Relationships AUSTRALIA

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Submitted by: upload on DSS Engage

National Plan to End Violence Against Women and Children 2022-2032 – Second Action Plan – Consultation

Thank you for the opportunity to contribute to the consultation on the Second Action Plan (SAP) under the *National Plan to End Violence Against Women and Children 2022-2032* (the National Plan). The core proposition of this submission is that the SAP must:

- recognise the diversity and complexity of contemporary Australian families, and purposefully pivot away from nuclear, heteronormative families as the (often unstated) default
- be predicated on a whole of lifecourse approach to the prevention of all forms of DFSV
- support holistic, wraparound service delivery which lift the burdens of fragmentation from victim survivors, and users, of DFSV
- reject over-valuing tertiary crisis responses to DFSV and under-valuing prevention investment and measures
- commit governments to sustain measures that are proven to work, rather than relying on *ad hoc* pilots that make good progress in communities, but are abruptly de-funded to enable further *ad hoc* pilots of the latest shiny new trend, and
- purposefully invest in recovery and healing.

The work of Relationships Australia

Relationships Australia is an Australian federation of community-based, not-for-profit organisations with no religious affiliations, which have served families and communities for over 75 years. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, cultural background, lifestyle choices, or economic circumstances. Relationships Australia provides services for victim survivors and people who use domestic, family, sexual and other interpersonal violence, including abuse and neglect of older adults.

In 2024-25, Relationships Australia member organisations served more than 156,000 clients across more than 90 locations and 97 outreach locations. Our staff of over 2,000 offer more than 300 unique services/programs, and contribute to journal articles, conference presentations and submissions to parliamentary enquiries, all of which reflect and amplify what we learn from clients and through research projects,[1] to support legislative and policy development, and continuous improvement and innovation in service delivery. Our services include:

[1] Relationships Australia (2025) Annual Impact Report for Families and Children Activity Services. Accessible at https://www.relationships.org.au/wp-content/uploads/RA-Impact-Report-2024-25.pdf

- Specialised Family Violence Services (including for children and young persons)[2]
- Children's Contact Services (services which provide supervised contact and changeovers for high risk families)
- services designed for men, including programs to support parenting capacities and resources, Men's Behaviour Change Programs, and tailored programs such as the Respectful Relationships Program for Indigenous clients[3]
- a range of tailored services for older Australians, including senior relationship services, dispute resolution for older adults, dedicated case management and mediation services designed to address elder abuse, social connection services and mental health services in residential aged care
- individual, couples, children's, and family counselling
- family law counselling, mediation and dispute resolution, and post-separation services for parents and children
- therapeutic and case management services to applicants for Redress Support Services, Forgotten Australians, Forced Adoption Support Services, Intercountry Adoptee Family Support Service, and Post Adoption Support Services
- gambling help services, and
- Family Mental Health Support Services, headspace (youth mental health) services and other mental health (including suicide prevention) services and programs.

The centrality of domestic and family violence experiences in the work of Relationships Australia practitioners

Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. We believe that people have the capacity to change how they relate to others.

Couples and families experiencing domestic and family violence (DFV) are core clients of Relationships Australia as providers of services under the Family Relationships Services Programme administered by the Attorney-General's Department and the current Families and Communities Programme administered by the Department of Social Services. Relationships Australia, and others, argued strongly for the inclusion of DFV services in the initial establishment of Family Relationship Centres. Those establishing the FRSP at the time, however, expected that FRCs would, if DFV were disclosed, simply issue a certificate exempting parents from undertaking family dispute resolution, referring families directly to the courts.

In practice, this had undesirable unintended consequences. First, it discouraged women who were seeking to leave violent relationships as quickly as possible from disclosing DFV, because

[2] For example, Safe, Empowered and Re-connected, delivered by Relationships Australia Northern Territory and funded by the Department of Social Services: see Annual Impact Report, 2024-2025.
[3] This program, delivered by Relationships Australia Northern Territory in partnership with Darwin Indigenous Men's Service, helps Indigenous men to undertake an exploration of the meaning of respect.

that meant that an opportunity to make a parenting plan without waiting for a family law court order would be lost, and the process of separating more drawn out. This would prolong instability for victim survivors, and delay recovery. Further, direct referral into the court system missed opportunities for earlier psycho-social intervention for persons using violence. Relationships Australia organisations, therefore, have always offered specialist services to support families affected by DFV, and co-occurring circumstances, such as mental ill-health, harmful gambling and harmful use of alcohol and other substances. We will continue to do so.

Relationships Australia is writing separately to the Attorney-General's Department in relation to child sexual abuse, and the concurrent consultation on the development of the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*.

The Consultation Paper indicates that the 'non-specialist workforce' (itself an othering term that entrenches service fragmentation and siloing) '*may* come into contact with victim-survivors' (p 17; emphasis added). However, the ongoing prevalence of DFSV (including child maltreatment and abuse and mistreatment of older women) means, in practice, that members of our sectors will inevitably come in contact with victim survivors. It is core work.

Prevalence of DFSV and safety concerns among Relationships Australia clients

Relationship Indicators

To better understand the Australian relational landscape, we relaunched our Relationship Indicators research during the 2022-2023 financial year,[4] and re-administered the survey in the 2024-25 financial year.[5] Relationship Indicators is the only nationally representative survey that explores the state of relationships in Australia. Relationships Australia continues to analyse this data and release special reports on discrete topics. Key findings relevant to this Inquiry include that:

- 79% of people in Australia in 2024 (up from 72% in 2022) reported a range of relationship pressures impacting their relationships over the past six months
- 12% of people in Australia in 2024 (up from 8.8% in 2022) felt unsafe disagreeing with their most important person, and
- 61% of people who felt unsafe disagreeing with their important person were female.

Family Relationships Centres and DFSV

Practice experience, confirmed by research, shows that:

- people experiencing physical violence in relationships use at least four family wellbeing or family law services before or during separation, compared to:
    - 1.4 services used by those with no violence in their relationships, and

[4] Fisher, C., Huang, L. & Althor, G. (2022) Relationship Indicators 2022 Report. https://relationships.org.au/relationship-indicators/full-report/

[5] Relationships Australia (2024). Relationship Indicators 2024. 'Full Report'. (Relationship Indicators | Relationships Australia). Accessible at https://www.relationships.org.au/wp-content/uploads/Relationship-Indicators-2024-Report-Final.pdf

  - 2.9 services used by those facing emotional abuse[6]
- people reporting physical harm before or after separation are twice as likely to use a counselling, relationship or FDR service than a domestic violence service,[7] and
- 18% had, in the previous year, needed to call police, press criminal charges or have criminal justice system involvement due to behaviour of a partner or ex-partner, and
- 11.7% were aware of a child protection notification about their family (with 2.8% being currently under investigation).[8]

A national study of FDR outcomes conducted by Relationships Australia involved approximately 1,700 participants, of whom nearly a quarter (23%) presented with high levels of psychological distress, and 68% reported experiencing at least one form of abuse, with verbal abuse being the most common (64%).[9] A large proportion (72%) of parenting participants in the study also reported significant child exposure to verbal conflict between parents, including yelling, insulting and swearing. Such abuse falls squarely within the definition of family violence in the *Family Law Act 1975* (Cth) (see section 4AB).

FRCs and co-occurring challenges

Our clients are most likely to seek help from a relationship service for:

- relationships assistance (61.9%)
- mental ill-health (28.9%); FRC clients have told us that 34.1% had thought of suicide and 9.5% were currently thinking of suicide, and
- child's coping (26.1%).[10]

[6] For prevalence of emotional abuse, see eg Australian Bureau of Statistics. (2022, August 24). *3.6 million people experienced partner emotional abuse*. ABS. https://www.abs.gov.au/media-centre/media-releases/36-million-people-experienced-partner-emotional-abuse

[7] Kaspiew, R., Carson, R., Dunstan, J., Qu, L., Horsfall, B., De Maio … Tayton, S. (2015). Evaluation of the 2012 family violence amendments: Synthesis report. Melbourne: Australian Institute of Family Studies; Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J.M., Humphreys, C., Diemer, Kl, Nguyen, C., Buchanan, F., Hooker, L., Taft, A., Westrupp, E.M., Cookin, A., Carson, R. & Dunstan, J. (2017) Domestic and family violence and parenting: Mixed method insights into impact and support needs. Final Report. (ANROWS Horizons 04/2017) https://www.anrows.org.au/publication/domestic-and-family-violence-and-parenting-mixed-method-insights-into-impact-and-support-needs-final-report/

[8] Lee, Jamie & McIntosh, Jennifer. (2019). Universal risk screening in relationships counselling to enhance client engagement and promote safety and wellbeing. (Paper delivered at 2019 FRSA Conference.

[9] See Heard, G. & Bickerdike, A. (2021a) 'Am I on track?' Family Dispute Resolution & the client need for guidance in post-separation property matters. *Australian Journal of Family Law*, 34(3): 211-230; Heard, G. & Bickerdike, A. (2021b) 'Dispute resolution choices for property settlement in Australia: Client views on the advantages and disadvantages of Family Dispute Resolution and legal pathways' Family Court Review, 59(4): 790-809; Heard, G., Bickerdike, A. & J. Lee (2021) 'Family Dispute Resolution for property matters: The case for making space' Australasian Journal of Dispute Resolution, 31(2): 158-172. https://search.informit.org/doi/abs/10.3316/agispt.20211007054668.

[10] Lee, Jamie & McIntosh, Jennifer. (2019). Universal risk screening in relationships counselling to enhance client engagement and promote safety and wellbeing. (Paper delivered at 2019 FRSA Conference.

DFSV is rarely present in isolation from other risky behaviours such as misuse of alcohol and other drugs, harmful gambling, mental health problems and personality disorders.[11] Further, it is not uncommon for individuals to experience more than one of these co-occurring challenges as well as DFSV. Our day to day work is largely comprised of families in such circumstances. Detecting, responding to, and enabling recovery from domestic and family violence is core business for Relationships Australia, as is supporting people experiencing or affected by:

- misuse of alcohol and other drugs
- harmful gambling - data from Relationships Australia South Australia demonstrates that risky use of alcohol and other drugs is linked to risky gambling[12]
- poor mental health, self-harm and suicidality
- chronic disease
- poverty or financial precarity[13]
- housing precarity and homelessness,[14] and
- trauma, including intergenerational and institutional trauma.

Snapshot from Relationships Australia South Australia

Across Relationships Australia South Australia services, clients commonly present with multiple and compounding risks: one in two seek help for feeling safe in relationships, one in three seek help about their own unsafe behaviour, one in five request help with risky alcohol and other drug use, and the children of one in five clients have been the subject of a

[11] See, eg, Family Law Council, 2015, 2016; Australian Law Reform Commission Report 135 (2019) *Family Law for the Future*. Accessible at https://www.alrc.gov.au/wp-content/uploads/2019/08/alrc_report_135_final_report_web-min_12_optimized_1-1.pdf ; House of Representatives Standing Committee on Social Policy and Legal Affairs. (2021) Final Report. Inquiry into family, domestic and sexual violence. Accessible at https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Familyviolence/Report . See also Hameed, M. A. (2019). The tripartite tragedy: Alcohol and other drugs, intimate partner violence and child abuse. Children Australia, 44(1), 32–41. https://doi.org/10.1017/cha.2018.52; Kourgiantakis, T., Saint-Jacques, M. C., & Tremblay, J. (2013). Problem gambling and families: A systematic review. Journal of Social Work Practice in the Addictions. 13(4), 353-372

[12] RASA analysed MyDOORS 1 in GHS (n=2, 467) and all other counselling services (n=26,805). The approximate increase for risky gambling is five times greater when also accompanied by risky AOD use. See also Lubman, D, Manning, V, Dowling, N, Rodda, S, Lee, S, Garde, E, Merkouris, S & Volberg, R. (2017). Problem gambling in people seeking treatment for mental illness, Victorian Responsible Gambling Foundation, Melbourne

[13] See, eg, Australia's National Research Organisation for Women's Safety. (2022) Economic security and intimate partner violence: Research synthesis. https://www.anrows.org.au/publication/economic-security-and-intimate-partner-violence/ ; Australian Institute of Health and Welfare (2025) Family, domestic and sexual violence. Economic and financial impacts. https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-andoutcomes/economic-financial-impacts

[14] See, eg, Australian Human Rights Commission (2019) Older Women's Risk of Homelessness: Background Paper. humanrights.gov.au/resource-hub/by-resource-type/publications/older-peoples-rights/older-peoplesrights-policy-reports/older-womens-risk-homelessness-background-paper-2019 ; Australia's National Research Organisation for Women's Safety. (2019). Domestic and family violence, housing insecurity and homelessness: Research synthesis (2nd Ed.; ANROWS Insights, 07/2019). Sydney, NSW: ANROWS. https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/03/DV-Housing-Homelessness-Synthesis-2.Ed_.pdf.

child protection notification. These issues frequently intersect with poverty, housing instability, parenting stress, trauma histories and service mistrust.

Children's Contact Services as a specialised frontline DFSV service

Relationships Australia operates CCSs in over 20 locations nationwide. Family law courts frequently order supervised contact at a Children's Contact Service (CCS) in advance of making findings about family safety. This occurs notwithstanding the recognition, in the *Family Law Act 1975*, that children are harmed by exposure to domestic and family violence (section 4AB). Examples where a family law judge has ordered supervised contact against a background of safety concerns include a person using violence having:

- more than once, threatened to kill the mother in front of their 5 year old child, telling the mother that he would 'cut her throat' and 'drag her into the woods to die'
- removed children from their home, then calling the mother to say that they would never see their children again unless the partner gave him money to buy meth
- kicked in a 13-year-old stepdaughter's bedroom door, calling her a 'stupid bitch' who was just as 'dumb' as her mother and a 'raghead whore'
- stopped the children's attending counselling because it was 'bullshit' and the children were 'cry babies', and
- stopped children attending counselling to recover from the perpetrator's abuse of them, despite the perpetrator having been convicted of offences relating to the abuse, on the basis that it would foster parental alienation against the perpetrator.

Over time, CCS have increasingly been positioned at the frontline of responding to DFSV, including coercive control, in service of the view that a poor parental relationship, which includes a history of violence and no meaningful action by persons using violence to address that violence, is better than no parental relationship with an abuser.

Supervised contact can be, and is, ordered where a coercive controlling partner has brought an application for contact as a means of perpetuating their control, both in the litigation and the supervised contact to which the litigation leads. Supervised contact can be, and is, ordered in circumstances when it harms children and 'lives with' parents. At a case assessment conference in 2021, Family Consultants in the Family Court of Western Australia identified that child abuse was a risk factor in 49% of cases, and family violence was a risk factor in 68% of cases.[15]

Relationships Australia looks forward to the statutory reviews of recent amendments of the Family Law Act which have been intended to better prioritise safety of children, and children's caregivers, over continued contact with a person using violence.

DFSV reform advocacy by Relationships Australia

The discussion and recommendations in this submission build on submissions we have made over recent years about our clients' diverse and complex experiences with DFSV, and the

[15] See Family Court of Western Australia, Annual Review, 2021, at https://www.familycourt.wa.gov.au/_files/Publications_Reports/FCWA_Annual_Review_2021.pdf

multi-factorial, multi-directional risk and protective factors. These submissions are set out at Appendix A.

These submissions are accessible at https://www.relationships.org.au/research/#advocacy

Recommendations

Recommendation 1

That fragmentation be addressed via:

- a whole of lifecourse approach to understanding the experience of DFSV (including compounding harms) as well as risk and protective factors for experiencing and using DFSV
- a wraparound, multi-disciplinary 'whole of family' approach, which sees and responds to victim survivors not as isolated individuals, but within their family (past and present), community and cultural contexts
- a universal, population-level approach to primary prevention, supporting social cohesion and connection as powerful protective factors against DFSV
- collaboration among services, unhindered by competitive tendering and supported by appropriate funding envelopes (rather than relying on the discretionary time, effort and goodwill of already over-worked and under-remunerated staff), and
- improved collaboration among jurisdictions so that no one experiencing DFSV in Australia is disadvantaged in terms of service (including justice) responses because of where they are located.

Recommendation 2

That the SAP provide for a dedicated healing, recovery and capacity-building stream, with dedicated funding, and that services to enable people who use violence to build relational skills, including parenting capacity, also be included in this stream.

Recommendation 3

That the SAP prioritise measures to ensure that experiences of episodic poverty following or accompanying experience of DFSV, do not deteriorate into entrenched, and potentially intergenerational, poverty that harms the individuals experiencing it, and undermines long-term economic, social and cultural success for Australia.

Recommendation 4

That the SAP prioritise measures to support child victim survivors of lethal DFSV.

Recommendation 5

That the SAP match the inclusivity of the National Plan in terms of prevention, response, healing and recovery services being accessible to older women and centres the voices of lived and living experience and expertise in the design and evaluation of services intended to support older women who have experienced DFSV.

Recommendation 6	That the SAP require collection of data relating to the number of women aged 55 and over who are killed in DFV of any kind.
Recommendation 7	That the SAP provide a vehicle for funding measures under the National Plan to End Abuse and Mistreatment of Older People.
Recommendation 8	That the SAP include a single, national evaluation of state and territory legislation criminalising the use of coercive control, to report six months before the expiry of the SAP.
Recommendation 9	That the SAP provide for a program of action to further harden the banking, finance and insurance sectors against misuse by people using financial abuse.
Recommendation 10	That the SAP commit all jurisdictions to legislating for the confidentiality of disclosures and inadmissibility of communications, across all courts, in relation to DFSV survivors.
Recommendation 11	That the SAP commit the Australian Government to responding to the recommendations made in the report made by the Parliamentary Joint Committee on Corporations and Financial Services on its inquiry into financial abuse.
Recommendation 12	That the SAP commit all jurisdictions to deliver long overdue harmonisation of enduring powers of attorney to confer the protective benefits of, and reduce opportunities to abuse, advance planning instruments.
Recommendation 13	That the SAP also recognise the cherished role of pets, the fact that pets are part of the survival and recovery story, and that fear for the wellbeing of animals can delay and deter help-seeking.
Recommendation 14	That the SAP require all service providers, whether or not they partner with ACCOs and ACCHOs, ensure that their services, service outlets and workers are culturally safe, so that First Nations people have choice about whether to go to an ACCO service or another service, and are culturally safe regardless of their choice.
Recommendation 15	That the SAP commit all jurisdictions to supporting service providers to offer culturally safe services to the communities with which they work.

Recommendation 16	That the SAP commit all jurisdictions to developing a holistic 'whole of lifecourse' response to violence against older women which includes:
	• a comprehensive international convention on the rights of older persons, and
	• integrated service delivery that:
	  ○ acknowledges the heterogeneity of older women and their families
	  ○ eschews othering of older women
	  ○ rejects stigmatisation of older women and those who work with them

- values specialist knowledge and skills, and
- is not hostage to bureaucratic or professional fragmentation.

Recommendation 17 That the SAP address women occupying the positionalities identified in section 1.4.4 as a hitherto overlooked cohort.

Recommendation 18 That the SAP be a vehicle to drive transformation of Budget Process Rules to enable long-term prevention investment in family and community-based relational interventions, including by allowing cross-portfolio offsets, and offsets from downstream savings. This would be consistent with the Productivity Commission's Report.

Recommendation 19 That the SAP recognise the diversity and non-linearity of how people experience relationships and key challenges across the lifecourse, and meet people where they are at when they do seek help – whether through information materials, psycho-social education resources, capacity-building, crisis interventions, or healing and recovery.

Recommendation 20 That the SAP explicitly refer to social connection interventions as essential tools in the array of prevention measures, and support evidence-backed measures, such as Neighbours Every Day.

Recommendation 21 That the SAP be a vehicle to drive the development of:

- innovative programs targeting boys and young men
- initiatives promoting healthy masculinity
- community campaigns designed by and for men, and
- lived-experience ambassadors where appropriate.

Recommendation 22 That the SAP allow for early engagement between governments, people with lived expertise and experience, and service providers to consider how to best deal with attribution issues.

Recommendation 23 That the SAP mandate universal screening using validated tools such as FL-DOORS across the community services, family relationships, DFSV, mental health and judicial sectors, and that this be extended to include early universal, non-stigmatising and systematic risk screening for children and young people.

Recommendation 24 That the SAP commits the Australian Government to fully implement all recommendations in the Murphy Report.

Recommendation 25 That the SAP commit all jurisdictions to invest in integrated services, including case management, for people affected by harmful use of alcohol and other drugs.

Recommendation 26 That the SAP commit all jurisdictions to invest in integrated services for children and young people which recognise them as rights-bears, as victim survivors in their own right, and within their broader family, community and cultural context; the design, delivery and evaluation of such services must occur with the engagement of their voices.

Recommendation 27 That the SAP support:

- swift national rollout of pilots that are evaluated as being effective, rather than entrenching geographic inequity or disrupting therapeutic continuity
- research and practices exploring the co-occurrence of DFSV with other harmful behaviours (such as the Fixed Grievance Perpetrator Intervention Pilot), and
- greater integration between family law, family relationship, and DFSV policy-making and housing policy-making at federal, state and territory levels

Recommendation 28 That the SAP support:

- universally accessible prevention measures, including psycho-educational programmes about relational wellbeing, delivered in schools and other appropriate settings where children and young people engage
- building the capacity of all adults in the community (not just parents, educators and health care professionals) to safely support children and young people, including through public education campaigns and specialist resources (such as those published by the eSafety Commissioner)
- relational services, tailored for children and young people at all developmental stages, that complement regulatory and educational programs under the auspices of the eSafety Commissioner
- child inclusive practices in DFSV specialist services, as well as in relationship services more broadly
- data collection, and research built on that, to enable real-time monitoring of emergent risks of harm to children and young people
- specialist services where children and young people can report safety concerns
- linkage with child and adolescent mental health and suicide prevention mechanisms. and
- given the well-documented association between harmful gambling and DFV, and the Federal Government's commitment to protecting children from gambling harm – monitoring of the impact on children and young people of the recently introduced amendments of the *Interactive Gambling Act 2001.*

Recommendation 29 That the SAP support the use of the Australian Government's Office for Youth Engage! Strategy as a mechanism for hearing the voices of children and young people about DFSV, including by establishing a specialist Youth Advisory Group on DFSV.

Recommendation 30 That the SAP support universally accessible relational wellbeing programmes as a key prevention/early intervention response.

Recommendation 31 That the SAP clearly identify known transition points where risk is known to be heightened and focus resources and responses accordingly.

Recommendation 32 That the SAP support ongoing evaluation of the impact of the various industry codes, standards and guidelines, developed in partnership with governments, to identify and better support victim survivors..

Recommendation 33 That the SAP commit all jurisdictions to increase funding of perpetrator interventions as well as programs that enable early identification of people at risk of using violence and which change attitudes and behaviours that encourage, normalise, reward or excuse using violence in relationships, and that these programmes be evaluated.

Recommendation 34 That the SAP commit all jurisdictions to identify and invest in perpetrator programmes for people, other than men, who use violence in relationships.

Recommendation 35 That the SAP support prevention strategies including school-based supports, culturally safe interventions for First Nations and CALD children, programs tailored for children with disability, and digital-literacy initiatives to mitigate technology-facilitated abuse.

Recommendation 36 That the SAP:

- support the development of a specialised training module for professionals on co-occurring DFSV and suicide risk, and
- require DFSV literacy, trauma-informed training, and professional supervision for trustees, legal professionals, and Family Dispute Resolution Practitioners exercising powers that involve DFSV risk.

Recommendation 37 That the SAP support the design, development, and evaluation, in partnerships with lived expertise, of inclusive services for LGBTIQA+ communities.

Recommendation 38 That the SAP support national case management and navigation support for families affected by DFSV.

Recommendation 39 That the SAP commit Australian governments to funding proven mechanisms that support collaboration (such as the recently de-funded Family Law Pathways Networks).

Recommendation 40 That the SAP provide that funding allocations must reflect the true cost of service delivery.

Recommendation 41 That the SAP promote mandatory workforce development in:

- AI
- technology-facilitated abuse
- cyberstalking
- image-based abuse, and
- deepfakes.

Recommendation 42 That the SAP recognise relational wellbeing across the lifecourse as an outcome domain in its own right.

Framing principles of this submission

Principle 1 Human rights as the non-negotiable foundation

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all. In our 2023 submission to the inquiry by the Parliamentary Joint Committee on Human Rights into Australia's human rights framework, we recommended that Government should introduce a Human Rights Act that provides a positive framework for recognition of human rights in Australia.

Relationships Australia considers the following international instruments to be of foundational relevance to developing the SAP:

- the Convention on the Rights of the Child
- the Convention on the Elimination of All Forms of Discrimination Against Women, and
- the United Nation's Declarations on the Rights of Indigenous Peoples and the Rights of Persons with Disabilities

Rights of older women

We warmly welcome the Australian Government's recent moves to support the development of a specialised Convention on the human rights of older persons. Our recommendations about the SAP's silence on the abuse of older women as a particular form of gender-based violence, and as an essential part of the prevention/disruption imperative, are informed by our vigorous support for such a Convention. They are consistent with recommendations which we have recently made to the United Nation's Special Rapporteur on Violence Against Women and Girls and the Independent Expert on the Enjoyment of All Human Rights by Older Persons.[16]

Children and young people as rights bearers

Relationships Australia has welcomed several recent Government initiatives supporting the rights and well-being of children and young people; in particular, recent amendments of the *Family Law Act 1975* and the recent reference to the Family Law Council, leading to its report.[17]

[16] Accessible at https://www.relationships.org.au/research/#advocacy

[17] Noting that the Australian Government has yet to respond to this report.

Relationships Australia's services engage directly with children and young people, and their families, to provide a range of supports, services and education programs. In addition to CCSs, we provide specialist counselling and related services to children who are victim survivors of DFSV, and those whose parents have separated. We operate headspace youth mental health services at several locations and deliver a range of other services dedicated to supporting children and young people in specialised circumstances and contexts; for example, children and young people who are carers and children in ADF families.

Reforms to Australian responses to DFSV and other forms of child maltreatment[18] must not consist merely of retrofitting adult-centred systems, legal and administrative structures, physical premises and service delivery, as has periodically occurred in the family law system. Nor can reforms treat children and young people as an homogenous group. In Australian common law and statute law, such as the *Family Law Act 1975* (Cth), children and young people have long been recognised as rights-bearers, and their developmental journey long recognised as relevant to how the law upholds their rights are upheld in context-sensitive ways.[19]

Child victim survivors need and deserve bespoke systems, structures and services, to comply with our international public law obligations, as well as our domestic moral obligations. Similarly, universal primary prevention measures must be tailored to children and young people at different developmental stages.[20] Design, implementation and evaluation should be informed not only by adult advocates, but also by genuine and meaningful engagement with child victim survivors. (See our response at 2.5.3)

Principle 2 An expanded understanding of diverse ways of being and knowing

Relationships Australia is committed to working with Aboriginal and Torres Strait Islander people, families and communities. Relationships Australia is also committed to enhancing the cultural responsiveness of our services to other culturally and linguistically marginalised

[18] For prevalence and trends of child maltreatment, see the Australian Child Maltreatment Study: all research reports are available at https://www.acms.au/; see also Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology; Higgins, D.J., Mathews, B., Pacella, R., Scott, J.G., Finkelhor, D., Meinck, F., Erskine, H.E., Thomas, H.J., Lawrence, D.M., Haslam, D.M., Malacova, E. and Dunne, M.P. (2023), The prevalence and nature of multi-type child maltreatment in Australia. Med J Aust, 218: S19-S25. https://doi.org/10.5694/mja2.51868; Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18. https://doi.org/10.5694/mja2.51873

[19] Such as, for example, by acceptance of the *Gillick* principle in relation to consent to medical treatment (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112, accepted by the High Court of Australia in *Secretary, Department of Health and Community Services v JWB and SMB* ('*Re Marion'*) (1992) 175 CLR 218) and how the family law courts respond to the wishes and preferences of children and young people in matters under Part VII of the Family Law Act. For more recent legislation recognising children's status as rights-bearers and decision-makers in matters affecting them, see *the Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023* (ACT) and the *Health Safeguards for People Born with Variations in Sex Characteristics Act 2025* (Vic).

[20] For examples of such programmes, see subsequent discussion of Respect and Connect and Rize Above at section 3.3.1.2.

individuals, families and communities. Our commitment to human rights necessarily includes a commitment to respecting epistemologies beyond conventional Western ways of being, thinking and doing.

Of acute importance is a commitment to respecting epistemologies and experiences of Aboriginal and Torres Strait Islander people as foundational to policy and programme development, as well as service delivery. Connection to Country, and the context-specific experiences of kinship, for example, do not countenance the hyper-individualism that pervades Western assumptions about distribution of resources and obligations between the Western nation-state and individuals, and among individuals. Centring the epistemologies and experiences of Aboriginal and Torres Strait Islander people is a necessary (although not of course sufficient) step in achieving the targets in the National Agreement on Closing the Gap, as well as preventing entry into poverty, ameliorating its effects, and hastening transitions out of poverty.

Cost, literacy, language, bureaucratic hurdles and lack of confidence in cultural safety can all impede the access of Aboriginal and Torres Strait Islander people to 'White' systems. Further, policies made in the context of urbanised clients often do not translate well to the situation of First Nations people living in remote areas. Well-founded distrust of government agencies in matters relating to children is also a significant barrier. Additionally, many of our clients suffer from intergenerational and complex trauma. In some communities, violence has been normalised.

Relationships Australia supports leadership by Aboriginal Community Controlled Organisations. Support for ACCO-led services, however, must not excuse mainstream services, such as Relationships Australia, from the obligation to offer culturally safe service and to be culturally safe employers. Accordingly, in our submission to the Productivity Commission's current inquiry into enhancing productivity in the care and support economy, we have recommended that all service providers, whether or not they partner with ACCOs and ACCHOs, ensure that their services, service outlets and workers are culturally safe, so that First Nations people have choice about whether to go to an ACCO service or another service, and are culturally safe regardless of their choice (see Recommendation 11 of that submission).

Principle 3 – Lived and living expertise are prerequisites of effective policy

Centring lived expertise, through authentic co-design,[21] enhances the transparency and public accountability in policy and programme development, and the efficiency of government services, by supporting delivery of outcomes that are valued by service users, not just administrators. Further, where reform bears directly on people's lives and addresses a recognised public health issue such as DFSV, rigorous scrutiny and testing of proposed

[21] For discussion of the abasement of the term 'co-design', particularly in First Nations policy, see eg Butler, T., Anderson, K., Black, O., Gall, A., Ngampromwongse, K., Murray, R., Mitchell, L., Wilkinson, K., Heris, C., Whop, L. J. (2025) Co-design Versus Faux-Design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review.

amendments with the constituency is not merely a procedural nicety, but a substantive safeguard.

Policy documents generally caveat commitments to seek out, elicit and reflect the voice of lived and living expertise by references to 'where possible'. Unfortunately, it often turns out in practice to be 'not possible'. For example, the Second National Plan to End Abuse and Mistreatment of Older People was consulted on over 6 weeks leading up to Christmas. Consequently, important cohorts were significantly under-represented. We experience this frequently and across a range of social policy consultations, where it appears that prior commitments to co-design and reflect lived experience dissipates to become (at best) last minute afterthoughts or 'tick a box' rituals.

Further, as we observed in our 2023 submission about the Early Years Strategy, policy-making in relation to early childhood is ripe for creativity, which can sometimes be at odds with methodologies focusing on quantitative rigour at the expense of more nuanced insights. Valuing children's input and ideas is an appropriate and rights-centred way to balance these conflicting ideas.

Principle 4 Accessible and inclusive public institutions, regulation and service delivery are integral to enjoyment of human rights

Relationships Australia is committed to universal accessibility of services, as well as inclusive and culturally safe services. Our clients (and staff) experience stigma, marginalisation and exclusion arising from diverse circumstances and positionalities, including:

- 'postcode injustice' in accessing health, justice and other social services that are of consistent standards of quality and safety, regardless of location
- age, with younger and older people affected by ageism and age discrimination in a variety of settings, including education and employment opportunities, media portrayals, access to health care, and inclusion in public life (including through involvement of laws, policies and programs that affect them)[22]
- poverty
- status as users -and providers - of care and support
- disability and longstanding health restrictions (including poor mental health)
- intimate partner violence, abuse or neglect as an older person, and/or child maltreatment
- family separation
- housing insecurity and instability
- employment precarity, unemployment and under-employment

[22] See, eg, Diversity Council Australia & Australian Human Rights Commission (2026) Age, assumptions and access at work: Employee experiences of age inclusion in the workplace. Diversity Council Australia; Australian Human Rights Commission (2025), The age barrier: Older adults' experiences of ageism in health care, Australian Human Rights Commission, Sydney; Australian Human Rights Commission (2024). Shaping Perceptions: How Australian Media Reports on Ageing. Sydney: Australian Human Rights Commission; EveryAGE Counts. (2017) The drivers of ageism: Foundational research to inform a national advocacy campaign tackling ageism and its impacts in Australia'; EveryAGE Counts. (2021) 'Ageism Report 2021' (Full Report, 2021)

- migration status
- harmful use of alcohol and other drugs, or experience of gambling harms
- membership of culturally and linguistically marginalised cohorts (including people who have chosen to migrate and people who have sought refuge)
- experience of complex grief and trauma, intergenerational trauma, intersecting disadvantage and polyvictimisation, and the effects of colonialisation, dispossession and removal from Country and culture
- experience of institutional abuse, and
- identification as members of the LGBTIQA+ communities.

Fragmentation as a violation of human rights

Silo-bound, fragmented practices impose an overwhelming array of burdens on children and their families in vulnerable circumstances, who must navigate complex mazes emanating from:

- Constitutional and jurisdictional boundaries
- divisions of portfolio responsibility
- geographic and demographic borders
- interacting professional disciplines and their internal hierarchies
- disparate funding sources, and
- disparate contractual obligations.

Almost every submission from Relationships Australia National Office over the past eight years has identified fragmentation as one of the principal barriers to authentic accessibility - in getting the right interventions to the right people at the right time and at the right dose.

The commitment of Relationships Australia to accessibility also underpins our advocacy for systems and processes that lift from the shoulders of those least equipped to bear them the burdens of fragmented, siloed, complex and duplicative or inconsistent laws, policies, programmes, and administering entities. Forcing service users to shoulder the burden of fragmentation is the opposite of trauma-informed and person-centred, and undermines human rights. Silo-bound, fragmented practices impose an overwhelming array of burdens on children and their families in vulnerable circumstances, who must navigate complex mazes emanating from:

- the various professional disciplines and their hierarchies
- geographical divisions
- jurisdictional boundaries
- bureaucratic areas of 'subject matter' responsibility, and
- reliance upon disparate funding sources.

Glenn (2019) cautioned that policy makers, service providers and financial institutions need

> …an 'understanding that system complexity and lack of cognitive bandwidth means many survivors can't or don't access the limited support available.[23]

Fragmentation is particularly salient to the SAP. At time of writing, and despite years of effort, there is no national definition of the terms at the heart of the problem we are all trying to solve: persistent and pervasive domestic family violence. That is the starkest example of how laws, policies, programmes (and funding across these areas) are fragmented across Australia.

The findings of the 2024 review of the Family Relationship Services Program (the Metcalfe Review)[24] compellingly demonstrate that siloes between the 'DFSV sector' and providers of the full array of family relationship services are harming women and children, and that fragmented service delivery curtails opportunities to identify and address intersectionality of risky behaviours. Implementing the Metcalfe Review recommendations in full would make meaningful progress towards the objective of ending violence against women and children, and addressing harmful behaviours. (see also 1.1.1)

Fragmentation hinders public awareness and education, blunting primary prevention measures.

While parliamentarians and officials from nine jurisdictions debate definitions and 'who does it best', victim survivors continue to be harmed not only by perpetrators, but also by political and/or bureaucratic inertia.

Postcode injustice – towards geographic equity

Fragmentation of funding leads to postcode lotteries so that a person experiencing one or more forms of DFSV in a particular location might have (or not have) available to them very different responses than those available elsewhere, for no other reason than location.

Relationships Australia works in regional, rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres. Our member organisations also report significant difficulties in recruiting and retaining qualified and experienced practitioners in outer suburban and regional locations, as well as sharply rising costs of delivering services on site and by outreach.

Digital exclusion undermines service accessibility[25]

Digital exclusion continues to be a barrier to help seeking. Factors driving digital exclusion include:

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[23] Glenn. R (2019) Report on Churchill Fellowship to study service responses to women experiencing or escaping domestic financial abuse USA, Canada, UK. Accessible at file:///C:/Users/SusanCochrane/Downloads/projectReport-RebeccaGlenn2019final.pdf

[24] Metcalfe, A. (2024) Support for separating families: Review of the Family Relationships Program https://www.ag.gov.au/sites/default/files/2024-08/frsp-review-final-report.PDF

[25] For current data about digital inclusion and exclusion, see Thomas J, Barraket J, Parkinson S, Wilson C, Holcombe-James I, Kennedy J, Mannell K, Brydon A (2021). Australian Digital Inclusion Index: 2021. Melbourne: RMIT, Swinburne University of Technology, and Telstra. DOI: 10.25916/phgw-b725

- physical location (including urban and suburban 'black spots')
- cost
- apprehensions and lack of confidence around data security and the prevalence of scam activity, and
- technical expertise and/or the ability to access that.

Digital exclusion may also arise when a user of coercive control can surveille the person most in need of protection through devices, apps, other means of communication, and 'smart appliances. This can occur with or without the knowledge and free consent of a person in need of protection.

Principle 5 Social connection and relational wellbeing as a public health imperative

Loneliness is a complex social problem and a public health concern. Like poverty, it is a social determinant of health in its own right. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these. It is often caused by experiences of exclusion due to structural and systemic social inequities that form obstacles to participation in social, economic, cultural and political life, as well as access to health and social care.[26] As a public health concern (Heinrich & Gullone, 2006; Mance, 2018; AIHW, 2019),[27] loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and

https://www.digitalinclusionindex.org.au/digital-inclusion-the-australian-context-in-2021/ , accessible at https://digitalinclusionindex.org.au/the-2025-findings/ ; see also Park, S. (2017). Digital inequalities in rural Australia: A double jeopardy of remoteness and social exclusion. Journal of Rural Studies, 54. 339-407. doi.org/10.1016/j.jrurstud.2015.12.018

[26] See, eg, Hawkley, L C, Zheng, B, Song, X. Negative financial shock increases loneliness in older adults, 2006–2016: Reduced effect during the Great Recession (2008–2010), Social Science & Medicine, Volume 255, 2020, https://doi.org/10.1016/j.socscimed.2020.113000; Herchenroeder, L., Post, S. M., Stock, M. L., & Yeung, E. W. (2022). Loneliness and Alcohol-Related Problems among College Students Who Report Binge Drinking Behavior: The Moderating Role of Food and Alcohol Disturbance. *International Journal of Environmental Research and Public Health*, *19*(21), 13954. https://doi.org/10.3390/ijerph192113954; Johar, H., Atasoy, S., Beutel, M. *et al.* Gender-Differential Association Between Loneliness and Alcohol Consumption: a Pooled Analysis of 17,808 Individuals in the Multi-Cohort GESA Consortium. *Int J Ment Health Addiction* 23, 1–23 (2025). https://doi.org/10.1007/s11469-023-01121-y; Wakabayashi, M., Sugiyama, Y., Takada, M., Kinjo, A., Iso, H., & Tabuchi, T. (2022). Loneliness and Increased Hazardous Alcohol Use: Data from a Nationwide Internet Survey with 1-Year Follow-Up. *International Journal of Environmental Research and Public Health*, *19*(19), 12086. https://doi.org/10.3390/ijerph191912086; Wang J, Mann F, Lloyd-Evans B, Ma R, Johnson S. Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. BMC Psychiatry. 2018 May 29;18(1):156. doi: 10.1186/s12888-018-1736-5. PMID: 29843662; PMCID: PMC5975705 .

[27] Heinrich L & Gullone E (2006). The clinical significance of loneliness: A literature review. Clinical Psychology Review 26:695–718; Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science 10:227–37; Mance, P. (2018). Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics Survey. https://relationships.org.au/pdfs/copy_of_Anepidemicofloneliness20012017.pdf

an increased risk of heart disease.[28] Loneliness is a precursor to poorer mental health outcomes, including increased suicidality.[29]

Relationships Australia has a particular interest in addressing isolation and loneliness as a prerequisite to relational wellbeing across the lifecourse. We are invested in supporting respectful and sustainable relationships within families, and within and across communities. Relationships Australia is uniquely positioned to speak on isolation and loneliness as we have clinical experience supporting clients who experience loneliness. In our clinical practice and our advocacy, we apply a social model of loneliness which recognises systemic and structural barriers that inhibit people from making fulfilling social connections and from participating as fully as they would wish in all facets of our community.

Relationships Australia serves many cohorts who are disproportionately more likely to experience systemic and structural barriers to participation in Australian social, cultural, political and economic life, such as those cohorts described in Principle 2. These barriers, which often overlap, put people of all ages at heightened risk of loneliness which both compounds, and is compounded by, socio-economic disadvantage and poor physical and mental health. None of these circumstances, experiences and positionalities exist at the level of an individual or family. They become barriers to full enjoyment of human rights and full participation in economic, cultural, and social life through the operation of broader systemic and structural factors including:

- legal, political and bureaucratic frameworks
- beliefs and expectations that are reflected in decision-making structures (such as legislatures, courts and tribunals)
- policy settings that inform programme administration, and
- biases or prejudices that persist across society and that are be reflected in media and entertainment.

[28] Valtorta, N., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart, 102(13), 1009-1016. See also Pressman S D, Cohen S, Miller G E, Barkin A, Rabin B S, Treanor J J. Loneliness, social network size, and immune response to influenza vaccination in college freshmen. Health Psychol. 2005 Jul;24(4):348. PMID: 15898866; Wootton, R. E., Greenstone, H. S. R., Abdellaoui, A., Denys, D., Verweij, K. J. H., Munafò, M. R., and Treur, J. L. (2021) Bidirectional effects between loneliness, smoking and alcohol use: evidence from a Mendelian randomization study. *Addiction*, 116: 400–406. https://doi.org/10.1111/add.15142

[29] Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. Journal of Affective Disorders, 245, 653-667; McClelland, H., Evans, J. J., Nowland, R., Ferguson, E., & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies. Journal of Affective Disorders, 274, 880-896; Mushtaq, R. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health ? A Review on the Psychological Aspects of Loneliness. Journal of Clinical and Diagnostic Research. The campaign Ending Loneliness Together has released a guide that explains how community organisations can use validated scales to measure loneliness: https://endingloneliness.com.au/wpcontent/uploads/2021/08/AGuideto-Measuring-Loneliness-for-Community-Organisations_Ending-LonelinessTogether.pdf

Relationships Australia has conducted pioneering research into who experiences loneliness (eg Mance, 2018), and manages an independently evaluated social connection campaign, Neighbours Every Day.[30] This campaign is mentioned in the National Suicide Prevention Strategy 2025-2035[31] and has been recognised by the World Health Organization as a rare example, globally, of an effective evidence-based intervention to promote social connection and address social isolation.[32] Relationships Australia is also a founding member of Ending Loneliness Together.[33] (See also response 2.1.4 for further detail about the campaigns and the evidence base supporting them)

Principle 6 – DFSV services must be relational

Relationships are not merely a proxy for other wellbeing measures; they are a primary determinant of safety, health and social and economic participation. Amid increasing global economic challenges and a domestic cost of living crisis, Australia cannot afford to neglect this reality.

Relationships are integral to the human experience.[34] When relationships begin with hopes and expectations but later fractured by DFSV, those hopes and expectations are violated in a visceral way. Where parents experiencing DFV are unable themselves to manage the transition from being together to being separate and co-parenting, they need support to navigate their feelings such as hurt, grief, resentment, and uncertainty, and to adopt and apply new ways of interacting with family members.

Failure to support safe and healthy transitions leads to increased risks of harm in the future. When parents and children do not learn healthy relationship and interaction styles, negative relationship behaviours can be perpetuated into future intimate and intergenerational relationships. This is a reason why a whole of lifecourse, intergenerational approach must be taken to DFSV;[35] there are immediate opportunities to intervene now with older generations, so that they may model right now safe, peaceful and positive relationships to today's children

[30] See https://neighbourseveryday.org/ . See also the evaluation report by Cruwys, T. & Fong, P. (2020). Neighbour Day in the time of the COVID-19 pandemic: A Special Report 2020. Relationships Australia and The Australian National University; Fong, P., Cruwys, T., Robinson, S., Haslam, A., Mance. & Fisher, C. (2021). Evidence that loneliness can be reduced by a whole-of-community intervention to increase neighbourhood identification. *Social Science and Medicine.* Vol 27.

[31] National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025, p 35. Accessible at https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf

[32] World Health Organization, 2025, From loneliness to social connection - charting a path to healthier societies: report of the WHO Commission on Social Connection. Geneva. CC BYNC-SA3.0 IGO.

[33] For more information, see https://endingloneliness.com.au/

[34] See, eg, Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497–529. https://doi.org/10.1037/0033-2909.117.3.497

[35] See, eg, Carbone-López K, Kruttschnitt C, Macmillan R. Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. Public Health Rep. 2006 Jul-Aug;121(4):382-92. doi: 10.1177/003335490612100406. PMID: 16827439; PMCID: PMC1525352.

and young people. Ignoring these opportunities would be an expensive error which will dearly cost today's children and young people.

It is no good if children and young people hear strong messages about safe and respectful relationships at school, but come home and see their parents mistreating their grandparents.[36]

Services like Relationships Australia are ideally positioned to provide these relational supports.

A whole of life course approach includes when people are children in a family, when they are out on their own and single, when they're in couples or other relationships, when they are parents of children and adolescents. This is rarely a linear progression in contemporary Australia. Relational wellbeing across the lifecourse and through periods of transition is a prerequisite of population health. Building capacity for safe and meaningful relationships starts at infancy and extends through early childhood and adolescence. Increased awareness and apparent prevalence of adolescents using violence in the home, and of children and young people engaging in sexual violence against other family members and their peers, underscore the importance of capacity building for relational health at this developmental stage.[37] Throughout early, middle and late adulthood, preventing relational distress and supporting relational health and skills development pays powerful dividends in scaffolding a flourishing, cohesive community, and permanently disrupting intergenerational cycles of dysfunction, violence, and exclusion.

Principle 7 Experience of DFSV may traverse an individual's childhood, adolescence, young, mid and late adulthood

Relational wellbeing across the lifecourse and through periods of transition is a prerequisite of population health. Throughout infancy, childhood, adolescence, and early, middle and late adulthood, preventing relational distress and supporting relational health and skills development pays powerful dividends in scaffolding a flourishing, cohesive community, and permanently disrupting intergenerational cycles of dysfunction, violence, and exclusion. The objective of ending gender-based violence can never be achieved without addressing DFSV at all points across the lifecourse.

Principle 8 There is a moral imperative for intergenerational stewardship

Fairness to future generations should not be viewed through a reductionist fiscal lens. As acknowledged in Australia's First National Wellbeing Framework (2023):

[36] See, also, Consultation Paper, p 34.

[37] See, eg, Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2022/09/06192210/RP.20.03-RR1_FitzGibbon-AFVinAus.pdf

Measures beyond Gross Domestic Product (GDP), employment and other traditional economic indicators capture what is important to people, communities, and the country both now and in the future.'[38]

Relationships Australia takes seriously obligations of stewardship for future generations, which transcend the national balance sheet and require us to invest in social infrastructure - tangible and intangible.

Harm prevention and intergenerational stewardship

Harm prevention anchors the achievement of Government health and social policy commitments and priorities. It is a prerequisite of Australia's long-term economic success, boosting labour market and education participation while also lowering expenditure on expensive health, justice, social welfare and social services. Prevention is therefore key to intergenerational stewardship and equity. In turn, universally accessible services are a prerequisite of effective prevention. Universally accessible services provide a 'soft', approachable and non-stigmatising entry into services. We know that cost and stigma can be insurmountable obstacles, deterring people from help-seeking for a wide range of health and social issues, including harmful use of alcohol and other drugs, harmful gambling, child maltreatment, and abuse and mistreatment of older adults.[39]

Budget Process Rules 'bake in' under-valuation of the cost effectiveness of prevention and over-value crisis responses

There is chronic under-recognition, baked into budget processes, of the cost-effectiveness of family-based and relational supports relative to downstream tertiary health and justice costs, which are exponentially higher than those of primary prevention and early intervention. This is substantially attributable to Budget Process Rules that do not recognise long-term savings when costing New Policy Proposals, and therefore 'over-value' acute tertiary interventions relative to lower cost prevention and early intervention initiatives. This seriously and persistently distorts decision-making in the Expenditure Review Committee. It is a distortion which is uniquely in governments' hands to correct. The tools to do so are not a mystery: the Productivity Commission has even assisted governments by offering them solutions in its Final Report on Delivering Quality Care More Efficiently.[40] (See also our response to Q 2.1)

AI and intergenerational stewardship

Use of generative AI (even the use of basic large language models) cannot be considered in isolation from its environmental impact. The adverse health consequences are increasingly recognised, and are likely to become increasingly severe. The use of AI with the intention of improving health outcomes should not be permitted to have the inadvertent consequence of inflicting widescale ill-health.

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[38] See https://treasury.gov.au/policy-topics/measuring-what-matters

[39] See also response to Q1.2.

[40] Accessible at https://www.pc.gov.au/inquiries-and-research/quality-care/report/

Responses to Consultation Paper questions

Priority area 1 Victim-Survivors

Q1.1 — What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

Relationships Australia considers that victim-survivors would most benefit from system transformation that lifts from the shoulders of victim survivors the burdens of fragmentation. This consultation occurs at a moment which affords Government the opportunity to effect a once in a generation transformation of human service design, funding and delivery, evaluation and ongoing improvement. Converging factors include:

- Australia's first Wellbeing Framework, with its strong focus on measurement
- the 2024 Metcalfe Report[41]
- the development, in the social services portfolio, of the new Children and Families Program, and
- the release of the Second National Plan to End Abuse and Mistreatment of Older Persons, and the ongoing development of the first Action Plan under this.

1.1.1 Fragmentation itself causes harm to victim survivors of DFSV

Fragmentation causes its own harms, compounds trauma, and undermines programme objectives by:

- siloing victim-survivors by their age (eg child maltreatment, intimate partner violence from puberty through to late adulthood, and abuse as an older adult from a younger adult), and wasting key prevention and early intervention opportunities, obscuring compounding harm and trauma, and hindering recovery
- siloing victim-survivors by the nature of a particular relationship they are in when they seek help, obscuring opportunities to more holistically identify and address risk and protective factors across the lifecourse (for example, funding couples counselling only if there are already children in the environment misses opportunities to support couples to be better parents, *before* they become parents)
- siloing service provision - service providers are often forced to patchwork together bits of funding from various disjointed funding envelopes that exist in functional isolation, increasing administrative burden without improved accountability or service delivery
- entrenching postcode lotteries by legal system and funding source (which, from the client's perspective, seems entirely arbitrary and beside the point of achieving safety)
- relegating healing and recovery to 'afterthoughts' or 'nice to haves', rather than woven through the entirety of a capacity-building service response
- building in funding cliffs and 'stop and start' funding under short-term and highly localised 'pilots' which are too often evaluated prematurely to align with electoral cycles

[41] Metcalfe, A. (2024) Support for separating families: Review of the Family Relationships Program https://www.ag.gov.au/sites/default/files/2024-08/frsp-review-final-report.PDF

and, even if positively evaluated as being highly effective, are rarely rolled out to all communities in need of them, further entrenching postcode lotteries and dissipating community trust and goodwill (particularly among groups that have experienced institutional abuse and systemic marginalisation and exclusion),[42] and

- leading to inconsistent and sometimes arbitrary approaches to highly effective measures such as universal risk screening, in turn leading to missed opportunities for prevention and early intervention, as well as data collection and evidence building.

1.1.2 Quilting for (not) fun and (not for) profit – the case for simplified funding arrangements

Relationships Australia has welcomed Government's intention to reduce compliance and reporting costs in the new Children and Families Program, including through streamlining grant agreements and the formalisation of relational contracting approaches. For too long, service providers have been diverting resources from service delivery to satisfy multiple, inconsistent, and compliance-heavy reporting requirements. Such requirements mistake tick a box process for genuine accountability and useful data collection, which enable the continuous improvement and evidence-informed innovation that will have a positive impact on victim survivors of DFSV.

Families supported by Relationships Australia are likely to need multiple services to address multiple co-occurring challenges.[43] Research findings and practice experience show that the number of services accessed by families increases as harm from violence or abuse increases.[44] The 2018 AIFS report on children and young people in separated families reported that parents in their sample had accessed an average of eight services when finalising parenting matters.[45] The main services accessed by parents included:

- lawyers (96%)
- counselling, FDR and/or mediation (94%)
- court services (83%)
- family consultants/report writers (60%), and

[42] See, eg, Inside Policy. (2021) Final Evaluation of the Elder Abuse Service Trials. https://www.ag.gov.au/sites/default/files/2023-02/final-evaluation-of-the-elder-abuse-service-trials-report_0.pdf

[43] See, eg, Kaspiew, R., Carson, R., Dunstan, J., Qu, L., Horsfall, B., De Maio, J., Moore, S., Spark, J., & Deblaquiere, J. (2015). *Evaluation of the 2012 family violence amendments: Experiences of separated parents*. Australian Institute of Family Studies; Kaspiew, R., Carson, R., Dunstan, J., De Maio, J., Moore, S., Brand, B., & Hunt, E. (2015). *Evaluation of the 2012 family violence amendments: Responding to family violence*. Australian Institute of Family Studies; Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies.

[44] Kaspiew, R., Carson, R., Dunstan, J., Qu, L., Horsfall, B., De Maio … Tayton, S. (2015). Evaluation of the 2012 family violence amendments: Synthesis report. Melbourne: Australian Institute of Family Studies, p 132.

[45] Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies https://aifs.gov.au/sites/default/files/publication-documents/1806_children_and_young_people_in_separated_families_report_0.pdf

- ICLs (36%).[46]

When engaging with the family law system, families may also potentially deal with: child protection services[47], police, domestic violence advocates, legal services, family court consultants, Independent Children's Lawyers, hospital and medical staff, child health services, counsellors, school teachers, day care staff, school and private psychologists, chaplains, Children's Contact Services, and Centrelink.

Case study highlighting the need for wraparound, multi-disciplinary services

This case involves Parent E and Parent F, and their children G, aged 11, and H, aged 9. The marriage has broken down, Parent F suffers from PTSD, and Child G has recently received a diagnosis of autism. The family accessed the following Relationships Australia programs:

- Relationship counselling
- Family Dispute Resolution – deemed inappropriate: paragraph 60I (e) of the Family Law Act
- Supporting Children After Separation – counselling for both of the children
- Children's Contact Service, and
- Parenting Orders Program – both parents attended court-ordered POP with separate practitioners.

Other services contacted by the family included:

- Support Help and Empowerment (SHE)
- Court, Legal Aid, Women's Legal Service, Community Legal Service, private lawyers
- Medical professionals including GPs, paediatricians and paediatric nurses
- Veterans' Affairs Counselling Service
- City Mission, for financial assistance, and
- Police.

The gaps between what can be offered within program guidelines are difficult and time-consuming. To support our clients through these discrete but inter-connecting mazes, and to do so in compliance with our Grant Opportunity Guidelines, we must meet criteria in multiple sets of grant guidelines and multiple sets of reporting and other governance arrangements. All of this has an opportunity cost in terms of time and resources that could more productively be directed at serving the family. We therefore support the move to a 'report once, use often' principle; single report per provider against outcomes.

[46] Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies https://aifs.gov.au/sites/default/files/publication-documents/1806_children_and_young_people_in_separated_families_report_0.pdf.

[47] See, eg, Cahill, A., Stewart, J., & Higgins, D. (2020). *Service system responses to children and young people in the statutory child protection system who have experienced or witnessed family violence* [PDF]. Institute of Child Protection Studies, Australian Catholic University. https://doi.org/10.26199/5E2FC4DD37B96

Reporting snapshot from Relationships Australia South Australia

Reporting expectations vary significantly across funders, with one contract requiring 36 reports, another requiring two per annum, compared to an average of 12 reports per contract.

Report types (eg, data, compliance, financial) are entirely funder-driven, requiring bespoke arrangements for each contract.

Many reports do not contribute to service quality but duplicate compliance activities already addressed through service quality standards processes.

Funders can unilaterally alter reporting requirements, often without notice, negotiation, or clear rationale.

Reporting tends to prioritise scrutiny of administrative processes (eg, expenditure and overheads), even though government itself creates much of the overhead burden and constrains efficiency.

A lack of standardisation and frequent, short-notice changes create significant inefficiencies. The focus on compliance rather than service outcomes diverts resources from service quality and limits our capacity to invest in innovation.

1.1.3 The fix for fragmentation - multi-disciplinary family well-being hubs

The solution to fragmentation is multi-faceted. Relationships Australia **recommends**, consistent with recent submissions:

- a whole of lifecourse approach to understanding the experience of DFSV (including compounding harms) as well as risk and protective factors for experiencing and using DFSV
- a wraparound, multi-disciplinary 'whole of family' approach, which sees and responds to victim survivors not as isolated individuals, but within their family (past and present), community and cultural contexts
- a universal, population-level approach to primary prevention, supporting social cohesion and connection as powerful protective factors against DFSV
- collaboration among services, unhindered by competitive tendering and supported by appropriate funding envelopes (rather than relying on the discretionary time, effort and goodwill of already over-worked and under-remunerated staff), and
- improved collaboration among jurisdictions so that no one experiencing DFSV in Australia is disadvantaged in terms of service (including justice) responses because of where they are located. (***Recommendation 1)***

The capacity to provide connected, integrated services to wrap around clients with complex co-occurring challenges does not depend on co-location, although the evidence base supporting the positive impact of co-location on client outcomes is well-established across

many countries and service systems.[48] It is important, however, that co-location does not come at the cost of serving small communities or small cohorts, or by sacrificing specialist expertise and services. What matters is that clients derive the benefits of 'no wrong door', multi-disciplinary services and that, as far as practicable, logistical barriers to help-seeking are purposefully dismantled.

This Consultation, as well as the co-occurring re-design of the Children and Families Program, and the Review of the FRSP offer once in a generation opportunities to explore options for integrated, multi-disciplinary and collaborative service provision, through implementation of hubs, as we have canvassed in previous submissions to the Department, the Attorney-General's Department and a range of parliamentary inquiries into DFSV, abuse and neglect of older adults, and family law. Domestic and international experiences shows that hubs work for clients - especially clients who are marginalised and traumatised, and who are living in a constellation of complex circumstances and challenges.[49] There are multiple examples demonstrating the benefits and effectiveness of wraparound services for people experiencing concurrent service needs to support effective outcomes.[50]

Accordingly, Relationships Australia recommended in 2018 that the Government implement Proposals 4-1 to 4-4 made by the Australian Law Reform Commission in Discussion Paper 86 (see also Proposal 8-2), which offered Government a comprehensive and well-evidenced model for families hubs providing wraparound services. Such hubs would build on the highly efficient and effective Family Relationships Centres. These have been delivering place-based and outreach services to families now for nearly 20 years. Their effectiveness has most recently been recognised in the Metcalfe Report.[51] The precise form of individual hubs would be

[48] See the literature review commissioned by the Department of Social Services in its evaluation of the Family and Relationship Services Program. See also Hester, M. (2011) The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence. 41(5) The British Journal of Social Work 837.

[49] See, eg, the highly successful Family Relationship Centres in the Australian family law system, Child and Family Hubs in New South Wales, and Integrated Child and Family Centres, as well as the Victorian 'Our Place' schools programmes. See also Calik, A., Liu, H. M., Montgomery, A., Honisett, S., Van Munster, K.-A., Morris, T., Eapen, V., Goldfeld, S., Hiscock, H., Eastwood, J., & Woolfenden, S. (2024). Moving from idea to reality: The barriers and enablers to implementing Child and Family Hubs policy into practice in NSW, Australia. *Health Research Policy and Systems*, *22*(1), 83. https://doi.org/10.1186/s12961-024-01164-0; Churchill, H., Baena, S., Crosse, R. et al. (2 more authors) (2020) Developing family support services: a comparison of national reforms and challenges in England, Ireland and Spain. Social Work and Social Sciences Review, 21 (2). pp. 58-83. ISSN 0953-5225 https://doi.org/10.1921/swssr.v21i2.1418 ; Cleaver, K., Maras, P., Oram, C., & McCallum, K. (2019). A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. *Aggression and Violent Behavior*, *46*, 140–155. https://doi.org/10.1016/j.avb.2019.02.005; Honisett, S., Hall, T., Hiscock, H., & Goldfeld, S. (2022). The feasibility of a Child and Family Hub within Victorian Community Health Services: A qualitative study. *Australian and New Zealand Journal of Public Health*, *46*(6), 784–793. https://doi.org/10.1111/1753-6405.13292

[50] For example, see Mundy, W. (2024) Independent Review of the National Legal Assistance Partnership. Final Report. https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF , p 92, Box 5.2.

[51] Metcalfe, A. (2024) Support for separating families: Review of the Family Relationships Program https://www.ag.gov.au/sites/default/files/2024-08/frsp-review-final-report.PDF. See also The Centre for International Economics. (2023) Final Report – Family and Relationship Services Economic Evaluation.

adapted to local needs, and could be a combination of 'bricks and mortar', online and hybrid. Similar recommendations have been made by the Joint Select Committee on Australia's Family Law System, the Social Policy and Legal Affairs Committee of the House of Representatives, and most recently in the Metcalfe Review.

Mr Metcalfe recommended that services be delivered through hubs (Recommendation 4 of the Metcalfe Review). Children and families experiencing DFSV would be assisted by a continuum of intervention from referrals and the provision of information to navigation assistance to full case management for individual members of families (including children)[52], depending on their needs and capacities. Child-inclusive practice would be assumed, and child safety and healthy development the prevailing consideration. Families would be offered preventative, crisis and ongoing services, and providers would be expected to offer support and education to build families' capacities. In addition, users would be able to choose the medium by which they engage with services: online, offline or a combination.

The Attorney-General is currently considering the Metcalfe recommendations.

In 2025, the Productivity Commission has approached its task of inquiring into the productivity of the care and support economy with

> …a lens to reforms that will enhance the connections between care sectors and break through the current siloed approach to government decision-making. The fragmented nature of the care economy was a common theme through our engagement. The care economy must be able to respond to our increasingly complex and overlapping care needs, often spanning multiple sectors.[53]

Thus, multiple inquiries and reviews have all found that people experiencing family law, family violence and relationship challenges are adversely impacted by service fragmentation. Despite different compositions, these inquiries and reviews all make similar recommendations. It is well past time for Australian governments to stop commissioning essentially duplicative reviews and start implementing recommendations which enjoy broad support and which would improve the day to day experience of people caught in these intersecting health, law and justice systems. (See also Principle 4)

1.1.4 Recovery focus

Relationships Australia **recommends** that the SAP provide for a dedicated healing, recovery and capacity-building stream, with dedicated funding. (***Recommendation 2)*** Such services are vital for many reasons – including to halt and reverse the risk of exposure to a compounding cascade of medium to long term harms among victim survivors of DFSV.[54] We **recommend** that services

[52] Noting that it should not be assumed that the needs of children will always be congruent with those of other family members (as acknowledged in the Consultation Paper, p 35, noting that 'Casework and safety planning should explicitly reflect children's perspectives, risks and developmental needs…'.
[53] Productivity Commission Interim Report, p 7.
[54] See, eg, Boxall, H. & Lawler, S. (2021) How does domestic violence escalate over time? Trends and issues in crime and criminal justice. No. 626. May 2021.

to enable people who use violence to build relational skills, including parenting capacity, also be included in this stream. (***Recommendation 2)***

1.1.4.1 Recovery focus – financial recovery

[For economic harm more broadly, see 1.3.5]

> *Even where economic abuse is not a tactic of violence, physical and psychological abuse can disrupt women's economic participation, and generate unfair costs borne by individual women and children, and the service systems that seek to support them. Although this economic disadvantage is experienced in different ways by women in different circumstances, it influences when and how women can avoid or escape violence, and how they can participate in employment and society, ultimately undermining women's status, independence and wellbeing over the life course.*[55]

In its National Plan to End Violence Against Women and Children 2022-2032 (the National Plan), the Government recognises that women face particular challenges in enjoying financial independence throughout the lifecourse. Where a person would have superannuation, or would have more superannuation, but for experiencing DFSV, then the taxpayer should not have to make up the shortfall through social security payments when a wrongdoer has sought to avoid financial consequences for their acts.

Adult victim survivors of DFV are more likely to be dependent on social security including income supports and disability payments as a result of experiencing DFV. From a budget policy perspective, and a distributive justice perspective, it would be preferable for 'additional' contributions to be recoverable by victim survivors from perpetrators than for victim survivors to be forced to rely on social security and other government payments, including compensation under victims of crime compensation schemes.[56] For example, the AIHW observed in 2025 that

> *Analysis of the 2021–22 PSS indicated that when compared with those who had never experienced partner violence, a higher proportion of women who experienced partner violence (including physical, sexual, emotional or economic violence) in the last 5 years:*
>
> - *received a government pension or allowance (34% compared with 12%)*
> - *had a government pension or allowance as their main source of income (22% compared with 7.4%) (Summers et al. 2025).*

[55] Cortis, N. & Bullen, J. (2016) Domestic violence and women's economic security: Building Australia's capacity for prevention and redress. Final report. (ANROWS Horizons, 05/2016). https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/02/ANROWS-Horizons-Report-Domestic-violence-and-womens-economic-security-2.pdf, p 10.

[56] Australian Institute of Health and Welfare (2025) Family, domestic and sexual violence. Economic and financial impacts. https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-andoutcomes/economic-financial-impacts.

Adult victim survivors of DFSV are also well-documented as being vulnerable in the justice system and experiencing multiple barriers to access to justice, as noted (for example) by the ALRC in its report about justice responses to sexual violence.[57]

In respect of victim survivors of child maltreatment, the AIHW has further reported that

> *Child abuse in the PSS is measured as any physical and/or sexual abuse that occurred before the age of 15. These findings relate to all forms of child abuse, and are not limited to those experienced in an FDV context. People who were abused as children were more likely to receive a government pension, benefit or allowance:*
>
> - *43% of women who were abused as children were receiving a government pension, benefit or allowance, compared with 34% of women who weren't abused as children*
> - *3 in 10 (31%) men who were abused as children were receiving a government pension, benefit or allowance, compared with 22% of men (ABS 2017).*
>
> *Women who experienced childhood abuse had lower income compared with those who did not experience childhood abuse. The median gross personal weekly income was $767 for women who experienced childhood abuse and $863 for women who did not experience childhood abuse. (AIHW, 2025)*

Relationships Australia welcomed the passage of the *Treasury Laws Amendment (The Survivors Law) Act 2026*, enabling victim survivors of child sexual abuse to access the superannuation of those who had sexually abused them. During the development of this law since its proposal in 2017, Relationships Australia consistently advocated for its extension to victim survivors of DFV. Such application was envisaged when the proposal was initially brought into the public domain, but disappeared for no discernible reason, beyond the statement that victim survivors of such offences are

> *… among the most vulnerable people to interact with the criminal justice system. By improving their experiences in the criminal justice system, we seek to minimise the likelihood of additional trauma and improve access to redress.*[58]

In light of the data about financial impact of DFV and child maltreatment, we suggest that victim survivors of DFV, at all ages, are also 'among the most vulnerable people to interact with the criminal justice system.' These considerations – relating to asymmetries of power and experiences in the criminal justice system - also apply to victim survivors of all sexual violence (see ALRC, 2025), all children who experience abuse and maltreatment, and many victim survivors of DFSV (see Commonwealth and State/Territory inquiries and reports over nearly two decades). Similarly, each of these cohorts experiences greater risk of financial insecurity

[57] See, eg, recommendations 56 and 57, concerning the removal of barriers that victim survivors of sexual violence experience when seeking to accessing financial assistance in victims of crime schemes.

[58] The Treasury. (2023) Access to offenders' superannuation for victims and survivors of child sexual abuse. Discussion Paper. https://treasury.gov.au/consultation/c2022-353970, p 8.

over the lifecourse.[59] Commonwealth data sources demonstrate that children who survive any form of abuse or mistreatment are at risk of experiencing long-term financial and economic harm.

We have repeatedly asked Treasury to explain this peculiar and seemingly arbitrary policy anomaly, and have also raised it with the Domestic, Family and Sexual Violence Commissioner. We have never received a response.

Financial empowerment is a substantial enabler of recovery, and access to early release of a perpetrator's superannuation clearly would promote that. Analysis of the Journeys Home survey, based on 2011 Centrelink data, demonstrated that women affected by violence had similar average incomes to those not affected, and were no more or less likely to participate in paid work. However, women affected by violence fared much worse on indicators of financial hardship and stress. The economic penalty associated with violence persisted across the six waves of the survey:

- By Wave 6, women affected by violence in Wave 1 still had more difficulty paying bills, and carried higher average levels of debt
- By Wave 6, women affected by violence in Wave 1 were more likely than other women to go without food when they were hungry due to shortage of money
- In Wave 6, women who had reported violence in any wave of the study had lower levels of financial satisfaction than those not affected by violence. Women affected by violence in Wave 1 were more likely to ask for material assistance from welfare agencies in Wave 6. Further, economic outcomes in Wave 6 were worse for women exposed to prolonged or repeated violence in the survey period.[60]

Relationships Australia therefore maintains that access to superannuation of users of DFSV should be extended to victim survivors of DFSV, including adult survivors, and has previously recommended that the *Taxation Administration Act 1953* be amended to:

- reflect long-term financial and economic consequences of abuse and maltreatment, and locate responsibility for those consequences with the perpetrator (through access to their superannuation interests), rather than with victim survivors, Australia's social security system, and victims of crime compensation schemes
- reflect the imbalance of power between all child victims of all forms of abuse and maltreatment, on the one hand, and perpetrators, as well as the vulnerability of children when interacting with the criminal justice system
- allow access to all superannuation interests of perpetrators

[59] See, eg, ALRC Report 143, *Safe, Informed, Supported: Reforming Justice Responses to Sexual Violence*, paragraphs 16.2-16.3.

[60] Cortis, N. & Bullen, J. (2016) Domestic violence and women's economic security: Building Australia's capacity for prevention and redress. Final report. (ANROWS Horizons, 05/2016). https://anrowsdev.wpenginepowered.com/wp-content/uploads/2019/02/ANROWS-Horizons-Report-Domestic-violence-and-womens-economic-security-2.pdf, p 7.

- allow access to superannuation interests on the basis of all forms of child abuse or maltreatment, not just child sexual abuse, including on the basis of being a child survivor of family or domestic homicide
- allow access by victim survivors, of any age, of domestic and family violence, as originally envisaged, and
- allow access to superannuation interests on the basis of civil litigation which has proven, on the balance of probabilities, that the owner of a superannuation interest carried out abuse or maltreatment.

More generally, Relationships Australia **recommends** that the SAP prioritise measures to ensure that experiences of episodic poverty following or accompanying experience of DFSV do not deteriorate into entrenched, and potentially intergenerational, poverty that harms the individuals experiencing it, and undermines long-term economic, social and cultural success for Australia. (***Recommendation 3)***

1.1.5 Child victim survivors of lethal domestic and family violence

One group of child victim survivors that is only beginning to be recognised for the particularity and intensity of their need, including financial need, are children bereaved by lethal domestic and family violence. This group includes children whose caregiver is killed by someone else in the family, and children whose caregiver takes their own life in the context of DFSV.[61] There is currently little tailored support for these children and young people, and they face an overwhelming combination of adverse circumstances, including those which put at risk their long-term financial stability.[62]

Relationships Australia **recommends** that the SAP prioritise measures to support child victim survivors of lethal DFSV. (***Recommendation 4)***

1.1.6 Recovery for older women who have experienced DFSV at any point in the lifecourse

Healing is not the exclusive domain of the young.

The National Plan is to be commended for explicitly recognising older women as a priority cohort. It embraces a lifecourse perspective and recognises the intersecting positionalities occupied by victim survivors of DFSV. This is critically important.

Older adults seeking health care, including mental health care and social supports, already face a sometimes lethal combination of ageism and ableism expressed through therapeutic

[61] For links between DFV and suicide, see the recent submission of Relationships Australia to the inquiry by the House of Representatives Social Policy and Legal Affairs Committee, available at https://www.relationships.org.au/research/#advocacy

[62] See, eg, Alisic E, Groot A, Snetselaar H, Stroeken T. Raising a child bereaved by domestic homicide: caregivers' experiences. Eur J Psychotraumatol. 2025 Dec;16(1):2463277. doi: 10.1080/20008066.2025.2463277. Epub 2025 Feb 20. PMID: 39973583; PMCID: PMC11843627; Gomersall, A., Alisic, E., Devaney, J., Humphreys, C., Stanley, N., Trickey, D. & Howarth, E. (2024). Professional Support for Children Bereaved by Domestic Homicide in the UK. *Journal of Family Violence*, pp. 13-. doi:10.1007/s10896-024-00704-0

nihilism.[63] Older women seeking help for injury, illness or other harms arising from DFSV at any point in the lifecourse may well also be confronted by misogyny. It would be a disgraceful failure of policy, and an exemplar of structural ageism, for the SAP not to seek to alleviate that burden, simply because women seeking help are no longer of child-bearing age or otherwise caring for children.

The Consultation Paper is regrettably and surprisingly silent as to access to healing and recovery by older women who are victim survivors. Thus far, there is no sign of an Action Plan under the Second National Plan to End Abuse and Mistreatment of Older Adults; in the absence of such an action plan, this SAP is the only vehicle to take forward measures relating to older women who are DFSV victim survivors.

Accordingly, Relationships Australia **recommends** that the SAP match the inclusivity of the National Plan in terms of prevention, response, healing and recovery services being accessible to older women and centres the voices of lived and living experience and expertise in the design and evaluation of services intended to support older women who have experienced DFSV. (***Recommendation 5)***

Q1.2 — What helps people access support earlier, and what barriers prevent help-seeking?

In our experience, people are more likely to seek help earlier if they:

- can easily find someone to point them in the right direction to find all the help they need[64]
- experience at first point of contact a warm, non-judgmental and non-stigmatising reception, which is culturally safe, trauma and DFV informed, and inclusive
- have confidence that they will be believed and not blamed or shamed
- have confidence that their needs will be understood – including, for example, ensuring that buildings and services are accessible to people with disability, that services are

[63] See, eg, Australian Human Rights Commission (2025), The age barrier: Older adults' experiences of ageism in health care, Australian Human Rights Commission, Sydney; accessible at https://humanrights.gov.au/__data/assets/pdf_file/0019/74305/Age-and-Health-Report_FINAL_ACC.pdf ; Biskup, Ewelina, Marcus Vetter, and Ulrich Wedding. "Fighting diagnostic and therapeutic nihilism in the elderly with cancer." *Annals of palliative medicine* 9.3 (2020): 1324332-1321332 ; Bodner, E., Palgi, Y., Wyman, M.F. (2018). Ageism in Mental Health Assessment and Treatment of Older Adults. In: Ayalon, L., Tesch-Römer, C. (eds) Contemporary Perspectives on Ageism. International Perspectives on Aging, vol 19. Springer, Cham. https://doi.org/10.1007/978-3-319-73820-8_15; Jeyasingam N, McLean L, Mitchell L, Wand APF. Attitudes to ageing amongst health care professionals: a qualitative systematic review. Eur Geriatr Med. 2023 Oct;14(5):889-908. doi: 10.1007/s41999-023-00841-7. Epub 2023 Aug 8. PMID: 37553540; PMCID: PMC10587319; Nemiroff L. We can do better: Addressing ageism against older adults in healthcare. Healthcare Management Forum. 2022;35(2):118-122. doi:10.1177/08404704221080882 ; Teaster, P. B. Ageism as a source of global mental health inequity *AMA J Ethics.* 2023;25(10):E765-770. doi: 10.1001/amajethics.2023.765; 1

[64] For the 'cognitive bandwidth' demanded of victim survivors to access help, see, eg Glenn, R. (2019) 2019 Churchill Fellowship to study service responses to women experiencing or escaping domestic financial abuse USA, Canada, UK. Accessible at https://cwes.org.au/wp-content/uploads/2022/09/Rebecca-Glenn-Churchill-Report-Final.pdf. See also Kaspiew, 2015, for the multiple services accessed by separating families; families experiencing DFV will need access to a greater number of services.

culturally responsive, welcome members of the LGBTIQA+ communities, and having access to appropriate interpreting services
- have confidence that help will leave them better off (eg capacity building, skills and tools), and will 'do no harm'
- can seek help in a variety of ways (eg anonymously, online, in person, over the phone)
- have confidence that their privacy and confidentiality will be respected, and
- have confidence that their choice, control, agency, resilience, survival skills, and strengths will be recognised.

Conversely, our experience is that barriers to help seeking include:
- fear, shame, embarrassment, and self-blame (these can be particularly acute, for example, among older women seeking help for abuse or mistreatment by a younger family member; some of our practitioners also report MBCP participants may disengage from behaviour change programs due to shame, requiring a delicate balance to maintain engagement while upholding the need for accountability)
- internalised misogyny, racism, ageism, ableism, homophobia and transphobia
- lack of access to help on days and at times that are possible for them, taking into account, for example, child and other caring commitments, employment and education commitments, while also considering that most services are not funded sufficiently to be open on weekends or public holidays, or at other times when loading needs to be paid; for example, following the 2026/2027 Federal Budget, some Relationships Australia organisations have had to reduce, or end, CCS access on weekends
- fear that the person harming them will find out that they are seeking help, and that this will increase the dangers to them
- fear that they will have to leave animals (pets or livestock) behind and that they may be harmed and killed[65]
- overwhelm by the complexity and fragmentation of systems, including government agencies and the service sector
- poor experiences when seeking help in the past
- migration status: people on temporary visas have heightened risks of exposure to coercive control relating to their migration status; women fear to lose their residency or access to their children if they disclose DFSV
- distrust of government and the service sector, particularly among people who have experienced any form of institutional oppression or abuse (eg forced child removal, dispossession from land, institutional sexual abuse, incarceration, and out of home care)
- digital exclusion;[66] online delivery is not a neutral option for many marginalised victim survivors of DFSV

[65] See 1.3.6.

[66] Thomas, J., McCosker, A., Parkinson, S., Hegarty, K., Featherstone, D., Kennedy, J., Ormond-Parker, L., Morrison, K., Rea, H., & Ganley, L. Measuring Australia's Digital Divide: 2025 Australian Digital Inclusion Index. Melbourne: ARC Centre of Excellence for Automated Decision-Making and Society, RMIT University, Swinburne

- lack of awareness that help is available (for example, in our 2024 submission to the consultation on the National Carer Strategy, we noted that, as at 30 June 2023, only 6% of (known) carers in Australia had registered with it, pointing to a serious communications and public awareness failure), and
- distance, including in outer metropolitan areas, and difficulty (including cost) of public transport, including public transport which is accessible to people with disability.

Our practitioners have emphasised that shame remains a barrier to disclosure and help-seeking in relation to DFSV, and point to the need for broader community education to further de-stigmatise the experience of DFSV and seeking help for DFSV. Further reduction of stigma is seen as important to encourage:

- increased help-seeking, especially at earlier points, providing greater opportunities for prevention and early behaviour change
- improved reporting, and
- DFSV myths being challenged and dismantled across communities.

At a community level, a perception that services are not committed to communities, and/or that they cannot be trusted, is a barrier to help-seeking. This is particularly challenging in communities that have become accustomed to 'seagull' or 'FIFO' service arrangements. Sometimes, this occurs because of the establishment of time-limited pilots or other programs that seem to simply end. Funding may only be granted for three years, perhaps in response to a high profile crisis and, no matter how successful, the funding is simply not renewed as decision-makers move onto the next 'magic answer'. Recent examples include:

- the First Nations Family Dispute Resolution service pilot,[67] which was all but doomed to failure from the outset by the imposition of unreasonable timeframes and inadequate funding and has not been rolled out, notwithstanding ample demonstrated need for ACCO-led FDR alongside mainstream FDR
- the successful Rize Above program pilot in three South Australian high schools, which was allowed to end without any replacement, leaving no current specific program focus on young people to interrupt intergenerational patterns of harmful and risky relationship behaviours (see 3.3)

When this happens, trust is ruptured. Therapeutic progress is halted and perhaps reversed. Members of those communities become less likely to reach out for help, or reach out early, and crises recur, leading to yet another short term service response.

University of Technology, and Telstra. DOI: 10.60836/mtsq-at22 Accessible at https://digitalinclusionindex.org.au/the-2025-findings/

[67] See, eg, https://consultations.ag.gov.au/families-and-marriage/new-fdr-services/

Q1.3 — What current or emerging issues should the Second Action Plan address, including coercive control and technology-facilitated abuse?

1.3.1 Fragmentation of laws

Relationships Australia welcomed the National Principles to Address Coercive Control in Family and Domestic Violence (2023).[68] Nevertheless, victim survivors of DFSV remain subject to postcode lottery because of nationally fragmented definitions of domestic, family and sexual violence, as well as abuse of older adults. Harmonisation of laws that would support prevention of DFSV, enable faster and more effective responses to DFSV, and help victim survivors to recover, is in the perennial 'too hard' basket. Governments imposing contractual obligations on service providers to collaborate (often without funding to do so) would do well to reflect on the adequacy of their own practices, and consider why they cannot and will not compromise parochial attachment to their own laws in service of better protecting women and children.

The SAP is an opportunity to pivot to more constructive and effective law reform processes, with a greater sense of urgency and political ambition, to harmonising laws that, for example:

- define DFV and DFSV
- define coercive control
- enable access to compensation by victim survivors to support financial recovery
- harden public institutions against systems abuse
- better support sharing of family violence information (eg by including trusted service providers as canvassed in 5.3.2), and
- confer the protective benefits of, and reduce opportunities to abuse, advance planning instruments (the importance of which is likely to increase exponentially with rising inheritance prospects that include superannuation).

1.3.2 Older women as victim survivors of DFSV

The National Plan identifies older women as a distinct cohort of women affected by gender-based violence; this is very welcome. Relationships Australia also welcomes the identification of older women as victim survivors of DFSV in the *Australian National Research Agenda to End Violence Against Women and Children 2023-2028.* To reduce fragmentation of policy architecture, this SAP must integrate with the intended action plan under the National Plan to End Abuse and Mistreatment of Older Adults.

[68] Accessible at https://www.ag.gov.au/families-and-marriage/publications/national-principles-address-coercive-control-family-and-domestic-violence

Yet older women, as victim survivors of DFSV across the lifecourse,[69] are invisible in the Consultation Paper. Consequently, so are risk and protective factors, and contemplation of the circumstances of people who use violence against older women.[70]

Relationships Australia practice experience, supported by research literature, indicate that risk factors of experiencing violence as an older woman include:

- family separation
- complex and conflictual family dynamics
- housing pressures, 'inheritance greed', demographic trends, and the increasing availability of superannuation through inheritance
- disputes among adult siblings about care and decision-making arrangements of older relatives
- experience of abuse as a child, adolescent and in early and middle adulthood
- dependency for care and assistance with activities of daily living, and
- living with cognitive impairment.[71]

Risks and associations of causing harm to older women include:

- financial hardship (particular association with perpetrating financial abuse)
- physical ill-health (particular association with neglect)
- economic dependence on the older woman
- having experienced family violence and/or child maltreatment
- misuse of alcohol (particular association with perpetrating sexual abuse of an older woman)
- mental ill-health, and
- social isolation.[72]

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[69] See, eg, Kaspiew, R., Carson, R. & Rhoades, H. (2016). Elder Abuse: Understanding Issues, Frameworks and Responses. 10.13140/RG.2.1.3296.1682; Australian Law Reform Commission (2017) Elder Abuse – A National Legal Response. Report 131, accessible at https://www.alrc.gov.au/wp-content/uploads/2019/08/elder_abuse_131_final_report_31_may_2017.pdf ; Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. Accessible at https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf .; Yon Y., Mikton C.R., Gassoumis, Z.D. & Wilber, K.H. (2017) Elder abuse prevalence in community settings: a systematic review and meta-analysis. Lancet Glob Health. 5(2):e147-e156. doi: 10.1016/S2214-109X(17)30006-2. PMID: 204184 ; Yon, Y., Ramiro-Gonzalez, M., Mikton, C.R., Huber, M. & Sethi D. (2018) The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. Eur J Public Health. 2019 Feb 1;29(1):58-67. doi: 10.1093/eurpub/cky093. PMID: 29878101; PMCID: PMC6359898.

[70] Emerging research includes: Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J. (2024) Elder Abuse: Best Practice Perpetrator Interventions and Programs. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024.

[71] See also Kennedy, B. M. (2025). Assault-related death and homicide in community-dwelling older Australians: a descriptive epidemiological study. Monash University. Thesis. https://doi.org/10.26180/29333312.v1.

[72] Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. Accessible at

This silence in the Consultation Paper, taken with the recently-released draft Grant Opportunity Guidelines for DSS-funded relationship services with its narrowed view on children and adults in their immediate orbit, suggest a shocking indifference to the gender-based harms experienced by older women. Older women have the same human rights, inherent to their personhood, as anyone else in our community. Violence, abuse, neglect and mistreatment of older women happens everyday in Australia – egregiously breaching their human rights. There is, accordingly, a moral and legal imperative to act.

For the utilitarians among us, we would add that Australia cannot end child maltreatment without confronting abuse and mistreatment across the lifecourse, at whatever life stage it presents. Disrupting chronic, intergenerational patterns of conflict and violence which today manifests as abuse and mistreatment of older adults prevents child maltreatment tomorrow.

The funding commitments of Australian governments over the past 16 years has made a tremendous difference to awareness of DFV (especially intimate partner violence), and to supporting measures to prevent, disrupt and end it; we are very optimistic that similar attention to abuse of older women would have similar outcomes.

1.3.2.1 Prevention of DFSV directed at older women

Prevention and early intervention opportunities for older women could build on successes demonstrated by multi-disciplinary hub models,[73] and promoting integration into the broader family relationship, family law and family violence service systems.

1.3.2.2 Services responses for older women experiencing DFSV

DFSV directed at older women is not stopped by 'transactional' solutions that do not take into account underlying psycho-social dynamics (such as the use of coercive controlling behaviours) and do not attend to relationships that are valued by an older woman. Clients tell Relationships Australia that they delay help-seeking because they regard legal responses as unacceptable, and are unaware of other options. Our clients often don't want their abuser to be punished or removed from the family. Overwhelmingly, they want support to change relationships which they value, but that are harming them. The common denominator across each successful intervention is durable, relational change. This can be achieved only by gaining a deep understanding of the relationships which clients value.[74]

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https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf; see also Kennedy, 2025; Australian Law Reform Commission (2017) Elder Abuse: A National Legal Response. ALRC Report 131. https://www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/

[73] See response 1.1.3 above.

[74] See, eg, Wong, S., Harvey, S., Frost, M. & Althor, G. (2023) Hidden Gems: The Unique Role of Collaborative Approaches in Preventing and Responding to the Abuse of Older People. https://www.relationshipsnsw.org.au/blog/abuse-of-older-people-nsw-report/

Cultural safety is, of course, critical to older women. Our First Nations clients, for example, tell Relationships Australia that they value access to Aboriginal staff who can advocate for solutions that strive to harmonise relevant elements of law and traditional cultural practices.

Service snapshot – Specialist elder mediation[75]

To support safe and successful elder mediation, our services may initially offer our client and family members:

- counselling
- psycho-education
- case management and coordination, and
- referrals to complementary services, within or outside our federation.

Elder mediation, undertaken by specialist workers:

- centres rights
- disrupts intergenerational patterns of conflict and violence, and
- repairs family relationships and social connections.

Service snapshot – Eldercaring Coordination

The Eldercaring Coordination model works with high conflict families to ensure their focus remains directed to the needs and desires of the older person; effectively centring the voice of that older person in decision making that affects them. It has been developed in the USA as a solution for those high conflict families for whom mediation may not be an appropriate solution.[76] A group of Australian practitioners, researchers and other stakeholders have been exploring the potential implementation of this model here in Australia. A pilot programme was undertaken and evaluated.[77]

1.3.2.3 Older women experience lethal DFV

Kennedy (2025) observes that

> *At the individual- and interpersonal-level, older adult family homicide is gendered. Further exploration of the unique vulnerabilities of older females [is] required, as well as characteristics of older adult family homicide incidents, would help to clarify and address this.* (p 326)

Older women experience lethal violence.[78] While media and public discourse focuses on lethal DFSV inflicted on young mothers, older women are also killed. Further, although the 2023

[75] Such as those qualified under the Elder Mediation International Network (https://elder-mediationinternational.net/) and the Elder Mediation Australasian Network (https://elder-mediation.com.au/).
[76] For more information about Eldercaring Coordination, see, eg, https://www.eldercaringcoordination.com/
[77] See the report on the evaluation is at https://www.relationships.org.au/document/research-report-preservingdignity-overcoming-conflict-adelaides-eldercaring-coordination-project/
[78] See, eg, Kennedy B, Bugeja L, Olivier J, Koppel S, Dwyer J, Ibrahim J. A population-based cross-sectional study examining homicides among community-dwelling older adults in Victoria, Australia: A study protocol. PLoS One. 2023 Oct 13;18(10):e0292837. doi: 10.1371/journal.pone.0292837. PMID: 37831701; PMCID: PMC10575534; Kennedy, B., Ibrahim, J.E., Koppel, S. *et al.* Older Adult Homicide in Australia, 2001–2018: A Retrospective Cross-sectional Study of Consecutive Homicides. *J Fam Viol* (2025). https://doi.org/10.1007/s10896-025-00981-3;

national statistics about victims of a range of personal, household and family and domestic violence offences as recorded by police reported the number of women aged 55 and over who were killed in DFV, the 2025 national statistics are silent on this point. This absence from official reporting is telling, and needs to be rectified.

It is unclear whether the neglect of DFSV against older women in the Consultation Paper was a deliberate policy choice, and if so, the basis for this exclusion. It seems, in some respects, unlikely to be deliberate, given the Consultation Paper's acknowledgement of the need for supports over the life course (see, eg, p 44). This raises the possibility that the omission was inadvertent; an equally concerning prospect. We hope that this invisibility will not flow through to the SAP.

To better understand DFSV against older women, and to have maximum impact in preventing DFSV across the lifecourse, Relationships Australia **recommends** that the SAP require collection of data relating to the number of women aged 55 and over who are killed in DFV of any kind (***Recommendation 6).*** This should provide for:

- national statistics to record the number of women aged 55 and over who are killed in DFV of any kind; for example, the National Criminal Intelligence System should review its minimum data items in deaths coded as intent = 'Assault' to include (where available) the age and sex of the offender and motive as described in the coroner's recommendation
- collection of data on living arrangements (ie cohabitation with a perpetrator, or living alone) and history of domestic violence (possibly indicated by current or past violence orders)
- older adult homicide to be:
    - recognised in data collection and research as a distinct type of homicide, and
    - explicitly included as a type of family homicide and familicide (ie older adult intimate partner homicide-suicide) within associated state/ territory and federal policy, plans, strategies and guidelines[79]
- Australian governments and researchers to explore potential interventions that improve identification and promote support-seeking by older women in health and social service settings

Kennedy, B., Ibrahim, J.E., Koppel, S. *et al.* Older Adult Family Homicide in Victoria, Australia 2001–2015: A Description of Family and Family Violence Homicide Victimisation. *J Fam Viol* (2024). https://doi.org/10.1007/s10896-024-00741-9; Barrett, C; Lee, Y; Gillbard, A; Nicholl, D; Rowe, G; Westgate, R; Doughan, H. (2014). The [un]Silencing of Older Women. A Life Stages Approach for the National Plan to End Violence Against Women and their Children. Melbourne. Available from: https://www.emboldenfestival.com/embolden2024.html

[79] Including, for example, the Commonwealth Attorney-General's Department, the Australian Institute of Criminology, the Australian Institute of Health and Welfare, the Australian Bureau of Statistics (ie in presentation of causes of death and personal safety data), the Department of Health, Disability and Ageing, and the Department of Social Services.

- expansion of core datasets to include major life events (such as bereavement, migration, health challenges, or financial changes), to improve the understanding of the importance of such factors in homicides of older women
- analysis of suicide amongst older women which may have been precipitated by elder abuse or family violence, and
- Australian governments to follow the example provided by Victoria and New South Wales in embedding the response to, and implementation of, coroners' recommendations into their respective legislation and in recognising the public health benefits of doing so.

1.3.2.4 Funding services for older victim survivors

The absence of any funding commitment in the National Plan to End Abuse and Mistreatment of Older People must be deplored. Therefore, we further **recommend** that this SAP provide a vehicle for funding measures under that National Plan. (***Recommendation 7)*** In our pre-Budget submission earlier this year, Relationships Australia urged the Australian Government to commit resources and exercise national leadership to ensure the urgent implementation of a new plan to end abuse and neglect of older adults, at a scale and with the priority that adequately reflects the prevalence of abuse and neglect within Australia (14.8% of adults over 65 are known to experience at least one type of abuse in a 12 month period).[80]

1.3.3 Coercive control

Coercive control frequently co-occurs with systems abuse (misuse of legal processes), financial abuse, technology-facilitated abuse and stalking. Understanding of coercive control, and its role in DFSV, is increasing in the general community, among law enforcement and legal professionals, and judicial officers. We acknowledge that extensive work is being done by Australian governments to support this better understanding which, it is hoped, will lead in time to improved safety outcomes.[81] This work has included legislation targeting the use of coercive control.[82] However, it cannot be assumed that this legislation, and complementary measures, will be immediately effective in identifying and stopping coercive control. The

[80] Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. Accessible at https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf.

[81] Commonwealth of Australia, Attorney-General's Department. (2023) National Principles to Address Coercive Control in Family and Domestic Violence. https://www.ag.gov.au/system/files/2023-09/national-principles-to-address-coercive-control-familyand-domestic-violence.PDF ; see also Beckwith, S., Lowe, L., Wall, L., Stevens, E., Carson, R., Kaspiew, R., MacDonald, J.B., McEwen, J., Willoughby, M. & Gahan, L. (2023) Coercive Control Literature Review: Final Report. https://aifs.gov.au/research/research-reports/coercive-control-literature-review

[82] See also section 1.3.3. Relationships Australia has, in other submissions, expressed concern that criminalisation of coercive control is premature, for a range of reasons, including risks of misidentification of the person most in need of protection (risks which are exacerbated by under-resourcing in terms of staff numbers and education/training across law enforcement and other justice agencies). We note that the National Principles acknowledge that 'Poor responses to coercive control are not always driven by the absence of legislative options, but failures or difficulties applying the laws by police and courts.' (p 28)

operationalisation of measures to prevent coercive control will be complicated by the innate characteristics of such conduct.

The National Principles acknowledge that 'Poor responses to coercive control are not always driven by the absence of legislative options, but failures or difficulties applying the laws by police and courts.' (p 28) In previous submissions, Relationships Australia has expressed concerns that coercive control is being criminalised prematurely, before there is:

- sufficient understanding of the concept across the community, and the criminal justice system, including sufficient understanding to avoid over-criminalising already over-policed and over-incarcerated groups and misidentifying the person most in need of protection; victim survivors are telling us that they are unwilling to apply for an FVO, because of perceived risks that the perpetrator will retaliate and escalate, or that they will make counter-accusations, leading to the victim survivor being misidentified as the aggressor[83], and
- sufficient resourcing to enable the detection and necessary evidencing of what are often subtle and nuanced patterns of behaviour and enable effective prosecution of the offence.

Our concerns remain unassuaged. Relationships Australia therefore **recommends** that the SAP include a single, national evaluation of state and territory legislation criminalising the use of coercive control, to report six months before the expiry of the SAP on:

- whether legislation is achieving its safety objectives
- whether there are elements that may be inadvertently contributing to harm of victim survivors or entrenching marginalisation and exclusion among cohorts which have previously been over-policed and over-incarcerated
- levels of community, law enforcement, and justice system awareness and understanding of the nature and effects of coercive control
- whether sufficient resourcing has been made available to police, prosecutors, courts, prisons and post-incarceration services to meet the intended objectives and avert unintended adverse consequences, and
- which legislative models, in those jurisdictions which have criminalised coercive control, have proved most effective, and why, and whether elements have contributed to harm to victim survivors or inadvertent adverse consequences to people using coercive control and, if so, how.[84]
  (***Recommendation 8***)

[83] Misidentification of the victim survivor as the perpetrator is well-documented. There is a heightened risk of misidentification among members of communities that experience disproportionate incarceration. See, eg, Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). Accurately identifying the "person most in need of protection" in domestic and family violence law (Research report, 23/2020). Sydney: ANROWS; Reeves, E. (2020). Family violence, protection orders and systems abuse: views of legal practitioners. Current Issues in Criminal Justice. 32:1, 91-110, DOI: 10.1080/10345329.2019.1665816 .

[84] See also section 4.1.4 on use of suicide or threats of suicide as a recognised tactic of coercive control.

This evaluation should inform how the Third Action Plan engages with coercive control. In any event, it should not further fragment laws and policies across Australia.

1.3.4 Systems abuse

Relationships Australia has welcomed the array of initiatives to reduce opportunities for systems abuse, including in:

- the Federal Circuit and Family Court of Australia
- the taxation system
- the child support system
- social security system, and
- the provision of essential services.[85]

There is no doubt that recent years have seen an increased recognition, among policy makers, that systems abuse occurs far more broadly than just in the Courts; the National Plans have contributed to this recognition in many ways. Relationships Australia welcomed the inquiry into financial abuse undertaken by Parliamentary Joint Committee on Corporations and Financial Services on its inquiry. We **recommend** that the SAP provide for a program of action to further harden the banking, finance and insurance sectors against misuse by people using financial abuse.[86] (***Recommendation 9)***

However, our practitioners still encounter systems abuse in a range of contexts. One common instance is the use of subpoenae across justice systems (not just the family law courts), intended to:

- control and wear down victim survivors who have sought assistance from Relationships Australia organisations, and
- extract records of therapeutic interventions which they can use to discredit and de-stabilise victim survivors.

We seek to resist these as far as we lawfully can, although we are not funded to do so, and responding to subpoenae takes time away from face to face client work. However, the therapeutic objective cannot be achieved if clients do not feel safe to be candid. We know that people who use DFSV are willing to exploit what is found from subpoenaed information to exercise control and to inflict harm. We are currently also concerned that media reporting that 1800Respect records are being successfully subpoenaed may be deterring victim survivors from

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[85] See also Australian Government, Department of the Prime Minister and Cabinet, Audit of Australian Government Systems: https://www.pmc.gov.au/office-women/womens-safety/audit-australian-government-systems; Cook, K., Byrt, A., Burgin, R., Edwards, T., Coen, A. & Dimopoulos, G. (2023). Financial Abuse: The Weaponisation of Child Support in Australia. Swinburne University of Technology and the National Council of Single Mothers and their Children. https://doi.org/10.26185/72dy-m137

[86] See also, eg, Fitzpatrick, C. (2024a). Designed to Disrupt: Reimagining general insurance products to improve financial safety (CWES Discussion Paper 2). Sydney. Centre for Women's Economic Safety; Fitzpatrick, C. (2024b). Insurance is the latest weapon financial abusers use against their partners. Here's how we fix it. The Conversation. 8 March 2024. https://theconversation.com/insurance-is-the-latest-weapon-financial-abusers-use-against-their-partners-heres-how-we-fix-it.

seeking support that is vital to their healing and recovery. Further, if victim survivors do not disclose and report, opportunities are missed to intervene with users of violence to prevent further perpetration.

Relationships Australia **recommends** that the SAP commit all jurisdictions to legislating for the confidentiality of disclosures and inadmissibility of communications, across all courts, in relation to DFSV survivors. Provisions in Part II of the Family Law Act may serve as a useful model.[87] (***Recommendation 10***)

1.3.5 Economic harm

Relationships Australia has welcomed initiatives by governments that recognise financial abuse of women of all ages, and the financial and economic harms that result from other sub-types of abuse. We acknowledge, for example, amendments of the *Family Law Act 1975* to better support victim survivors to have the impact of abuse taken into account in disputes about property and maintenance. Relationships Australia **recommends** that the SAP commit the Australian Government to responding to the recommendations made in the report made by the Parliamentary Joint Committee on Corporations and Financial Services on its inquiry into financial abuse. (***Recommendation 11)***

1.3.5.1 Enduring powers of attorney – a festering sore allowing abuse over decades

We further **recommend** that the SAP commit all jurisdictions to deliver long overdue harmonisation of enduring powers of attorney to confer the protective benefits of, and reduce opportunities to abuse, advance planning instruments (the importance of which is likely to increase exponentially with rising inheritance which include superannuation). (***Recommendation 12)*** It has frequently noted by many commentators, including the Age Discrimination Commissioner, Mr Robert Fitzgerald AM, there is no actual opposition to doing this, just a complete absence of political interest and energy (another example of structural ageism).[88] We acknowledge that the PJC on Corporations and Financial Services expressed the view that

> *The committee considers that the harmonisation of state and territory schemes along with the resourcing of education and awareness raising should be pursued in the first instance, with the establishment of a national scheme to be considered in the event that inconsistencies between state and territory schemes prove to be intractable. [paragraph 2.170]*

The language of the report suggests that the Standing Committee of Attorneys-General had commenced work on harmonisation as recently as 2023. In fact, harmonisation of laws relating to enduring powers of attorney was on the SCAG agenda as far back as 2003. We are still no further forward, and this enables ongoing financial abuse of older women.

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[87] The Family Law Council recently delivered a report on these provisions to the Attorney-General.

[88] Relationships Australia has recommended, to the Parliamentary Inquiry into financial abuse, that responsibility for advancing this work be shifted to federal, state and territory Treasuries. We understand that this could be COAG referring the matter to Heads of Treasury.

1.3.5.2 Superannuation death benefits

Relationships Australia recently contributed to The Treasury's consultation on preventing perpetrators of DFV from accessing the superannuation death benefits of those whom they harmed, by conferring certain powers on superannuation trustees.[89] Relationships Australia supports in principle the policy of preventing people who have used DFV benefiting from the deaths of those who have suffered DFV at their hands. We agree that it is invidious that trustees are in some instances compelled to pay superannuation death benefits to persons who engaged in DFV against a deceased member. We are certainly pleased to see that these proposals do not differentiate intergenerational DFV against older adults from other forms of DFV.

However, we expressed some serious concerns about the practical implementation of certain options put forward in the Consultation Paper, including the workload impacts on professionals and institutions currently working with victim survivors and those who use DFV.

Relationships Australia advocated that, given the lack of a nationally consistent definition of DFV, trustees should be permitted to take into account the Family Law Act definition of 'family violence' and any definition of domestic and family violence in the state or territory in which the relevant DFV is said to have occurred. Another key recommendation in that submission was that mandatory service standards provide for ongoing training and development, as well as professional supervision, to support trustees to perform their functions, and exercise their powers and discretions consistently with the objectives and principles of the amendments. In particular, trustees may need support to perform their functions in ways that are culturally safe, and DFV and trauma informed.

1.3.5.3 Older women and economic abuse

Gendered social and occupational roles, disruptions to earning arising from caring responsibilities, and chronic under-valuing of work characterised as 'women's work', expose women to greater risk of experiencing lifelong financial disadvantage.[90] Historic devaluation of

[89] Accessible at https://www.relationships.org.au/wp-content/uploads/Relationships-Australia-submission-FV-superannuation-death-benefits.150426.pdf

[90] See, eg, Bindley K, Lewis J, Travaglia J, DiGiacomo M. Caring and Grieving in the Context of Social and Structural Inequity: Experiences of Australian Carers With Social Welfare Needs. *Qualitative Health Research*. 2022;32(1):64-79. doi:10.1177/10497323211046875; Cass, B, Hill, T & Thomson, C. (2013) *Care to work?: expanding choice and access to workforce participation for mature aged women carers*, Australian National University, Canberra. http://crawford.anu.edu.au/public_policy_community/content/doc/Cass%20paper%2028-11.pdf; Evaluate (for Carers Australia) (2022) Caring Costs Us: The Economic Impact on Lifetime Income and Retirement Savings of Informal Carers. https://www.carersaustralia.com.au/wpcontent/uploads/2022/04/Final-Economic-impact-income-andretirement-Evaluate-ReportMarch-2022.pdf ; Hill, T, Thomson, C & Cass, B. (2011) The costs of caring and the living standards of carers. Social Policy Research Paper No. 43. Social Policy Research Centre, University of New South Wales.

caring work derives from, and persists by virtue of, devaluation of women and their contributions to society.[91]

These circumstances exacerbate vulnerability to economic abuse across the lifecourse, and heighten the barriers to recover from economic abuse. Following relationship breakdown, women experience financial hardship for longer periods, compounding economic vulnerability into late adulthood.[92] Older women are too often excluded from consideration in funding safe and secure housing. Accommodation for women escaping violence prioritises women with children. In our elder abuse services, Relationships Australia has encountered tragic cases where older women enduring abuse (including intimate partner abuse) are denied access to emergency accommodation services. Finally, a need among older women for assistance with financial management provides opportunity for financial abuse to occur, particularly in the context of gendered financial management roles and patterns. We see women relying on adult children for assistance with managing financial matters to a significantly greater extent than male clients.

1.3.6 Animals

Services working with victim survivors have known for some time that many people delay seeking help to leave unsafe relationships if they fear harm will be inflicted on animals that they are leaving (whether pets or livestock), or because they wish to bring their animals with them, but are unable to find refuge with (or for) the animals.[93] Sometimes, too, animals can be the only anchor to love, safety and any sense of normality that victim survivors have.

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[91] See, eg, Australian Bureau of Statistics. (2020) Disability, Ageing and Carers, Australia: Summary of Findings. https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summaryfindings/latestrelease

[92] See, eg, Smyth, B., & Weston, R. (2000). Financial living standards after divorce: A recent snapshot (Research Paper No. 23); Broadway, B, Kalb, G, and Maheswaran, D. (2022) From Partnered to Single: Financial Security Over a Lifetime; de Vaus, D., Gray, M., Qu, L., & Stanton, D. (2007). The consequences of divorce for financial living standards in later life (Research Paper No. 38). Melbourne: Australian Institute of Family Studies; de Vaus, D., Gray, M., Qu, L., & Stanton, D. (2015); Easteal, P., Young, L., & Carline, A. (2018). Domestic violence, property and family law in Australia. International Journal of Law, Policy and The Family, 32, 204–229; Summers, A. (2022). The Choice: Violence or Poverty. University of Technology Sydney. https://doi.org/10.26195/3s1r-4977; Warren, D, Low Income and Poverty Dynamics - Implications for Child Outcomes. Social Policy Research Paper Number 47 (2017). Available at https://www.dss.gov.au/publications-articles/research-publications/social-policy-research-paper-series/social-policyresearch-paper-number-47-low-income-and-poverty-dynamics-implications-for-child-outcomes

[93] See also, eg, Williams, Virginia & Dale, Arnja & Clarke, Nancy & Garrett, Nick. (2008). Animal abuse and family violence: Survey on the recognition of animal abuse by veterinarians in New Zealand and their understanding of the correlation between animal abuse and human violence. New Zealand Veterinary Journal. 56. 21-28. 10.1080/00480169.2008.36800; Jegatheesan B, Enders-Slegers MJ, Ormerod E, Boyden P. Understanding the Link between Animal Cruelty and Family Violence: The Bioecological Systems Model. Int J Environ Res Public Health. 2020 Apr 30;17(9):3116. doi: 10.3390/ijerph17093116. PMID: 32365760; PMCID: PMC7246522; Animal Medicines Australia (2022). Pets in Australia: A national survey of pets and people. Animal Medicines Australia. https://animalmedicinesaustralia.org.au/wpcontent/uploads/2022/11/AMAU008-Pet-Ownership22-Report_v1.6_WEB.pdf ; Butler, K. & McDonald, J. (2024). Violence against family animals in the context of intimate partner violence: policy and practice paper. Australian Institute of Family Studies; Giesbrecht, C. (2022). Animal safekeeping in situations of intimate partner violence: Experiences of human service and animal welfare professionals. Journal of Interpersonal Violence, 36(17- 18), pp. 16931 – 16960.

We have also known for many years that people who use violence, including coercive control, will threaten, harm and kill animals (pets and livestock) as a weapon. Relationships Australia supported 2012 amendments of the *Family Law Act 1975* that recognised this particular form of harm in the definition of 'family violence'. More recently, we supported further amendments enabling the family law courts to make orders about where pets will live after separation. Those amendments, too, recognise the precious and unique place that pets have in our families.

Relationships Australia is proud to work with Lucy's Project[94] to improve the safety of people and animals experiencing domestic and family violence through collaboration, advocacy, research and education.

Relationships Australia **recommends** that the SAP also recognise the cherished role of pets, the fact that pets are part of the survival and recovery story, and that fear for the wellbeing of animals can delay and deter help-seeking. (***Recommendation 13)***

Q1.4 — What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

1.4.1 Cultural safety as a universal obligation

To strengthen responses for members of First Nations communities, cultural safety obligations must apply to every provider and every system. Policy decisions to support ACCOs must not detract from the obligation for all services to be culturally safe for First Nations people.

Relationships Australia **recommends** that the SAP require all service providers, whether or not they partner with ACCOs and ACCHOs, ensure that their services, service outlets and workers are culturally safe, so that First Nations people have choice about whether to go to an ACCO service or another service, and are culturally safe regardless of their choice. If all providers bear these responsibilities, then geographic equity is supported and cultural safety is not a matter of 'postcode lottery'. (***Recommendation 14***; see also 4.4)

1.4.1.1 Culturally and linguistically marginalised communities

People from culturally and linguistically marginalised (CALM) backgrounds face specific barriers that compound suicide risk in the context of DFSV victimisation. In 2013, the Settlement Council of Australia identified the following factors as most significant in the context of family violence in migrant and refugee communities:

- cultural and religious factors around disclosure

https://doi.org/10.1177/08862605211025037 ; Montgomery, J., Liang, Z., & Lloyd, J. (2024). A scoping review of forced separation between people and their companion animals. Anthrozoös, 37(2), pp. 245–267. https://doi.org/10.1080/08927936.2023.2287315 ; Oosthuizen, K., Haase, B., Ravulo, J., Lomax, S., & Ma, G. (2023). The role of human-animal bonds for people experiencing crisis situations. Animals, 13(5), 941. http://doi.org/10.3390/ani13050941 ; Kotzmann, J. Bagaric, M.; Wolf, G.; Stonebridge, M. Addressing the Impact of Animal Abuse: The Need for Legal Recognition of Abused Pets as Sentient Victims of Domestic Violence in Australia. [2022] UNSWLawJl 7; (2022) 45(1) UNSW Law Journal 184.

[94] See https://lucysproject.com/

- barriers to accessing information, including lack of access to suitably qualified and knowledgeable interpreters and translators
- institutional and structural barriers in service awareness and access, and
- lack of knowledge about the legal system.[95]

Sometimes, inadvertent barriers are placed in the way of CALM users accessing services. For example, family violence services may require that family violence be explicitly named and acknowledged. Some of our female clients who are family violence survivors strongly resist, for cultural reasons, naming perpetrator behaviour as family violence – this has been known for many years, but remains a barrier which inhibits access by the family to services that might be of real value. Accordingly, Relationships Australia suggests that all services, but particularly services targeted for CALM users, be carefully designed to encourage, rather than inadvertently deter, help-seeking.

Language-accessible and culturally appropriate information and advice about family violence orders and family law issues is inconsistent and hard to find. Interpreting services can be financially inaccessible or otherwise unreliable in providing accurate translation and interpretation, which can arise from interpreters' own lack of understanding of family law and family violence systems.

Example - Leave Safe Stay Safe (Western Australia)

In 2022-2023, Relationships Australia Western Australia joined with Gosnells Community Legal Centre and Regional Alliance West to provide counselling and support to women prisoners affected by DFV, as part of a new state government initiative. The Leave Safe Stay Safe program is a three-year trial, funded by the Department of Justice, within two West Australian prisons, aiming to support and empower women caught in cycles of imprisonment and experiencing violence. Relationships Australia WA offers case management, risk assessments, and safety planning. Gosnells Community Legal Centre and Regional Alliance West provide legal aid, supporting women with Family Court matters, parenting arrangements, and family violence restraining orders. We are proud to be part of this initiative, conducted at Bandyup Women's Prison and Greenough Regional Prison, playing our part in helping women to remain safe after their release.

Relationships Australia **recommends** that the SAP commit all jurisdictions to supporting service providers to offer culturally safe services to the communities with which they work (***Recommendation 15***).

1.4.2 Older women

This submission has already traversed the imperatives for the SAP to address the circumstances of older women who are victim survivors of DFSV, regardless of the age at which they

[95] See Settlement Council of Australia, Policy Brief on Domestic Violence, 2013, at http://scoa.org.au/sectorupdates/sectorpublications/family-and-social-support/scoa-policy-brief-domestic-violence-2013/

experienced it. We know that adverse childhood experiences, and experiences of intimate partner violence as a young and middle adult can both increase risk of abuse and compound the effects of trauma in later adulthood.[96] For example, research indicates that experience of child maltreatment increases the risk of intimate partner violence (IPV) and intergenerational abuse in adulthood, including late adulthood.[97] In particular, experience of adverse childhood experiences (as evidenced through higher ACE scores) has been found to be associated with exposure to IPV in middle adulthood, which in turn has been found to be associated with exposure to abuse in late adulthood – especially for women.[98] Consistent with the research literature, Relationships Australia's practice experience is that violence against older family members can be a manifestation of decades-old dynamics.

Thus, research and practice experiences further underscore the imperative to adopt a whole of lifecourse approach to gender-based violence. Indeed, failure to do so, treating age groupings as discrete, risks missing key opportunities to disrupt and prevent intergenerational violence. Relationships Australia therefore **recommends** that the SAP commit all jurisdictions to developing a holistic 'whole of lifecourse' response to violence against older women which includes:

- a comprehensive international convention on the rights of older persons, and
- integrated service delivery that:
    - acknowledges the heterogeneity of older women and their families
    - eschews othering of older women
    - rejects stigmatisation of older women and those who work with them
    - values specialist knowledge and skills, and
    - is not hostage to bureaucratic or professional fragmentation.
    (***Recommendation 16)***

[96] See, eg, Fink DS, Galea S. Life course epidemiology of trauma and related psychopathology in civilian populations. Curr Psychiatry Rep. 2015 May;17(5):31. doi: 10.1007/s11920-015-0566-0. PMID: 25773222; PMCID: PMC4380344; Nurius PS, Green S, Logan-Greene P, Borja S. Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. Child Abuse Negl. 2015 Jul;45:143-53. doi: 10.1016/j.chiabu.2015.03.008. Epub 2015 Apr 4. PMID: 25846195; PMCID: PMC4470711; Blake JA, Thomas HJ, Mathews B, Lawrence DM, Haslam DM, Higgins DJ, Malacova E, Erskine HE, Scott JG. Childhood experiences of domestic violence and its association with mental disorders and health risk behaviours. Br J Psychiatry. 2025 Sep 1:1-8. doi: 10.1192/bjp.2025.10362. Epub ahead of print. PMID: 40888351.

[97] Mathews, B & Dube, S (2025) Childhood emotional abuse is becoming a public health priority: Evidentiary support for a paradigm change. *Child Protection and Practice*, *4*, Article number: 100093. See also Cations, M., Keage, H. A., Laver, K. E., Byles, J., & Loxton, D. (2021). Impact of historical intimate partner violence on wellbeing and risk for elder abuse in older women. *The American Journal of Geriatric Psychiatry*, *29*(9), 930-940;Herrenkohl, T. I., Fedina, L., Chang, O. D., Rousson, A. N., & Souers, C. (2022). Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course. *Trauma, Violence, & Abuse*, *23*(4), 1148–1163. doi.org; Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. Accessible at https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf.

[98] See Kong, J. (2026). A qualitative life-course analysis of Australian women's experiences of serious elder abuse. *The Gerontologist*, 66(7), gnag122. https://academic.oup.com/gerontologist/article/66/7/gnag122/8703236.

1.4.4 Women who are not caring for children as overlooked in DFSV policy and service responses

Women in young and middle adulthood can also be overlooked in policy-making if they do not, when help-seeking, have caring responsibilities for children. This includes women occupying other intersecting positionalities, including women living with disability, women who have caring responsibilities for other adults,[99] and women who identify as belonging to LGBTIQA+ communities. Addressing the circumstances and needs of these women within the SAP is both a moral imperative and worthwhile from a purely utilitarian perspective. It is also a prevention measure to build their capacity for safe and positive relationships if they partner/re-partner. Whether or not they have children if and when they subsequently partner/re-partner, protecting them from further harm is worthwhile – as a moral imperative, and to save public costs in terms of health care, lost productivity, and potential dependence on social welfare.

It is arguable that failure of the SAP to specifically address the circumstances of these women as victim survivors of DFSV constitutes unjustifiable discrimination on the basis of (non)parental status.

Relationships Australia **recommends** that the SAP address women occupying these positionalities as a hitherto overlooked cohort. (***Recommendation 17)***

PRIORITY AREA 2 — PREVENTION AND EARLY INTERVENTION

Q2.1 — What would make the biggest difference in preventing and ultimately ending violence?

2.1.1 Prevention is a ten-year commitment, not a three-year budget cycle

Relationships Australia has welcomed the adoption of 12-year national plans, divided into shorter action plan periods. This has enabled longer term perspectives to be brought to bear, supporting funding and policy-decision making that is not tied to budget cycles.

Meaningful prevention investment requires sustained commitment over decades, not years. Recruitment and retention of an appropriately skilled workforce, too, requires commitment beyond short term funding arrangements. As noted previously,[100] Budget Process Rules currently preclude offsetting future and cross-portfolio savings. As recognised by the Productivity Commission, these Rules have for too long been an insuperable obstacle for long-term prevention investment.[101] Chronic under-recognition and under-valuing of the cost-effectiveness of family-based and relational supports relative to downstream acute costs in health, social services, social welfare and justice sectors has also undermined advocacy for longer-term approaches.

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[99] In respect of whom we have made recommendations in submissions to consultations about the National Carers Strategy and the *Carer Recognition Act 2010* (Cth), accessible at https://www.relationships.org.au/documents/?ds=&post_type=document&dcat=74&dtag=carers

[100] See Principle 8.

[101] See the Productivity Commission in its Final Report, *Final Report: Delivering Quality Care More Efficiently* (2025), accessible at https://www.pc.gov.au/inquiries-and-research/quality-care/report/

Similarly, investment in prevention and relational health is framed by Relationships Australia as an obligation to future generations, and prudent intergenerational stewardship, not merely a fiscal calculation.

Relationships Australia **recommends** that the SAP be a vehicle to drive transformation of Budget Process Rules to enable long-term prevention investment in family and community-based relational interventions, including by allowing cross-portfolio offsets, and offsets from downstream savings. This would be consistent with the Productivity Commission's Report. (***Recommendation 18***)

2.1.2 A whole of lifecourse, whole of family perspective supporting underpinning universal primary prevention

Children, young people and other victim survivors are harmed by fragmented views of families, such as those which are predicated on Western, nuclear and heteronormative notions of what families are. It is not good enough to try to help children through a lens that sees them as isolated 'units' or narrowly, only in relation to parents or day to day caregivers. Children, their needs, hopes and aspirations, their challenges and their strengths, can be understood only within the context of their family, whatever that looks like. In daily life, this means that every adult who comes into contact with children and young people - not only parents and immediate caregivers - should have the skills and knowledge to keep them safe and support their healthy development. Failing to recognise this reality has led many of our communities and community services to being unsafe for children, regardless of the quality of their immediate family life. This proposition, surely not controversial, is at the heart of the case for seeing relational wellbeing as a population-level public health imperative, and for universal interventions to equip Australia to be a child-friendly country.

Unsurprisingly, research confirms that children's social and emotional wellbeing is inseparable from their family context, whatever that looks like. Parental mental health, parenting practices, family stress and broader social determinants exert significant influence. Research has also shown that Australia's family support system continues to be weighted heavily toward tertiary responses, with inquiry recommendations predominantly addressing crisis-level reform rather than early support. This imbalance leaves many families without assistance at the very moments when relational stress begins to accumulate. This is why we advocate for the Budget Process Rules to be re-framed to not over-value expensive, often pathologising and criminalising tertiary responses to crises over far less expensive, non-stigmatising and capacity-building community responses.[102]

Relational wellbeing is not a life-stage issue. People form relationships, separate, re-partner, age, care for others and are cared for — services must meet them at every point. Children and young people who use violence are not doing so in a vacuum; effective interventions are whole of family interventions. Relationships Australia **recommends** that the SAP recognise the diversity and non-linearity of how people experience relationships and key challenges across

[102] See Principle 8.

the lifecourse, and meet people where they are at when they do seek help – whether through information materials, psycho-social education resources, capacity-building, crisis interventions, or healing and recovery. (***Recommendation 19)***

2.1.3 Safely including those who use violence in whole of family engagement

Whole of family engagement must include the individual family member/s using violence. When the violent family member is excluded from services, the relationships dynamics are not well understood, and by default tend to become the responsibility of the victim parent to manage.

Relationships Australia has lengthy experience in safely including users of violence, including users of coercive control, in its work with families experiencing DFSV and co-existing challenges. We have the expertise and experience to detect the kinds of subtle patterns of behaviour, and asymmetries of power, to work safely with victim survivors and users of DFSV through services including FDR.

2.1.4 Social connection as an effective, evidence-based intervention to prevent and protect

Example – Relationships Australia Canberra and Regions

Thus far in 2026, the most commonly reported client stressors captured by RACR have been:

- financial difficulties (40% respondents)
- feeling lonely or isolated (37% respondents), and
- getting legal advice or representation (30% of respondents).

These stressors emerge long before crisis, yet they create the conditions in which relational harm, escalating conflict and family violence take hold. The research also shows that many families face substantial barriers to seeking help early, reinforcing the importance of universal supports that promote early engagement without stigma.

Population-level datasets—HILDA, ABS collections, and ANROWS research—reinforce these patterns. Together, they document the strong associations between economic pressure, relationship distress, loneliness, housing stress and family safety risks. Family violence and coercive control remain pervasive, and loneliness and social isolation are increasing, particularly among young adults and parents of young children. These indicators point to the urgent need for a system able to respond earlier and more coherently, rather than only intervening once harm is visible.

Loneliness is a complex social problem and a public health concern. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these, and is often caused by experiences of exclusion due to structural and systemic social realities that form obstacles to participation in social, economic, cultural and political life. As a public health concern, loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and an increased risk of heart disease. Loneliness is a precursor to poorer mental health outcomes, including increased suicidality.

It is therefore clear that interventions that identify and address loneliness as early as possible decrease the burdens on acute and tertiary health care services, and are far less expensive to undertake.

Further, policy, regulatory and service interventions that strengthen connections and reduce isolation are the most promising and fiscally practicable avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society, across the lifecourse. For example, social support has emerged as one of the strongest protective factors identified in studies of abuse and mistreatment of older adults:

> *….Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.*[103]

Australia has benefited from accessibility of services that help members of our community to navigate relationship distress, parenting challenges, family and domestic violence, and the predictable pressures that arise across the life course—forming relationships, becoming parents, adjusting to separation, supporting adolescents, caring for ageing parents, managing retirement, and navigating the complexities of re-partnering. It is time to add social connection and belonging to that mix. Relationship wellbeing underpins population health.

Snapshot – Neighbours Every Day as proven community-based intervention building social connection

Neighbours Every Day is a place based, grass roots intervention to promote connection and mitigate social isolation The primary purpose of Neighbours Every Day is to equip and empower individuals to build sustainable, respectful relationships with those around them. It is an evidence-based campaign aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation. The campaign fosters connection and belonging increasing individuals' mental well-being and reducing feelings of loneliness for those who participate.

A recent economic evaluation conducted by the University of Queensland and the Australian National University[104] found that the Neighbours Every Day campaign reduces

[103] See, eg, Dean, A. (2019) Elder Abuse: Key Issues and Emerging Evidence. CFCA Paper No. 51. https://aifs.gov.au/cfca/publications/cfca-paper/elder-abuse, p 20, Box 7, citing the United States of America population study described in Acierno et al, 2017; citing also Hamby, S., Smith, A., Mitchell, K., & Turner, H. (2016). Poly-victimization and resilience portfolios: Trends in violence research that can enhance the understanding and prevention of elder abuse. Journal of Elder Abuse & Neglect, 28(4/5), 217–234.doi:10.1080/08946566.2016.1232182); Pillemer, K., Burnes, D., Rifn, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. Gerontologist, 56, S194–S205. doi:10.1093/geront/gnw00). See also Grenade, L. & and Boldy, D. 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', Australian Health Review, August 2008, vol 32 no 3, 468.

[104] Beilby, H., Spinks, J. & Cruwys, T. (2023). Neighbour Day Cost-Effectiveness Evaluation. The University of Queensland & Australian National University.

loneliness and increases quality of life for participants. The analysis measured cost effectiveness of the campaign, per quality adjusted life years (QALYs). It identified that the campaign has an average incremental cost effectiveness ratio of $4,667 per QALY. Estimates project that the Government is willing to pay as much as $28,033 per QALY for health interventions that benefit quality of life. The cost of the Neighbours Every Day campaign therefore compares very favourably, making it a cost-effective option for improving the health and relationships of Australians.[105]

In 2025, the World Health Organization recognised Neighbours Every Day as a rare example, globally, of an effective evidence-based intervention to promote social connection and address social isolation (World Health Organization, 2025, From loneliness to social connection - charting a path to healthier societies: report of the WHO Commission on Social Connection.)

The National Suicide Prevention Strategy 2025-203518 refers to the Neighbours Every Day campaign as an 'Activity to build on' (see page 35 of the Strategy).[106]

Relationships Australia **recommends** that the SAP explicitly refer to social connection interventions as essential tools in the array of prevention measures, and support evidence-backed measures, such as Neighbours Every Day. (***Recommendation 20***)

2.1.5 Prevention and early intervention for boys and men

Relationships Australia practitioners **recommend** that the SAP be a vehicle to drive the development of:

- innovative programs targeting boys and young men
- initiatives promoting healthy masculinity
- community campaigns designed by and for men, and
- lived-experience ambassadors where appropriate. (***Recommendation 21***)

Q2.2 — How can existing efforts be strengthened or built upon?

A key success of the first National Plan and the First Action Plan under the current National Plan has been to provide the impetus and authorising environment for focused data collection and research. The outcome is that Australia now has a far more robust evidence base from which to reliably identify proven and promising avenues for interventions. Much of the focus to date has, understandably, been on tertiary responses. We now have the opportunity to sustain proven tertiary responses, while pivoting to bring prevention and healing to the foreground.

Relationships Australia welcomes the Government's strong focus on prevention. Because of the time scales necessarily involved in measuring the impact of prevention and early

[105] The analysis used data from previous Neighbour Day evaluations conducted by the Australian National University, and the nationally representative HILDA survey, to model the impact of Neighbour Day participation in terms of costs and outcomes.

[106] National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025. Accessible at https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf

intervention, there will be attribution issues: many factors and circumstances will come into play with children, families and their communities during extended time scales. Consistent and comprehensive biodata will assist, but we are interested to explore further with Government how impact, on these time scales, will be measured and attributed to service interventions.

Relationships Australia **recommends** that the SAP allow for early engagement between governments, people with lived expertise and experience, and service providers to consider how to best deal with attribution issues. (***Recommendation 22)***

Q2.3 — How can governments, communities, schools, workplaces, online platforms support recognition of harmful attitudes and behaviours?

Governments cannot end DFSV without the participation of all sectors of the community. Top-down responses will not work. Nor will responses that ignore the non-linear and multi-directional nature of relationships and the diversity of family and social relationships in contemporary Australia, or that deepen troubling social divisions that have already been opened up by the predatory monetisation of harmful attitudes and behaviours that cynically exploit members of our community already experiencing distress, isolation, fear and a sense that they don't belong.

Modern political, economic and cultural rhetoric has succumbed to following the example of online platforms by commodifying rage, hatred and contempt for those who are 'other'. This has not occurred by accident. Governments, communities, schools, universities, workplaces and other social and cultural settings are all complicit in having mindlessly acquiesced while online platforms built a global economy of polarisation and dehumanising invective. Course correction will need leadership in developing and maintaining skills to build and maintain safe and healthy relationships, between individuals, among families and across communities at local, national and global levels.

Relational education and support need to be accessible and tailored for all points of the lifecourse. Proven grassroots social connection campaigns like Neighbours Every Day should be actively supported (and evaluated) by governments. (see ***Recommendation 20***)

Relationships Australia practitioners support broad public campaigns similar to Speak Up! Stay ChatTY and R U OK? Day that:

- normalise help-seeking
- encourage respectful relationships
- teach bystander action
- engage men before crisis.

Relationships Australia looks forward to an evaluation of the impact of the positive duty imposed on employers to ensure that workplaces are free of sexual harassment, and to proposed legislation introducing a digital duty of care. The final report of the Royal Commission

into Antisemitism and Social Cohesion, due on 14 December, may also provide recommendations that influence operationalisation of the SAP.

Q2.4 — What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

2.4.1 Universal risk screening using validated screening tools

Relationship health is a population-level public health concern, not a private matter. Loneliness, social isolation, relational distress, DFSV, mental ill-health, and harmful behaviours are interconnected public health risks.

The validated universal risk screening tool, FL-DOORS,[107] assesses suicidality, DFSV risk indicators, coercive control patterns, trauma history, child safety, substance use, and social isolation. It is validated and effective across populations.[108] Implementation of validated risk screening tools such as FL-DOORS at multiple service entry points enables early identification of co-occurring DFSV and mental health risks. This screening should occur with all clients, not only those presenting with obvious safety concerns, as this guards against under-reporting and ensures no client is unfairly targeted based on demographic characteristics. Wells et al (2018) found that use of FL-DOORS for paired partners yielded responses that corresponded closely, demonstrating reliability in identifying where risk lies. Implementation across service entry points enables:

- early identification of both victim-survivors and people using violence
- triage to appropriate interventions based on risk profile
- documentation of baseline risk for monitoring over time
- evidence-based allocation of intensive supports, and
- data collection for service improvement.[109]

Evolution of DOORS as a validated universal risk screening tool

DOORS was developed in response to the lack of valid and reliable post-separation family screening tools, and suggestions of under-reporting of harmful and potentially lethal risk factors.[110] RASA partnered with Professor Jennifer McIntosh (La Trobe University) to create

[107] See McIntosh, J. E., & Ralfs, C. (2012). FL-DOORS, Detection Of Overall Risk Screen; McIntosh, J. E., Tan E.S., Greenwood, C., Lee, J. & Holtzworth-Munroe, A. (2021) Profiling mother and father reports of safety risks in a postseparation cohort. Psychology of Violence 11 (1), 67-71. https://doi.org/10.1037/vio0000321 ; McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and validation of the family law DOORS. Psychological Assessment, 28(11), 1516–1522; Mcintosh, Jennifer (2011): The Family Law DOORS: Risk Screening Tools. Deakin University. Report. https://hdl.handle.net/10536/DRO/DU:30093459

[108] McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and validation of the family law DOORS. Psychological Assessment, 28(11), 1516–1522.

[109] Wells, Y., Lee, J., Li, X., Tan, E. S., & McIntosh, J.E. (2018). Re-examination of the Family Law Detection of Overall Risk Screen (FL-DOORS): Establishing fitness for purpose. Psychological Assessment, 30(8), 1121-1126.

[110] Braaf, R., & Sneddon, C. (2007). *Family law Act 1975 (Cth) amendments: Screening for family violence risk* (Issues Paper 12). Australian Domestic and Family Violence Clearinghouse; Johnston, J. R., & Ver Steegh, N. (2009). *Family Court Screening and Triage Protocols for Domestic Violence*. Association of Family and Conciliation Courts (AFCC).

the *Family-Law DOORS* (Detection Of Overall Risk Screen).[111] It is the first validated instrument to guide parents and caregivers through self-report of each family member's well-being and safety.[112] Adaptations include:

- *MyDOORS*, for use with non-separated families (i.e., enabling practitioners in diverse programs and services to detect and respond to broad areas of safety and wellbeing risks, not just the 'presenting issue')
- moving to online administration through the *DOORS App*
- *DOORS Triage* tool, used by the Federal Circuit and Family Court of Australia, to ensure the constellation of risks faced by parents and their children are considered at the beginning of the court process
- *Kids' DOORS*, using a developmentally appropriate approach to risk screening for children to enhance service capacity and outcomes
- a bespoke version of DOORS is now used by the Federal Circuit and Family Court of Australia in its Lighthouse Program.[113]

Family DOORS enables systematic screening across ten domains of risk, including victimisation, perpetration, mental health, family functioning, child wellbeing, parenting capacity, financial distress, housing, gambling and substance use. This helps practitioners identify the full constellation of concerns early, rather than waiting until issues escalate into statutory, justice or crisis responses. It is through the Family DOORS that 'cooling down' and de-escalation of family and domestic violence is possible at the earliest point of service engagement, enabling services to work with families to address risk factors and develop strategies that hold perpetrators accountable, engaging them in conversations about the support they need without compromising the safety of others.

Relationships Australia **recommends** that the SAP mandate universal screening using validated tools such as FL-DOORS across the community services, family relationships, DFSV, mental health and judicial sectors, and that this be extended to include early universal, non-stigmatising and systematic risk screening for children and young people. This must be supported by minimum national competency requirements for staff conducting universal risk screening across all service entry points. (**Recommendation 23)**

Q2.5 — What emerging issues should the Second Action Plan address in prevention/early intervention (gambling, substance use, adverse childhood experiences)?

Relationships Australia has welcomed the range of measures which Australian governments have taken to address mental ill-health, suicide prevention, and harmful gambling. Initiatives

[111] See McIntosh, J. E., & Ralfs, C. (2012). FL-DOORS, Detection Of Overall Risk Screen; see also https://familydoors.com/wp-content/uploads/2025/09/Family-Law-DOORS-Handbook-low-resolution-for-emailing-1.pdf

[112] Wells, Y, Lee, J, Li, X, Tan, E S & McIntosh, J E (2018). Re-examination of the Family Law Detection of Overall Risk Screen (FL-DOORS): Establishing fitness for purpose. Psychological Assessment, 30(8) 1121-1126.

[113] Noting, however, that Lighthouse does not apply its DOORS to all persons coming before it; it is voluntary: https://www.fcfcoa.gov.au/fl/pubs/lhp-info-parties

focusing on children's safety, wellbeing and development, such as the Early Years Strategy and the National Strategy to Prevent and Respond to Child Sexual Abuse, are also very welcome.

Harmful gambling, substance abuse and adverse childhood experiences are not emerging issues. Their co-occurrence with DFV is well-documented over several years; what is still emerging is:

- our understanding of their full impact on children, and the long-term impact they have on children's development and safety,[114] and
- our recognition that children's voices are missing in service design and delivery.

Harmful gambling and harmful substance use can increase risk and make behavioural change work more difficult.

2.5.1 Harmful gambling

Snapshot – Gambling Help Service, Relationships Australia South Australia

RASA's Gambling Help Services show the importance of addressing gambling harm as an issue of family safety and relational wellbeing, not just individual finances or behaviour. In 2020, Central Queensland University worked with RASA on a qualitative study exploring the relationship between gambling and men's violence against female intimate partners. The study found that gambling does not directly cause intimate partner violence but can reinforce gendered drivers of violence and increase its frequency and severity against women. It also highlighted the prevalence of economic abuse among women experiencing gambling-related intimate partner violence and found that some service providers lacked awareness of the link between gambling and intimate partner violence. Screening and integrated service responses for both gambling problems and intimate partner violence were also limited.[115]

A practice guide was developed: *The dangerous combination of gambling and domestic and family violence against women: Practice guide for gambling counsellors, financial*

[114] See the Australian Child Maltreatment Study: https://www.acms.au/

[115] Hing, N., O'Mullan, C., Nuske, E., Breen, H., Mainey, L., Taylor, A., … Rawat, V. (2020). The relationship between gambling and intimate partner violence against women (Research report, 21/2020). Sydney: ANROWS; see also Black, D. W., Shaw, M. C., McCormick, B. A., & Allen, J. (2012). Marital status, childhood maltreatment, and family dysfunction: A controlled study of pathological gambling. *The Journal of clinical psychiatry*, *73*(10), 11273; Dowling, N. A., Ewin, C., Youssef, G. J., Merkouris, S. S., Suomi, A., Thomas, S. A., & Jackson, A. C. (2018). Problem gambling and family violence: Findings from a population-representative study. *Journal of Behavioral Addictions*, *7*(3), 806-813. https://doi.org/10.1556/2006.7.2018.74; Freytag, C., Lee, J., Hing, N., & Tully, D. (2020). The dangerous combination of gambling and domestic and family violence against women: Practice guide for gambling counsellors, financial counsellors and domestic and family violence workers. (ANROWS Insights, 06/2020). Sydney: ANROWS. https://apo.org.au/sites/default/files/resource-files/2020-12/apo-nid310433.pdf

counsellors and domestic and family violence workers. This resource is intended to support a response that integrates Family Domestic Violence and Gambling Responses.[116]

Young males are increasingly engaging in sports betting and other online wagering platforms such as Polymarket. The ease of accessing sports betting platforms through smart phones is thought to have contributed to this, as well as social media influencers promoting and glamourising this form of gambling. Many male clients who reduce their gambling harm, are then using pornography as a replacement. Additionally, several male clients who gamble, do so whilst under the influence of alcohol and/or other drugs.

Increasingly, male clients experiencing gambling harm have expressed to practitioners expressed feelings of disempowerment and sentiments which are aligned with 'alt right' ideologies such as anti-feminism and anti-establishment, traditional gender roles, and pro-military violence. Gambling for these individuals appears to symbolise 'masculinity' and 'power'.

Community-based intervention - Healthy Clubs, Healthy Relationships (Victoria)

Relationships Australia Victoria is the lead agency in the 'Healthy Clubs, Healthy Relationships: Preventing family violence through sport', a gender equality-focused partnership with Melbourne City Football Club, the Victorian Amateur Football Association, Women's Health in the North and SBS. The program focuses on intersectionality and cultural safety and is supported by Sports and Recreation Victoria. In 2022-2023, we developed workshops for Victorian clubs and leagues about gender roles, respectful relationships, resilience, and bystander actions. To ensure that changes are universal, we're working with people across all club levels, from supporters to executives, and supporting clubs to develop gender equity action plans.

2.5.2 Adverse Childhood Experiences

Many of our clients have experienced significant childhood trauma, neglect or exposure to family violence. Adverse Childhood Experiences (ACEs) are increasingly being disclosed to our adult-based service supports both by people using violence and DFSV victim-survivors. Practitioners have also noticed an increase in young people seeking support in relation to intergenerational trauma resulting from DFSV, neglect, parental mental illness and harmful substance use, child protection intervention, etc. This reinforces the need for trauma-informed approaches while maintaining clear accountability for harmful behaviour.

2.5.3 Service responses

Service delivery, funding and compliance arrangements remain fragmented, imposing unnecessary and unsafe barriers to much-needed multi-disciplinary and place-based services.

[116] Freytag, C., Lee, J., Hing, N., & Tully, D. (2020). The dangerous combination of gambling and domestic and family violence against women: Practice guide for gambling counsellors, financial counsellors and domestic and family violence workers. (ANROWS Insights, 06/2020). Sydney: ANROWS

Through our Family Relationships Centres, funded by the Attorney-General's Department, and other service outlets, we aim to lift the burdens of fragmentation from service users by delivering multi-disciplinary wraparound services, including case management and navigation. Family Relationships Centres are proven to be effective and efficient (Metcalfe Review, 2024), and could readily be scaled up to provide more integrated responses to clients experiencing alcohol and other drug issues alongside their relationship challenges.

Snapshot – Relationships Australia Tasmania

Relationships Australia Tasmania works with families across the state, where harmful alcohol and other drug use are common intersecting issues with DFV, abuse and mistreatment of older adults, mental health challenges, and child wellbeing concerns.

Risk screening data from 2017/2018 to the present is consistent with that of other members of the Relationships Australia Federation, and with the broader literature base. Relationships Australia Tasmania has aggregated data from the DOORS tool completed by clients engaged in both early intervention programs (My DOORS) and post-separation programs (Family Law DOORS). Data from 2017/2018 to the present highlights how these risks present within our services and offers a longitudinal perspective on how harmful alcohol and other drug use presents across different client groups.

Harmful use of alcohol is consistently reported at higher rates than other drug use across both My DOORS and Family Law DOORS programs. Clients are more likely to identify concerns about the alcohol and drug use of a partner or family member than their own use, highlighting the ripple effects of harmful alcohol and other drug use on families. The prevalence of alcohol and other drugs concerns is notably higher among clients engaged in Family Law DOORS, reflecting the elevated risks present in families experiencing separation, conflict, and parenting disputes. While alcohol is the most frequently reported issue, drug misuse remains a significant but less common concern. These patterns underscore the ongoing impact of harmful drug and alcohol use across diverse client groups and reinforce the need for integrated responses.

Snapshot – Relationships Australia South Australia

People experiencing family breakdown often have a constellation of problems including family violence, harmful gambling, and risky alcohol or other drug use that have negative and often long-term harmful impacts. All Relationships Australia South Australia (RASA) services use DOORS.

In 2023/24, RASA's clinical services were accessed by 20,863 clients. DOORS screening highlighted the challenges clients face upon intake to service. Almost 1 in 5 (17%) clients across RASA felt that they wanted or needed to cut down on their use of alcohol and/or other drugs. Other analyses indicated almost 1 in 4 (24.3%) young people in RASA's Tailored Learning Service, supporting young people at risk of disengaging from school,

disclosed having used alcohol or drugs more than they meant to in the past 12 months (N=313).

Of men entering RASA's Reset2Respect, the South Australian Magistrates Court Abuse Prevention Program, almost 1 in 2 (47%) indicated they recently engaged in risky AOD use and needed 'mental health/AOD/gambling' support in the last 2 years (46%) (N=201). As screening underscores the critical role the broader service system plays in detecting alcohol and other drug concerns, effective client support depends on strong collaboration with specialist alcohol and other drug services to ensure comprehensive, coordinated care.

Relationships Australia recommends that the SAP commits:

- the Australian Government to fully implement all recommendations in the Murphy Report.[117] While the recently introduced legislation contains excellent measures, far more could and should be done to protect children and young people from the predatory conduct of gambling providers.[118] (***Recommendation 24***)
- all jurisdictions to invest in integrated services, including case management, for people affected by harmful use of alcohol and other drugs,[119] (***Recommendation 25)*** and
- all jurisdictions to invest in integrated services for children and young people which recognise them as rights-bears, as victim survivors in their own right, and within their broader family, community and cultural context; the design, delivery and evaluation of such services must occur with the engagement of their voices. (***Recommendation 26***)

These recommendations complement recommendations made in our recent submissions relating to gambling advertising, DFV and suicide, the health impacts of alcohol of other drugs, family and relationships services and the Families and Communities Program evaluation (available at https://www.relationships.org.au/research/#advocacy and listed in the Appendix).

[117] https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Onlinegamblingimpacts/Report

[118] See, eg, Gupta. C., Campbell, M. Robards, B. & Fordyce, R. (2025) Playing the Player: Unfair digital gaming practices and their impact on Australians; King D & Delfabbro P H (2018). Predatory monetization schemes in video games (e.g. 'loot boxes') and internet gaming disorder. Addiction, 10.1111/add.14286; Kristiansen S & Severin M C (2020) Loot box engagement and problem gambling among adolescent gamers: Findings from a national survey. Addictive Behaviors. 103, 106254. doi.org/10.1016/j.addbeh.2019.106254; O'Brien, K & Iqbal, M (2019). *Extent of, and children and young people's exposure to, gambling advertising in sport and non-sport TV*, Victorian Responsible Gambling Foundation, Melbourne. https://responsiblegambling.vic.gov.au/resources/publications/extent-of-and-children-and-young-peoples-exposure-to-gambling-advertising-in-sport-and-non-sport-tv-679/; Pitt, H., McCarthy, S., Randle, M., Arnot, G., Daube, M., & Thomas, S. (2024) *"It's changing our lives, not for the better. It's important that we have a say"*. The role of young people in informing public health and policy decisions about gambling marketing. BMC Public Health. https://doi.org/10.1186/s12889-024-19331-x;

[119] See also Relationships Australia's submission to the Parliamentary inquiry into the health impacts of alcohol and other drugs, accessible at https://www.relationships.org.au/wp-content/uploads/Relationships-Australia-Submission-on-health-impacts-of-AOD-301025.pdf

2.5.4 Emerging issues

2.5.4.1 Entrenched complexity

In the early stages of the COVID-19 lockdowns, our practitioners noted a trend that in 2026 now seems to have become entrenched: families are not coming to our services with single presenting issues; they are coming with a constellation. Examples from our practitioners include:

- clients presenting with a variety of issues, including those that are difficult for the organisation to respond to within existing staffing profiles, funding envelopes and grant limitations
- a need for case management time, which is unfunded
- kinds of relationships not envisaged or catered for in our funding envelopes and grant limitations, including polyamorous or gender diverse
- clients are presenting more frequently with mental ill-health, suicidality, trauma, and personality disorders, but who are unable to access specialised mental health services
- a lack of service networks
- families with high numbers of individual clients, which may not fit within funding envelopes or grant limitations

Members of Relationships Australia's National Research Network are currently working to develop a systematic approach, across the Federation, to define and measure complexity.

2.5.4.2 Limited access to services

Service access is becoming more difficult, with long waitlists in some programs. This means that people are more frequently reaching crisis before receiving specialist intervention. Missed opportunities for early intervention at key critical developmental periods undermine prevention. Demand for what the Consultation Paper defines as specialist DFSV services continues to outpace capacity, resulting in practitioners in the broader family relationships sector carrying higher complexity caseloads and reduced opportunities for preventative work.

2.5.4.3 Financial stress, cost of living, housing insecurity

The experience of financial stress and housing insecurity is becoming increasingly widespread and affecting an increasing proportion of the population, including those who have never previously experienced poverty, financial stress, or housing and employment precarity. As during the COVID-10 lockdowns[120], many victim-survivors remain in unsafe relationships because safe, affordable housing is unavailable. People using violence and abuse are also experiencing housing instability, which can complicate accountability work.

[120] See, eg, Morgan, A. & Boxall, H. (2022) Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic (Research report, 02/2022). ANROWS; Morgan, A., & Boxall, H. (2020). Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. Trends and Issues in Crime and Criminal Justice [Electronic Resource], (609), 1–18. https://search.informit.org/doi/10.3316/informit.531971348048062; Naidoo, Y; valentine, k & Adamson, E (2022) Australian experiences of poverty: risk precarity and uncertainty during COVID-19 Australian Council of Social Service (ACOSS) and UNSW Sydney.

Snapshot from the Family Relationships Advice Line, operated by Relationships Australia Queensland[121]

Clients are experiencing unprecedented financial stress:

- rising mortgage repayments, rent increases, and limited affordable housing are forcing families to remain living together after separation, often in unsafe or high-conflict environments; even if a victim survivor or a person using violence would otherwise choose to leave, there is nowhere to go
- cost pressures are reducing clients' ability to maintain child contact—particularly where long-distance travel and accommodation is required—there are increasing disputes about what arrangements are 'reasonable' or 'in the child's best interests'
- many clients cannot afford supervised contact services, legal advice, or private mediation, increasing reliance on free or low-fee services and encouraging people to resort to relying on AI for legal, financial and relationship advice
- access to affordable legal assistance – always scarce relative even to known need[122] – is becoming even harder; people are relying on informal and sometimes unsafe agreements, prolonging disputes and entrenching instability in families which, in turn, can make it harder for families to progress to self-management and leads to them repeatedly returning to services
- more clients are requesting fee waivers, reduced fees, or hardship consideration, and
- experience of multiple overlapping stressors results in more complex and emotionally charged circumstances.

Cost-of-living stress is no longer a background factor—it is a primary driver of conflict, risk, and service demand. Housing shortages are prolonging disputes and preventing families from stabilising

Relationships Australia **recommends** that the SAP support:

- swift national rollout of pilots that are evaluated as being effective, rather than entrenching geographic inequity or disrupting therapeutic continuity
- research and practices exploring the co-occurrence of DFSV with other harmful behaviours (such as the Fixed Grievance Perpetrator Intervention Pilot), and
- greater integration between family law, family relationship, and DFSV policy-making and housing policy-making at federal, state and territory levels. (***Recommendation 27)***

PRIORITY AREA 3 — CHILDREN AND YOUNG PEOPLE IN THEIR OWN RIGHT

Q3.1 + Q3.2 — Biggest difference for CYP safety/recovery/wellbeing; better recognition and response

3.1.1 Half a century of retrofitting has failed

Consistent with Principle 1 (commitment to human rights), Relationships Australia is committed to ensuring that the paramountcy of children's best interests, across all domains, is honoured

[121] Funded by the Attorney-General's Department.

[122] See, eg, Law Council of Australia. (2018) Justice Project. https://lawcouncil.au/justice-project

and upheld. This includes, but is not limited to, ensuring that children's voices and children's safety and developmental needs are centred in all systems and processes with which they engage.

Relationships Australia has been heartened by recent progress towards elevating the rights and agency of children and young people, and amplifying their voices at systemic levels and in legal processes concerning them as individuals. We welcomed the inclusion of children explicitly as victim-survivors in their own right throughout the National Plan, as well as the expectation, set out in the National Principles to Address Coercive Control in Family and Domestic Violence, that the perspectives of children and young people be sought in implementing those Principles.

The SAP is an opportunity to avoid repeating past mistakes of building policies and programs around adult frameworks, and then trying to retrofit them for children. The evolution of the *Family Law Act 1975* is a case study over a 50 year period in how retrofitting fails children, exposing them to ongoing harm even when they have tried to speak up about their safety concerns. Carson et al (2018) related the concerns of one interviewee who contrasted the court processes used to assess the best interests of his sister, with the resolution of his own parenting arrangements outside of the court process (to which he attributed arrangements that enabled him to safely maintain a relationship with both parents):

> *You need to let children speak up. And be in the, with, have a bit more of a random conversation, rather than planned. Because in my sister's - my sister's case, she was doing a talk with a counsellor, but her dad was there and he's pretty scary. He, um, when my mum were together, he was hitting her. And so my sister's scared of her, him. And at the time, she thought that if she had said that she doesn't want to stay there, he could have hurt her. But, so it's better if it, when she was there, if someone came over randomly and just talked to SISTER. When she hadn't been prepared … they (father and his family) were also bribing SISTER a bit. They were saying, 'If you come live with us, we'll give you a dog and a big house and a big room, and all sorts … And it wasn't fair, because SISTER was young. It's been two or three years and she didn't understand. And now it's crazy because SISTER wants to come home now and she doesn't want to go there and she's not getting another chance ... I don't think my sister's safe at all … Because I think he's crazy and I don't know what he's capable of, because he's said some really bad things to my mum … And he has physically assaulted her and I don't think it's safe for my sister to be around him. (Andrew, 12-14 years)*

Isabelle reported that

> *Mmm, they [police] didn't protect SISTER. They thought it was okay to leave her in his custody when they know that stuff was happening in his house, alone…Mum, like,*

> *reported everything, but all of them got turned down. [Interviewer: And this was to police or child protection?] Everything. [Isabelle, 12-14 years]*[123]

Children are independent rights-bearers and victim-survivors in their own right. Children and young people have been telling governments for some time that, to keep them safe from being victim survivors *and* from becoming users of violence, they need to have a voice and they need governments, service providers and other community members to listen to that voice.[124] In our outreach and other services in educational settings, children and young people are expressing an urgent appetite for developmentally appropriate information and resources that are tailored to them and the specific relationship challenges they face. They are eager to develop relational skills to keep themselves, and other young people, safe, and to build their capacities to have flourishing, positive relationships.

Consistent with Principle 7 of this submission, Relationships Australia **recommends** that the SAP centre the voices of children and young people as intrinsic to effective service design, delivery and evaluation. (see ***Recommendation 26***) We further **recommend** that the SAP support universal risk screening for children.[125] (see ***Recommendation 23***)

Q3.3 — What approaches are most effective in supporting young people using violence or displaying harmful sexual behaviours?

Our practitioners are reporting that young people are often presenting with one (or more) of the following:

- histories of trauma
- exposure to DFSV
- disrupted attachment
- neuro-developmental differences, and
- emotional regulation difficulties.

Further, our practitioners are seeing children and young people who are coercing peers into specific acts, which have been observed online as part of 'trends' on social media, YouTube, Tik Tok, etc.

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[123] See Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies.

[124] See, eg, Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies. https://aifs.gov.au/sites/default/files/publication-documents/1806_children_and_young_people_in_separated_families_report_0.pdf; Australian Human Rights Commission (2024). 'Help way earlier!': How Australia can transform child justice to improve safety and wellbeing. Sydney: Australian Human Rights Commission. https://humanrights.gov.au/__data/assets/pdf_file/0025/25477/1807_help_way_earlier_-_accessible_0-1-2.pdf . See also Consultation Paper, p 34.

[125] Bailey, A., McIntosh, J.E., Booth, A., Lee, J, & Ralfs, C. (2023). The Kids' DOORS Handbook. Unpublished Manuscript. The Bouverie Centre, La Trobe University and Relationships Australia SA. Accessible at https://familydoors.com/wp-content/uploads/2025/07/DOORS-Handbook-Final.pdf

Many have normalised coercive control, entitlement and aggression through experiences at home, at school, within peer groups and in online environments. Harmful behaviours increasingly occur across both offline and online contexts, including coercive behaviours within adolescent intimate relationships. Practitioners are observing increased minimisation of abusive behaviour, particularly where young people describe controlling behaviours as 'normal', 'just joking' or 'what everyone does'.

Relationships Australia practitioners have raised concerns that current school messaging around emotional regulation may unintentionally minimise violent behaviour; for example, if children are encouraged to excuse physical aggression as simply 'big feelings'. It is important to teach and model empathy while also maintaining the clear boundary that violence is never acceptable

Our clinical responses seek to:

- hold accountability without criminalising or pathologising
- respond to behaviour rather than label identity ('a young person using violence', rather than 'a violent young person')
- maintain clear responsibility for behaviour while recognising developmental capacity for change
- identify early intervention opportunities
- employ a whole of family approach with caregivers where safe and appropriate to do so
- working collaboratively to develop and provide youth specific behaviour change services
- strengthen emotional literacy, empathy, healthy relationship skills and accountability foundations, and
- avoid responses that inadvertently reinforce shame, exclusion or identity as an offender.

Snapshot – the high challenge, high support approach used by Relationships Australia South Australia

RASA's view is that adolescents using violence or harmful sexual behaviours require responses that are developmentally informed, trauma-responsive, restorative and safety-organised. Accountability is essential, but it must be achieved without importing adult perpetrator frameworks wholesale into adolescent practice. Many young people using violence have themselves experienced violence, abuse, neglect, disrupted attachment, shame, exclusion, cognitive or psychosocial difficulties, or other adverse childhood experiences. A purely punitive or criminalising response risks reinforcing shame, disengagement and further system contact, while failing to build the relational, emotional regulation and accountability skills required for sustained change.

In our work with young people using violence we focus on healing from adverse childhood experiences, strengthening wellbeing and resilience, building personal agency and accountability, and re-engaging in relationships based on respect, care and safety. The model is explicitly restorative: high challenge with high support. This enables behaviour change to occur in the context of therapeutic relationships that support both accountability and repair.

RASA's child sexual abuse and harmful sexual behaviour work also points to the need for specialist, accessible counselling for young people displaying harmful or risky sexual behaviours, alongside support for victim-survivors and families.

Practice examples show that some young people's harmful or risky sexual behaviours are linked to grooming, online exploitation, trauma, shame, family rejection, peer bullying and attempts to regain control or validation. Responses therefore need to combine safety, clear boundaries and accountability with therapeutic exploration of trauma, power/ consent, developmentally appropriate sexuality, and safer relationships.

We acknowledge the tension between public concern about youth violence and the risk of over-criminalising adolescents. Strong accountability for adolescent violence and harmful sexual behaviours requires youth-specific pathways, not adult-designed sanctions. This includes whole-of-family assessment, child and adolescent therapeutic intervention, caregiver engagement, risk monitoring, safety planning, school and community connection, and where necessary coordinated justice, child protection and specialist service involvement.

3.3.1 Early intervention without pathologisation

The Australian Child Maltreatment Study has found abuse by known adolescents to now be the most common perpetrator category for young people aged 16–24.[126]

Adoption of a whole of lifecourse approach to relational wellbeing and DFSV will not align with victim/perpetrator binaries – especially for children and young people using violence. The SAP should support early universal, non-stigmatising and systematic risk screening and enable the provision of timely, geographically equitable supports. These supports will need to wraparound the whole family, not just the child, and will need to accommodate the diversity of families in contemporary Australia. Reliance on a 'Western, nuclear and heteronormative' conception of family is inadequate for First Nations, Culturally and Linguistically Marginalised and LGBTIQA+ families, and is indifferent to the complexity and diversity of contemporary Western, heteronormative families. Such conceptions fail us all.

3.3.1.1 Supporting parents

Relationships Australia Tasmania has suggested that the SAP support initiatives that equip parents with practical tools to enable them to challenge harmful attitudes in their children before they become entrenched. Similarly, universally accessible programs could better equip

[126] Mathews, B., Pacella, R., Scott, J. G., Higgins, D. J., Finkelhor, D., Haslam, D. M., Lawrence, D., Dunne, M. P., Thomas, H. J., Erskine, H. E., Meinck, F., Hunt, A., & Malacova, E. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, *149*, 106550. See also Thomas, H. J., et al. (2024). The Prevalence of Peer Sexual Harassment During Childhood in Australia: Findings From a National Survey. *Journal of Interpersonal Violence*; Hunt, G. R., Higgins, D. J., Willis, M. L., Mathews, B., Lawrence, D., Meinck, F., … & Haslam, D. M. (2024). The prevalence of peer sexual harassment during childhood in Australia. Journal of Interpersonal Violence, 08862605241245368. https://www.acms.au/resources/publications/. See also Salter M. (2016). The privatisation of incest: The neglect of familial sexual abuse in Australian public inquiries. In Smaal Y., Kaladeflos A., Finnane M. (Eds.), *The sexual abuse of children: Recognition and redress* (pp. 108–120). Monash University Press;

parents to nurture pro-social attitudes and strong relational wellbeing. Practitioners highlight the importance of supporting parents to discuss:

- healthy masculinity
- gender roles
- respectful relationships
- online influences.

3.3.1.2 School-based approaches

Strengthening school communities and empowering young people with the skills to build respectful, safe, and inclusive relationships contributes to lasting cultural change and a future where all individuals can thrive. We have seen positive effects in enhanced relational skills and attitudes towards gender stereotypes and gender-based violence in our school-based education programmes Respect and Connect (Relationships Australia Victoria) and Rize Above (Relationships Australia South Australia).

School settings provide one of the greatest opportunities for universal prevention and early intervention, including to:

- strengthen respectful relationships education
- identify children at risk
- equip schools with resources and tools, and
- improve teacher capacity to recognise underlying family violence - teachers frequently observe behavioural changes but often lack the resources or training to respond (with the caveat that teachers should not have to shoulder the full burden of responding, but should be supported by accessible and adequately funded referral pathways).

Case study – Respect and Connect (Relationships Australia Victoria)

'Respect and Connect' is a 4-session, school-based primary prevention program that Relationships Australia Victoria (RAV) developed and delivers to promote healthy, respectful relationships, improve mental wellbeing and prevent future gender-based violence. Originally launched in 2014 under the name 'I like, like you' (ILLY), the program has reached over 13,000 students across Victoria and continues to evolve through youth-led evaluation and feedback.

The program is underpinned by a strong theoretical and pedagogical evidence base. It draws on current best practice in social-emotional learning, gender-based violence prevention, and strengths-based, youth-engaged pedagogy (CASEL, 2020).

The 4-session program covers healthy, unhealthy and abusive relationships; gender equality and stereotypes; emotional awareness and communication; and how to handle online and in-person conflict. Content is multimodal, incorporating interactive activities, handouts, and class discussions to meet different learning needs of student cohorts.

Respect and Connect uses interactive, evidence-informed activities to build emotional intelligence, foster healthy relationships, promote gender equality, and strengthen communication and conflict resolution skills. It is delivered by qualified mental

health-trained facilitators who are experienced in supporting young people and who model respectful behaviours and support student wellbeing in real time. They bring best-practice therapeutic skills into the classroom for students to practice in real time with their peers. Facilitators provide the invaluable action of role modelling the healthy behaviours that are reflected in the content, which also helps teachers to gain confidence in approaching these sensitive topics. Facilitators are encouraged to involve teaching staff in sessions and share program information with parents along with invitations for further conversation. This helps to reinforce key messages and promote continuity of learning, which the research indicates enhances environmental and cultural change in school communities (Our Watch, 2022)

Evaluations from 2019–2024 consistently show improvements in students' awareness of healthy relationships, empathy, emotional regulation, and help-seeking behaviours.[127] Respect and Connect is a brief, targeted and impactful program that plays a vital role in promoting wellbeing and preventing gender-based violence.

Short-term outcomes include increased social-emotional competence (across self-awareness, social awareness, self-management, relationship skills, and decision-making), improved classroom climate, greater awareness of gender inequality, and increased knowledge of healthy/unhealthy relationships and support services. Medium-term outcomes aim to reduce antisocial behaviour and increase prosocial behaviour, resilience, academic performance, and help-seeking. Long-term outcomes relate to improved wellbeing, respectful and non-violent relationships, and a reduction in gender-based violence. Recent focus group findings also suggest that students apply their learnings in practical and reflective ways, such as identifying personal boundaries, de-escalating conflict, recognising toxic dynamics, and showing increased empathy.

By addressing both individual skill development and broader social norms, Respect and Connect seeks to contribute to improved community cohesion and long-term violence prevention.

Case study – Rize Above Program (Relationships Australia South Australia)

Rize Above - **Primary Violence Prevention Program** focused on young people from high levels of social disadvantage. Heightened vulnerability is heavily driven by environmental stressors, systemic barriers, and intergenerational exposure to trauma.[128]

It aimed to address the underlying drivers and reinforcing factors that contribute to DFV. It was developed by Relationships Australia South Australia in partnership with the City of Salisbury and with support from the Northern Violence Against Women and

[127] See, eg, Respect and Connect: Evidence and Evaluation Report (2025), accessible at https://media.relationshipsvictoria.org.au/media/wzlhx1d2/respect-and-connect-evidence-and-evaluation-report-sept-2025.pdf

[128] Gobey, L. (2025). Risk and protective factors for child abuse and neglect. Policy and practice paper. Melbourne: Australian Institute of Family Studies. See https://aifs.gov.au/resources/policy-and-practice-papers/risk-and-protective-factors-child-abuse-and-neglect

Homelessness Collaboration. It was funded by the Department of Social Services as a community-led project to reduce violence against women and children grant 2020-2022, sitting under the National Plan. The program was delivered at three secondary schools.

Critically**,** Rize Above was built with the guidance and influence of young community members and had a significant peer mentor stream. It was a multi-stream primary prevention respectful relationship with four interconnected streams:

- **In-School Respectful Relationships Education Program**- this was an eight week program facilitated by trained staff; it focused on high schools with high level of social disadvantage
- **Online Respectful Relationships Education Program**- an eight week self-paced program
- **Online Interactive Hub Website-** Youth hub, support and help function it included interactive spaces for youth to engage, including through interactive games based on key concepts
- **Peer-Mentor Program-**Structured training program including skills training and education with opportunities for applied learning.

Topics included defining relationships, healthy relationships, gender equality, power, living online, consent, violence in relationships, and mental health and self-care, educating participants in:

- identifying and challenging the condoning of violence against women
- fostering positive personal identities and challenging rigid gender stereotypes and roles
- strengthening positive, equal and respectful relationships
- promoting and normalising gender equality.

The program's learning content, learning exercises, videos and online interactive games responded to beliefs and experiences that are known drivers of DFV.

Evaluation

Between July 2023 and June 2024, student participants completed 1003 surveys. The survey evaluated program participation, demographics, online and classroom delivery, changes in attitudes, skills and knowledge, and qualitative participant feedback.

Matched-pair analysis shows statistically significant change on items related to gender norms and attitudes. The program assessed outcomes related to consent, bystander action, understanding gender/sex/sexuality, and emotional literacy.

Consent-related matched responses showed a strong increase in agreement that a girl can say 'no' when someone makes a move on her, from 13% pre to 70% post. Forty per cent of the participants indicated that they were better at recognising physical violence,

and 33% said that they were better at recognising non-physical types of violence in relationships.

Matched responses show increase in students' willingness to respond to verbal abuse directed at women, with more students indicating they would like to do something or show disapproval. Results indicate that 43% of the respondents would now like to do something about verbal abuse aimed at a woman and 47% would say or do something to show they did not approve of the abuse.

Post-survey results suggest students reported improved understanding of healthy and unhealthy relationships, gender/sex/sexuality, recognising emotions, expressing feelings, and recognising physical and non-physical violence. 78% of the respondents said that they were a little, quite a bit, a lot or very much confident to express their feelings to others.

Rize Above was well received and produced positive changes in attitudes, consent-related understanding, bystander intentions, relationship knowledge and emotional literacy. These were important findings and showed that primary prevention program can be applied to young people with high levels of social disadvantages and produce significant outcomes.

The program ended in 2024 due to lack of ongoing funding and there is no current specific program focus on young people from high levels of social disadvantage to interrupt this intergenerational pattern.

3.3.1.3 Other programs

Relationships Australia Tasmania practitioners indicated support for the Step Up and BASE programs as examples of promising approaches, although participants felt similar programs should target lower-risk young people before violence becomes established.

Relationships Australia **recommends** that the SAP should support early universal, non-stigmatising and systematic risk screening and enable the provision of timely, geographically equitable supports which wraparound young people, their families and caregivers. (see ***Recommendations 23 and 26)***

3.3.1.4 Therapeutic approaches – Tasmanian perspective

In addition to the considerations canvassed above, Relationships Australia Tasmania practitioners noted that children and young people consistently express a preference for continuity in their support. Frequent workforce turnover, and limited service availability (especially in rural areas) were seen as barriers to therapeutic engagement. Partnerships with organisations such as the Royal Flying Doctor Service were viewed positively for improving referrals into regional areas, although children and young people still value face-to-face relationships wherever possible.

Relationships Australia Tasmania practitioners pointed to ACORN Children's Family Violence Counselling Program as an example of good practice because it:

- works holistically with children
- includes parents where appropriate (our practitioners particularly valued ACORN's ability to work with both parents where safe to do so)
- provides case management
- works closely with schools and other professionals
- supports warm referrals across services.

The ACORN model allowing engagement with only one parent's consent was highlighted as a significant strength. Practitioners explained this enables children to access support even where a parent sought to block services through withholding consent. This is not an uncommon feature of coercive control behaviour.

3.3.1.5 The criminal justice system

ALRC Report 143, *Safe, Informed, Supported: Reforming Justice Responses to Sexual Violence,*[129] advocated for early therapeutic responses, rather than criminal justice responses. Relationships Australia supports this, and has elsewhere expressed concern about prematurely criminalising young people.[130]

Q3.4 — How should the Second Action Plan respond to emerging harms affecting CYP (TFA, harmful online content, deepfakes, dating violence, non-fatal strangulation, online extortion)?

> *As these are generally covert behaviours, youth-specific emerging harms could be a tricky topic to navigate in session. We would need to develop non-judgemental screening questions in our assessment processes*…[Youth Access Worker, headspace, Bateman's Bay, Relationships Australia, Canberra and Regions]

Relationships Australia practitioners are increasingly concerned about the rapid evolution of technology-facilitated abuse and harmful online influences which are adversely affecting young people. As recognised in the Consultation Paper, we see young people harmed by:

- exposure to, as well as creation and use of deepfakes and AI-generated sexual imagery,
- dating apps and online relationships (including with AI 'companions' and 'cam girls'/online sex workers) – we are concerned that the absence of natural friction, conflict, negotiation and repair in these relationships, create unrealistic expectations of real-life relationships, intimacy and sex, and
- use of technology to stalk and surveille (including through the Internet of Things).

3.4.1 How children and young people come to use technology in risky ways

Young people are engaging with adults online, using dating apps to seek connection or explore sexuality, being exposed to grooming dynamics, and continuing to use unsafe platforms

[129] Accessible at https://www.alrc.gov.au/wp-content/uploads/2025/02/JRSV-Final-Report-Book-for-Web-final-20250211.pdf

[130] See, eg, our submission on raising the age of minimum criminal responsibility in the ACT, accessible at https://www.relationships.org.au/wp-content/uploads/20210804-RACR-and-RAN-Submission_Raising-age-of-criminal-responsibility-in-the-ACT_FINAL.pdf

because they are perceived as the only available space for validation, belonging or sexual identity exploration. These examples highlight that online risk-taking should not be understood simply as recklessness; it often reflects loneliness, shame, discrimination, trauma, unmet developmental needs or lack of safe alternatives.

Young people (particularly males) are seeking connection through online platforms such as Discord, which are connected to online games. These platforms are not moderated and place young people at risk of harm and abuse. Vulnerable young people are often targeted through these online platforms and coerced into providing images/videos of themselves, which are then used as leverage to blackmail the young person into engaging prescribed acts and providing more extreme material.

Young people are targeted by disinformation and misinformation on a range of topics that can lead to harm. Our practitioners encounter young people who have acted on health and well-being misinformation and disinformation, with harmful results. Young people are induced, by a range of predatory practices that exploit the need for belonging, connection, validation and conformity, to engage in gambling, with often distorted views of what the odds really are.

Online harm communities (sadistic online exploitation) are targeting vulnerable young people, specifically neurodivergent young females with mental health issues. Members groom victims to self-harm and provide images/videos, which are then shared amongst other community members and used as 'social capital' to gain status. People perpetrating harmful sexual and violent behaviours are encouraged to film the experience and re-post online.

The use of AI can be both helpful and harmful. Several people have sought support and advice by AI which they have found beneficial. However, it has been noted that young people's critical thinking ability has been compromised, as they accept whatever information is generated through AI. Further, AI companionship is being favoured over establishing real-life connections.

While Relationships Australia welcomed the gambling advertising reforms, we are unpersuaded that they are sufficient or, indeed, that our governments cannot do better to protect children and young people from predatory gambling providers. Relationships Australia continues to advocate for full implementation of the recommendations of the Murphy Report (see ***Recommendation 24***). We remain concerned that regulatory approaches to online gaming allow too much latitude to normalise gambling among children and young people.

Children and young people are increasingly accessing online games which include micro-spending and gambling features – conditioning and normalising gambling behaviours. Several clients who have played online games with these features, go onto experience gambling harm. However, the existing Gambling Help Services program is unable to provide children and young people heavily engaged with online games with early intervention/prevention counselling support, as they are deemed ineligible by the funder unless gambling-specific harm is identified.

Parents are increasingly seeking help through the GHS program for their children who are spending inordinate amounts of time playing games on devices. Gaming and screen time has had a negative impact on relational dynamics, school attendance and mental health. In the absence of gambling-related harm, these affected individuals cannot be supported through the GHS program, and it is challenging to locate alternative support services.

3.4.2 What we are hearing from children and young people

Practitioners are increasingly hearing young people express attitudes that appear to have been influenced by violent or degrading pornography and extremist content, and indications that pornography has functioned as the primary source of sex education for many children and young people. Relationships Australia practitioners have observed:

- normalisation of choking/non-fatal strangulation
- normalisation of sexual coercion
- reduced understanding of consent
- unrealistic expectations regarding sex, relationships and gender roles, and
- among some boys and young men – normalisation (and, indeed, valorisation) of entitlement, hostility towards women and girls, victim-blaming, and resistance to accountability.

Our practitioners have indicated that they attribute these attitudes to premature exposure to pornography, as well as to the online 'manosphere' which promotes a narrow and limiting version of masculinity. The messages from the manosphere can undermine healthy relationship education and reinforce coercive attitudes. It is important to note, too, that Relationships Australia practitioners have observed similar attitudes among adult males, with increasing normalisations of narratives portraying men as victims and minimising violence. Examples included:

- harmful attitudes within sporting clubs
- peer reinforcement of violence
- online misogynistic content, and
- misidentification of abusive behaviours.

3.4.3 Prevention must be relational, development and integrated

Prevention of these harms must be relational, developmental and integrated. Emerging harms are not isolated behaviours or single-issue risks. They occur within families, peer groups, schools, online environments and service systems, and are shaped by trauma, inequality, gendered norms, poverty, exclusion and predatory commercial interests. Effective responses require validated whole-of-family screening, early intervention, specialist youth pathways, restorative accountability, caregiver and community engagement, and coordinated service systems that can respond to complexity before it becomes entrenched harm.

3.4.4 Responses to risky online behaviour

These emerging harms require *both* digital safety regulation and therapeutic, relational responses. Young people need practical support to identify grooming, coercion, image-based

abuse, online extortion, pornography-driven expectations, unsafe dating app interactions and escalation risks. However, they also need safe relationships and services that can explore the emotional and relational drivers of online behaviour without shame, blame or moral panic. For some young people, this includes support to understand consent, power, sexual identity, peer pressure, discrimination, trauma responses and self-worth.

The influence of pornography, misogynistic online content, gambling and other commercialised industries that profit from harm requires stronger public health regulation, including safety-by-design approaches. Prevention cannot rest only on individual education for young people; it must also address the online environments, algorithms that target young people's vulnerabilities, commercial incentives to exploit, and social norms that shape young people's relationship expectations and exposure to harm. Relationships Australia has consistently recommended that regulators such as the eSafety Commissioner and the ACMA be sufficiently resourced, and empowered, to investigate and take meaningful deterrent and punitive action against those who profit from the monetisation of attitudes that normalise and valorise gender-based violence.

Relationships Australia further **recommends** that the SAP support:

- universally accessible prevention measures, including psycho-educational programmes about relational wellbeing, delivered in schools and other appropriate settings where children and young people engage
- building the capacity of all adults in the community (not just parents, educators and health care professionals) to safely support children and young people, including through public education campaigns and specialist resources (such as those published by the eSafety Commissioner)
- relational services, tailored for children and young people at all developmental stages, that complement regulatory and educational programs under the auspices of the eSafety Commissioner
- child inclusive practices in DFSV specialist services, as well as in relationship services more broadly
- data collection, and research built on that, to enable real-time monitoring of emergent risks of harm to children and young people
- specialist services where children and young people can report safety concerns
- linkage with child and adolescent mental health and suicide prevention mechanisms, noting that the Australian Child Maltreatment Study found not only far greater prevalence of child maltreatment than expected, but also a more rapid than expected impact of maltreatment on children's mental health,[131] and

[131] Lawrence, D.M., Hunt, A., Mathews, B., Haslam, D.M., Malacova, E., Dunne, M.P., Erskine, H.E., Higgins, D.J., Finkelhor, D., Pacella, R., Meinck, F., Thomas, H.J. and Scott, J.G. (2023), The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study. Med J Aust, 218: S34-S39. https://doi.org/10.5694/mja2.51877; Scott, J.G., Malacova, E., Mathews, B., Haslam, D.M., Pacella, R., Higgins, D.J., Meinck, F., Dunne, M.P., Finkelhor, D., Erskine, H.E., Lawrence, D.M. and

- given the well-documented association between harmful gambling and DFV,[132] and the Federal Government's commitment to protecting children from gambling harm – monitoring of the impact on children and young people of the recently introduced amendments of the *Interactive Gambling Act 2001.* (***Recommendation 28)***

Q3.5 — How can children and young people be meaningfully involved in shaping policies, programs and services?

Children's voices: heard, amplified and acted upon

Consistent with Principle 7, Relationships Australia welcomes engagement with children and young people in the design, delivery and evaluation of policies, programs and services intended to benefit them. As previously noted, children and young people have been telling governments for some years what they, as victim survivors of DFSV, need.[133]

Consultation timeframes recur as apparently insuperable obstacles to effective and authentic engagement with lived experience and expertise among all marginalised groups. Relationships

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Thomas, H.J. (2023), The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. Med J Aust, 218: S26-S33. https://doi.org/10.5694/mja2.51870

[132] For rates of gambling among young people, see eg Saunders, M. & Harrington, M. (2025) Discussion Paper: Teenage gambling in Australia: Rates of expenditure and participation among 12-19-year-olds. For expressions of concern by young people about gambling harm, see, eg, Pitt, H., McCarthy, S., Randle, M., Arnot, G., Daube, M., & Thomas, S. (2024) "It's changing our lives, not for the better. It's important that we have a say". The role of young people in informing public health and policy decisions about gambling marketing. BMC Public Health. https://doi.org/10.1186/s12889- 024-19331-x .For links between gambling and DFV see, eg, Hing, N., O'Mullan, C., Nuske, E., Breen, H., Mainey, L., Taylor, A., … Rawat, V. (2020). The relationship between gambling and intimate partner violence against women (Research report, 21/2020). Sydney: ANROWS; Freytag C, Lee J, Hing N, & Tully, D (2020) The dangerous combination of gambling and domestic and family violence against women. Practice guide for gambling counsellors, financial counsellors and domestic and family violence workers. ANROWS Insights 06/2020. For links between harmful gambling and abuse of older adults (especially by their friends), see Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies, pp especially pp 73-74, 76-77, 81. Cowlishaw, S., Suomi, A., & Rodgers, B. (2016). Implications of gambling problems for family and interpersonal adjustment: results from the Quinte Longitudinal Study. *Addiction*, *111*(9), 1628-1636

[133] See, eg, Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). Children and young people in separated families: Family law system experiences and needs. Melbourne: Australian Institute of Family Studies https://aifs.gov.au/sites/default/files/publication-documents/1806_children_and_young_people_in_separated_families_report_0.pdf; Australian Human Rights Commission. (2015-2018) Effects of family and domestic violence on children and young people https://humanrights.gov.au/our-work/childrens-rights/projects/effects-family-and-domestic-violence-children-and-young-people; Australian Law Reform Commission. (1997). Report 84. Seen and heard: priority for children in the legal process https://www.alrc.gov.au/publication/seen-and-heard-priority-for-children-in-the-legal-process-alrc-report-84/; Fitz-Gibbon, K., McGowan, J. and Stewart, R. (2023) *I believe you: Children and young people's experiences of seeking help, securing help and navigating the family violence system*. Monash Gender and Family Violence Prevention Centre, Monash University, doi: 10.26180/21709562; Pitt, H., McCarthy, S., Randle, M., Arnot, G., Daube, M., & Thomas, S. (2024) *"It's changing our lives, not for the better. It's important that we have a say".* The role of young people in informing public health and policy decisions about gambling marketing. BMC Public Health. https://doi.org/10.1186/s12889-024-19331-x

Australia frequently hears, from government departments, that lived experience and expertise could not be directly consulted because of time constraints. While we take very seriously the obligation to amplify our clients' voices (including the voices of younger clients), we take equally seriously the obligation to support our clients speaking directly to policy makers, where they wish to do so.

Accordingly, Relationships Australia **recommends** that the SAP commit governments to build into their consultation processes timeframes that will enable children and young people to engage directly. (see ***Recommendation 26)*** We further **recommend** that the SAP support the use of the Australian Government's Office for Youth Engage! Strategy be supported as a mechanism for hearing the voices of children and young people about DFSV, including by establishing a specialist Youth Advisory Group on DFSV. (***Recommendation 29)***

PRIORITY AREA 4 — PEOPLE WHO USE VIOLENCE

Q4.1 — What would make the biggest difference in preventing and responding earlier to the use of violence?

4.1.1 Whole of lifecourse, whole of family support

Throughout this submission, Relationships Australia recommends that the SAP place a whole of lifecourse and whole of family approach at its heart. Policy approaches that fragment each relationship or manifestation of DFSV (ie those that treat intimate partner violence, child maltreatment and abuse of older family members as discrete, and those that treat physical, emotional, sexual and financial abuse within a relationship as discrete) inevitably miss opportunities to disrupt and reset harmful family dynamics.

People form relationships, separate, re-partner, age, care for others and are cared for in non-linear and multi-directional ways — services must be ready to meet them at every point. Children and young people who use violence are not doing so in a vacuum; effective interventions are whole of family interventions. While not a DFSV prevention programme, Relationships Australia South Australia's Ngartuitya Family Group Conference provides a model of working holistically with families, and the benefits of doing so.

Case study - Ngartuitya Family Group Conference, RASA

Family Relationships Centres operated by Relationships Australia South Australia work hand in hand with the Ngartuitya Family Group Conference service operated by RASA. This partnership plays a vital role in empowering separated parents and families to take charge of planning for the safety and wellbeing of their children. Within this programme, families have increasingly sought resolutions for conflicts related to how children spend time with specific caregivers, including their separated parents.

In these situations, while the family is deeply engaged with RASA, Ngartuitya Family Group Conference coordinators make a seamless transition by referring them to our Family Relationships Centres for a 'Fast Track' Family Dispute Resolution service. This

collaboration is instrumental in helping family members embroiled in disputes avoid lengthy waiting lists and gain immediate access to a Family Dispute Resolution Practitioner to resolve family conflicts. The FDRP takes into account the family plan created during their Ngartuitya Family Group Conference session, which places a strong emphasis on maintaining family safety. The FDRP session serves as a platform for family members to address conflicts and negotiate within a secure environment, ultimately leading to the development of a parenting plan that outlines how separated parents and other family members will share time with the children.

Moreover, families are given access to the Family Relationships Centres' child-inclusive process and conflict coaching service. Often, due to safety concerns or the presence of Intervention Orders restricting interaction between certain caregivers, family members come to mutual agreement to use RASA's Children's Contact Centre's 'child change-over' service. This service aids in the smooth transition of children between their homes, in line with the care arrangements established during family dispute resolution sessions.[134]

The significance of this collaborative and comprehensive approach – which places family members, including children, at the centre - cannot be overstated. It stands as a highly effective early intervention and prevention strategy. It offers valuable support to vulnerable separated parents and their families, helping them avoid court proceedings while ensuring the safe and appropriate management of children's contact. Together, we work constructively to empower individuals and families affected by family conflict and family separation at all stages of the life course to be safe, to reach their own solutions, and to avoid the crushing emotional harms and financial burdens of litigation.

4.1.2 Universal, non-stigmatising relationship education and means to build social connections

Universally available and non-stigmatising relationship education offer a 'soft entry' for individuals and families who may experience barriers to naming DFSV and be deterred from help-seeking until a crisis emerges. Framing relationship health and DFSV as population-level public health concerns can alleviate shame, embarrassment and fears of judgement.

Relationships Australia **recommends** that the SAP support national scaling up of proven relationship education and social connection programmes, such as Neighbours Every Day (see **Recommendation 20** and section 2.1.4).

4.1.3 Reaching people before they become parents or caregivers

Intimate or romantic relationships provide both health benefits and risks that are unique and distinct from other close relationships.[135] People in satisfied and committed relationships live

[134] Decrea, S. (September 2019). *Aboriginal Family Group Conferencing: Old ways, new times*. 8th SNAICC National Conference – Growing up with strong identity, culture and connection, 2-5 September 2019, Adelaide Convention Centre, Adelaide, South Australia. See also https://www.rasa.org.au/support/services/ngartuitya-family-group-conferencing/

[135] Shrout, R.M (2021) The health consequences of stress in couples: A review and new integrated Dyadic Biobehavioral Stress Model, Brain, Behavior, & Immunity - Health, Volume 16.

longer, healthier lives than those who are unmarried, divorced, or widowed.[136] They have better psychological, cardiovascular, and immune health than their unhappily married, divorced, or single counterparts;[137] as well as better financial and employment outcomes.[138] The health benefits of a satisfied and committed relationship are similar to, if not greater than, that of well-known factors, such as how often people exercise, drink alcohol, and smoke cigarettes.[139] Children from parents who are in stable and satisfied relationships also do better academically, socially and psychologically.[140]

However, individuals in distressed relationships, and those in the processes of separating:

- can experience elevated psychological distress and psychological disorder, particularly depressive disorders[141]
- use health services substantially more, costing funders about 25% more per person than couples in satisfied relationships[142]
- are overrepresented among those seeking mental health services[143]
- can experience elevated psychological distress and lower levels of overall happiness, lower life satisfaction[144]

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[136] Kiecolt-Glaser, J.K., & Newton, T.L. (2001). Marriage and health: his and hers. Psychol. Bull., 127 (4), pp. 472-503, 10.1037/0033-2909.127.4.472; Robles, T.F., Slatcher, R.B., Trombello, J.M., & McGinn, M.M. (2014). Marital quality and health: a meta-analytic review, Psychol. Bull., 140 (1), pp. 140-187, 10.1037/a0031859.

[137] Birditt, K.S. & Newton, N.S., Cranford, J.A. & Ryan, L.H. (2016). Stress and negative relationship quality among older couples: implications for blood pressure, J. Gerontol. B Psychol. Sci. Soc. Sci., 71 (5) (2016), pp. 775-785,; Holt-Lunstad, J., Birmingham, W. & Jones, B.Q. (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. Ann. Behav. Med., 35 (2) (2008), pp. 239-244.

[138] Amato, P.R. (2000) The Consequences of Divorce for Adults and Children. 62(4) Journal of Marriage and Family; Whisman, M. A., & Uebelacker, L. A. (2006). Impairment and distress associated with relationship discord in a national sample of married or cohabiting adults. *Journal of Family Psychology, 20*(3), 369-377; Kiecolt-Glaser, J.K. (2018) Marriage, divorce, and the immune system, Am. Psychol., 73 (9) (2018), pp. 1098-1108.

[139] Holt-Lunstad, J., Smith, T.B. & Layton, J.B. (2010). Social relationships and mortality risk: a meta-analytic review, PLoS Med., 7 (7) (2010); Holt-Lunstad, J. Robles, T.F., & Sbarra, D.A. (2017). Advancing social connection as a public health priority in the United States, Am. Psychol., 72 (6) (2017).

[140] Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*(3), 355–370; Cummings, E. M., & Davies, P. T. (2002). Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research. *Journal of Child Psychology and Psychiatry, 43*(1), 31–63.

[141] Atkins, D. C., Dimidjian, S., Bedics, J. D., & Christensen, A. (2009). Couple discord and depression in couples during couple therapy and in depressed individuals during depression treatment. *Journal of consulting and clinical psychology*, *77*(6), 1089; Whisman, M. A. (2001). The association between depression and marital dissatisfaction. In S. R. H. Beach (Ed.), *Marital and family processes in depression: A scientific foundation for clinical practice* (pp. 3–24). American Psychological Association. https://doi.org/10.1037/10350-001. See also Lohan, et al, 2021; Petch et al, 2014.

[142] Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2000). Preliminary explorations of the harmful interactive effects of widowhood and marital harmony on health, health service use, and health care costs. *The Gerontologist, 40*(3), 349–357. https://doi.org/10.1093/geront/40.3.349.

[143] Lin, E., Goering, P., Offord, D. R., Campbell, D., & Boyle, M. H. (1996). The use of mental health services in Ontario: epidemiologic findings. The Canadian Journal of Psychiatry, 41(9), 572-577

[144] Hawkins, D. N., & Booth, A. (2005). Unhappily Ever After: Effects of Long-Term, Low-Quality Marriages on Well-Being. *Social Forces, 84*(1), 451–471. https://doi.org/10.1353/sof.2005.0103.

- can experience higher likelihood of anxiety disorders and substance use disorders,[145] and
- can experience suicidal ideation and suicide attempts, eating disorders, and personality disorders; in addition, prospective studies have shown that marital discord predicts future mood, anxiety and substance use disorders.[146]

Relational wellbeing is fundamental to family life, and needs attention before relationship formation and after separation. Existing programs have been successful because they recognise the non-linearity of how people experience relationships and key challenges across the lifecourse, and meet people where they are at when they do seek help – whether through information materials, psycho-social education resources, crisis interventions, or healing and recovery.

Relationships Australia **recommends** that the SAP support universally accessible relational wellbeing programmes as a key prevention/early intervention response. (***Recommendation 30)***

4.1.4 Improved understanding of the relationship between suicide risk and using DFSV

Relationships Australia practice experience is that DFSV can frequently co-occur with suicide risk, both for victims of DFSV and those who use violence. While the use of suicide or threats of suicide is a recognised tactic of coercive control, distinguishing between genuine suicidality and manipulative threats, while ensuring safety for all involved, represents one of the most challenging aspects of responding to suicide-related coercive control. Several factors complicate this:

- Over-emphasis on the perpetrator's suicidality can enable continued abuse by diverting resources and attention from victim-survivors, avoiding consequences for abusive behaviour, and creating obligations for victim-survivors to manage perpetrator's distress.
- A perpetrator may experience genuine distress and suicidal ideation while simultaneously using suicide-related behaviour in controlling ways. The two are not mutually exclusive.
- Over-emphasis on the manipulative function can lead to dangerous minimisation of actual suicide risk, potentially resulting in preventable deaths.

System fragmentation, misidentification of the person most in need of protection, and adversarial legal processes can inadvertently increase opacity and intensify distress. An integrated response must:

- name and define suicide-related abuse
- embed universal screening that distinguishes genuine suicidality from coercive threats while ensuring safety for both
- operationalise warm, multidisciplinary referrals, and

[145] Whisman, M. A. (2007). Marital distress and DSM-IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology, 116*(3), 638–643. https://doi.org/10.1037/0021-843X.116.3.638.
[146] See Braithwaite, Scott & Holt-Lunstad, Julianne. (2016). Romantic Relationships and Mental Health. Current Opinion in Psychology. 13. 10.1016/j.copsyc.2016.04.001.

- equip courts, police and services with specific guidance to address this form of coercive control.

Best practice requires holding both considerations simultaneously. To address suicide-related coercive control, Relationships Australia considers further exploration and development is warranted in the following areas:

- universal risk screening
- safety planning for victims, including children
- managing risk in the person using violence, and
- evidence, information-sharing and data collection

Relationships Australia recently recommended, to the Parliamentary Inquiry into the relationship between DFV and suicide, that in early intervention and prevention services across family relationships, mental health and suicide prevention and social connection be afforded equal attention and investment as downstream and acute services. (Rec 3 of that submission)

We also recommended that Australian governments increase funding to perpetrator interventions across the country and invest in consistent, secure and adequate resourcing nationally, to enable early identification of people at risk of using violence as well as to change attitudes and behaviours that encourage, normalise, reward or excuse using violence in relationships. (Rec 4 of that submission).[147]

Recommendation 7 of that submission was to develop a specialised training module to ensure professionals across the sector can recognise co-occurring risks in relation to both DFSV and suicide, conduct integrated risk assessments, implement appropriate safety planning, coordinate effectively across services, and document risk and interventions consistently. We consider that the SAP should implement these recommendations.

4.1.5 Focus support on predictable transition points where risk is known to be heightened

DFV is generally accompanied by a constellation of interacting challenges, including harmful use of substances and harmful gambling, mental health problems and personality disorders.[148] These risks are amplified at predictable transition points (such as pregnancy, child birth, separation, court proceedings, and post-order implementation), and are compounded by system fragmentation, which obscures risk and impedes help-seeking.[149] In addition, erosion of protective factors (safe relationships, social connection, and positive family functioning) further increases risk for victim-survivors, children and young people, older adults, and others experiencing multiple forms of disadvantage. Relationships Australia **recommends** that the SAP clearly identify known transition points and focus resources and responses accordingly. (***Recommendation 31)***

[147] Accessible at https://www.relationships.org.au/wp-content/uploads/Relationships-Australia-Submission-to-HRSPLA-on-DFSV-and-suicide-300126.pdf

[148] See Family Law Council, 2015, 2016.

[149] See, eg, Martin, S. L., Macy, R. J., Sullivan, K., & Magee, M. L. (2007). Pregnancy-associated violent deaths: the role of intimate partner violence. *Trauma, Violence, & Abuse*, *8*(2), 135-148.

Q4.2 — How can services, families, communities, workplaces recognise and respond safely to people using violence?

4.2.1 Universal risk screening

Universal risk screening has been demonstrated to be a highly effective mechanism for safe recognition of the use and experience of DFSV, as well as bringing to light a range of other challenges that individuals and families are facing (see also response to Q3.4). Community-based services often detect social isolation, deteriorating mental health, financial stress, relational breakdown and suicidality before medical or justice systems do. These settings are trusted, familiar and accessible, particularly in rural areas and for marginalised groups. For this reason, the use of universal screening tools by these agencies is of critical importance. *(see **Recommendation 23**)*

4.2.2 The community

Relationships Australia has welcomed progress in a range of sectors to identify and intervene where workers and clients/customers are experiencing DFSV. We note that there are industry codes, standards and guidelines, developed in partnership with governments, to identify and better support victim survivors.[150] Relationships Australia **recommends** that the SAP support ongoing evaluation of the impact of these arrangements. (***Recommendation 32)***

4.2.3 The workplace

Relationships Australia welcomed the introduction, in 2022, of paid leave for workers experiencing DFV. Relationships Australia supported the Government's position that 'No worker should ever have to choose between their safety and their income' (Second Reading Speech of the Bill to provide for DFV leave). In supporting people to leave violent relationships without fear of loss of employment or diminution of financial resources, this workplace entitlement will save lives. It will also mitigate the risk of poverty among separated families, particularly children. The economic and financial hardship caused by family separation in general is well-documented.[151] That hardship is compounded when separation occurs in the context of violent relationships.

Relationships Australia considers that there are strong public policy reasons to amend the section 106B of the *Fair Work Act 2009* to expressly allow the entitlement to be exercised by people who use violence in their relationships. It is in the public interest for governments to identify and facilitate opportunities to remove barriers to help-seeking by people who use

[150] See, for example, the Telecommunications (Domestic, Family and Sexual Violence Consumer Protections) Industry Standard 2025, supported by the ACMA's Domestic, Family and Sexual Violence Standard: Industry Guidance: https://www.acma.gov.au/domestic-family-and-sexual-violence-standard-rules-industry .

[151] See, eg, Easteal, P., Young, L., & Carline, A. (2018). Domestic violence, property and family law in Australia. International Journal of Law, Policy and The Family, 32, 204–229. doi:10.1093/lawfam/eby005; Fehlberg, B. & Millward, C. (2014). Family violence and financial outcomes after parental separation. In Hayes, A. & Higgins, D. (Eds.) Families, policy and the law: Selected essays on contemporary issues for Australia (1 ed., pp. 235-243) Australian Institute of Family Studies; Fehlberg & Sarmas, 2018, pp 89-90; Gray, M., de Vaus, D., Qu, L., & Stanton, D. (2010); Summers, A. (2022). The Choice: Violence or Poverty. University of Technology Sydney. https://doi.org/10.26195/3s1r-4977

DFSV. These barriers may include taking time off work (eg losing shifts) to attend counselling, behaviour change programmes or other support services, or to make arrangements to move out of the family home. Removing barriers to help-seeking further buttresses other initiatives to keeping women and children safe and minimising disruption to their lives.

The pro-social significance of removing barriers to help-seeking was recognised, for example, by the Business Council of Australia in its resource, *Domestic and Family Violence Support – A Best Practice Guide for Employers* (2022), which encouraged employers to make leave available for 'perpetrators who can demonstrate they are seeking help to change to abusive behaviour (sic) and/or improve the safety of their family, are paying child support where required and have not breached a protection order)'.

We have therefore previously recommended that section 106B of the *Fair Work Act 2009* be amended to expressly apply to persons using DFSV.

Q4.3 — What approaches best support accountability and behaviour change while prioritising victim-survivor safety?

Relationships Australia welcomes current initiatives to develop a deeper understanding of people who use violence in their relationships, including the Rapid Review, the Innovative Perpetrator Response programme, and the ANROWS 2023-2027 research programme on people who use domestic, family and sexual violence.[152]

Achieving lasting change across society and eliminating violence against women and children within a generation requires consistent, reliable investment in prevention and early intervention programs, including universal education across the lifecourse, capacity building, and services targeted at resolving the multitude of co-occurring challenges and risk factors that precipitate, accompany, and entrench intergenerational DFSV. Programs must highlight accountability and centre victim survivor safety.

4.3.1 Men's Behaviour Change Programs

Working with people who use violence is key to Australia's response to family violence. Relationships Australia organisations have delivered programs for male perpetrators of family violence for over 30 years. Relationships Australia organisations are funded by six state and territory governments to provide Men's Behaviour Change Programs (MBCP), making the Relationships Australia federation one of the largest providers nationally of this kind of intervention. Each program differs according to its funding and program specifications.

While we recognise that people using violence do not fit one particular profile, and that policy discussions of DFSV have historically centred on heteronormative adult couples, we acknowledge the gendered nature of this issue and the predominant perpetration by men.

Tailored services should engage men about the consequences of their actions, building a structure around the process of taking responsibility, and assisting them to seek help in

[152] https://www.anrows.org.au/people-who-use-violence-research-program . See also AIHW, 2021

changing their behaviour are important strategies to avert further harm. This is particularly crucial in instances where there is no intervention order and the family is still trying to navigate their home situation. For many men who use violence and abuse, becoming a better father is a motivation for change, affording an opportunity to include more content about fathering and child development in the design of programs.

Relationships Australia Tasmania has welcomed the expansion of a local MBCP to include partner contact and partner counselling. It is crucial that the perspectives and expectations of women and children about behaviour change outcomes they wish to see is included, to ensure their measures of success are recognised and valued. Practitioners have expressed concern that there remains insufficient collaboration between services supporting perpetrators and victim survivors. Greater information sharing and coordinated responses are seen as essential to maintaining safety (see section 5.3.2).

Participation in MBCPs may be court-mandated or voluntary. This is an important distinction that can influence the effectiveness of programmes.[153] It is important to assess readiness to change; this is of particularly acute importance given the unmet demand described above. There is evidence that traditional MBCPs groupwork, with a specific individual motivational component added in, shows promise of being more effective.[154]

4.3.1.1 Funding for MBCPs

Despite a growing acceptance of the need for specialised services for those who use DFSV, including MBCPs, there has been no real increase in government funding to match that acceptance. Indeed, in real terms this funding has gone backwards due to the cumulative effect of chronic underfunding and the indexation freeze of 2014. This lack of adequate resourcing, combined with growing demand, points to an immediate opportunity to expand MBCP programs to meet demand.

Relationships Australia **recommends** that the SAP commit all jurisdictions to increase funding of perpetrator interventions as well as programs that enable early identification of people at risk of using violence and which change attitudes and behaviours that encourage, normalise, reward or excuse using violence in relationships, and that these programmes be evaluated (***Recommendation 33)***

4.3.1.2 Opportunities to enhance MBCPs

It is the experience of our Members that even a rapid expansion in the number of available programs for people using violence would still struggle to meet even known demand. This issue

[153] See, eg, Gray, R. M., Broady, T. R., Gaffney, I., & Lewis, P. (2015). How women perceive men who attend domestic violence programs. *Communities, Children and Families Australia*, *9*(2), 71-85; Gray, R., Broady, T., Gaffney, I., Lewis, P., Mokany, T., & O'Neill, B. (2016). 'I'm working towards getting back together': Client accounts of motivation related to relationship status in men's behaviour change programmes in New South Wales, Australia. *Child Abuse Review, 25*(3), 171-182. https://doi.org/10.1002/car.2318.

[154] See Pinto e Silva, T., Dinis, M.A.P., Pedrosa e Sousa, H.F. *et al.* Short Motivational Program for Perpetrators of Intimate Partner Violence: A Feasibility Study. *J Police Crim Psych* (2024). https://doi.org/10.1007/s11896-024-09680-z.

will become particularly acute if reporting of DFSV increases due to other reforms raising awareness of DFSV. However, Relationships Australia has identified several opportunities to improve the effectiveness of Men's Behaviour Change Programs across the country, over and above investment in reducing waitlists. These include:

- creating sufficient funding certainty and security to allow providers to invest in, and retain, workers who are suitably skilled
- allowing for the education, trust building and awareness raising that is required within communities, particularly in regional, rural and remote locations, to increase uptake of these programs
- providing sufficient flexibility within funding models to allow for services to be tailored to the needs of specific populations
- commitment to holistic and universal risk screening
- further investment in online options
- increased funding to expand the nature of the programs, including advocacy and support for current or former partners and children impacted by family violence
- integrating MBCP programs within holistic services designed to ensure family safety, including ensuring additional wraparound supports and case management for participants and their families
- embedding suicide risk assessment, mental health support and addiction services within or alongside programs
- post-program facilitated peer groups to provide maintenance and relapse prevention support
- more active and experiential approaches
- movement-based engagement
- practical activities
- reducing the perception that counselling is another space where men can fail, and
- new and additional investment in research and evaluation.

If governments persist in 'stop/start' approaches and refuse to commit to long-running measures that become embedded in communities and families, then use of DFSV will not end. Relationships Australia considers that one way to achieve this will be to fund FRCs (or their enhanced successors, Family Wellbeing Hubs) to provide psychoeducation and men's behaviour change groups.

4.3.1.3 Evaluation of MBCPs

National Outcome Standards for Perpetrator Interventions were published by the Australian Government in 2015. Determining the effectiveness of existing MBCPs requires high-quality evaluations yet, despite MBCPs being in existence for decades, there is a lack of solid evidence on the effectiveness of MBCPs. (O'Connor et al 2020; AIHW, 2021). There has been limited

capacity and evaluation expertise among program staff, and limited resourcing for undertaking independent evaluations.[155]

A key requirement for evaluating the effectiveness of MBCPs is to obtain regular feedback from men's former and current partners.[156] Standards for MBCPs across Australia emphasise the need to focus on women's and children's safety as the primary outcome of programs. However, measuring women's and children's safety has generally not been prioritised in program evaluation. (ANROWS, 2020; National Family and Domestic Violence Bench Book, 2023)

In 2025, the Relationships Australia National Research Network initiated a national project, conducted in partnership with the Australian Institute of Family Studies (AIFS). The project aimed at strengthening the evidence base for MBCPs across the Relationships Australia federation and sector more broadly. The project sought to analyse and compare different program models, and enhance the understanding of behaviour change.

The first stage of the project involved designing a generalisable Theory of Change for MBCPs, against which we can evaluate programs with different funding models, legislative contexts and program structures. The new Theory of Change was launched on 5 May 2026, during a national webinar with Relationships Australia and AIFS on the challenges and benefits of this collaborative undertaking, and our early work to align an evaluation framework to the Theory of Change. The Theory of Change can be used to support MBCP family violence workers and program facilitators across the broader sector. It is accessible at https://www.relationships.org.au/wp-content/uploads/VisualMBCPToCRelationships-Australia-AIFS_Feb2026.pdf

Relationships Australia Victoria has previously evaluated its MBCP. A pre- and post-program survey measured shifts in attitudes towards violence, and found that 88.6% of participants rejected victim-blaming by the end of the program. The Relationships Australia federation has partnered with AIFS to undertake an evaluation of MBCPs offered across the federation; this work is currently underway.

Relationships Australia **recommends** that the SAP to commit to evaluation of programmes intended to support people using, or at risk of using, DFSV (see ***Recommendation 33).***

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[155] McLaren, H., Fischer, J., & Zannettino, L. (2020). Defining quality of life indicators for measuring perpetrator intervention effectiveness (Research report, 05/2020). Sydney, NSW: ANROWS https://anrowsdev.wpenginepowered.com/wp-content/uploads/2020/03/McLaren_RR_QoL-Indicators.pdf

[156] Noting outcomes of evaluations undertaken by Relationships Australia New South Wales and Relationships Australia Victoria on their MBCPs. The results of these evaluations indicates promising findings, and areas for future focus to enhance their effectiveness. See also ANROWS, 2020; Kelly, L. and Westmarland, N. (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University. https://projectmirabal.co.uk/ for analysis of perpetrator interventions in the United Kingdom; O'Connor, A., Morris, H., Panayiotidis, A., Cooke, V., & Skouteris, H. (2021). Rapid Review of Men's Behavior Change Programs. Trauma, Violence, & Abuse, 22(5), 1068-1085. https://doi.org/10.1177/1524838020906527

4.3.1.4 Supporting other people who use DFSV

We **recommend** that the SAP commit all jurisdictions to identify and invest in perpetrator programmes for people, other than men, who use violence in relationships (***Recommendation 34).*** While DFV is overwhelmingly perpetrated by men against women, the consequence of this is that, when non-male users of violence are brought before courts in FVO matters, there are very few (if any) therapeutic referral options available. This can exclude users of violence who are not men from reduced sentencing or other remedial options in circumstances where male perpetrators would have access to therapeutic supports. This produces distorted and unfair penal outcomes that further entrench circumstances of marginalisation and vulnerability experienced by women who use violence, who are often victim survivors of DFSV themselves.

Children and young people exposed to DFSV (including children and adolescents using violence in the home themselves) require early trauma-informed support, safe-contact arrangements, child-inclusive risk assessment, and access to youth mental-health services. We **recommend** that the SAP support prevention strategies including school-based supports, culturally safe interventions for First Nations and CALD children, programs tailored for children with disability, and digital-literacy initiatives to mitigate technology-facilitated abuse. (***Recommendation 35).***

4.3.1.5 Support for MBCPs aligns with other national strategies and frameworks

Investment in perpetrator interventions is essential for suicide prevention, addressing risk for both perpetrators themselves and their victims.[157] People who use violence often experience mental-health distress, shame, hopelessness, substance misuse and suicidality. Programs such as MBCPs, combined with integrated case management, improve insight and reduce risk.

Q4.4 — How can culturally safe, accessible, evidence-informed responses for diverse communities be strengthened?

See section 1.4 about better serving First Nations and culturally and linguistically marginalised communities.

Relationships Australia **recommends** that the SAP:

- support the development of a specialised training module for professionals on co-occurring DFSV and suicide risk, and
- require DFSV literacy, trauma-informed training, and professional supervision for trustees, legal professionals, and Family Dispute Resolution Practitioners exercising powers that involve DFSV risk. (***Recommendation 36)***

4.4.1 LGBTIQA+ communities

People within LGBTIQA+ communities face increased odds of depressive symptoms, anxiety, and suicide-related risk. It is also well-documented that members of these communities can face specific challenges in accessing support and having their experiences of DFSV recognised. The term 'domestic and family violence' has high recognition value as being traditionally associated with victimisation of women by men in heterosexual relationships. This creates

[157] See 4.1.4 for discussion of suicidality in the context of coercive control.

tension, as LGBTIQA+ people can struggle to find room for themselves within common understandings of DFSV. In a study published by ANROWS, Relationships Australia New South Wales and ACON focused on recommendations about:

- introducing mandatory inclusivity training for all staff in the domestic and family violence/intimate partner violence sector, as well as in clinical organisations, the police and legal professionals
- developing referral pathways to LBGTQ-friendly services for key professionals
- increasing representation of LGBTQ people in promotional material about domestic and family violence/intimate partner violence
- using social media platforms to increase awareness in LGBTQ communities and using these channels to engage clients for future programs
- providing ongoing funding to develop, trial and implement tailored programs, and
- ensuring programs respond to diverse needs within mixed LGBTQ groups and manage transphobia and biphobia.[158]

These recommendations emerge from a pilot, conducted by Relationships Australia New South Wales and ACON, of the LGBTIQA+ Behaviour Change Program and Partner Support group.

Programs seeking to intervene in intimate partner violence dynamics within LGBTIQA+ relationships and for LGBTIQA+ individuals must go beyond 'tolerance' for or 'inclusion' of LGBTIQA+ people in existing programs and resources. Although there is some overlap, the LGBTIQA+ community and/or people facing violence within queer relationships may have experiences not covered in programs designed for cisgender, heterosexual clients. 'Minority stress'[159] as well as homophobic and transphobic abuse should be taken seriously as service needs and built into the programs. Services should also consider adding questions about these specific forms of violence into their domestic and family violence/intimate partner violence screening and assessment tools. Staff and organisations should undergo audits and sensitivity training to ensure that relevant programs are offered in respectful, culturally appropriate ways.

Relationships Australia **recommends** that the SAP support the design, development, and evaluation, in partnerships with lived expertise, of inclusive services for LGBTIQA+ communities. (***Recommendation 37)***

[158] See https://www.anrows.org.au/project/developing-lgbtq-programs-for-perpetrators-and-victims-survivors-of-domestic-andfamily-violence/ (2020). The report notes that short funding cycles do not provide adequate time to populate groups within an underdeveloped community area: at pp 13-14.

[159] " 'Minority stress' refers to the experience of heightened, ongoing psychological distress and social pressure experienced by members of stigmatised, minority populations. Such groups face additional life stressors compared to the general population, related to experiences of prejudice, discrimination and harassment, including violence and abuse. LGBTQ communities experience minority stress which can lead to internalised homophobia and fear of being outed, and cause a range of negative mental health outcomes (Meyer, 2003), cited in the ANROWS publication, 'Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence: Key findings and future directions,' Research to Policy & Practice series, Issue 10, May 2020, at p 8.

4.4.2 People with disability

People with disability face multiple barriers to accessing support when experiencing DFSV, and these barriers compound mental health and suicide risks. Research consistently demonstrates that people with disability experience higher rates of violence and abuse, face greater difficulties in disclosing abuse and accessing services, and have fewer options for safe accommodation and support. For example, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) noted that

> *The rate of violence by a domestic partner is much higher for people with disability (21 per cent) than people without disability (9.8 per cent)…. Women with psychological or intellectual disability experience even higher rates of violence:*
>
> - *72 per cent of women with psychological or intellectual disability have experienced violence since the age of 15, compared with 54 per cent of women with disability of any type*
> - *45 per cent of women with psychological or intellectual disability have been sexually assaulted compared with 29 per cent of women with any type of disability. Women with psychological or intellectual disability are also at particularly high risk of violence perpetrated by domestic partners (Executive Summary and Recommendations, pp 47-48)*[160]

The Royal Commission identified several gaps in DFSV laws that exacerbate the risks of harm to people living with a disability within the context of domestic relationships. These include:

- definitions that do not cover all domestic relationships people with disability may have, such as with support workers, co-residents, and guardians and administrators
- particular settings, for example violence in group homes, respite services or boarding houses, and
- behaviour people with disability experience, such as withholding personal supports or interfering with assistive devices, that constitutes family or domestic violence and abuse.[161]

We also commend to the Government's attention in this regard the 2017 ANROWS Horizons Report, 'Whatever it takes': Access for women with disabilities to domestic and family violence services.[162] That report makes four recommendations, in relation to:

- promoting access and accessibility
- building cross-sector collaboration
- involving women with disabilities, and
- high quality data collection.

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[160] Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), accessible at https://disability.royalcommission.gov.au/publications/final-report . See especially volumes 3 (Nature and extent of violence, abuse, neglect and exploitation) and 8 (Criminal justice and people with disability)
[161] Final Report of the Disability Royal Commission, Executive Summary and Recommendations, pp 138-139.
[162] Accessible at https://www.anrows.org.au/publication/whatever-it-takes-access-for-women-with-disabilities-to-domestic-andfamily-violence-services-final-report/

PRIORITY AREA 5 — SYSTEM INTEGRATION AND WORKFORCE

Q5.1 — What would make the biggest difference to a coordinated, connected system response?

Multi-disciplinary family well-being hubs would make the most difference in providing victim survivors and their families with a coordinated, connected system response.
(see **section 1.1.3** and **Recommendation 1)**

Relationships Australia has welcomed recent Government initiatives to reduce the extent to which individuals and families must shoulder the burden of fragmentation across the family law, family violence and child protection systems. The *Family Law (Information Sharing) Act 2023* (Cth), for example, is an important milestone in building safer systems for families experiencing domestic and family violence. We have also welcomed recommendations from the Australian Law Reform Commission, the Joint Select Committee on Australia's Family Law System, and the Social Policy and Legal Affairs Committee of the House of Representatives that urge better integration of service delivery. The Metcalfe Review of the FRSP and the Allen + Clarke evaluation of FaRS produced similar findings and recommendations.

Despite ongoing collaborative efforts, and significant mutual goodwill from governments and service providers to ameliorate this burden, fragmentation of policy, legislation and services thwarts help-seeking by women and children in crisis. Fragmentation means children and their families are less safe. This is particularly evident in siloing of services to respond to DFSV and co-occurring challenges.

5.1.1 Case management and navigation

Our federated system of government means that there is inevitably an irreducible degree of fragmentation. But governments and service providers can be doing more to both remove unnecessary fragmentation and help people in the face of inherent and inescapable fragmentation.

The complex challenges and intersectionalities experienced by many families affected by DFSV can limit people's capacity to navigate the multiple services and agencies with which they are brought into contact. These individuals and families could benefit from case management and navigation support, as explored in ALRC DP86.[163] Case management and navigation, leading to appropriate referrals, has been demonstrated to maximise the effectiveness of legal solutions (for example, in responding to abuse and neglect of older people and in supporting people engaging with Royal Commissions).

Case management is more than communicating and planning with multiple service systems to ensure provision of appropriate services. Case management must engage family members throughout their involvement with organisations to ensure services are tailored and sequenced to best address their strengths and needs. It creates an opportunity for them to make informed

[163] Australian Law Reform Commission (2018) Review of the Family Law System: Discussion Paper 86 https://www.alrc.gov.au/publication/review-of-the-family-law-system-discussion-paper/

decisions about what they would like to do to reduce the chances of their family being involved with child protective services. Ongoing case management requires frequent, planned contact with the family to assess progress toward goals. Family members are encouraged to use their skills to access resources, fully participate in services, and evaluate progress towards disengagement from services. However, successful case management depends on the quality of the service itself. Therefore, successful case management depends on its integration with proven interventions and available community services, operating as an organising structure alongside clinical services for optimal support and benefits for vulnerable families.

Relationships Australia **recommends** that the SAP support national case management and navigation support for families affected by DFSV. (***Recommendation 38***)

5.1.2 Collaboration

Fragmentation can be addressed by services (so that it is not forced onto clients to deal with) and high quality, holistic services provided by collaborative relationships that:

- coalesce organically around specialist practices, geographic location or other binding factors
- do not afford one provider an anti-competitive asymmetrical advantage over one or more other collaborators
- do not impose extra layers of management and compliance activity at the expense of resources directed to service provision
- provide clear, transparent accountability for public money, and
- do not dilute ministerial or APS oversight.

Approaches that have successfully fostered seamless multi-disciplinary service delivery have included:

- Family Law Pathways Networks, previously funded by the Attorney-General's Department – these were consistently evaluated as cost-effective ways to nurture relationships across a broad range of occupations, disciplines and community roles, and provided place-based mechanisms in in metro, regional and remote locations, for nearly twenty years
- Social Connector roles (as, for example, established by Relationships Australia Victoria)
- formal collaborative protocols for clear communication, role clarity, and integrated care pathways
- embedding and 'inposting' of workers and online service points in places where people naturally congregate and may be seeking other advice or support – eg schools, hospitals, other health care service points and aged care homes, respite centres, neighbourhood centres, and prisons
- 'travelling services' can be suitable as touchpoints for developing and nurturing relationships, as well as for direct service provision, and
- the Domestic and Family Violence Co-response Pilot, in which Relationships Australia Queensland has, over the past three years, partnered with Queensland Police Service;

this initiative sees specialist DFV practitioners from Relationships Australia Queensland accompany general duties officers on call-outs, as well as on visits to victim survivors.

Relationships Australia **recommends** that the SAP commit Australian governments to funding proven mechanisms that support collaboration (such as the recently de-funded Family Law Pathways Networks). ***(Recommendation 39)***

5.1.3 Multi-disciplinary family wellbeing hubs

As canvassed in 1.1.3, Relationships Australia **recommends** that the SAP focus on establishment and maintenance of multidisciplinary family wellbeing hubs, such as those envisaged in ALRC DP86 Proposals 4-1 to 4-4 (wraparound hubs and case management) and endorsed in the Metcalfe Report. (see ***Recommendation 1; and section 1.1.3***)

The Hubs proposal endorsed by Mr Metcalfe, and supported by Relationships Australia, has at its core a vision of integrated, holistic, wraparound services to ensure that families receive the connected support they need, when and where they need it. It does not dictate co-location. Such hubs could conduct universal screening, risk assessment and safety planning from initial engagement and throughout the service 'journey', delivering services that are child-centred and trauma-informed. Services implementing trauma-informed approaches recognise the pervasive impact of trauma, recognise signs and symptoms of trauma in clients, respond by fully integrating knowledge about trauma into policies and practices, and seek to actively avoid re-traumatisation. This includes:

- creating physically and emotionally safe environments
- building trust and transparency
- supporting client choice and control
- providing culturally responsive care, and
- recognising connections between trauma, DFSV and mental health.

Large and small population centres benefit from hub approaches. In Tasmania, Relationships Australia offers a comprehensive suite of services, and strong referral practices. Relationships Australia Tasmania operates three sites to address the lack of transport and accessibility of services across the state, since strong connections to their local areas means that Tasmanians are reluctant and unlikely to travel to access support. For example, Relationships Australia Tasmania is funded to operate Supporting Children after Separation in the south only. All three sites should receive this funding. Practitioners in Relationships Australia Tasmania strongly support evidence-informed trauma therapies beyond traditional counselling models, including:

- greater investment in arts-based therapies
- increased access to somatic approaches
- healing approaches that are grounded in cultural practices.

The capacity to provide connected, integrated services to wrap around clients with complex challenges is not dependent on co-location, although the evidence base supporting the positive impact of co-location on client outcomes is well-established across many countries and service

systems.[164] It is important that co-location does not come at the cost of serving small communities or small cohorts, or by sacrificing specialist expertise and services. Otherwise, people are at risk of ending up in the mental health and criminal justice systems. What matters is that clients derive the benefits of 'no wrong door', multi-disciplinary services and that, as far as practicable, logistical barriers to help-seeking are dismantled. Hubs may be physical, virtual, and hybrid. They can emerge from a strong and durable web of intentionally established and sustained professional and community relationships.

5.1.4 How governments can lead and support authentic and effective multi-disciplinary service delivery

Relationships Australia advocates for structural mechanisms to better drive cross-portfolio alignment and lead in effective collaboration. In our December 2025 submission about the new Children and Families Program, we proposed that strategic alignment would be enhanced, and fragmentation reduced, by a specialist Secretaries' Board, composed of the Secretaries of:

- the Department of the Prime Minister and Cabinet (as the Department supporting the Minister for Women and the Minister for Indigenous Affairs)
- the Treasury (as the portfolio within which sits the Productivity Commission, the Australian Centre for Evaluation, and the Australian Charities and Not-for-profits Commission)
- the Department of Finance
- the Department of Health, Disability and Ageing
- the Department of Education (as the Department supporting the Minister for Early Childhood Education and the Minister for Youth)
- the Attorney-General's Department, and
- the Department of Social Services.

A lack of co-ordination and collaboration in policy administration has consistently proven to be an intractable obstacle for co-ordination and collaboration among the service providers funded by those administrators. Siloed policy administration consistently leads to:

- fragmented and inconsistent contractual arrangements
- excessive and fragmented compliance reporting obligations, and
- data collection that is sometimes duplicative, and sometimes leaves inexplicable gaps
- policy objectives, in relation to the same families, that are in conflict or that also leave individuals to fall through the cracks; in the context of this submission, this is an extensively-documented phenomenon as State/Territory DFSV and child protection systems misalign with the Commonwealth family law system.

The specialist Secretaries' Board would drive meaningful, effective collaboration between departments delivering similar services, to reduce duplication and inconsistency, and free resourcing to concentrate on the specialised programmes delivered by each department. There

[164] See the literature review commissioned by the Department of Social Services in its evaluation of the Family and Relationship Services Program.

would be accountability for that collaboration at appropriately senior levels, and which would be supplemented by a cross-portfolio Estimates hearing, as has occurred in the past in respect of Indigenous Affairs. This body will be vital to ensure successful implementation of major reforms such as formalising relational contracting and collaborative commissioning, which is proposed by the Productivity Commission

Q5.2 — What workforce capabilities, supports, or conditions are most needed?

5.2.1 Funding for the true cost of delivering the services

Services in this sector have been chronically under-funded, relative to known need (let alone latent need), the complexity of the services, and the professional expertise required to safely and successfully deliver these services.

The most critical need is for a workforce that is funded for the true cost of the work, reflecting not only the expertise required in service delivery to victim survivors, but also the practical enablers of service provision.

Funding envelopes do not reflect true delivery costs. Travel, fuel costs (for outreach services), accommodation, after-hours, rates of pay for casual or sessional workers, insurance, collaboration time, time spent on compliance reporting, responding to subpoenae of clients' records, and the costs of cybersecurity are all unfunded. Funding envelopes do not acknowledge the true costs of delivering services:

- in marginalised communities, including regional and remote communities. These costs include practitioner time while travelling (and not engaged in direct service delivery), access to a vehicle, fuel costs, and accommodation expenses
- after hours - not only men benefit from weekend and 'after hours' services (Consultation Summary, p 4); such offerings, however, are only possible with funding augmented to enable appropriate remuneration for staff working such hours, and
- insurance costs.

Recent data breaches in health care underline the value of sensitive client data to serious and organised crime, and the client data of victim survivors of DFSV is particularly sensitive – and the risks to their safety should that data not be effectively protected are self-evident. In Relationships Australia's submissions to the FRSP Review, we advanced the proposition that cybersecurity and privacy costs should be treated discretely, distinct from general delivery cost recovery, in recognition of an increasingly hazardous online environment.

Workforce recruitment and retention in rural, regional, and remote areas is constrained by short-term contracts, late funding extensions, and inadequate remuneration loadings. Various Relationships Australia organisations are having to contract service hours on weekends because they do not have the money to pay casual rates. This has a real impact on children and their family relationships. In CCS, lack of service access on the weekend can substantially reduce contact between child and the Spends Time With Parent, and damage that relationship.

Relationships Australia **recommends** that the SAP provide that funding allocations must reflect the true cost of service delivery (***Recommendation 40).***

5.2.2 Education and training in emerging forms of DFSV

Relationships Australia practitioners **recommend** that the SAP promote mandatory workforce development in:

- AI
- technology-facilitated abuse
- cyberstalking
- image-based abuse
- deepfakes.

Workers require greater confidence responding to these rapidly emerging forms of abuse. (***Recommendation 41)***

Q5.3 — What models best improve collaboration, coordination and information sharing?

5.3.1 Named, proven models

As traversed above,[165] co-location and supported multi-disciplinary collaboration have a demonstrated track record of success in supporting families affected by DFV and other complex challenges. Family Relationship Centres often incorporate DFV-focused services such as Children's Contact Centres and Men's Behaviour Change Programs, and have demonstrated that this can be done safely, and to the benefit of the whole family. In various locations, we operate within a range of approaches that use hubs, collaborations and networks.[166] We see use of such models as critically important for a range of reasons: they can offer place-based care and continuity of care, while mitigating service fragmentation from the clients' perspective.

5.3.2 Information sharing

Relationships Australia has welcomed the substantial progress, over the past years, in enhancing mechanisms by which salient information about DFSV risks can be more readily shared, to support the safety of victim survivors.

Services such as Children's Contact Services, Family Dispute Resolution Practitioners and Family Relationships Centres work directly with children and adults experiencing DFSV, and those using DFSV. However, these services are not included in the National Strategic Framework for Information Sharing between the Family Law and Family Violence and Child Protection Systems (the Information Sharing Framework).[167] In extending the scope of the Information Sharing

[165] See 5.1.2.

[166] See, eg, Relationships Australia Victoria (2023) Evaluation Report: Yarra Communities that Care®: A collaborative approach to strengthening family relationships in the City of Yarra. https://www.relationshipsvictoria.org.au/media/0r2jivkd/yarra-communities-that-care-evaluation-report-strengthening-family-relationships-2024.pdf

[167] National Strategic Framework for Information Sharing between the Family Law and Family Violence and Child Protection Systems. (as updated 18 May 2023) https://www.ag.gov.au/sites/default/files/2023-05/national-

Framework to CCSs, FDRPs and FRC workers, Government would make them safer for victim survivors. Accordingly, we have previously recommended that:

- services such as Children's Contact Services, Family Dispute Resolution services, and post-separation parenting programme providers be included as AISEs [Authorised Information Sharing Entities] under the Information Sharing Framework
- education programs to raise awareness of the Information Sharing Framework be extended to these parts of the ecosystem
- training and awareness programs should deal explicitly with the relationship between the Information Sharing Framework and applicable Commonwealth, State and Territory privacy legislation, and
- resourcing should be made available on a recurrent basis to support initial and ongoing refresher training, to enable professionals to keep up to date as the Information Sharing Framework and associated arrangements evolve.

5.3.3 Improved collaboration between the courts and therapeutic services

Concerns continue to be expressed that courts are referring families to family counselling and CCS in the absence of safety being established. Our practitioners also express concern that orders to attend CCS are made with the expectation that CCS providers can hold families, and fully manage family safety, until the completion of their court journeys. Relationships Australia supports mechanisms for more formal, regular engagement between the family law courts and service providers. One helpful vehicle for achieving this previously was the Family Law Pathways Networks. Their de-funding, despite over 20 years of effective operation and strong support from all parts of the family law system, is deeply regrettable.

5.3.3 What hinders collaboration – competitive tendering

In his recent review of the National Legal Partnership, Dr Warren Mundy observed that:

> *Service providers show a strong capacity and willingness to collaborate with each other; the challenges in collaboration seem largely limited to some central agencies. However, the level of competitive tendering has taken us to a place where, by design, we put organisations that are collaborative by nature in competition with each other. In some cases, that competition can have existential outcomes. (p iv)*[168]

Where collaboration is undermined, victim survivors are harmed. Competitive market models are inherently unsuitable for human services, that government market stewardship failures are persistent. Eliminating competitive tendering is a necessary prerequisite of collaborative commissioning. The 30 year experiment of applying competitive tendering to delivery of human services has failed to deliver the benefits anticipated by the Industry Commission in 1996,[169]

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strategic-framework-for-information-sharing-between-the-family-law-and-family-violence-and-child-protection-systems.PDF

[168] Mundy, W. (2024) Independent Review of the National Legal Assistance Partnership. Final Report. https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF

[169] Industry Commission (1996) Competitive Tendering and Contracting by Public Sector Agencies. (Report No. 48) https://www.pc.gov.au/inquiries/completed/public-service-tenders-contracts/48ctcpsa.pdf; see also King, S. P.

while undermining the capacity of the sector to collaborate effectively, and harming victim survivors. Further, it is our experience that competitive tendering creates structural disincentives to collaboration that persist even after formal collaboration is encouraged.

Against this background, Relationships Australia has welcomed recent initiatives to reform how contracts are made and managed in the new Children and Families Program. Relationships Australia therefore supports efforts to replace competitive tendering with formal relational contracting (f-RC) and collaborative commissioning.

5.3.4 What hinders collaboration – chronic reliance on staff goodwill to enable collaboration

Chronically under-funded service providers work hard, often outside the funding envelopes and reliant on the goodwill of individual staff members to donate their time, to develop and sustain networks and collaborations to ameliorate the impact of silos on our clients.

Even where professionals are disposed to develop collaborations, funding envelopes do not accommodate the time and effort needed to build durable and effective collaborations. Thriving collaborations too often depend on the good will and discretionary effort of hard-pressed staff already buckling under their existing client workloads, administrative duties (such as data collection and compliance reporting) and continuing professional development. Given the gendered demographics of the care and support economy, this reliance on unpaid labour further entrenches pay inequity.

Another system vulnerability is when the initiative and capacity to expend this kind of effort resides in a single motivated individual, or small group of individuals, and resourcing has limited the extent to which collaboration can become self-sustaining and embedded in institutions, independent of the presence of particular workers.

Relationships Australia therefore **recommends** that the SAP require funding to support genuine and sustained collaboration, rather than relying on unwaged labour by chronically under-paid yet highly expert workers. (see ***Recommendation 1)***

5.3.5 What hinders collaboration - forced collaboration

As explored in our 2018 and 2021 submissions to the Department of Social Services in relation to families and children's services, Relationships Australia values opportunities to collaborate with other service providers to meet our clients' needs and funders' expectations. Collaborations can empower providers operating in the same geographic area, offering force multiplication while also providing enhanced co-ordination and collaboration, for the benefit of clients. Within the Family Law Services Programme administered by the Attorney-General's Department, we have participated in the Family Law Pathways Networks, which have consistently been evaluated positively.

We have, however, consistently expressed our reservations about 'forced' consortia between providers who were, in essence, competitors for funding (by virtue of governments' insistence

(2025) Competitive care: Why, when and how competition can improve human services. Conference paper. Productivity Commission. https://www.pc.gov.au/research/supporting/competitive-care/competitive-care.pdf

on competitive tendering). Fragmentation can be addressed by services (so that it is not forced onto clients to deal with) and high quality, holistic services provided by collaborative relationships that:

- coalesce organically around specialist practices, geographic location or other binding factors
- do not afford one provider an anti-competitive asymmetrical advantage over one or more other collaborators
- do not impose extra layers of management and compliance activity at the expense of resources directed to service provision
- provide clear, transparent accountability for public money, and
- do not dilute ministerial or APS oversight.

Q5.4 — What supports do specialist and universal services need?

5.4.1 Preserve specialist services within flexible structures and fund the true cost of universal capability

Specialist services risk disappearing into general funding pools without formal structural protection. It is important not to lose sight of the positive impact of discrete specialist services that have, over time, developed to provide trauma-informed, culturally sensitive and specialist services to cohorts with specific needs. It is analogous to the Government's recognition of the critical importance of ACCOs. Such services include, for example:

- adult couple counselling, which has a prevention element in that it not only addresses immediate concerns but also equips clients with skills with which to meet future challenges, including parenthood, and nurture their social and emotional wellbeing, and
- universal community education programmes with a prevention focus, as previously discussed.

It is our experience that unless such services are formally recognised, albeit within flexible structures, the funding for them disappears into the 'general pot', and becomes unsustainable by services hard-pressed to provide generalist services.

5.4.2 Stop over-reliance on the 'sugar hits' of short-term pilots that leave communities hanging

Relationships Australia welcomes recent moves towards longer term contracts, to enable sustained investment in recruitment and retention, service infrastructure and innovation. These moves will deliver direct and enduring benefits to people experiencing and affected by DFSV. We have valued the opportunity to participate in the development of the Not-for-profit Sector Development Blueprint.[170]

Short-term, prematurely evaluated pilots have been used as a substitute for sustained, adequately resourced service investment. Relationships Australia therefore supports efforts by

[170] https://www.dss.gov.au/committees-councils-groups-and-panels/resource/not-profit-sector-development-blueprint

government to pivot towards longer-term arrangements with service providers with track records of high performance and prudent stewardship of taxpayer dollars. Relationships Australia further encourages that, to retain specialist staff and minimise disrupted continuity of care, Government should commit to making funding decisions in a timely way, rather than at 'one minute to midnight', after staff have left, leases terminated and equipment sent to recycling. To this end, we also consider that contract terms should be aligned with financial years to meet governance requirements.

Relationships Australia considers the use of longer-term contracts (7-10 years) to be of critical importance, particularly for services to chronically marginalised communities.

Q5.5 — What evidence, workforce or system gaps should the Second Action Plan prioritise?

5.5.1 Relational wellbeing across the lifecourse as an outcome domain in its own right

During adulthood, people leave relationships and form new ones; as they do, universally accessible programs to support safe and meaningful relationships are critical, even if they are currently not 'within a family' or engaged in caring for a child. Clients come to us because they have left (or lost) a relationship and want to be in a better place to form new relationships.

Recently released Grant Opportunity Guidelines for the new Children and Families Program will terminate funding for services that currently support this important prevention work, while entrenching arbitrary and artificial distinctions that do not resonate with how people live their lives and engage in family life. For example, the GoGs seem not to encompass:

- couples without children (even if they are intending to have children or expectant couples)
- older adult couples
- older adults caring for adult children, and
- adult children caring for older adults.

This reflects a limited, linear and utterly unrealistic conception of how we experience relationships and support our capacities to have safe relationships undermines the goal of ending DFSV within a generation. To achieve this goal, we need to reach individuals at all stages of the lifecourse and regardless of their relationship status at a frozen point in time.

Relationships Australia consistently advocates for including relationship health as a standalone indicator in Wellbeing Budgets and government outcome frameworks. Building capacities throughout the lifecourse to nurture safe relationships, and to spot the potential for unsafe relationships early, should be regarded as key to universal prevention. You are never too old, and it's never too late, to enjoy relational wellbeing. Similarly, promoting and restoring those capacities in both victim survivors and people who use violence for healthy relationships should be prioritised as an outcome for healing and repair responses. Relationships Australia ***recommends*** that the SAP recognise relational wellbeing across the lifecourse as an outcome domain in its own right. (***Recommendation 42)***

5.5.2 *Treat data as a shared public resource*

Government holds significant datasets that could be shared with providers, researchers, and the public to better support accountability and transparency and promote timely evidence-based innovation and service refinement.

DEX has been in operation for well over a decade, collecting large amounts of data from clients and service providers. Yet, throughout its existence:

- the collected data has hitherto not been shared even with the providers who submit it, missing critical opportunities to drive continuous and evidence-based improvement and to afford transparency in the spending of taxpayer dollars
- has failed to capture unmet need, does not support quality improvement, and imposes disproportionate compliance burden.

Relationships Australia has welcomed indications that the Australian Government will take a more collaborative approach so that DEX no longer operates as a 'black box'. We are hopeful that governments and service providers will soon be in a position to collectively harness data to benefit service users and ensure that taxpayers are getting value for money. These considerations should also apply in respect of equivalent data collection (or combined) for state/territory funded services.

We encourage governments to permanently shelve 'black box' data practices, recognising the harm to DFSV victim survivors caused by poor stewardship of data. Governments must lead by example in data-sharing; this should not only be a requirement for service providers. For this reason, too, it would be desirable to describe data collection systems not as passive repositories into which data is fed, never to be seen again, but in ways that reflect that the point of data collection about taxpayer funded services is to measure demand and impact, ensure accountability and quality, and drive service improvement and innovation. Data collection is not an end in itself.

Relationships Australia acknowledges, from the Town Hall discussions in Canberra about the emerging Children and Families Program to be administered by the Department of Social Services, that the Department is contemplating reforms of DEX to enable it to realise its potential (and meet public expectations). We have welcomed the establishment of a working group to progress this work.

5.5.3 *AI risks in service delivery*

Relationships Australia welcomed the Prime Minister's speech on 15 July, *AI in Australia's Interests*, and the Government's commitment to ensure that Australia reaps the benefits of AI to support infrastructure and community engagement. We look forward to seeing the Australian Standards for AI, and identifying opportunities to increase our clients' safety and wellbeing while maximising service efficiency.

Nonetheless, AI use in service delivery and assessment processes raises human rights and ethics risks that are currently not addressed. There are risks of gendered norms, ageism and ableism becoming 'baked in' to systems and services. Given that many victim survivors have also been

marginalised and othered, additional care must be taken to ensure in the deployment of AI in the DFSV sectors.

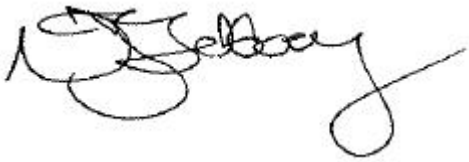
Relationships Australia practitioners are increasingly encountering clients who have used AI to seek advice (including legal and counselling advice) and generate documents to support what they see to be their case. This is at least partially due to lack of access to legal advice and representation. The AI may have intersected with materials from the manosphere or other online groups such as sovereign citizens. Clients bring to our front desks and our appointment rooms voluminous materials riddled with factual and legal errors (as well as AI hallucinations), and inflammatory content, which has inflated expectations and created a sense of entitlement (eg 'I have a right to have CHILD at least half the time'[171]), and fostered a sense of grievance. This is adding to workforce pressures.

Conclusion

Above all else, the Second Action Plan must be adamant and uncompromising that a single life being taken in DFSV is unacceptable, that violence against a single person is unacceptable, and that fragmented systems are unacceptable.

Thank you again for the opportunity to contribute to this consultation. Should you wish for more information on any aspect of this submission, or on the research or services undertaken by Relationships Australia, please do not hesitate to contact me at ntebbey@relationships.org.au / 0422 415 987, or our National Policy Manager, Dr Susan Cochrane, at scochrane@relationships.org.au / 0477 778 659.

Kind regards



Nick Tebbey
National Executive Officer

[171] The repeal of the statutory presumption of equal shared parental responsibility, and its mythical outcrops of equal time live on in the internet.

Appendix

Relationships Australia submissions traversing DFSV and related issues include submissions:

- about the amendments to the Interactive Gambling Act (June 2026)
- to the AMCA's review of alcohol advertising rules in the Free TV Code (April 2026)
- to the Intergovernmental Working Group on a Convention on the Human Rights of Older Persons Office of the High Commission on Human Rights (April 2026)
- to The Treasury's consultation on preventing perpetrators of domestic and family violence (DFV) from accessing the superannuation death benefits of those whom they harmed (April 2026)
- to the inquiry by the Special Rapporteur on Violence Against Women and Girls into violence against older women (April 2026)
- about the proposed amendments to allow certain victim survivors of specified child sexual abuse offences to access portions of the superannuation interests of some perpetrators (February 2026 and February 2023)
- pre-Budget submissions (most recently, that of January 2025 about the 2026/2027 Federal Budget)
- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into the relationship between DFV and suicide (January 2026)
- to the Department of Social Services about the new Children and Families Program (December 2025)
- to the inquiry of the House of Representatives Standing Committee on Health, Aged Care and Disability into the health impacts of alcohol and other drugs (October 2025)
- to the Productivity Commission's consultation on its Interim Report, *Delivering quality care more efficiently* (September 2025) (of particular relevance to the questions in section 5 of the Consultation Paper about the Second Action Plan)
- commenting on Australia's draft National Report to Australia's fourth Universal Periodic Review (August 2025)
- commenting on the Australian Taxation Office's draft Vulnerability Framework (July 2025)
- to the review of the National Self-Exclusion Register (BetStop) (April 2025)
- commenting on the draft National Plan to End Abuse and Mistreatment of Older People 2024-2034 (February 2025)
- various submissions about aged care reform (2024, 2023, 2020, 2019 (to the Royal Commission into Aged Care Quality and Safety and to a Parliamentary inquiry into changes to restrictive practices authorising architecture))
- commenting on the National Carer Strategy (November 2024)
- various submissions over the past nine years commenting on proposed amendments of the *Family Law Act 1975* (Cth)
- to the inquiry by the Senate Legal and Constitutional Affairs Committee into Criminal Code Amendment (Deepfake Sexual Material) Bill 2024 (July 2024)

- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into Family Violence Orders (July 2024)
- about the Statutory Review of the *Online Safety Act 2021* (Cth) (June 2024)
- to the inquiry by the Parliamentary Joint Committee on Corporations and Financial Services (June 2024)
- to the inquiry by the Australian Law Reform Commission into justice responses to sexual violence (May 2024)
- to the 2023 consultation by the Attorney-General's Department into Achieving Greater Consistency in Laws for Financial Enduring Powers of Attorney (November 2023) and the 2020 consultation by that Department about enhancing protections relating to the use of Enduring Power of Attorney (EPOA) Instruments – Consultation Regulation Impact Statement
- commenting on the *Family Law Amendment (Information Sharing) Regulations 2023* (October 2023)
- to the inquiry by the Senate Select Committee on Cost of Living (October 2023)
- to the Independent Reviewer of the *National Legal Assistance Partnership 2020-2025* (October 2023)
- to the Royal Commission into Veteran Suicide (September 2023)
- to the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into the *Carers Recognition Act 2010* (Cth) (July 2023)
- to the inquiry by the Australian Human Rights Commission into Youth Justice and Child Wellbeing Reform across Australia (June 2023)
- about the draft National Care and Support Economy Strategy 2023 (June 2023)
- to the Inquiry into Australia's Human Rights Framework, including the 2010 Framework and the National Human Rights Action Plan 2012 (June 2023)
- commenting on the proposed new mandatory minimum classifications for gambling-like content in computer games (June 2023)
- to the development of the development of the Early Years strategy (April 2023)
- to the inquiry by the Senate Standing Committee on Community Affairs into the nature and extent of poverty in Australia (February 2023)
- to the to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (December 2022, October 2021)
- to the inquiry undertaken by the House of Representatives Social Policy and Legal Affairs Committee into online gambling and its impacts on those experiencing gambling harm (November 2022)
- commenting on the commenting on the Fair Work Amendment (Paid Family and Domestic Violence Leave) Bill 2022 (Cth) (July 2022)
- commenting on the draft *National Plan to End Violence against Women and Children 2022-2032* (February 2022)
- to the ACT Justice and Community Safety Directorate and Community Services Directorate about raising the minimum age of criminal responsibility (August 2021)

- about implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020 (July 2021)
- to the inquiry by the Senate Legal and Constitutional Affairs Committee into the Family Law Amendment (Federal Family Violence Orders) Bill 2021 (June 2021)
- commenting on proposals to reform DSS-funded families and children's services (February 2021)
- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into family, domestic and sexual violence (July 2020)
- to the Joint Select Committee on Australia's Family Law System (January 2020)
- commenting on the Productivity Commission Consultation Paper *What is known about systems that enable the 'public health approach' to protecting children* (March 2019)
- commenting on the Issues paper and Discussion Paper released by the Australian Law Reform Commission on reform of the family law system (March and December 2018)
- commenting on the Discussion Paper released by the Department of Social Services, *Stronger Outcomes for Families* (June 2018), and
- responding to the Parliamentary Inquiry into *A better family law system to support and protect those affected by family violence* (May 2017).