victimised in others, highlighting the need for integrated responses that recognise and address these overlapping risks.

Investment should be prioritised in environmental and contextual approaches that seek to improve safety across the places and relationships that shape children's everyday experiences. In particular, the *Second Action Plan* should support the piloting, evaluation and expansion of Contextual Safeguarding approaches, which recognise that effective safeguarding requires interventions not only with individual children and families, but also within peer groups, schools, neighbourhoods and online environments where harm may be occurring. Emerging research suggests that such approaches offer an important opportunity to strengthen prevention and early intervention efforts and to better reflect the realities of how children experience violence, abuse and exploitation.

Children's use of violent behaviours

Children and young people who use violence or other harmful behaviours require specialist, trauma-informed and developmentally-responsive support that recognises both accountability and vulnerability. Responses must acknowledge that these behaviours often emerge within a broader context of exposure to violence, trauma, adversity, disrupted attachment or unmet developmental needs, while maintaining a clear focus on the safety and wellbeing of those affected.

Emerging evidence [39]demonstrates that many young people who use violence have themselves experienced violence, abuse and victimisation, underscoring the need for responses that move beyond punitive approaches and address the underlying drivers of behaviour. Research has also identified a significant association between disability and adolescent family violence, highlighting the importance of ensuring that responses are disability-inclusive, neuro-affirming and tailored to individual needs and circumstances. Young people with disability should not be pathologised or excluded from support. Instead, services must be equipped to understand and respond to the complex intersections between disability, trauma, communication needs, family dynamics and the vulnerability of adolescents with disability to be targeted and introduced to dangerous gendered beliefs and practices.

Effective responses should include specialist therapeutic intervention, support and education for parents and carers, involvement from schools and other key settings where appropriate, and safety planning that protects both the child and others. Interventions should be tailored to the child's age,

[39] https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/

developmental stage, strengths, circumstances and family context, recognising that there is no single pathway to change.

Support models must be flexible, engaging and accessible. Traditional office-based counselling will not meet the needs of every child or young person. Therapeutic responses should incorporate a diverse range of evidence-informed approaches, including play therapy, creative and arts-based therapies, mentoring, group work, sport and recreation programs, outdoor and nature-based activities, cultural healing programs and other modalities that connect with children in ways that are meaningful to them. Services should meet children where they are, rather than expecting children to adapt to rigid service models.

Sustainable behaviour change cannot be achieved through individual intervention alone. Healing and recovery require safety, stability and connection across the child's broader environment. When children continue to experience instability, fear, housing insecurity, family conflict or exclusion from school, the effectiveness of therapeutic support is inevitably constrained. Safe and secure housing, stable caregiving relationships, supportive schools, positive peer connections and trusted adults are all critical components of successful intervention and recovery. Services responding to children and young people who use violence should be equipped and funded to provide integrated responses that bring together expertise in family violence, disability, mental health, child development and trauma, rather than requiring families to navigate these systems separately.

The *Second Action Plan* should also address harmful online content and technology-facilitated abuse affecting children and young people. This includes education for children, parents and carers about online risks, stronger protections from harmful and explicit material, better safeguards on apps and games, and ongoing review because technology and perpetrator tactics change quickly.

Priority Area 4: People who use violence

Consider:

- **What would make the biggest difference in preventing and responding earlier to the use of violence?**
- **How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?**
- **What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?**
- **How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?**

The *Second Action Plan* should place much stronger emphasis on men who use violence. Current language and system responses often focus on women and children seeking safety, rather than on

men and people using violence stopping their behaviour. As described earlier, the plan itself should intentionally consider language and how this creates opportunity to cascade.

Transformational, restorative and community-based justice

Although it is essential that children and women are kept safe from men who use violence (many of whom are persistent and extreme in their pursuits to inflict control and harm) carceral logic[40] does not have strong evidence to demonstrate that it prevents men's use of violence nor that it creates sustained safety for children and women. Review data[41] on police and court interventions indicate high rates of post-reporting recidivism, showing that traditional legal sanctions do little to stop repeat patterns of violence. It also replicates the constructs at an institutional level that are being punished at an interpersonal level. Penal systems isolate individuals rather than transforming the underlying gendered, economic, or psychological factors that fuel ongoing abuse. Therefore, criminal justice responses cannot be seen as the primary solution to responding to men who use violence.

A National Framework for transformative justice and community accountability approaches to men's use of violence should be a priority, alongside realistic resourcing to pilot and evaluate. This should include increased opportunities for restorative practices using voluntary, survivor-driven dialogue models (managed by trained community facilitators) that centre the specific healing needs and boundaries of the person harmed and draw on cultural protocols. Investment into alternate safety and accountability responses has been extremely limited and therefore evidence about their potential is currently limited.

Building capacity to recognise and respond to patterns

Although there has been a stronger shift in more recent years to understand domestic and family violence as pattern based coercive control (most particularly through the introduction of coercive control legislation in some Australian jurisdictions). Continued emphasis is needed to support all levels of the system to understand, recognise and respond to the pattern-based nature of men's use of violence against children and women.

Reviews of the implementation[42] of the coercive control offence in NSW to date continue to demonstrate that police and other first responders require significant uplift in their ability to explore, notice, identify and respond effectively to patterns from the first response, rather than treating each episode in isolation; or minimising or making invisible the full pattern of harmful behaviours. This requires considerable knowledge and skill, given abusive behaviours can often be covert and subtle, or appear to be minor when considered in isolation to the full set of his intentional behaviours. Some investment has been made into police training across Australian jurisdictions however this has been relatively minor when comparing this to the proportion of police time and resources used responding to men's use of violence against children and women.

[40] https://www.sentencingcouncil.qld.gov.au/__data/assets/pdf_file/0012/795666/literature-review-domestic-violence.pdf
[41] https://journals.sagepub.com/doi/10.1177/00938548241275621
[42] https://dcj.nsw.gov.au/children-and-families/family-domestic-and-sexual-violence/police--legal-help-and-the-law/criminalising-coercive-control-in-nsw/coercive-control-implementation-and-evaluation-taskforce.h

Similarly, strong investment in workforce development is needed across primary services including general practitioners, allied health, education, housing, child protection, community services as well as the justice system.

Investment in the design of digital mapping tools that support not only the recording of indicators but importantly, assist with pattern detection (both automatically and through use professional judgement). Commonly small pieces of information about a man's use of abusive behaviours will sit scattered across a service system – each a small piece of evidence that could create safety, accountability and justice. The co-design of IT solutions with victim-survivors, rehabilitated users of violence and sector partners to respond to this problem should be explored.

Men's use of domestic violence and the child safe standards

As mentioned above, children have all too often been made invisible as victim-survivors of men's use of domestic and family violence. This has contributed to a siloed understanding of domestic and family violence within child safe systems, including how it is interpreted and operationalised in relation to the Child Safe Standards. The Child Safe Standards should therefore be applied in ways that identify, prevent and respond to domestic and family violence as a form of harm to children, not as a separate adult issue sitting outside child safeguarding responsibilities.

A domestic and family violence disclosure or checking mechanism should be considered, similar in principle to a Working with Children Check. Further, partner disclosure schemes[43], such as in South Australia should be expanded across all Australian jurisdictions. Women should be able to discreetly request information about whether a current or new partner has a history of domestic and family violence. This would support informed safety decisions before his entrapment escalates.

Supporting men who use violence to take responsibility and to be safe

Essential to men's engagement, change and support in the process is the need for culturally safe options. This includes working with cultural services and communities to address harmful gender norms and violence-supportive beliefs, while ensuring culture is not used to excuse violence, rather that it is drawn upon as a vehicle for change, safety and accountability.

Expansion of current perpetrator-focussed research funding dispersed via ANROWS should be made available. With additional funds to innovate and pilot new or adapted models for responding to men's use of violence. Current men's behaviour change programs show limited impact though they are all the system currently has that shows some evidence base. Key barriers, such readiness to

[43] https://www.police.sa.gov.au/your-safety/dvds

change, should be a priority focus for the design of responses such as scaled interventions model that are responsive to where men are at in their readiness.

It is critical that men's behaviour change programs should not be short-term, one-off or tick-box responses. Perpetrators need longer-term wraparound support that addresses behaviour change, accountability and trauma. This could include ongoing casework, counselling and structured post-release or post-program supports, particularly where a person has a long history of violence. A 10-week program alone is unlikely to shift behaviour that may have developed over many years. A multidisciplinary response should be considered that brings together expertise that attends to correlating factors (in addition to gendered beliefs) for men who use violence such as acquired and traumatic brain injury, neurodevelopmental disorders, substance use, complex trauma, gambling dependence and so forth. Accountability and support need to work together, with safety for women and children remaining the priority.

Timely access to quality behaviour change programs is essential. Currently waitlists are often months long and opportunities are missed where readiness may have come and gone.

Beyond specialised men's behaviours change programs, every community and family-based program should expect, and have capability to, work effectively with men who use violence. This not only includes holding the skill to work to engage men who use violence and support them to change their choices, but stronger models of service delivery are needed to work in a truly violence-informed way.

Therefore, services that already provide a whole-of-family response (such as family preservation and child protection services) require opportunities to draw on evidence informed models of care (operating and practice models) from which to develop workforce structure, approaches and supports. There is little evidence to date and therefore investment in piloting whole-of-family models should be considered, alongside development of guidelines for working with men who use violence in services that are not specialised men's behaviour change programs.

There is evidence that fatherhood can be a motivator for change for some men who use violence. Australian studies found that treatment that taps into men's insights about the impact of their use of violence on their children can keep men accountable, and motivated to change44. Funding of programs that explore safe, structured father-child engagement, such as playgroup-style models for fathers who use violence, could be better supported through funding that reflect the worker force required to provide service responses that are highly skilled and safety oriented.

These programs should include positive male role models and should be co-designed with men where appropriate, alongside victim-survivor safety expertise and ensuring that gendered stereotypes are not further reinforced. Programs are often designed by social service systems without enough attention to what will engage men and support meaningful change. Men, including those who have used violence and those who have made sustained change, should be included

[44] Stover, 2013

safely and purposefully in planning conversations so their insights can inform what supports accountability, engagement and long-term behaviour change.

Responses for people using violence also need accessible soft entry points for those who may be beginning to recognise their behaviour or who are prompted by family, friends, workplaces, faith leaders, cultural leaders or services to seek help. These pathways must be safe, confidential, non-collusive and clearly linked to specialist behaviour change services, risk assessment and victim-survivor safety. Public messaging should make it clear that help is available to change, while maintaining that responsibility for violence sits with the person choosing to use it.

Priority Area 5: System Integration and Workforce

Consider:

- **What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?**
- **What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?**
- **What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?**
- **What supports do specialist and universal services need to provide inclusive, accessible and response services?**
- **What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?**

A more coordinated system response requires sustained resourcing, integrated service models, shared information pathways, and a supported workforce. Many of the required responses already exist in parts of the system, but they are fragmented, siloed, underfunded, time-limited or difficult to access.

System integration must include housing as a central part of the domestic, family and sexual violence response. Safe, stable and affordable housing should be an imperative across prevention,

crisis response and recovery, with stronger links between DFV services, homelessness services, social housing, private rental supports, financial counselling, legal services and child and family supports. Without housing security, safety planning and recovery planning are significantly compromised.

Significantly more funding is needed across prevention, early intervention, crisis response and long-term recovery. Funding should not be restricted to specialist domestic and family violence services. Many child and family services do significant domestic and family violence work every day but are not eligible for domestic and family violence-specific funding because they are not labelled as specialist services. Funding criteria should recognise the reality of integrated, wraparound family support work.

Investment should prioritise helping children, women and families heal early, before trauma becomes entrenched and cycles of violence continue. This includes funded therapeutic supports, child-centred casework, family support, play-based approaches, community infrastructure, community development and place-based prevention work, including models such as Communities for Children. Healing-focused group programs should also be supported and expanded, including Learn to Live Again – Women's DFV Support Group, an eight-week therapeutic group program facilitated by Barnardos that supports women who have experienced domestic and family violence to reconnect with themselves, their children and community, build coping strategies, reduce isolation and begin recovery in a safe, supportive environment.

All levels of government, including local government, have an important role in providing the social and community infrastructure that supports safety, prevention, early intervention and recovery. This includes safe public spaces, libraries, community centres, recreation facilities, cultural spaces, family-friendly places, transport connections and place-based initiatives that build connection, reduce isolation and create soft entry points to information and support.

Workforce capability needs to be strengthened across specialist and universal services. This includes domestic and family violence training for first responders, health, housing, education, legal services, Centrelink, banks, real estate agencies, pharmacies, libraries, public transport, pubs and clubs, religious institutions, sporting clubs, arts and cultural services, child and family services, and community organisations. Training should include coercive control, technology-facilitated abuse, pattern-based violence, child-inclusive practice, cultural safety, trauma-informed responses and perpetrator accountability.

Workforce and system responses also need stronger capability to work respectfully across diverse cultural and religious contexts. This includes partnering with Aboriginal community-controlled organisations, multicultural and refugee services, faith-based organisations, bicultural workers and community leaders to design responses that are culturally meaningful, safe and accessible. Cultural and religious context should be understood as part of effective engagement, while making clear that violence, coercive control and abuse are never acceptable.

Workforce wellbeing is essential. Staff need adequate pay, supervision, manageable workloads, specialist consultation and wellbeing supports. Reducing turnover improves continuity for women, children and families accessing services and supports higher-quality practice.

Effective models and approaches identified include the Safe & Together™ Model, Learn to Live Again – Women's DFV Support Group, Posie, DV Link Up, multidisciplinary hubs, Safety Action Meetings, place-based community development, and integrated casework models. The focus should be on principles as well as named models: partnering with victim-survivors, seeing children as victim-survivors in their own right, identifying perpetrator patterns, supporting healing and recovery, and keeping people who use violence in view.

Safety Action Meetings were identified as a useful coordination model, bringing together agencies such as police, health, education and the NSW Department of Communities and Justice (DCJ) to coordinate responses. However, information is often limited to those directly involved in the meeting and, a common theme experienced by practitioners who attend is that rather than services leaning in and taking responsibility to help, service representatives may focus on service demands or reasons why they cannot help.

Information-sharing processes need to be clearer and more useful across systems. Section 16A information-sharing processes are useful in child protection contexts but are limited where services are supporting women and do not have a direct child-specific request. A similar information-sharing mechanism should be explored for women's safety and domestic and family violence risk, so services can share relevant information earlier and more safely.

Continuous review and updating of action plans is essential. Technology-facilitated abuse, online harms and perpetrator tactics change quickly. Responses cannot be one-off; they need to be monitored, reviewed and updated regularly.

Conclusion

Barnardos brings a strong child-centred and family-focused perspective to this consultation, grounded in direct work with children, young people, parents, carers and communities affected by poverty, violence, homelessness, trauma and family stress. Across its programs, including child and family support, parenting programs, substance use in parenting support, domestic and family violence-proficient practice, and place-based prevention initiatives such as Communities for Children, Barnardos sees the close relationship between safety, housing stability, family wellbeing, cultural connection, early intervention and long-term recovery. Domestic and family violence should not be treated as a stand-alone issue, but as part of the broader systems affecting children's safety, development and opportunity to thrive.

Children and young people must be centred in all domestic, family and sexual violence responses. Children are not passive witnesses; they are directly affected, they resist violence in their own ways, and they need their own pathways to safety, healing and recovery.

More protection is needed for children from online harm, harmful sexualised content, technology-facilitated abuse and exploitation. Children should not be able to easily access harmful material online, and families should not carry the full burden of monitoring rapidly changing platforms, apps and games. Stronger regulation, better platform accountability, age-appropriate safeguards, reporting systems and ongoing review are needed.

A key message from this consultation is: ‘We cannot protect children from what is happening behind closed doors or online unless systems, platforms and communities take greater responsibility.’

Significant service gaps remain across prevention, early intervention, crisis response and recovery. These include limited access to funded, trauma-informed and child-centred therapeutic supports before families reach crisis; limited long-term recovery pathways for children and families; and ongoing fragmentation between domestic and family violence, housing, mental health, child protection, family support, legal and family law systems.

Responses must give particular attention to women and children experiencing heightened disadvantage, including Aboriginal and Torres Strait Islander women and children, refugee and migrant women, culturally and linguistically diverse communities, women with disability, women experiencing mental health or substance use challenges, women facing housing insecurity, financial hardship and post-separation abuse, and pregnant women, new mothers, infants and children exposed to domestic and family violence. Intersecting disadvantage compounds risk and reduces access to timely, culturally safe and trauma-informed support.

Service development should include specialist domestic and family violence practitioners embedded within child and family services; specialist roles for children and young people; prenatal intervention; child protection advocacy; child- and youth-focused therapeutic programs; healthy relationships education; trauma recovery initiatives; community healing and connection programs; and culturally responsive place-based interventions. These initiatives should be supported by sustained, holistic case management that addresses trauma, housing instability, economic disadvantage, safety concerns and family recovery together.

Investment needs to shift beyond crisis intervention towards prevention, early intervention and long-term healing. This requires culturally safe, trauma-informed and integrated responses that reflect the complex realities faced by children, women, and families experiencing violence.

The Stuart case study (below) demonstrates what coordinated, long-term and trauma-informed support can achieve. It shows the value of integrated support across domestic and family violence, alcohol and other drugs, mental health, housing, parenting, legal and community services. It also highlights areas for improvement, including earlier legal support, affordable mental health assessments, earlier intervention for people using violence, and sustained wraparound support that does not end before families are stable.

Case studies should be used to show what works. The Stuart case study demonstrates that coordinated, trauma-informed, long-term support across domestic and family violence, alcohol and other drug treatment, mental health, housing, parenting and community services can support meaningful change. It also shows the need for earlier access to legal advice, affordable mental health assessments and earlier intervention for people using violence.

The case study of Samantha's experience provided below also highlights the impact of timely access to private psychology and psychiatry. In that case, access was enabled because a private enterprise funded the support, not because a universal service pathway was available. This demonstrates the

need for funded and equitable access to specialist therapeutic support for families, rather than relying on exceptional circumstances.

Case Study 1: Stuart

Background

Laura and Stuart were in a relationship for more than ten years and experienced multiple and complex challenges. During this period, Stuart used violence against Laura, while Laura experienced significant issues related to drug use. The family also housing instability, mental health concerns, and involvement with the family law system. The couple had four children together and were also navigating complex extended family dynamics. Following Family Court proceedings, custody of the children was awarded to Stuart's mother.

Service engagement and change

After a period of separation, Laura and Stuart reunited and demonstrated a strong commitment to addressing the issues that had contributed to family harm. Motivated by a strong commitment to have their children returned to their care, and finding out Laura was pregnant, both parents engaged in a parenting program as recommended through Family Law Court processes. Laura received support through the Barnardos Substance Use in Parenting Program (SUPPS), between July 2021–March 2024, while Stuart participated in a Men's Behaviour Change Program facilitated by Relationships Australia. Stuart's use of violence was understood as the primary safety concern and his need to take responsibility and receive support to change was prioritised.

Over a period of three years, the family engaged with a broad network of services including NSW Health, Barnardos SUPPS, Community Mental Health, Vinnies Housing Services and Opportunity Pathways. This coordinated multi-agency response provided consistent support across key areas of need, including safety, housing, parenting, health, recovery and social participation. The collaboration between agencies created an environment where positive change was encouraged, reinforced and sustained. Children's safety and wellbeing remained a core focus across agencies, and the couple were supported to keep their fifth child in their care with no concerns for her wellbeing or safety.

Outcomes achieved

Through sustained engagement and support, both Laura and Stuart demonstrated significant personal growth. They remained committed to reflecting on past behaviours and making meaningful changes in their lives. Both pursued further education and sought employment in sectors aligned with their lived experiences. Laura secured employment within local alcohol and other drug services, while Stuart gained employment with a culturally appropriate service supporting men to address the use of violence and improve relationships.

The family now maintains safe and stable housing, which was a key enabler for them to sustain engagement, healing, recovery and career progression.

The family reports positive outcomes for their youngest daughter, who is thriving. While restoration of their older children was not achieved, the parents have maintained relationships with them and continue to play a meaningful role in their lives.

Systemic challenges and opportunities for improvement

While this case demonstrates the positive impact of coordinated domestic and family violence interventions, it also highlights opportunities for system improvement. The family identified significant barriers in accessing timely legal advice and ongoing legal representation. Earlier access to specialised family law support and earlier engagement in support services may have assisted the family to navigate court processes more effectively and reduced the trauma associated with prolonged separation from their children.

Key message for government

This case demonstrates that meaningful and lasting change is possible when individuals are provided with coordinated, trauma-informed and long-term support. The success achieved by this family reflects the importance of integrated service responses across domestic and family violence, alcohol and other drug treatment, mental health, stable housing, parenting and community services. It also highlights the need for earlier access to specialist legal support, affordable mental health services, and early intervention programs for people using violence to improve safety and outcomes for children and families.

Case Study 2: Samantha

Background

Samantha was being supported by Barnardos Temporary Foster Care program to have her daughter returned to her care as part of a planned restoration pathway. Samantha was working to address a range of complex and intersecting issues that had contributed to child protection concerns and led to her daughter's removal when she was born, including experiences of domestic and family violence, trauma, and a history of alcohol and other drug use. Samantha's circumstances reflect the way domestic and family violence can affect parenting capacity, mental health, safety, stability and service engagement, particularly when victim-survivors are also navigating statutory systems.

Samantha had previous involvement with DCJ. Her older child had been removed from her care and placed with Samantha's sister. This earlier experience added complexity to Samantha's restoration journey, as she was required to demonstrate sustained change while also managing the emotional impact of prior child removal and ongoing statutory involvement.

In this context, Samantha's restoration pathway should not be understood only as an individual recovery story. It also demonstrates how domestic and family violence intersects with mental health, substance use, trauma, poverty and child protection involvement. Families affected by these overlapping issues often require coordinated, trauma-informed and DFV-informed support that responds to safety, recovery and parenting together, rather than treating each issue through separate service pathways.

Service engagement and change

Fortunately, Samantha received philanthropic financial support that enabled her to access health services. This was a critical factor in her ability to access timely and coordinated support. Rather than being placed on public waitlists, which can exceed 15 months for some services, Samantha was able to engage with private health providers without delay and with no out-of-pocket costs.

Samantha engaged in a range of services, including psychiatry, psychology, alcohol and other drug rehabilitation, mental health admissions, and regular medication reviews. This level of service access allowed Samantha to receive consistent, specialist support that responded to both her immediate needs and the underlying impacts of trauma and domestic and family violence impacting her parenting capacity, emotional regulation, safety planning and recovery.

The absence of wait times meant Samantha could begin treatment when she was ready to engage, rather than losing momentum while waiting for services to become available. This timely access supported her recovery, strengthened her mental health stability, and helped her demonstrate the sustained change required for restoration.

Outcomes achieved

Samantha's daughter was restored to her care.

Samantha has maintained her sobriety and continues to demonstrate positive change. Her progress highlights the significant impact of timely, well-funded, and coordinated support for parents involved in the child protection system. In Samantha's case, access to private health services reduced barriers to treatment and contributed to a successful restoration outcome for both mother and child.

Systemic challenges

Families experiencing domestic and family violence often present with complex and intersecting needs, including trauma, mental health concerns, substance use, housing instability, financial stress, and child protection involvement. Evidence and practice experience show that domestic and family violence, parental mental health concerns and alcohol and other drug issues frequently overlap in child protection contexts, and that children affected by these combined issues can face increased risk of entering out-of-home care. When families cannot access timely mental health, health, alcohol and other drug, and DFV-informed support, risks to children, victim-survivors and family stability can escalate. The issue is not only individual service engagement, but a broader system challenge where

the support required to achieve safety, recovery and restoration is often delayed, fragmented or inaccessible.

Opportunities for improvement

- Fund timely access to specialist health and mental health services.
- Create integrated DFV, mental health and child protection pathways.
- Increase access to trauma-informed and DFV-informed clinicians.
- Use flexible brokerage to remove practical barriers.
- Strengthen early intervention before crisis point.
- Embed perpetrator accountability across systems.

Key messages for government

For vulnerable families experiencing domestic and family violence, access to timely health and mental health care can be the difference between crisis and recovery. Samantha's story demonstrates why the *Second Action Plan* must prioritise integrated, DFV-informed pathways across child protection, mental health, alcohol and other drug services, family support and restoration planning. When services are delayed, unaffordable or fragmented, families are expected to demonstrate change without being given the tools to achieve it. Investment in timely, integrated and DFV-informed health responses would strengthen child safety, support victim-survivor recovery, improve restoration outcomes, and reduce long-term demand on crisis and statutory systems.

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