Evidence to action: informing direction for the Second Action Plan

Consultation in support of the National Plan to End Violence against Women and Children 2022–2032

Relationships Australia Victoria (RAV) holds considerable expertise in family violence, particularly within services supporting victim-survivors and behaviour change work with men using violence. Our practitioners frequently encounter family violence presentations across our service suite, including generalist services, with over half of all our clients in 2025–26 having family violence-related needs addressed during service delivery. RAV is also one of the largest providers of specialist family violence programs, including men's behaviour change programs (MBCPs) and family safety contact services. We have over 30 years' experience in delivering programs for men using violence.

RAV undertakes extensive prevention and early intervention work through our educational groups for parents and children and our school-based programs. RAV adopts a leading, place-based approach to the delivery of these programs. Our work is undertaken at the community level wherever possible, while our school-based interventions adopt a whole-of-school approach.

In addition to direct service delivery, RAV delivers professional training and development in the area of family violence and undertakes research and evaluation into family violence services and issues. In 2026, RAV will publish its second annual Family Violence Position Paper, summarising the latest data and research on the prevalence, causes and consequences of family violence, and canvassing key flashpoints in academic and public discussion of family violence issues. The Paper provides an organisational response to these data and issues, and information that can be used across and beyond the family violence and social services sectors. This publication demonstrates RAV's commitment to advancing a shared understanding of family violence and to finding a shared solution to this pervasive issue.

1. What actions can governments, workplaces, industries, schools, families and individuals take to stop violence before it starts?

Existing school-based prevention work

Programs training young people to recognise different forms of violence and their underpinnings in myths, power structures and traditional gender roles can improve gender-equitable attitudes and reduce gender-based violence (Perez-Martinez et al., 2023).

RAV has been delivering the school-based prevention program Respect and Connect since 2021. Since then, more than 14,000 students across Victoria have taken part in our interactive, experiential program. Over 4 weeks our program is delivered to individual class groups to increase understanding of safe and healthy relationships and gender equality, as well as how to manage emotions and promote mental health and wellbeing. Respect and Connect is delivered by qualified facilitators who are experienced in working with young people and ensure a supportive and safe environment for students to learn and develop. The program supports a whole-of-school approach and includes information sessions and materials for parents and teachers, further reinforcing key messaging and learnings.

Increasingly, Respect and Connect also provides training for teachers on how to handle backlash and resistance and disabling shame around gender inequality in the classroom. We speak to schools about the importance of modelling and emotion coaching, enabling educators to reflect on their own positioning.

Requirements for more effective school-based prevention work

The Consultation Paper notes that more work is needed on "Expand[ing] education on violence against women and children and other forms of gender-based violence to parents, families and communities" (p.40), and, further, that "Long-term, consistent prevention programs that begin in primary school are most effective" (p.31).

We support the priorities identified for the Second Action Plan, particularly as they relate to scaling long-term, sustained prevention efforts starting in early childhood and school settings. This strategy should be implemented universally rather than through a piecemeal, fragmented approach. At the same time, we must ensure that students, teachers and parents are using the same language and receiving the same evidence-based messages, and that adults model respectful behaviour and gender equality, to reinforce these messages across the community.

Prevention work is now supported by a strong national framework and evidence base. However, programs are currently delivered in piecemeal and fragmented ways, such that the benefits cannot be sustained. School-based primary prevention activities supported by community service organisations should be scaled to *all* communities for effective population-wide change. Delivering these programs to some schools in some communities, whilst demonstrated to be effective in those instances, cannot achieve the population-wide changes required. The Second Action Plan should focus on a coordinated, joined-up approach to scale prevention activities so that they are consistent and universally accessible.

RAV's experience in delivering school-based prevention programs leads us to advocate for the following:

- **Whole-of-school:** Whole-of-school approaches are required so that evidence-based messages are delivered to and role modelled by teachers, parents, and students. We need evidence-based programs that build trust, awareness and skills over time. One-off campaigns will not drive long term change. Furthermore, it is critical that what is taught is modelled and that messages about gender equality, healthy relationships and emotional regulation are modelled across communities, or change with young people will not be sustained.
- **Partnerships between schools and community-based organisations:** Schools and teachers require support and partnerships with community service organisations to effectively deliver whole-of-school respectful relationship education in an interactive way that builds skills, provides safety to think critically and challenge harmful attitudes and gender inequality, and changes behaviours over time. In Victoria, we have a leading approach to relationships education, but teachers require training and support. There is broad recognition of challenges associated with both teachers' knowledge of the curriculum and their confidence in delivering it, particularly for topics such as power and gender norms. RAV partners with schools to deliver evidence-based content with qualified professionals in small group sessions over several weeks, as well as providing specific, tailored training for teachers and school communities. Parents are also provided with key messages. In addition, primary prevention programs need seamless integration with early intervention and therapeutic services, enabling schools to identify and respond to risk early, and facilitate timely, community-based access to support for children and families.
- **A greater focus on respectful relationships and emotional regulation:** Gender inequality is a key driver of violence against women. However, as we target younger cohorts of children and young people, we find that entitlement beliefs, healthy relationships, and emotional regulation represent more tangible and developmentally relevant pathways through which disrespect, coercive control and violence emerge. This is aligned with current evidence and frameworks but places emphasis on the leading and measurable indicators as part of a broader theory of change (Our Watch, ANROWS & VicHealth, 2021). These topics help students to recognize and challenge behaviours and create opportunities for critical conversations, universally strengthening relationship skills and encouraging respectful behaviours that ultimately contribute to the prevention of gender-based violence, as well as contributing to prosocial behaviours and improved mental wellbeing for young people.

- **Prevention requires relational infrastructure:** The systems that young people, schools and families function within are integral to achieving positive outcomes and long-term systemic change. However, our current funding mechanisms do not reflect this knowledge. Responses should build community capacity, strengthen relational systems and be measured accordingly.
- **Measurement should reflect prevention qualities:** the measurement of prevention activities should reflect contribution to change and use leading indicators of change. Prevention efforts operate in complex systems and are intended to prevent harm from occurring in the first place, relying on cumulative effects over a long period of time. For example, a school-based program can contribute to stronger relationship skills, improved communication and emotional regulation, which are recognised protective factors associated with healthy relationships and family wellbeing, however, we cannot demonstrate a direct link to violence prevention.

2. How can services and supports work better for people who have experienced, or are at risk of experiencing, family, domestic or sexual violence?

While Australia has made significant investments in primary prevention and specialist family violence responses, we continue to see a significant gap in early intervention. We believe **mainstream family, relationships and wellbeing services have a significant role to play in Australia's early intervention response.**

The Second Action Plan provides an opportunity to better understand how people move through the broader service system before they require specialist family violence intervention, and how existing services can contribute to earlier identification, intervention and referral. This will help identify where earlier intervention could be strengthened and where additional capability or support may have the greatest impact.

RAV's relationship counselling, Family Dispute Resolution (FDR), parenting programs and mental health services provide insight into how people experiencing family violence engage with services. Rather than entering the service system through specialist family violence pathways, many individuals and families first seek support for relationship conflict, separation, parenting challenges or broader wellbeing concerns. These presentations can provide early indicators of family violence that may not yet be recognised as such by the individual or services.

While the Consultation Paper highlights the importance of health, education and workplace settings, relationship and family services represent another point in the service system where people are already seeking help, possibly before family violence has escalated. This is not about creating new entry points into the service system, but about recognising and strengthening opportunities that already exist. The Paper (p.40) recognises that risk of violence increases where services are lacking to help parents address issues including mental ill-health, housing insecurity, gambling and financial stress. We contend that **services to support and strengthen family relationships, and to help parents separate amicably when relationships end, are also vitally important to prevention and early intervention.**

It is well understood that the period leading up to, during and immediately following separation involves a heightened level of risk of family violence, especially for women, and especially when women are seeking to end relationships (ADFVDRN and ANROWS, 2022). At the point of separation, it is crucial that couples have access to FDR, where safe and appropriate, to help them resolve their parenting and property disputes without entering adversarial processes.

Family violence is an alarmingly common presenting issue among clients of family law and family relationship services, in particular. A national study of Relationships Australia Family Dispute Resolution clients in 2017–19 found that more than two thirds reported experiencing abuse in the relationship from which they were separating. Family Dispute Resolution Practitioners (FDRPs) undertake continuous assessment for suitability and safety as circumstances can change during the process. Engagement with Child Protection and other service providers occurs if relevant. If family violence (including intervention orders) is present, FDRPs continually screen orders to confirm that FDR is permitted and can proceed.

FDR processes and protocols are defined but can be modified as necessary to meet client needs. Where family violence is present, separate arrival and departure times are arranged. RAV's Shuttle FDR Policy prioritises client safety and supports clients to negotiate freely in FDR. In two of RAV's Family Relationships Centres, family violence presentations in FDR are managed using RAV's innovative Family Safety Model, a case navigation service aimed at ensuring the safety of family members affected by violence through FDR and in transitioning to court if required.

What is required?

Currently, clients in some areas, especially growth corridors, face long waiting lists for FDR services, family and relationship services and family law counselling. **Adequate funding for FDR services, integrated with holistic parenting support, and the establishment of new Family Relationship Centres in growth areas is required. This should be viewed as investment in family violence intervention as well as in family law support.**

Family and relationship services constitute a key service engagement opportunity for individuals at high-risk crisis points, such as separation. Case navigation such as provided by RAV's Family Safety Model is a safe and effective option to ensure greater numbers of vulnerable clients receive individual support and continuity of care. However, this work is currently undertaken in the absence of any dedicated funding. **Funding should allow for therapeutic family violence case management to be provided alongside all family and relationship services.**

3. How can communities and services best support children and young people to stay safe from violence?

The sector has an improved understanding that children should be treated as victim-survivors of family violence in their own right, yet services do not yet adequately match this understanding. This is a system gap that must be addressed.

Existing services

RAV welcomed funding provided from 2024–25 to expand the Children Specific Counselling components in the current Specialised Family Violence Service. These services support children as victims in their own right and aim to place children at the centre of the service being provided (Office for Women, 2026). RAV and the other Relationship Australia state and territory organisations across the country provide family violence counselling to children and their families through this funding stream. This has been a vital service for children and families impacted by family violence.

RAV delivers Parenting after Separation Seminars and Focus on Kids webinars for families experiencing separation. These Attorney-General Department-funded services are vital for parents and carers to understand the impact that high conflict and unsafe emotional and physical behaviors can have on children. They also provide skills and resources to parents to help them focus on the children's needs and provide information that meets their developmental capacity. These services can prevent the impact of violence on children as parents become educated about the risks to children and young people of unsafe behaviour before, during and after separation.

There is a significant "missing middle" group of children and young people experiencing family violence. Where parents do not engage with voluntary services such as The Orange Door or do not meet the criteria for support, but concerns do not meet the statutory threshold for Child Protection involvement, cases can close without children receiving the ongoing early intervention support they need. This creates a gap between voluntary engagement and statutory intervention, where opportunities to support children and families are often lost. There are also many children who remain outside the current service system altogether. These are children whose families do not come into contact with services such as alcohol and other drugs, mental health or specialist family violence services, and who are therefore unlikely to be identified despite experiencing family violence.

What is required?

In March 2025, the Government provided welcome top-up funding for Children Specific Counselling to 8 Relationships Australia organisations from 2024-25. This should become permanent funding across Australia for all providers of men's behaviour change and women's family violence counselling services, to ensure that children's needs are met as part of a wraparound service for families. In addition, Medicare should cover specific items for family violence counselling for individuals and families. The latter approach will need to be delivered with training for health professionals who work under the Medicare system.

Schools are uniquely positioned to identify children who may be experiencing family violence. However, family violence often presents through changes in behaviour, attendance, learning or emotional regulation rather than direct disclosure. Supporting teachers to recognise these signs and respond appropriately would strengthen early identification and create clearer pathways into specialist support, rather than waiting for violence to be identified only once it escalates. Funding for partnerships between schools and community-based organisations is essential to facilitate warm referrals for additional family support.

4. What more can be done across the community to promote healthy, safe relationships and strengthen accountability for people who use violence?

MBCPs are the primary specialist service response for men who use violence and play a critical role in supporting accountability and behaviour change. Good practice combines individual and group work; addresses accountability using a trauma-informed approach; provides a holistic, wrap-around service; and allows flexibility for men with different needs and/or at varying stages of change. Continued investment is needed to strengthen and expand MBCPs to ensure they are accessible, effective and responsive to the needs of communities.

What is required?

There are strong arguments for programs aimed at men using violence to be matched to the characteristics of attendees and tailored to more specific perpetrator issues, demographic cohorts and cultural groups (Fisher et al., 2020; Bell & Coates, 2022). The 2015 Victorian Royal Commission into Family Violence found that programs in Victoria were not sufficiently broad, diverse or tailored.

Although minimum standards and practice guidelines for behaviour change programs address the importance of responding to cultural diversity among program participants, there are few culturally specific MBCPs in Australia (Fisher et al., 2020). RAV is proud to offer a Vietnamese MBCP, delivered in language. Funding is required for more such culturally specific interventions for non-English speakers, as well as culturally safe MBCPs delivered in collaboration with Aboriginal Community Controlled Organisations.

Specialist behaviour change programs for young people are another area of need. The use of violence by young people is conceptually different from adult-perpetrated violence and requires specialised responses; otherwise, responses risk criminalising young victim-survivors and perpetuating a cycle of violence (ANROWS & DSS, 2026). Appropriate responses to this issue are particularly important given that the prevalence of intimate partner violence (IPV) is highest during adolescence and young adulthood (Johnson et al., 2015). Young people using IPV require specialised and trauma-informed interventions to disrupt violent attitudes and behaviour before they become entrenched (ANROWS, 2026). RAV is currently developing a targeted behaviour change program for young men.

Alongside MBCPs, we need a broader range of targeted responses that recognise the diverse needs, experiences and circumstances of people who use violence. Whilst using violent behaviour is always a choice, some individuals may require additional therapeutic, psychological or support-based interventions that address factors including trauma, emotional regulation, mental health, substance use and relationship difficulties. These responses should complement, rather than replace, accountability-focused interventions and should be evidence-informed, risk-responsive and tailored to individual circumstances.

Through our free Men's Case Management program, RAV offers referrals to services to help with accommodation, mental and physical health problems, drug and alcohol use, parenting issues, financial issues, legal issues, employment and social support. However, there is a need for interventions that coordinate and integrate the service response to violence with mental health, substance use, housing, fathering and child safety services. Ideally, housing, counselling and financial counselling (including gambling counselling), AOD support, employment and education services would be provided as a single, coordinated support stream.

There is also a need to strengthen Family Safety Contact (FSC) services alongside MBCPs. At RAV, FSC services provide an important link with the affected family members of MBCP participants by supporting safety planning for victim-survivors and children, gathering feedback on behavioural change, and ensuring the impacts of the participant's behaviour on family members are addressed. However, current FSC capacity can restrict the level of support available. RAV receives no dedicated funding for FSC work over and above that provided for men's family violence programs.

Many victim-survivors who have established relationships with FSC workers do not feel comfortable being referred to another service or retelling their experiences. Expanding FSC capacity and embedding stronger family safety responses across existing systems would help ensure victim-survivors and their children can continue to access support from trusted services while maintaining a focus on safety, accountability and behaviour change.

Behaviour change is not confined to the period of formal program attendance. Practitioners regularly hear from participants that ongoing group-based support plays an important role in sustaining new behaviours once a Men's Behaviour Change Program has concluded. As well as case management, RAV offers a free, 10-week group program called "Sustain" to support men who have completed an MBCP to continue their progress and to repair relationships with partners, former partners and children, where it is safe and appropriate for them to do so. Individual sessions (up to 10) are also available to men who have completed at least 3 sessions of an MBCP. However, these programs are currently only funded and available to men with connections to limited areas of Victoria. Expanding structured post-program support would help maintain men's progress and reduce the risk of disengagement after formal intervention ends.

Ultimately, however, accountability for people who use violence is not achieved through specialist family violence services alone. Many MBCP and post-program participants also engage with psychologists, counsellors and other health professionals as part of their broader support. When these practitioners lack family violence-specific training, there is a genuine risk that therapy and other services focused on individual distress overlook the use of violence itself. Building family violence capability into mainstream health and mental health services would help ensure a consistent message about responsibility is delivered across all points of contact.

Finally, both intervention and response efforts must work across micro to macro levels, working not only with individuals but at the community level. Policies and legislation must support this work. **RAV supports calls to address multiple pathways to family violence**, including systems abuse (e.g. the manipulation of child support, social security and family court systems) and commercial determinants originating with pornography, alcohol and gambling industries, along with strategies such as gun control, alcohol pricing, age verification for online pornography and strategic policing (Hill & Salter, 2024).

5. What would make the biggest difference in helping people and families to recover and heal after being affected by family, domestic and sexual violence?

Ensuring safety for victim-survivors extends well beyond the immediate crisis response, and recovering and healing extend well beyond the point at which safety has been established. Through our services, RAV sees victim-survivors continuing to manage the impacts of family violence long after crisis support has ended. Victim-survivors are often negotiating parenting arrangements, financial hardship and ongoing legal processes, alongside the trauma of the violence itself.

Safe and stable housing, financial security, employment support, legal assistance and specialist counselling are critical to establishing long-term safety, and short-term interventions rarely allow the time or flexibility needed to respond to this level of complexity. In particular, access to affordable private rental accommodation is a recurring barrier for victim-survivors seeking to stabilise their lives after leaving a person using violence. Without this stability, other aspects of recovery become considerably more difficult to sustain.

The pressure on service providers to meet funding targets also directly affects recovery, limiting how much time can be spent with any individual client. Recovery from family violence is rarely linear, and clients are often required to move through the system more quickly than their recovery warrants, with the duration of support shaped more by service targets than by individual need.

What is required?

Improving outcomes for victim-survivors requires a service system that not only responds when violence is occurring, but also recognises and responds to the different forms violence can take after separation, including through the misuse of legal systems, child support processes and shared care arrangements. The service system must recognise that victim-survivors may require support over an extended period, particularly where ongoing contact with the person using violence, legal processes, parenting arrangements or financial pressures continue to impact their safety and wellbeing. **Services must be adequately funded to provide the extended support required.**

We recommend that recovery and healing should be funded and resourced as a distinct, longer-term phase of the family violence response. This should include funding models built around recovery outcomes, rather than service throughput, and stronger connections between family violence services and the housing, financial and legal systems on which recovery depends.

Services focused on recovery and healing should focus on the whole family. Inspiration may be drawn from First Nations organisations which use a healing and recovery model to deliver men's and women's services. This approach acknowledges intergenerational trauma as the basis for the use and experience of violence and adopts empathetic, long term, culturally sensitive and attuned service delivery models. This contrasts with punitive westernised approaches that can result in increased risk to mental health, distress and suicide or self-harm (First Nations Healing, 2026).

6. What makes it easier for people to access support or services related to family, domestic or sexual violence?

Through RAV's delivery of specialist family violence and generalist services, we hear from victim-survivors about the challenges they experience navigating the service system, including delays in accessing support. One of the most consistent themes raised by victim-survivors accessing our services is uncertainty about where to seek help, particularly for legal advice, advocacy and help navigating different services. Even where relevant services exist, people are often unclear about the appropriate starting point and may not find appropriate support before a situation reaches crisis point. As a result, opportunities to access practical advice, legal information and specialist support earlier can be missed.

These experiences highlight the importance of ensuring that services are structured to support timely access, effective intervention and ongoing engagement with victim-survivors. Services must be offered using a "one-stop-shop" or integrated approach, without the current funding barriers to access. The Orange Door (TOD) was established for this reason, however anecdotal reports from clients and practitioners are that extended wait times for TOD intake mean that clients in crisis do not have access to a streamlined approach in a timely manner. As a result, clients experiencing family violence are often held by Family and Relationships Services and Family Law Counselling services while waiting for TOD to respond. In addition, clients may have an established relationship with their generalist counsellor or practitioner and prefer to stay rather than be referred.

The Consultation Paper (p.17) recognises that non-specialist services, including family support services, are key points of contact, engagement and disclosure for victim-survivors. We believe that the system

should capitalize on this and **equip generalist family support services to better meet the needs of all clients experiencing family violence.** Many victim-survivors first disclose concerns to services they already know and trust. Thus, **acknowledging and training generalist staff to respond to family violence is integral to a systemic approach.**

Family relationship services, primary health care, schools and other universal services can all act as important entry points into the broader service system, often well before someone approaches a specialist family violence service directly. Making these pathways more visible, and supporting warm referrals across these settings, would help people access the right support earlier.

Access to support also depends on how easily people can move between services as their needs change. People affected by family violence often require different forms of support over time, including legal assistance, housing, counselling, financial support and specialist family violence services. While services do work together across these areas, gaps in this collaboration remain common. Victim-survivors still find themselves navigating multiple services, repeating their story or trying to coordinate support between agencies at a time when they are already experiencing the impacts of family violence. Improving coordination across services would reduce this burden and make it easier for people to access support as their circumstances change.

Strong frameworks, risk assessment processes and referral pathways are essential to ensuring safe and consistent responses. However, we need to ensure these processes support, rather than limit, the delivery of effective intervention. Practitioners are increasingly required to manage significant reporting and administrative requirements in increasingly limited timeframes with clients, due to massive demand. This can reduce the capacity of services to provide the sustained support required by victim-survivors experiencing the ongoing impacts of violence.

7. Other points not covered by the questions above.

Through our long-term work in family violence, RAV has observed that timely access to family violence services is influenced as much by the way services work together as by the availability of services themselves. Victim-survivors and people using violence frequently engage with multiple systems, including health, housing, justice, child and family services, mental health and alcohol and other drugs. For many people, these systems are not experienced separately; they form part of the same journey through seeking support, managing risk and addressing the impacts of violence. Where these systems work well together, people are more likely to access timely, coordinated support. Where they do not, people can experience delays, be required to navigate multiple services simultaneously and repeat information across different parts of the service system, creating additional barriers at a time when they are already managing significant challenges.

We must ensure that Australia's legal system is not open to manipulation by people using violence, some of whom use legal action as a way of exerting control. Few victim-survivors are eligible for legal aid, but many cannot afford the cost of going to court. Lawyers and courts must be upskilled in recognising systems abuse, and when it may or may not be appropriate to refer cases to family dispute resolution.

Victoria has established specialist roles, including specialist family violence advisors in alcohol and other drugs, mental health and disability, as well as family violence specialists within services such as Child Protection. These roles make an important contribution to practice across the broader service system. However, they are often limited in number and expected to support large geographic regions. This can limit opportunities to provide ongoing consultation, workforce development and practice support.

Victoria's Information Sharing Schemes (Child Information Sharing Scheme and Family Violence Information Sharing Scheme) have strengthened collaboration across the sector. However, expanding the schemes beyond specialist family violence services requires broader workforce capability to ensure they are applied confidently and consistently. In practice, uncertainty about how the schemes should be applied can reduce practitioner confidence, delay coordinated responses and increase reliance on

specialist family violence services for advice and support. At the same time, the volume of information requests has become a significant component of day-to-day practice within specialist services.

Recruiting and retaining practitioners with specialist expertise, particularly in working with people using violence, continues to be a significant workforce challenge. Many practitioners develop skills in adjacent sectors, such as mental health, alcohol and other drugs or corrections, before moving into specialist family violence work. While this brings valuable knowledge, it also reflects the limited pipeline of practitioners entering specialist family violence practice directly. **Long-term workforce capability requires investment not only in recruitment, but also in supervision, specialist training and career pathways that support practitioners to remain in the sector.**

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