Domestic Violence NSW

Submission – DVNSW feedback to inform the Second Action Plan 2027-2032 (National Plan to End Violence against Women and Children 2022-2032)

31 July 2026

Domestic Violence NSW

Acknowledgement

This report was written on the stolen and unceded lands of the Gadigal People of the Eora Nation. We pay respects to the Elders past and present.

DVNSW acknowledges Aboriginal and Torres Strait Islander peoples as the first sovereign nations across the breadth and depth of Australia. We recognise that Aboriginal and Torres Strait Islander people have lived and cared for Country for over 60,000 years and continue to do so, honouring ancestors and knowledge holders within community, and observing ancient cultural practices. We acknowledge the damaging impacts of colonisation and hold their stories with great care.

We acknowledge that domestic and family violence are not part of Aboriginal culture and assert that the responsibilities of Aboriginal families and kinship systems do not align nor are reflected in current government policies. We work to position ourselves as allies and give voice and strength to the unique position that Aboriginal and Torres Strait people hold in their own family systems and communities.

About us

Domestic Violence NSW (DVNSW) is the peak body for specialist domestic and family violence (DFV) services in NSW. With approximately 200 member organisations across the state and diverse lived expertise advisory groups, we work to improve policy, legislative and program responses to domestic and family violence through advocacy and collaboration, while promoting good practice and primary prevention.

We exist to eliminate domestic and family violence from society.

DVNSW members represent the diversity of NSW specialist DFV services, working to support adults, children, families and communities impacted by domestic and family violence. Our member organisations consist of services such as crisis and refuge specialist homelessness services, domestic violence response enhancement, specialist DFV case management, Aboriginal controlled organisations, migrant and refugee specialist organisations, community housing, staying home leaving violence, women's legal and women's court advocacy services, men's behaviour change programs, and general community, women and children's support programs. It's our role to ensure our members are listened to, respected and heard by the change-makers in society.

We recognise that lived experience is central to change. We understand that DFV impacts some communities disproportionately – which is why we ensure the experiences of Aboriginal and Torres Strait Islander people, LGBTIQA+ people, migrant and refugee people and people with disability have a central voice in our advocacy. With guidance from lived experts, we elevate the experiences, voices and needs of victim-survivors through all work we undertake.

Together with victim-survivors, our members, our partners and our team – we will end gender-based violence in NSW.

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Executive summary

“Violence against women and children and other forms of gender-based violence remains one of the most significant and complex challenges facing Australia.” (Boyd-Caine, 2026)

Ending gender-based violence will require transformational change at a governmental and systems level. Policy frameworks will need to be restructured through co design with victim-survivors and people with lived experiences of domestic and family violence (DFV), so that institutions no longer act as instruments of discrimination and oppression. It will also require a whole of community strategy to build awareness of harmful ideologies, behaviours and systems that reinforce rigid gender stereotypes. Gender-based violence in all forms needs to be recognised and called out so that systems and individuals who use violence are held accountable.

The first *National Plan to Reduce Violence against Women and their Children 2010-2022 (2010-2022 National Plan)* was established to coordinate all activities across all areas of Government to end violence against women and children. The first plan achieved the establishment of key objectives and a blueprint for strengthening safety responses. Including the establishment of Our Watch; Australia’s lead agency for primary prevention and the *Change the Story* Framework, Australia’s National Research Organisation for Women’s Safety (ANROWS), the 1800RESPECT national Helpline and the *Stop it at the Start Campaign.* (Department of Social Services, 2022)

The current *National Plan to End Violence against Women and Children 2022*-2032 is more ambitious and plans to end gender-based violence in one generation. The plan is being implemented through two five-year Action Plans. ‘All governments have committed to ending violence against women and children in Australia in one generation. This signifies our collective agreement that women and children have the right to live free from fear and violence, and to be safe in their homes, workplaces, schools, in the community and online.’ (National Plan 2022-2032, Theory of Change, 2023) DVNSW recognises the progress that is being made to combat gender-based violence through the First Action Plan 2022- 2027 and identifies areas requiring further systemic integration. In 2026, there is greater awareness of the prevalence of violence against women and children and the impacts of gender-based violence on society. The First Action plan has created a DFSV foundation of knowledge and a systemic call to action.

The development of the Second Action plan 2027- 2032 creates an opportunity to dig deeper into the drivers of domestic and family violence and to better understand how pervasive and embedded patriarchal ideologies, behaviours and enabling systems are within all facets of society, including governments, statutory authorities, schools, workplaces, sporting environments and online. The Second Action Plan needs to embed innovative changes to systemic ways of thinking and working so that siloed program design can be replaced by integrated person-centred systems and place-based collaborations. By codesigning solutions with the expertise of people who have lived experiences of DFV, victim-survivors should only need to tell their story once and be able to navigate a streamlined trajectory of safety and recovery.

An increase in the awareness of DFV and that it crosses socioeconomic strata has increased victim-survivor’s ability to identify intimate partner and family experiences as violence and/or abuse. The response to gender-based violence by responders and the broader community though is still very fractured and at times can cause further harm to victim-survivors of DFV. Fundamentally we need systems, attitudes and behaviours that stop violence before it starts.

The *Unlocking the Prevention Potential* report to Cabinet of the Rapid Review of Prevention Approaches states that.

*"*The challenge that we have been tackling as a community, however, is a complex and perennial one - a fundamental human rights issue, driven by millennia of gendered and other forms of structural inequality, then compounded by an array of systems, industries and, recently, online forces that push back against our collective progress*."* (Unlocking the Prevention Potential, 2024)

The Report calls for an assessment of current practice to see what more can be done. "Expanding our gaze and hearing what the frontline, lived experience advocates and communities across Australia tell us makes a difference. It means learning from the evidence and a broad range of sectors - and shedding light on areas which may not have been considered through a DFSV lens or prevention frame*."* (Unlocking the Prevention Potential, 2024).

The Domestic, Family and Sexual Violence Commission (2025) Yearly Report to Parliament on outcomes against the National Plan to end violence against Women and Children, signifies that we are still a long way from ending gender-based violence. During 2023/24 the following data was used in the yearly report.

- 46 women and 9 men were killed by their intimate partner.
- There were 6 incidents of filicide.
- 1 in 6 women, 1 in 18 men, in Australia experienced intimate partner violence, since the age of 15.
- Almost 1 in 2 women who had experienced physical and/or sexual violence from a current partner did not seek advice or support about the violence.
- 1 in 3 men have self-reported using emotional type abuse, physical violence and/or sexual abuse against an intimate partner as an adult.
- 16% of women in Australia have experienced economic abuse from a current or former intimate partner since the age of 15.
- 76% of all DFV hospitalisations were for women.
- 79% of offenders proceeded against by police for at least 1 DFV offence were male.
- 39% of all people who received a specialist homelessness service had experienced DFV
- (Data Source: DFSV Commission Yearly Report to Parliament informed by AIHW reports 2025)

System change needs to include capacity building and behavioural change across all systems to ensure that there is equitable access to support for victim-survivors who have experienced DFV. A person-centred response is needed so that the victim-survivor retains her autonomy through informed and inclusive decision making. A pattern of disengagement during the process should not exclude the victim-survivor from safety as trust building is part of the process and decisions should not be forced that are a choice between her children being removed and homelessness. Resistance to service intervention is often about timing and where a victim-survivor is in the process of navigating the very complex decision to leave domestic violence. The DFV system needs to be redesigned in collaboration with victim-survivors so that generalist and specialist services understand the experiences of safety seeking across the spectrum of prevention, early intervention, response, recovery and healing.

DVNSW calls on Governments to make a purposeful decision to undertake a whole of system change that requires the current system to be interrogated holistically, through the eyes of people with living and lived experiences, to understand its failings and how to integrate the current fragmented approach to safety.

DVNSW additionally calls for:

- Governments to effectively resource the implementation of the Aboriginal and Torres Strait Islander National Action Plan to end violence against women and children.
- Governments to ensure that the second action plan intersects, is informed by and uplifts the National Aboriginal and Torres Strait Islander Action Plan.
- Governments to resource increased capacity for DFV specialist refuges to be able to meet the demand for safe, inclusive and culturally responsive accommodation so victim-survivors are not blocked from safety by having nowhere to go.
- Governments to ensure regional, rural and remote service commissioning includes financial loading for regional, rural, remote and very remote service delivery to meet the needs of DFV victim-survivors and reduce the disparity between available women's safety supports between metro and regional, rural, remote, and very remote regions.
- The Federal Government continue to fund WESNET's Safe Connections (Safer Technology for Women) program and the Keeping women safe in the home program beyond 2027.

DVNSW joins with and supports the following recommendations.

- Lucy's project calls on Governments to acknowledge the need for emergency and transitional houses to be resourced to support people and animals experiencing DFV to stay safely together. (Lucy's Project, 2026)
- ACON calls on Governments to expand and increase the quality of services for the full diversity of LGBTQ+ people. Including inclusive standardised data collection across services. (ACON, 2026)
- WESTNET calls on policy makers in partnership with the justice sector and women's specialist DV services to consider how Tech Facilitated Abuse (TFA) could be more consistently and effectively responded to by police and courts, including the collection of evidence about the various patterns of TFA that are being used by perpetrators alongside other tactics of coercive control. (WESNET,2023)
- The National Advocacy Group on Women on Temporary Visas Experiencing Violence call on Governments to implement the recommendations from the Blueprint for Reform, securing safety for victim-survivors of DFV who re on temporary visas.

Key Recommendations

Whole of System Integration

1. **Commonwealth, State and Territory governments to implement a universal operational definition of Domestic and Family Violence** - Governments must develop and implement a universal definition of DFV to develop shared language, effective data collection and gap analysis.
2. **Governments to create and implement an inclusive and standardised baseline data set across the DFV service system –** A baseline data set to be built from a shared DFV definition to develop a clearer understanding of the prevalence of DFV that is inclusive of marginalised groups and would include baseline data on people who use violence.
3. **Commonwealth, State and Territory Governments to share across jurisdictions and develop best practice in effective DFV risk assessments** - Governments need to resource the co-design, development, immersive training and full implementation of effective standardised risk assessments that address DFV within an intersectional and inclusive framework.
4. **Governments to resource the codesign and development of Integrated Service Models -** Governments to ensure commissioning of co designed and place-based service models that enhance service integration across all touch points for victim-survivors across the spectrum of prevention, early intervention, response, healing and recovery.
5. **Commonwealth, State and Territory Governments to work with DFV specialist, generalist and people with lived experience expertise to codesign best practice in Information sharing –** Governments have a duty to ensure that victim-survivors have autonomy over the information that they share through knowing who it will be shared with and for what purpose. Victim-survivors of DFV should not have to retell their experiences of violence multiple times across systems. Victim-survivor information sharing must be supported by a DFV informed integrated safety system.

DFV Quality Assured Workforce.

6. **Governments to invest in DFV Quality Standards, Governance Education, and Good Practice Guidance –** Commonwealth, State and Territory Governments to invest in cultural change through dignity-based practice development to uplift the DFV system so it is quality assured and DFV informed across the spectrum of Prevention, Early Intervention, Response, Healing and Recovery.
7. **Governments to ensure all responders to DFV have access to Clinical Supervision -** Governments to ensure additional budget capacity for clinical supervision to safeguard against vicarious trauma for DFV specialist and generalist workforce.
8. **Governments to invest in Workforce Development and capacity building -** Governments to ensure all DFV specialist and generalist workforce contract budgets have the resources for workforce development that is culturally responsive and reflects the communities it serves.
9. **Governments to develop, resource and implement comprehensive training frameworks and packages for all DFV Responders -** Governments to adequately fund comprehensive training for all responders to DFSV, including statutory and non-statutory responders.
10. **Commonwealth, State and Territory Governments must invest in DFV capacity building for allied service sectors that intersect with victim-survivors and people who use violence** – for example upskilling AOD specialists, Gambling Support Services, trauma services and men's health and welfare services.

Introduction

Domestic Violence NSW (DVNSW) welcomes the opportunity to contribute to the Department of Social Services (DSS) consultation to inform the Second Action Plan 2027 – 2032 (National Plan to End Violence against Women and Children, 2022-2032).

DVNSW will be focusing in this submission on responding to the ANROWS consultation paper and proposed priority 5: "*System Integration and Workforce."* (ANROWS 2026) By narrowing our focus to Priority 5, DVNSW will be able to amplify the voice and practice wisdom of our members and highlight the foundational systemic changes and the workforce uplift needed to enable transformational change.

DVNSW acknowledges the many examples of good practice and innovative work being undertaken by Aboriginal Community Controlled Organisations (ACCOS), Aboriginal practitioners and member organisations across the DFV eco system to ensure victim-survivors of DFV are supported to seek safety and recovery. It is with gratitude that DVNSW thanks our members and Advisory Groups for continuing to engage and take time from their work to share insights and DFV expertise for systems improvements and for contributions to this submission.

The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as: "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (UNDEVW 1993)

The elimination of gender-based violence sits within an increasingly complex socioeconomic environment, increased online misogyny and a growing belief in the general population that gender inequality no longer exists. (Gender Compass, 2024)

Prevention of gendered violence requires a whole of community understanding that DFV is 'gender based' and gender inequality is a root cause. The National plan to End Violence against Women and Children 2022-2032 aims to call out inequality across workplaces, sporting institutions, schools and higher education systems, in the community and online and to enable initiatives that create behavioural change. (National Plan, 2022)

Gender-based violence is a social problem requiring comprehensive responses that go beyond specific events, individual perpetrators and victim-survivors. Gender inequality, rigid gender norms and stereotypes, and discrimination including racism, are all at the heart of the problem. (National Plan 2022-2032, Theory of Change, 2023)

Gender-based violence and barriers to safety and recovery through system discrimination, is still prevalent and on the increase for marginalised groups in Australia. Victim-survivors face barriers to safety where the DFV system intersects with racism, structural bias and systems of control. A priority for the Second Action Plan must be a focus on intersectionality and how to change the systems to embed inclusion, anti-discrimination and decolonising practices.

"The most effective solutions come from those most effected by violence. Aboriginal and Torres Strait Islander women, people living with disabilities, LGBTIQA+SB communities and multicultural communities have been developing sophisticated responses to violence for generations. Yet they remain largely excluded from decision-making at critical points. This is not about giving people a voice-they already have voices. It is about those in power learning to listen and respond in a systemic way." (DFSV Commission, 2025)

Aboriginal and Torres Strait Islander women and children are disproportionately experiencing gender-based violence that is increasing in severity and occurring more frequently than that experienced by other women and children in Australia. They are less likely to report DFV due to distrust of police and mainstream services. This is a result of the institutional legacies of colonisation which drive the response to DFV often including misidentification of the person using violence, lack of responsive and culturally safe and engaging services, racism, incarceration and child removal.

- 2 in 3 Aboriginal children in out of home care have experienced family violence (Davis, M.,2019).
- Aboriginal women are 8 times more likely to be victims of domestic violence than non-Aboriginal women (BOCSAR, 2023).
- DFV related hospitalisation is 27 times higher than that of non-indigenous women.
- In 2023-24 20% of all intimate partner female homicide victims were Aboriginal and Torres Strait Islander women
- In 2024 between 67% - 74% of Aboriginal and Torres Strait Islander victims of assault were recorded by police as DFV related.

(Data Source: DFSV Commission Yearly Report to Parliament informed by AIHW reports 2025)

DVNSW acknowledges that the use of language, including the term *misidentification*, is problematic for Aboriginal and Torres Strait Islander DFV practitioners, and raises broader questions about the role of English language and institutional terminology in reinforcing oppressive structures across intervention pathways. The language used within these systems can be deficit based, at times racist and academic, further preventing victim-survivors from engaging with lifesaving supports. This often shapes perceptions of victim-survivors, influences responses, and perpetuates power imbalances that contribute to ongoing harm.

Migrant and Refugee Women – The Monash University Safety & Security study released in 2021 undertook an analysis of a sample of 1392 migrant and refugee women and found that

- 1 in 3 had experienced some form of DFV.
- Temporary Visa holders reported proportionately higher levels of DFV and coercive control.
- Generally, the person using violence was an intimate partner or a family member. This created reluctance to report violence or to seek safety.

The report found that “Visa status and the need to include other forms of harm, such as financial abuse linked to marriage related payments, were needed to inform more expansive understandings of how power can be leveraged by perpetrators, including via migration law and policy.” (Segrave, M. Wickes, R, and Keel, C. 2021). Systemic responses to migrant and refugee women experiencing DFV must be embedded in an understanding of social and systems entrapment and the specific and nuanced safety needs of migrant and refugee women within the community.

Women with disabilities – The DFSV Commission report (2025) reported

- Women with a disability are 3 x more likely than men with a disability to have experienced intimate partner violence since the age of 15.

The 2016 Australian Institute of Health and Welfare (AIHW) data also indicated that people with a psychological disability, stroke, head injury or brain damage had the highest levels of DFV. Barriers to seeking safety include a lack of trust that they will be believed or taken seriously when reporting, feelings of shame or self-blame, insufficient accessible information about ways to report, physical barriers to help seeking, fear of negative consequences of reporting including retaliation, criminalisation, ostracization

from family and /or community, loss of support /access to children, inadequate specialised support services, normalisation of abuse and/or being controlled. (AIWH, 2026)

LGBTQIA+ SB communities – In the 2019 Private Lives Survey 3 conducted by La Trobe University with 6,835 LGBTIQA+ participants the data

- 41.7% (n. 2,846) respondents reported that they had experienced intimate partner violence and/or abuse
- 38.5% (n. 2,781) respondents reported feeling abused by their family.

Only half the respondents who identified intimate partner violence reported the incident (s) to relevant agencies due to safety issues of being 'outed' when reporting, negative experiences of Police responses and risk of legal action. There is also fear of discrimination and or not being believed due to the frameworks of heteronomativity and cisgenderism to determine who perpetrates and experiences violence. (AIHW 2026)

"Discrimination against LGBTIQA+SB people may increase their risk of experiencing distinct forms of DFV when compared to other population groups. In addition, some people may experience distinct forms of violence referred to as identity-based abuse which may include:

- pressuring a person to conform to gender norms or stop them from accessing gender affirming care
- corrective rape (a hate crime in which the victim is raped because of their perceived sexual orientation)
- threatening to 'out' the person's gender, sexuality, HIV status or intersex status
- exiling a person from family due to their sexuality or gender
- forcing a family member into conversion therapy (DSS 2022)." (AIHW, 2026)

DVNSW's position is in line with the National Plan identifying that the use of the term violence against women and children tends to be heteronormative and cis-gendered framing and can exclude the experiences of people who are LGBTIQA+ SB.

Children and Young People are particularly at risk of experiencing DFSV and its impacts. Violence to children and young people often occurs in home and family settings and exposure to DFV can cause long lasting harm. (AIHW, 2026) Children and Young people are particularly vulnerable to technology facilitated abuse and violence through harassment, stalking, and sexual violence.

Barriers to accessing support that are specific to children and young people may include, misrecognition of abuse, being unable to express or communicate abuse, reliance on the perpetrator for support.

- 13% of adults surveyed in 2021-2022 had witnessed violence against a parent before the age of 15. (ABS Personal Safety Survey, 2021- 2022)
- In 2024, almost 3 in 5 (56%) recorded sexual assault victims had an age at incident of under 18 years. (National Crime Data, 2024)
- Aboriginal and Torres Strait Islander children are overrepresented in out of home care.
- Nationally, 41% of all children in Out of Home Care (OOHC) are Aboriginal or Torres Strait Islander despite making up only 6% of the Australian Child Population. (SNAICC, 2024).

Authentic intersectional structures and responses require a whole of government understanding of the social drivers of gender-based violence. In addition to a domestic-violence informed systems framework, DVNSW identifies the importance of program design and response centring victim-survivor's, the unique experience of each victim-survivor and the ways in which diversity and resistance play out in seeking safety and support. An intersectional understanding of gender-based violence acknowledges that violence against women is often experienced in combination with other forms of structural inequality, oppression and discrimination.

DVNSW calls on governments to prioritise an integrated domestic and family violence (DFV) system that embeds prevention, early intervention, response, and healing and recovery across all policies, interventions, and service initiatives. This requires recognising that the DFV system cannot continue to operate as a series of structurally siloed service responses. Sustainable safety, wellbeing, and the disruption of intergenerational cycles of violence depend on victim-survivors being supported through a continuum of care where prevention, crisis response, and healing and recovery are interconnected and reinforced at every stage of their recovery process.

Whole of System Integration

The current domestic and family violence (DFV) ecosystem in Australia is fragmented, creating significant barriers to safety, recovery, and long-term wellbeing for victim-survivors. Rather than experiencing a coordinated pathway to safety, many victim-survivors must navigate complex and disconnected systems while simultaneously managing the impacts of violence, trauma and ongoing risk.

The pathway to safety and recovery is too often disrupted by barriers such as limited access to safe and affordable housing, experiences of disbelief or minimisation by responders, complex and intimidating judicial processes, and fragmented service systems that require victim-survivors to repeatedly retell their experiences. For some, these system failures compound the abuse they have already experienced, with legal, service, and institutional responses being perceived as another mechanism through which coercion, control, and harm are perpetuated.

DVNSW calls for a robust Second Action Plan that is inclusive and domestic violence informed. An integrated safety system that reduces these barriers by delivering coordinated, person-centred responses that promote safety, dignity, accountability, and recovery, rather than placing the burden of navigating complex systems on victim-survivors.

Unlocking Prevention Potential, the Report of the Rapid Review of Prevention Approaches (2024) asserts that "When adequately resourced, frontline crisis responses not only support immediate safety but lay the groundwork for safety to be sustained." The review recommends "a needs analysis to determine unmet demand in DFSV crisis response, recovery and healing (excluding police) with the view to develop a pathway to fund demand. Including targeted and culturally safe responses." (Unlocking the Prevention Potential, 2024).

DFV frontline workers and in particular specialist women's refuges embed integrated tertiary prevention approaches and recovery into good practice responses. Whilst funding and reporting is siloed DFV services are stretched beyond the parameters of their contracts to work with victim-survivors to navigate complex safety pathways, across the systems of justice, welfare, child protection, risk and recovery.

Governments must work with people with lived and living experiences of DFV, frontline DFV practitioners, ACCO's and specialist diversity practitioners to codesign interventions and support and to actively engage with evidenced recommendations for change. Governments must pay special attention when disadvantaged groups identify when the safety systems become abusive and ensure that resourcing barriers and entrenched biases don't end up costing lives.

"We now need a razor-sharp focus on coordinated, accountable and agile delivery-to move beyond fragmented responses to embrace comprehensive, community-led systems change." (DFSV Commission 2025)

DVNSW supports the rapid review of prevention potential (2024), as it calls on Governments to be accountable, provide sustained investment and attention. To build greater understanding of the "influential role of systems and industries in the prevention of DFSV, as well as its perpetuation and escalation when these systems are abused." The Review recommends "immediate audits of the weaponisation of government systems by perpetrators of DFSV, including systems where significant harm is occurring, such as family law, child support, taxation and immigration systems." The Review also acknowledges that "certain industries, such as alcohol, gambling, media and technology, are particularly well positioned to prevent and reduce DFSV. This is in part because these same industries too often function as the foundation for, or means of, the escalation of abuse." (Unlocking the Prevention Potential, 2024)

Recommendation 1

Commonwealth, State and Territory governments to implement a universal operational definition of Domestic and Family Violence – Governments must develop and implement a universal definition of DFV to develop shared language, effective data collection and enable gap analysis.

In the Australian Institute of Health and Welfare (AIHW) reporting of the Australian Bureau of Statistics' Personal Safety Survey (PSS) data, the term family and domestic violence is used for simplicity when referring to violence between all family members and intimate partners. (AIHW, 2023). A broader and more accurate definition is needed operationally that contextualises DFV violence by identifying the patterns, types and impact so that effective prevention, early intervention, response, healing and recovery can be designed and delivered.

Service Silos are supported by differing definitions of DFV and different uses of language at the operational level where victim-survivors intersect with multiple services and approaches. This can quite often cause competing interpretations of safety seeking behaviour through a misunderstanding of DFV. The lack of a shared definition can also create a narrow response to a victim-survivor by different services when they don't apply an intersectional lens to patterns of violence, cultural differences and discriminatory systems. This is demonstrated in the current debate around misidentification of the person who uses violence when police attend an DFV incident. When the police arrive the victim-survivor may be resisting violence and is wrongly identified as the person using violence. A clear definition of DFV would look beyond the incident to the history and pattern of violence and abuse to determine who is the perpetrator of DFV.

"Improved data capture and sharing. Shared language and principles through compulsory Safe & together training will significantly improve service integration."
DVNSW Member consultation, 2026

DFV System wide and cross sector evidence of patterns of violence and gaps in safety are hard to identify when there is no shared definition of DFV or universal data collection. Contracts and funding sources differ across the DFV eco system each with different reporting requirements, data systems and priorities. Gap analysis to inform commissioning of service models that are responsive to victim-survivors, culturally safe and are co designed with people with lived expertise of DFV require a measurable evidence base.

"There is data on prevalence of violence but little data collection on the system deficits. How many notifications where no action was taken. A lot of women are not even getting an event number after a police report. No data collected on the barriers and inability to access safety."
DVNSW Member consultation, 2026

"Women as victim-survivors are under the spotlight throughout the safety journey. Very little tracking of perpetration. Over analysis of victim-survivors and a deficit of perpetrator analysis."
DVNSW Member consultation, 2026

"No current research in Australia of what effects change. Funded men's behaviour change programs but no solid evidence base or model of change. Tends to be a one size fits all not targeted towards a particular type of abuse. Although every program does it differently."
DVNSW Member consultation, 2026

Dedicated place-based pilots have been designed and implemented to address locally assessed community needs to address DFV. This is a missed opportunity for evidenced gap analysis and program solutions as budgets are not large enough to undertake effective monitoring, data collection and evaluations. With minimal evidence it is rare that the program is scaled up and the pilot finishes which has a ripple out impact on community trust.

DVNSW calls on Governments to work across jurisdictions and with the DFV sector to facilitate agreement on a definition of DFV. In addition, Governments need to establish a framework for DFV program monitoring and evaluation across the spectrum of prevention, early Intervention, response, healing and recovery and ensure that program contracts and funding are purposeful in creating consistent evidence.

Good Practice examples

NSW Government is currently undertaking a Taxonomy project, DFV Workforce Mapping Project to support consistent employment and capacity building across the sector through shared language and terminology.

The Victorian Government as part of its *Family Violence Lived Experience Strategy (*2022) has included a preferred terminology section to try and introduce shared language. Family violence is defined as "A Pattern of Behaviour exercised by perpetrators to exert power and control over a current or former intimate partner or family member, with the aim of ensuring dominance of the perpetrator and compliance of the victim. That behaviour may be physically, sexually, emotionally, coercive, involve deprivation of liberty or seek to cause fear." (Family Safety Victoria, 2022)

Recommendation 2

Governments to create and implement an inclusive and standardised baseline data set across the DFV service system – A baseline data set to be built from a shared DFV definition to develop a clearer understanding of the prevalence of DFV that is inclusive of marginalised groups and would include baseline data on people who use violence.

Current data sets focus on different aspects of the DFV experience by different actors across the spectrum of prevention, early intervention, response, healing and recovery. DFV specialist and generalist services, police, child protection, health, justice and the legal system all have different data systems, approaches and priorities for data collection.

A baseline data set that is designed to sit across an integrated system that facilitates safety, and is based on a shared DFV definition, would collect victim-survivor demographics, perpetrator demographics where DFV is not in dispute, types of violence and abuse (this can be multiple) and geography. Data standards would need to be developed, and privacy and security principles would need to be in place to ensure safety for the victim-survivor.

Consultation and data testing with the specialist, generalist and allied sectors and people with lived experience of DFV is essential to ensure that the purpose of the data collection identifies the gaps and barriers to safety and addresses the concerns of victim-survivors, people using violence and extended community.

With improved standardised data collection there will be a better understanding across all systems of who experiences DFV, and how DFV is experienced including the relationship with the person using violence.

"Services should be reporting outcomes not outputs. Client numbers are good to report but outcomes are what changes our industry. DCJ need to understand the above. Recycling people through multiple services is not working and giving false numbers."

DVNSW Member consultation, 2026

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Good Practice example

Victoria Family Violence Data Collection Framework. A guideline for the collection of family violence related data by Victorian Government departments, agencies and service providers. (2019)

Recommendation 3

Commonwealth, State and Territory Governments to share across jurisdictions and develop best practice in effective DFV risk assessments – Governments need to resource the co-design, development, immersive training and full implementation of effective standardised risk assessments that address DFV within an intersectional and inclusive framework.

Governments need to take a leadership role in driving the cultural change needed so that risk assessments by responders across all statutory and non-statutory systems, including police, justice, health and child protection are consistently undertaken through a DFV lens at every engagement point with victim-survivors of DFV.

This includes a more integrated service framework, and a one-story model so victim survivors don't have to continually retell their story, experience re-traumatisation and a loss of hope in the systems that are designed to support safety and recovery from gender-based violence. It is essential that governments commit to moving away from single incident policing and service intervention to a more holistic and contextual risk assessment and identification of the person using violence.

> ***"They can often still seem to use a rating system of how desperate a person is. It may be a resource issue."***
> DVNSW Member consultation, 2026

> ***"Centralised, mainstream resources such as common assessment tools (eg DVSAT, CARAS) are most effective if there is dedicated local leadership to drive implementation. Unfortunately, implementation of important infrastructure is not resourced sufficiently at a local level, and therefore implementation is centralised."***
> DVNSW Member consultation, 2026

> ***"There needs to be better risk screening that is objective. The colour of a person's skin should not make a difference. Aboriginal mums are under surveillance by Child Protection and police causing a higher level of intervention."***
> DVNSW Member consultation, 2026

Good Practice examples

- The current DFV informed development of the NSW Common Approach to Risk Assessment and Safety Framework, (2026).
- The legislated (2018) Family Violence Multi-Agency Risk Assessment and Management Framework, a shared responsibility for assessing and managing family violence risk (MARAM)

Recommendation 4

Governments to resource the codesign and development of Integrated Service Models – Governments to ensure commissioning of co designed and place-based service models that enhance service integration across all touch points for victim-survivors across the spectrum of prevention, early intervention, response, healing and recovery.

DVNSW members identified that a person-centred "one-stop-shop" model would support a more streamlined, integrated safety system for victim-survivors by reducing fragmentation and improving access to coordinated support. Such a model could draw on the Victorian Government's **The Orange Door**, model which was resourced by the state government to provide a single access point for specialist domestic and family violence, family services, and perpetrator interventions. (The Orange Door, 2026)

Good Practice example

Victoria has strengthened its approach to domestic and family violence through the *Family Violence Protection Act 2008 (Victoria)* and the significant reforms implemented following the Royal Commission into Family Violence in 2016. These reforms demonstrate the benefits of sustained investment in system integration, underpinned by shared governance, legislative reform, and consistent practice frameworks. (Family Safety Victoria, 2018)

DVNSW consulted with its members to hear from frontline DFV practitioners what they would prioritise in the Second Action Plan. There was consensus that the DFV system is very fragmented with the system itself creating bureaucratic barriers as each service has its own systems, processes and priorities in line with state and commonwealth funding streams. In addition, there was feedback that government services tended to be inconsistent and prone to bias.

> ***"Funding contracts incentivise silos in the system rather than continuums of service delivery that is needs based... There are no common approaches to taking cross agency approaches to work with families. For example, there is no systemic pathway for specialist DFV services to integrate their work with men's specialist services so the family benefit from a more holistic and sustainable approach to addressing DFSV. Child protection specialist services have no systemic pathway to engage DFSV specialists in their approach to women and children. System integration is reliant on relationships, not structures."***
> DVNSW Member consultation, 2026

"Community leadership by faith, cultural and social groups are not being resourced to drive primary prevention activities within their community. Service providers are generally proactive about approaching community groups and bringing community members together for this purpose, but this could be more effective if service providers had funds available to resource the community leaders to take ownership of primary prevention initiatives."
DVNSW Member consultation, 2026

"Organisational integration and duplication of service offerings. There needs to be a clear transfer of care between agencies and service support organisations."
DVNSW Member consultation, 2026

"Funding does not support the relational, management and governance work needed for more integrated service responses. Inadequate funding more generally, means capacity is always limited and this drives services to focus on the urgent over the important."
DVNSW Member consultation, 2026

Good Practice example (Queensland)

Queensland has a Specialist Domestic and Family Violence Court with the following features.

- DFV trained and dedicated magistrates
- A DFV Court coordinator to oversee the specialist DFV court approach, improve processes, and work with stakeholders
- A specialist DFV court registry with staff trained to offer support and information
- Specialist police prosecutors
- Specialist DFV duty lawyers to give advice and represent clients.
- Dedicated QLD Corrective Services officers (where coordination of criminal and civil matters is in place
- Cross-agency governance groups
- Safety focussed infrastructure and security
- On-site triage and reception connecting clients to specialist services.

Community Justice Groups are set up to ensure cultural appropriateness and responsiveness for Aboriginal and Torres Strait Islander Court users. Their role can include assistance with transport to and from court, understanding process and any court orders and linking people to programs.

"Support our way (First Nations way) holistic, our hubs to run total services. Staffing need to also include " futuristic' co-ordinators - utilising education TAFE, job trainers and providers to work alongside crisis workers."
DVNSW Member consultation, 2026

The following areas of the DFV ecosystem were highlighted by our members as points that are unsafe and siloed system responses in their local regions:

<u>Crisis Accommodation</u>

- "A lot of people are housed in motels. Every school holiday or over long weekends they are kicked out. On a week-to-week basis they must pack up everything and vacate the premises and wait in uncertainty to see if they can renew their accommodation. If they can't get back into emergency accommodation, then they are homeless so seek limited support form Church groups for family billeting."
- "A woman was moved away from her support systems for safety for her and her child with a disability but then was evicted because her child damaged the property and so was banned from transitional housing, so she is now facing homelessness."
- "Housing is intrinsically linked with DFV which is the leading cause of homelessness. Someone makes up their mind to leave violence but if there is nowhere to go then they stay or return to violence."
- "Women refuse emergency or transitional housing as it is unsuitable but then they get blacklisted and reasons are not considered. A woman was offered emergency accommodation close to her perpetrator, and she refused and it caused a lot of complications with housing, a woman who was recovering from addiction was offered a place next door to a drug dealer which was highly dangerous for her."
- "Lots of mums can't flee if their male children are over a certain age due to refuge requirements so they are having to choose between staying or separating from their children."
- "The type of accommodation is also a problem. It's not suitable in terms of accessibility, safety or cultural safety. Women refuse emergency and/or transitional accommodation as it is unsuitable but then they get blacklisted and the reasons are not considered. Generally, a lack of understanding of DFV, and diversity."
- "The need for more bespoke services such as women who have substance misuse and are fleeing DV. More refuges for larger families. We also need more funding for technology and a service funded by government so we can have faith in them. We need every woman that leaves DV to have a technology sweep including cars funded by the government."

Good Practice examples

- NSW Core and Cluster women's refuges provide accessible short term crisis accommodation and integrated support services for women and their children escaping DFV. They are designed as self-contained units that allow family pets (cluster) close to communal facilities (core) offering access to support services; legal, counselling, education, employment services. etc. Currently 49 refuges planned across NSW and 15 refuges currently in operation. Caveat - The current core and cluster bed capacity is quite small and has been absorbed into the community housing portfolio so at times the DFV specialist support is limited.
- Staying Home Leaving Violence works in cooperation with the Police to remove the perpetrator. Provides a range of support such as safety planning, improving home security, help in managing finances, support for children and help with the legal process. Program available across NSW. Not all women are able to afford to stay at home, so a variety of safe housing options need to be available.

DVNSW calls on governments to integrate specialist DFV refuges into the DFV governance and practice ecosystem and that generalist emergency and transition is only used as a last resort. In addition, increased capacity should be resourced for specialist DFV refuges to be able to proactively provide an inclusive culturally safe response to victim-survivors escaping DFV in regional and metro centres in line with community needs and service costs. DFV Specialist refuges work holistically and go beyond accommodation to provide holistic, domestic violence and trauma-informed support that includes access to practices that promote and facilitate recovery.

<u>Child Protection</u>

- "We have clients who were in the (Child Protection) system as children and now as adults they have their own children who have been removed in situations where other families would not have faced removal. The hospital was also biased. If you take a child to hospital when they have had an accident they get fixed up and then they are on their way. These young people had their children removed and they were placed with people who had abused them as children. They are doing all of the right things and ticking all of the boxes, but the children have not been returned despite a lot of services advocating." (DVNSW Member Consultation, 2026)
- "Statutory Child Protection not recognising the perpetrator's actions and impacts on the mother and children and including him in parenting arrangements." (DVNSW Member Consultation, 2026)
- "Lack of evidence-based framework to support children's recovery. Lack of identified children's workers. Lack of shared language and understanding of the socio-political context of DFV to achieve early intervention across the system." (DVNSW Member Consultation, 2026)

<u>Health</u>

- "Health is an example of a system gap even though some good things are happening, the health system still doesn't always believe a claim of DFV unless there is an obvious injury. Instead, your mental health is questioned or if you are imagining things. So, then the system becomes abusive." (DVNSW Member Consultation, 2026)

Financial support

- “Better access to financial assistance for people who do not choose to report the abuse due to distrust of the police and the system. Government investment is geared towards justice-related responses and generally access to vital financial support is reliant on proof from police that abuse occurred.” (DVNSW Member Consultation, 2026)

Police Response

- “Victim-survivors do not have confidence in reporting to Police; we are finding the Police response to be inconsistent and at times dismissive and/or victim blaming. There needs to be a mechanism where matters can be escalated to Police for immediate action to avoid long drawn-out criminal and/or family law matters.” (DVNSW Member Consultation, 2026)
- “Lack of community confidence in the consistency and accountability of police responses to DFSV dissuading victim from seeking protection or not providing it when victims seek it. In some cases, putting them in more danger due to misidentification of the perpetrator as the victim.” (DVNSW Member Consultation, 2026)
- “For the majority of CALD people surviving DFSV, there are significant barriers to reporting DFSV to Police, resulting in many people not being able to access support. Culturally harmful practices such as Police and other mainstream services not using interpreters can lead to misidentification of primary person causing harm.” (DVNSW Member Consultation, 2026)
- “Coercive control laws. I am not seeing the laws work for my clients. Clients are told that they do not have enough evidence. Clients do not know how to collect evidence and what constitutes evidence. Clients are told that their reports of coercive control are not enough for a police application for ADVO or charges. Clients might be directed by Police to apply for a private ADVO putting the onus on clients to take their own action which is overwhelming for clients.” (DVNSW Member Consultation, 2026)
- “Better training for all criminal justice personnel including police; colocation of specialists in police stations; improved perpetrator interventions. More funding would allow sufficient specialist responders, housing options, counselling services and time to collaborate to enable the integrated response we know works.” (DVNSW Member Consultation, 2026)

Good Practice example

The NSW Police Force Co-Location Pilot embeds specialist domestic and family violence (DFV) support workers within 11 police stations to improve victim-survivor support and reporting. An evaluation undertaken in 2023 recommended continued funding and expansion as it was meeting its goals of more collaborative inter-jurisdictional working arrangements and increased knowledge of DFV. Many of the recommendations Highlighted the need for a more integrated system.

Recommendation 5

Commonwealth, State and Territory Governments to work with DFV specialist, generalist and people with lived experience expertise to codesign best practice in Information sharing – Governments have a duty to ensure that victim-survivors have autonomy over the information that they share through knowing who it will be shared with and for what purpose. Victim-survivors of DFV should not have to retell their experiences of violence multiple times across systems. Victim-survivor information sharing must be supported by a DFV informed integrated safety system.

Safe, ethical, purposeful and regulated information sharing between services would support the victim-survivor as it would prevent the trauma of them having to retell their story to multiple agencies. Any changes to the victim-survivors story can put them at risk of not being believe, raises questions of her credibility and ultimately weaponised against the victim-survivor by the person using violence and the systems more broadly. In the current fragmented safety system, the victim-survivor runs the risk of not knowing who is telling their story, the manner in which it is shared and how this is interpreted and held.

The agencies engaging with victim-survivors must be responsible for providing them with the information pertaining to what information is being recorded, how it is being stored and the purpose of the information collected. Victim-survivors need to retain their autonomy over what is shared and to which agencies and they need to be supported to raise a complaint if they believe that their information has been misused.

An integrated Client Record Management System (CRM) if supported by purposeful system changes that are victim-survivor centred and are agreed to across the safety system could be something to aspire to as the system becomes integrated.

Safeguards and regulations would need to be established to ensure that information is not weaponised by the system or the perpetrator.

Good Practice examples

- The Victorian Government legislated under the Family Violence Protection Act 2008 the operation of the Family Violence Information Sharing Scheme (FVISS). Most recently reviewed in 2023 it was found that the FVISS supported practitioner confidence to share information and a positive cultural shift away from maintaining perpetrator privacy towards sharing information to keep victim-survivors safe and hold perpetrator accountable, supported services to make more informed decisions about family risk, supported collaboration and coordination across services, supported a shared language. (Family Safety Victoria, 2023)
- Legislation like the NSW Sexual Assault Communications Privilege could also be adapted for use in Domestic and Family Violence matters so safety seeking and recovery communications are less likely to be weaponised against a victim-survivor. (Judicial Commission NSW, 2025)

DFV Quality Assured Workforce

Recommendation 6

Governments to invest in DFV Quality Standards, Governance Education, Good practice guidance – Commonwealth, State and Territory Governments to invest in cultural change through dignity-based practice development to uplift the DFV system so it is quality assured and DFV informed across the spectrum of Prevention, Early Intervention, Response, Healing and Recovery.

DFV Quality standards need to be developed and implemented across the specialist DFV sector, to ensure the best outcomes for victim-survivors, to create professional pathways for staff and to support engagement and retention of a skilled DFV specialist workforce. Resourced and DFV informed quality standards allow the implementation of a minimum qualification and proficiency requirement that recognises the skillsets needed to work with victim survivors and people using violence. Additionally, Continual learning through specialist learning portals, practice guides and peer learning is essential, and keeps the workforce up to date in an environment where technology and associated adaptations of coercive control and other forms of abuse are rapidly evolving.

> ***"Most frontline workers lack basic, evidence-based understanding of DFV dynamics. coercive control is poorly understood outside specialist services. Workers often misinterpret DFV as "relationship conflict." Many do not recognise systems abuse, technology-facilitated abuse, or post-separation risk. Impact: Workers miss red flags, escalate risk, or respond in ways that retraumatise victim-survivors. Training rarely teaches how to respond safely and respectfully.***
>
> ***Workers may ask unsafe questions or pressure disclosures. Responses can be clinical, legalistic, or procedural rather than relational. Many services lack supervision structures to maintain trauma-informed practice. Impact: victim-survivors feel judged, dismissed, or unsafe and disengage. Risk assessment training is inconsistent, outdated, or absent. Many sectors use different tools or none at all. Workers lack skills to identify escalating patterns, not just incidents. Child-specific risk is often overlooked. Impact: High-risk cases are not flagged early, and multi-agency responses fail."***
>
> DVNSW Member consultation, 2026

Governance and leadership education, training and development needs to be meaningfully resourced for organisations to support good practice, sustainability, recruitment and retention. Professional pathways and leadership development need to be valued and resourced.

Recruitment & retention is challenging especially in Regional Rural, Remote and very Remote areas as there is a large pay disparity between public sector and not for profit agencies, so it is an uneven recruitment environment. In the public sector there is also often a Regional Rural and Remote loading as an incentive to recruitment and retention. Governments must close this gap and ensure the workforce is better supported across the non-government sector through adequate resourcing and including an appropriate service loading in contracts across the geographic range of Regional, Rural, Remote and very Remote Service delivery.

Multiyear funding would more effectively support workforce development, leadership development, succession planning, service continuity and victim-survivor and community trust.

The SCHADS award acknowledges specialists through higher payrates. Unfortunately, this does not include specialist cultural knowledge and the cultural load which is carried and essential when working with Aboriginal and Torres Strait Islander communities and migrant and refugee communities.

DVNSW calls on Government to invest in the uplift of the DFV sector across the spectrum of prevention, early intervention, response, healing and recovery. By building the capacity of frontline specialist DFV workers and the Governance structures and industries that they work in Government will be investing in a safer community through more agile responses to victim-survivors, better community engagement and trust building and place-based collaborations across the safety system.

Good Practice examples

- The DVNSW codesigned and DFV informed Quality Standards Framework commissioned and currently under review by NSW Communities and Justice.
- The DVNSW Good Practice Guidelines and online Resource Toolkit. Consultations about to commence for the third edition.

Recommendation 7

Governments to ensure all responders to DFV have access to Clinical Supervision – Governments to ensure budget capacity for clinical supervision to safeguard against vicarious trauma for DFV specialist and generalist workforce.

The DFV sector is under resourced to meet the need and complexity of the gender-based violence that Australia is currently experiencing. To reduce the risk to victim-survivors and to the practitioners that are supporting them, we need to safeguard the wellbeing of the DFV specialist and generalist workforce. There is a high turnover of staff in the specialist DFV sector as practitioners are stretching themselves thinly trying to cover the gaps in the system to ensure that victim-survivors can find sustainable safety.

“Supervision is pivotal in the context of high risks and of becoming overwhelmed by the work leading to poor decisions or inaction or, conversely, feeling “under-whelmed and potentially unresponsive.” (Vetere, 2012, p. 183)

“Supervision has been found to help build practitioners’ task knowledge, problem solving, and general competence.” (Ben-Porat & Itzhaky, 2011)

“Change the narrative from 'DFV workers are experiencing vicarious trauma from their client work' to 'DFV workers are experiencing vicarious resistance against a system.' We are resisting a system which causes us stress. Helping our clients is not the source of stress. Our stress is sourced from going up against a social/cultural/legal system that does not adequately empower/protect women and children. Being directed to self-care does not reduce the need for system resistance and is basically telling you to be quiet.”

DVNSW Member consultation, 2026

DVNSW calls on governments to resource the DFV sector to engage clinical supervision to support workforce retention and wellbeing. A supported sector will engage effectively with victim-survivors to navigate better outcomes.

Recommendation 8

Governments to invest in Workforce Development and capacity building – Governments to ensure all DFV specialist and generalist workforce contract budgets have the resources for workforce development that is culturally responsive and reflects the communities it serves.

"The training needs to involve people with lived expertise. Mandatory in person training for all services that engage with victim-survivors."
DVNSW Member consultation, 2026

"WDVCAS has a massive training gap. New staff start and go through some short formal induction training. Most of the training is provided by other staff and learning on the job. This takes an experienced worker away from client work. The training is not consistent due to workers doing things different ways. Lack of training in a specific area leads to an incident and managers being accused of 'lack of training.' There needs to be an online training module like DCJ has and we could have a certificate qualification as a DFV specialist. Duties can be layered according to completion of modules. This would take pressure off colleagues and managers to be the trainer."
DVNSW Member consultation, 2026

"Counsellors understanding DV and not making matters worse - Police with better understanding of DV and body language when doing reporting with victim survivors - Interpreting services not letting their cultural bias come into conversations - DV services having better knowledge in temporary visas - we have had multiple clients come through who have been with 4+ services and not been supported."
DVNSW Member consultation, 2026

"Providing enough case management support for victim-survivors who are forced to navigate multiple interlocking systems after they have fled DFV is crucial. Many clients are unaware of the supports available to them and require trauma-informed care to be able to safely access them. Without this support, victims are more vulnerable to revictimization."
DVNSW Member consultation, 2026

Good Practice examples

The NSW Domestic and Family Violence Sector: Workforce Development Strategy. (2025-2035). Developed in consultation with the sector, key stakeholders and frontline workforce. It includes, targeted resources, initiatives for workforce wellbeing, attraction and retention measures, culturally responsive clinical supervision guidance, development of a First Nation's community-led, workforce sustainability plan for Aboriginal and Torres Strait Islander Workers. (Department of Community and Justice, 2025)

DVNSW calls for meaningful investment in workforce development, wellbeing and capacity building. Governments need to value the workforce that is the backbone of the safety system combatting gender-based violence.

Recommendation 9

Governments to develop, resource and implement comprehensive training frameworks and packages for all DFV Responders – Governments to adequately fund comprehensive training for all responders to DFSV, including statutory and non-statutory responders.

"Providing enough case management support for victim-survivors who are forced to navigate multiple interlocking systems after they have fled DFV is crucial. Many clients are unaware of the supports available to them and require trauma-informed care to be able to safely access them. Without this support, victims are more vulnerable to revictimization."
DVNSW Member consultation, 2026

"More specialist DFV training and more DVLO staffing in police LAC."
DVNSW Member consultation, 2026

"Location and lack of face-to-face delivery/interactive, immersive workshops. I feel information retention increases when the learning experience is hands on, due to the busy nature of the industry in which we work, there is limited time constraints to attend/encounter pivotal training."
DVNSW Member consultation, 2026

"If police are better trained in perpetrator patterns of abuse, the rates of misidentified victims may reduce. This training needs to be embedded in a post-colonialist and intersectional perspective as rates of misidentification are higher amongst Indigenous women and women with disabilities. Examining and challenging ingrained unconscious bias is an important part of this work."
DVNSW Member consultation, 2026

"It is important to ensure that non-specialist DFV services and Government organisations are regularly trained in trauma-informed care and in DFV perpetrator patterns. This is needed to reduce the amount of systems abuse conducted by perpetrators through the justice system and family law system. Police, the Courts, NSW Health workers and general services such as Centrelink, need to be trained to be able to identify forms of domestic violence perpetration such as coercive control, financial abuse and tech-facilitated abuse."
DVNSW Member consultation, 2026

"Comprehensive training for services supporting children e.g. DV Wests Children's Framework. Training on how the early responses, documentation and support can adversely affect or assist the long-term safe living arrangements victim-survivors and their children when they enter into Family Law Court."
DVNSW Member consultation, 2026

"Focus on building worker's skills and confidence in systems advocacy with child protection, mental health services and housing. Victim-survivors need workers that are willing and capable of advocating with them. Our system has a long way to go before it is DFV informed."
DVNSW Member consultation, 2026

"More training for Justice and Police - we continue to see women misidentified so education. We should have integrated services within the court system not just WDVCAS but other services to provide the wrap around. I think we need more within health a program that all women if their children are at hospital they receive a DV screening tool and at all health check appointment with GP up to hospital - these are missed opportunities."
DVNSW Member consultation, 2026

"Training currently applies a trauma-informed approach, which is necessary. However, training needs to also include post-colonial and intersectional perspectives as a foundational need, not an optional extra. Understanding how

particular aspects of our client's backgrounds and identities have impacted their vulnerability to DFV is a crucial part of understanding and connecting with our clients."
DVNSW Member consultation, 2026

"More community awareness around identifying coercive control. More awareness around misidentified defendants including Policing looking beyond the incident. More awareness around PINOP's mental health being a trauma response. More positive male role models speaking publicly."
DVNSW Member consultation, 2026

Good Practice example

NSW Common Approach to Risk Assessment and Safety Framework, (2026) is designed to be implemented through a strong learning and development strategy.

The overarching human services system requires transformational change through a structured cultural change that unpacks institutional racism, systemic abuse and individual bias. DVNSW holds Governments accountable for enabling behavioural change through a well-resourced training and development strategy for all DFV responders that is codesigned with the lived and living expertise of people who have experienced DFV, frontline practitioners and expertise from Aboriginal and Torres Strait Islander, Refugee and Migrant, Women with disabilities, LGBTIQ+, children and young people organisations and representatives.

Recommendation 10

Commonwealth, State and Territory Governments must invest in DFV capacity building for allied service sectors that intersect with victim-survivors and people who use violence – for example upskilling AOD specialists, Gambling Support Services, trauma services and men's health and welfare services.

Across the spectrum of DFV prevention, early intervention, response, healing and recovery specialist DFV services need to call in other expertise so that they can effectively meet the complex and diverse needs of a victim-survivor. The DFV sector is calling for the capacity to resource support from and /or co-locate with AOD specialists, financial abuse expertise, technological violence specialists, sociolegal support, cultural navigators, mental health/trauma counsellors to name a few. This support is specialist expertise through existing service structures who need DFV upskilling to be more effective in their engagement with victim-survivors. Resourcing cross sector DFV skilled multidisciplinary teams that can coordinate an integrated response to a victim-survivor with intersecting vulnerabilities would be a more responsive, resource effective model. For the victim-survivor it would resolve the need to navigate multiple systems, avoid duplication of processes and she would only need to tell her story once.

> ***"Economic abuse (and its intersection with tech-facilitated abuse) are highly prevalent with serious and often enduring consequences and yet economic abuse in particular, is not well understood. Even where it is well understood as a problem, there is little sector expertise ready to respond and support victim-survivors with the range of challenges they must work through."***
> DVNSW Member consultation, 2026

> ***"We need more economic abuse specialist services to support victim-survivors' financial safety. And we need more economic abuse specialists trained to do this work. Even in Vic where they have Vic Gov-funded Family Violence Financial Counsellors, the wait time is ridiculous."***
> DVNSW Member consultation, 2026

DFV victim-survivors intersect with most human services sectors in Australia. As previously argued in this submission prevention, response and recovery needs a whole of community response including from Government systems and industries like alcohol, gambling, media and technology. DVNSW calls for Government to incentivise cross government engagement in upskilling and integrating the broader workforce in working with victim-survivors so that all interactions are DFV informed and safe.

Conclusion

DVNSW has used practice examples from member organisations to highlight the fragmentation of the current specialist and generalist service system, how the system itself can be weaponised to cause harm for victim-survivors of DFV, that the DFV support system is structurally siloed and the workforce is under resourced and their wellbeing undervalued.

All these issues have been documented in many Government and academic reports and solutions have been recommended to address the current siloed structure. The development of the Second Action Plan to meet the objectives of the National Plan to End Violence against Women and Children 2022-2032, is an opportunity to bring the evidence together and to include people with lived and living experiences of DFV, Aboriginal and Torres Strait Islander women, people living with disabilities, LGBTIQA+SB communities and multicultural communities in the co design and decision making of an integrated framework of collective and streamlined systemic responses to DFV.. DVNSW asserts that It is time to codesign an integrated safety system with those impacted by DFV and who can demonstrate clearly the many intersections that they have had to navigate.

The safety system needs a transformational cultural and structural change that must be driven by governments and informed by the lived and living expertise of victim-survivors of DFV. Many innovative and collaborative solutions are already in motion and DVNSW calls on governments to harness this wisdom to drive purposeful change that streamlines the safety system, uplifts the DFV workforce and invests in place-based solutions so we can end gender-based violence in Australia

A note on terminology

Domestic violence

Interpersonal violence or abuse perpetrated by an intimate partner or ex-partner. Domestic violence can include a variety of forms of abuse including but not limited to, physical, sexual, psychological, financial abuse, physical stalking, and intimidation. Domestic violence is gendered and is most commonly underpinned by coercive control, which is a pattern of behaviour utilising many different tactics to create a web of entrapment, often involving the exploitation of power imbalances.

Family violence

Violence perpetrated by a family member, carer, guardian, child, or kinship carer. Family violence can include a variety of forms of abuse including but not limited to, physical, sexual, psychological, financial abuse, physical stalking, and intimidation. Family violence is gendered and is most commonly underpinned by coercive control, which is a pattern of behaviour utilising many different tactics to create a web of entrapment, often involving the exploitation of power imbalances.

Gendered violence

Gendered violence or gender-based violence refers to harmful acts directed at an individual or a group of individuals because of their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to draw attention to the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. While women and girls suffer disproportionately from gendered violence, men and particularly boys can also be victims. The term is inclusive of LGBTIQA+ populations, referencing violence related to norms of masculinity/femininity and/or gender norms.

Intimate Partner Violence (IPV)

Abuse perpetrated by a current or former intimate partner such as a partner, husband, wife, girlfriend, boyfriend, or person who someone is dating. Term is often used interchangeably with domestic violence.

People with lived expertise

People with lived expertise are people who have experience of sexual, domestic and/or family violence whose expertise as context experts due to their lived experience is noted.

Specialist sexual, domestic, and family violence sector

The specialist sexual, domestic, and family violence sector includes crisis and refuge services, transitional accommodation and community housing providers, family support services, Aboriginal controlled organisations, specialist multicultural community organisations, specialist LGBTIQA+ organisations, counselling services, sexual violence services, specialist homelessness service providers, men's behaviour change programs and networks, community organisations working with high-risk communities, specialist women's legal and support services, women's health centres, women and children's support services, Safe at Home programs and the Women's Domestic Violence Court Advocacy Services.

Victim-survivor

Victim-survivor refers to a person who is being or has experienced violence, acknowledging that people who have been victimised are survivors and are also victims of crime. We acknowledge that people who

have been victimised are survivors and are also victims of crime. This is not intended as an identity term. In the specialist domestic and family violence sector, the preferred term is victim-survivor.

DVNSW notes that the justice sector and legislation use the term victim. In this submission, although used interchangeably, the emphasis has been placed on the term victim-survivor, with victim used at times particularly when discussing the justice system or legislation.

Coercive control

Coined by Evan Stark, Buzawa and Stark (2017, p. 105) define coercive control as “a strategic course of gender-based abuse in which some combination of physical and sexual violence, intimidation, degradation, isolation, control and arbitrary violations of liberty are used to subjugate a partner and deprive her of basic rights and resources”. This web of abuse has the end goal of entrapment and is a conscious, concerted effort by the abuser. Also known as intimate terrorism, this coercive control is the foundational underpinning of domestic and family violence, not simply another form of violence.

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