Drummond Street Services

Centre For Family Research & Evaluation

Stepfamilies Australia

Queerspace

THE DRUM

Drummond Street Services Submission to the Second National Action Plan to End Violence against Women and Children 2022–2032

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Contents

Submission Statement

Drummond Street Services welcomes the opportunity to contribute to the Australian Government's consultation on the Second National Action Plan to End Violence against Women and Children 2022–2032. We support the development of a renewed national approach that strengthens Australia's response to family violence and are pleased to contribute practice-based insights from our specialist family violence services.

This submission is guided by two overarching principles. First, family violence should be addressed through a public health, life-course approach. Strengthening prevention, early intervention, response, recovery and healing as connected parts of a single system will improve outcomes for individuals, families and communities.

Second, Australia's family violence response must be underpinned by an intersectional approach that recognises the diverse experiences of family violence and prioritises those facing the greatest barriers to safety, support and recovery. Designing systems that meet the needs of people experiencing the greatest complexity creates a stronger and more equitable system for everyone.

Our recommendations draw on practice evidence from Drummond Street Services' Child Youth and Family Services and specialist multicultural and LGBTQIA+ family violence programs. They also reflect the significant evidence gaps that remain regarding family violence prevalence, service demand and long-term outcomes for marginalised communities, particularly LGBTQIA+ populations.

Introduction to Drummond Street Services

As a 139-year-old community-based organisation, Drummond Street's strategic direction reflects a universal public health and social justice approach that shapes our service planning and design, workforce development, research and evaluation, and policy and advocacy work. We achieve this by:

1. Delivering equitable services across Drummond Street Services and Stepfamilies Australia, Queerspace, Archer and the Centre for Family Research and Evaluation, redistributing resources and addressing inequalities across the life course.
2. Addressing health and wellbeing inequalities, particularly for First Nations peoples, women and children, and people experiencing marginalisation based on faith, race, disability, sexuality or gender. We respond to systemic and practice failures and their impacts, particularly where communities have experienced harm and abuse.
3. Enabling community voice and participation by creating safe, affirming environments where communities can shape solutions and actively participate in the design, delivery and review of services through our Social Justice and co-production frameworks.

4. Influencing policy and public debate to reduce health and wellbeing inequalities, strengthen inclusion, and ensure the voices of families and communities inform social and policy reform.

Our organisational client profile for 2024/2025 showed:

- 4,128 clients engaged
- 23,820 sessions provided
- 31.68% of our service users were children or young people below the age of 15
- 5.5% of our service users identified as Aboriginal and/or Torres Strait Islander
- 57% of our service users identified as LGBTIQA+
- 13.8% of our service users identified as having disability
- Our clients spoke 58 unique languages
- 26.4% of our clients were born outside Australia
- Our clients had 89 unique countries of birth outside Australia
- Our top three presenting needs were stress, wellbeing and self-care
- Top three risk factors were a recent stressful event, adult mental health and complex trauma
- Our top three risk alerts were family violence, child protection and mental ill health.

Foreword and Broad National Plan considerations

Australia has strengthened the evidence base for ending violence against women and children, but there is an additional opportunity to create a national approach to mapping evidence across the life course and building knowledge for targeted populations. This would support a more nuanced public health approach that recognises the interconnected conditions shaping family violence and the shared responsibility of multiple sectors.

Family violence is not a discrete issue for specialist services; it is shaped by conditions across the life course and requires coordinated action across mental health, housing, education, child and family services, health, employment, justice, community, media and government. The National Plan should therefore map the settings and systems surrounding children and families, align cross-sector strategies, and embed prevention and early intervention across the life course.

A public health approach would:

- Build and apply evidence using population data to understand risk, protective factors and interactions across the life course and systems.
- Enable cross-sector action, connecting universal and specialist services and embedding specialist expertise across settings.

- Strengthen prevention and early intervention, including universal, selective and indicated approaches, early detection and a stronger evidence base on early signs and risk factors.
- Support implementation and evaluation, using evidence to guide investment, trial and scale effective programs and disseminate learning.
- Invest upstream and early in life, recognising the greater potential for prevention and long-term outcomes.
- Promote healthy relationships and gender equity, including gender literacy, healthy masculinity and fathering, parental alliance, consent and respectful relationships from early in life.

If the Safe+Equal's definition for family violence articulates:

"*Family violence very rarely happens as a single incident and is a pattern of ongoing behaviour that can include multiple tactics used to intimidate, control and abuse someone."*

...and therefore, requires specialised family violence response and recovery, greater clarity is needed regarding how early risk is defined and distinguished from family violence itself.

A national approach should establish an evidence-informed definition of early risk, including the signs, risk factors and contextual conditions that may indicate emerging vulnerability or escalation. This could include:

- the onset or escalation of family and relationship conflict;
- significant life course transitions or stressful family events;
- impacts of trauma;
- deterioration in mental health or increased alcohol and other drug use;
- employment loss or financial stress;
- housing insecurity or instability; and
- deterioration in parental alliance or increasing conflict within parenting relationships.

Clarifying these early risk indicators would support earlier identification, prevention and intervention before patterns of family violence become established, while ensuring that responses remain distinct from specialised family violence intervention and recovery.

Please see Appendix A and B outlining an example of how evidence, prevention and early intervention could be mapped across life course transitions, targeted populations and the settings in which people live, learn, work and access services.

Targeted Interventions for at risk groups and communities

Greater investment in intersecting communities and groups with targeted research, program and practice development and evaluation is critical in a public health approach across the spectrum of interventions in reducing family violence, and across multiple generations. This does not take away from the gender-based violence model but adds to it by providing the nuanced experience of those with intersecting forms of marginalisation. This includes targeted engagement and interventions for marginalise groups and communities, and their intersections listed above.

Undertaking scoping and investment in interventions for specific at-risk groups in the local context and ensuring access and targeted interventions is critical to reduce overall rates of family violence but also system failures. It recognises that risk and protective factors exist at every level, including individual, family, community, sector/system and society, and that environments in which people live, learn, work, and connect shape their safety and wellbeing. Protective factors such as stable housing, social and cultural connection, access to education, culturally safe services, economic security, supportive workplaces and strong community networks reduce the likelihood that violence will develop or escalate. Conversely, we understand that risk factors such as poor mental health, housing stress, poverty, oppression and discrimination, social isolation and lack of opportunity increase vulnerability and compound harm.

Whole of Community

A prevention, early intervention and health promotion approach requires more than delivering programs. It requires a shared understanding of what an appropriate intervention is, and this means understanding how all social conditions interact with family violence. Prevention and early intervention cannot be effective unless we recognise that family violence is directly tied to and influenced by all domains of wellbeing. This requires interventions upstream and early in life, embedded in across every sector with points of engagement with families, children and young people. They must be aligned as substantive parts of the whole rather than adjacent services or sectors.

To achieve this, the National Plan must embed a structural framework that:

1. Integrates cross-domain strategies into family violence prevention

National strategies in other domains must be explicitly connected to the National Plan, which includes linking family violence prevention efforts with:

- Mental health strategies such as the National Mental Health and Suicide Prevention Plan 2021.
- Housing and homeless strategies that must recognise the role of housing stress, instability and homelessness in both risk and recovery.

- Education strategies that must embed gender equity and literacy, respectful relationships, inclusion, and early identification of harm.
- Child and youth wellbeing frameworks that must integrate family violence prevention and early intervention.
- Disability reforms that must address the heightened risk and barriers faced by people with disability.
- Employment and financial wellbeing strategies that must address economic insecurity as a driver of violence and a barriers to recovery.
- Media and communication strategies that must challenge harmful norms and promote accountability.
- Justice, criminal, legal and corrections systems must understand the role of family violence in the criminalisation of women and young people, strengthen early intervention, accountability and prevention.
- Priority cohort strategies such as Aboriginal and Torres Strait Islander community-led safety and wellbeing plans.

Without these links, family violence remains siloed and treated as a stand-alone issue rather than a social condition produced by broader systems and structures.

2. Embeds prevention, early intervention and health promotion across all priority cohorts

Every priority group identified for targeted interventions in the National Plan, must be actively targeted through policy and investment in research, intervention development and trial through a coordinated cross-sector action.

3. Activates partnerships across all sectors of the life course

Key sectors for partnership include home and family environments, childcare and early years, education, health, welfare, housing and homelessness, community services, arts and culture, sport and recreation, employment and workplaces, financial systems, corrections and justice, media and all levels of government. Each of these sectors has a meaningful role in shaping the conditions that prevent violence, identify early signs of harm, support safe responses, and enable recovery and healing.

4. Builds shared accountability for prevention

A cross-domain framework requires shared accountability mechanisms that ensure prevention and early intervention are not confined to specialist family violence services. This includes:

- Cross portfolio governance
- Integrated data and evidence systems
- Joint funding models
- Shared outcomes indicators
- Coordinated workforce development
- Cross-sector evaluation frameworks

Our organisation's recommendations are grounded in this whole-of-system perspective. They reflect the lived experience of victim survivors, the evidence base developed across decades of research, and the realities faced by practitioners working at the intersections of family violence, mental health, housing, disability, child well-being, youth services, community safety, and social policy. We urge the government to adopt an integrated framework that recognises prevention, early intervention, response, recovery and healing as interconnected components of a single national effort. One that strengthens protective factors, reduces risk, and addresses structural drivers across all domains of life.

Please see Appendix B highlighting Drummond Street's approach across the public health spectrum of interventions to ending Family Violence against women and children. It represents both key life course transition examples across the life course and those targeted at specific groups.

Submission Recommendations

Prevention

Our submission points within the scope of Prevention address Priority Areas 2, 3 and 5 within the consultation paper.

Our key message is that Australia's prevention approach must extend beyond schools and strengthen investment across child, family and parenting services. Prevention should adopt a life-course approach, promoting respectful, equitable and safe relationships before violence occurs, from pregnancy and early parenting through to adulthood. Greater investment is also required in prevention initiatives designed specifically for communities that are not adequately reached by mainstream approaches.

Strengthening prevention education

The consultation paper identifies schools as important settings for prevention. While we support this approach, respectful relationships education remains inconsistent, often lacks meaningful LGBTQIA+ inclusion, anti-racist approaches, an understanding of social inequalities and is not consistently delivered through an intersectional lens. As a result, many children and young people do not receive prevention education that reflects their identities, relationships or lived experiences.

Prevention should also begin before children are born and continue throughout the parenting journey, equipping parents and caregivers with the knowledge, skills and confidence to build respectful and non-violent family relationships. Universal child and family services provide important opportunities to promote gender equity, strengthen gender literacy and support respectful family relationships.

Recommendations

- Ensure nationally consistent, intersectional and LGBTQIA+ inclusive respectful relationships education.
- Embed gender literacy, gender equity and respectful relationship capability across parenting, pregnancy, maternal and child health, education and family support services.
- Develop and fund tailored prevention resources and programs for LGBTQIA+ communities and other priority populations.
- Partner with specialist community organisations to ensure prevention initiatives are inclusive, culturally responsive and informed by lived experience.

Online prevention for young people

The consultation paper highlights the growing influence of online harms, including misogynistic online communities and the "manosphere". While these risks must be addressed, there is less emphasis on the potential for online environments to prevent family violence and promote healthy relationships. For many LGBTQIA+ young people, online spaces are often the first place they seek information, connection and affirmation. Evidence-informed digital initiatives can play a critical role in promoting safety, wellbeing and early help-seeking.

Recommendations

- Invest in evidence-informed online prevention initiatives that provide information, identity affirmation and early support for LGBTQIA+ young people.
- Support community-led digital platforms that promote healthy relationships, help-seeking and social connection.
- Expand online prevention initiatives that reach young people who may not engage with mainstream services or education settings.

Early intervention

Our submission points within the scope of 'Early Intervention' will address priority areas 2 -prevention and early intervention, 3 -children and young people, and 5 -system integration and workforce, within the consultation paper.

Our key message regarding FV early intervention is to highlight the belief that early intervention requires greater capacity across universal services and the definition early risk indicators. Within this statement we also recognise the importance of targeted delivery to ensure intersectionality and inclusion.

Recognising early risk

Universal child and family services are often the first to identify relationship difficulties and other indicators that family violence may develop or escalate.

However, opportunities for early intervention are frequently missed because early family violence signs and early risk identifiers have not been defined well, which is barrier to supporting early identification and early interventions across the life course.

Marginalised communities also face barriers to early intervention, with LGBTQIA+ families and other priority populations often not seeing their experiences reflected within mainstream services.

Recommendations

- Strengthen family violence capability within universal child and family services to improve recognition of emerging risk.
- Develop clear referral pathways and secondary consultation arrangements between universal and specialist family violence services.
- Increase access to tailored early intervention pathways for LGBTQIA+ communities and other priority populations.
- Support whole-of-family approaches that identify risk early while maintaining the safety of victim-survivors.
- Recognise that factors such as visa dependency, social isolation, language barriers, and community pressure can increase vulnerability and reduce help-seeking.
- Ensure services remain child-centred while responding to the intersection of culture, gender, family violence, and child safety
- Partner with multicultural and community leaders to challenge violence-supportive norms and increase awareness of available supports.
- Improve access to qualified interpreters and culturally safe service responses to support early help-seeking and engagement.

Strengthening universal family services

Universal services, including health, education, disability, child and family services, and primary care, are well placed to strengthen relationships and parenting confidence, improve family functioning and identify emerging family violence risk.

However, current approaches are often crisis-focused and limited to families with very young children. Strengthening the capability of universal services will improve earlier identification, strengthen referral pathways and reduce reliance on crisis responses.

Recommendations

- Expand intensive family and relationship strengthening across the life course, including for families with older children and adolescents, to build gender equity and literacy, parenting confidence, healthy family functioning and respectful relationships, and provide support when relationship stress or emerging risk is identified.
- Develop a national public health family violence capability approach across universal services, building on existing workforce strategies, with training and practice tools that support recognition of emerging risk and reflect intersectional, culturally responsive and LGBTQIA+-inclusive practice. This should include guidance for responding to racism, ableism, homophobia, transphobia, poverty, social exclusion and diverse communication needs, and be co-designed with specialist and community organisations.
- Strengthen partnerships between universal and targeted specialist services through proportionate universalism, with clear referral

pathways, structured secondary consultation, co-location or co-allocation where appropriate, and joint casework. This should enable universal services to draw on the expertise of ACCOs, LGBTQIA+ specialist services, disability organisations, migrant and refugee organisations and youth-specific services, and ensure families are connected to the most appropriate level of support according to their needs, identities and risk.

Strengthening support for people with disability

People with disability experience intersecting forms of marginalisation that can increase vulnerability to family violence and create barriers to early intervention. Disability, neurodiversity, gender, culture, socioeconomic disadvantage, housing insecurity and reliance on others for support can compound risk, while mainstream and disability services may lack the capability to identify early indicators or provide safe referral pathways. NDIS reforms that reduce supports or increase reliance on family members may further heighten risk by reducing autonomy and increasing isolation.

Support must also be disability-informed and neuro-affirming, accounting for communication differences, sensory needs, executive functioning, cognitive disability and dependency dynamics. This includes strengthening recognition of Acquired Brain Injury (ABI), both as a potential consequence of family violence, including through non-fatal strangulation and other injuries, and as a factor affecting safety planning, decision-making and the ability to identify patterns of abuse.

Early intervention should also address adolescents using violence in the home where disability or neurodiversity contributes to complex support needs, through coordinated, therapeutic and whole-of-family responses that maintain safety while addressing underlying drivers of behaviour.

Recommendations

- Strengthen disability-informed early intervention capability across universal and specialist services, including training to recognise early indicators of family violence for people with cognitive, psychosocial or communication disabilities, and embedding disability expertise through co-location, secondary consultation and joint casework.
- Ensure early intervention is accessible, culturally responsive and inclusive, including accessible information and help-seeking pathways, independent advocacy and supported decision-making, with specific consideration of LGBTIQA+ people with disability, Aboriginal and Torres Strait Islander peoples, culturally diverse communities and diverse communication, literacy and sensory needs. People with lived experience should be meaningfully involved in service and policy design.
- Strengthen cross-sector and system responses, ensuring NDIS reforms and disability support models explicitly address family violence risk, early intervention, autonomy and safe referral pathways.

- Expand targeted therapeutic and whole-of-family responses for families experiencing escalating conflict or early signs of harm, including coordinated responses for adolescents using violence where disability or neurodiversity contributes to complex needs.

Response

Our submission points within the scope of Response address Priority Areas 1, 3, 4 and 5 within the consultation paper.

Our key message is that Australia's family violence response system remains fragmented, overly reliant on binary victim/perpetrator frameworks, and can inadvertently reinforce systems abuse and coercive control.

A more integrated, intersectional and whole-of-family response is required to better meet the needs of diverse communities and complex circumstances.

Responding to complexity in a binary system

Many elements of the current family violence system continue to rely on binary assumptions about victim-survivors and people using violence. While these frameworks are appropriate in many circumstances, they do not adequately reflect the complexity encountered by specialist and targeted services. Practitioners routinely work with people whose experiences do not fit neatly into victim/PUV categories and current system settings often fail to recognise this reality.

These challenges can be particularly pronounced for LGBTIQA+ communities, where assumptions about gender, relationships, and family structures can contribute to under-recognition, misidentification, and barriers to support. While specialist LGBTIQA+ services have developed expertise in responding to these complexities, inclusive practice must also be embedded across mainstream systems to ensure equitable access to safety, support, and justice.

Examples include women who have used force in self-defence, or who have experienced IPV whilst also enacting harm against their children, adolescents using violence in the home, intergenerational family violence, and people who have experienced significant trauma while also using harmful behaviours. Effective responses must consider the whole person, acknowledging that individuals may have multiple, overlapping experiences of using and experiencing harm.

To respond safely and appropriately, practitioners require the capability to assess context, patterns of coercive control, predominant aggressor dynamics, and cohort-specific presentations. Australia already has specialist family violence programs demonstrating innovative responses in this space, including those working with First Nations and LGBTQIA+ communities. Future reform

should focus not only on developing new initiatives, but on evaluating, scaling and embedding approaches that have already demonstrated positive outcomes.

Recommendations

- Expand the National Plan to recognise diverse family violence presentations beyond binary victim/perpetrator frameworks, particularly for cohorts with complex presentations and experiences such as:

    - Women who use force
    - Parents who have experienced IPV & enact harm against children
    - Adolescents using violence in the home
    - People with disability
    - LGBTIQA+ communities
    - First Nations families
    - People with trauma histories
    - Families experiencing intergenerational patterns of violence

- Invest in the evaluation and scaling of specialist family violence models developed for priority populations.
- Expand investment in cohort-specific voluntary and therapeutic responses that recognise diverse presentations, intersecting forms of marginalisation and the need for early, accessible support for people using violence alongside mandated interventions.
- To ensure pathways for people using family violence are effective, the National Plan should embed:

    - Voluntary early engagement options
    - Therapeutic programs
    - Co-designed interventions
    - Accessible referral pathways from universal services
    - Specialist consultation models
    - Evaluation and scaling of existing evidence-based programs
    - Context-based assessment approaches

- Prioritise community-led innovation within future family violence reform and funding initiatives, recognising initiatives that support the most marginalised cohorts can more easily translate to mainstream populations than vice versa.

Systems abuse and misidentification

We strongly support the recognition of systems abuse within the consultation paper, particularly in relation to family law. Systems abuse can also expand beyond this, including vexatious complaints processes, misuse of child protection, housing, policing, health systems as well as ongoing financial abuse through inadequate child support. These behaviours delay recovery, undermine victim-survivor safety and can enable misidentification of victim-survivors.

While misidentification is appropriately recognised as a significant issue for First Nations women, similar risks exist for LGBTQIA+ communities, culturally diverse communities, people with disability and other priority populations whose experiences may not align with traditional understandings of family violence. Misidentification can also be a concerning issue for victim-survivors who experience mental health and/or AOD challenges where presentations, diagnosis or behaviours can be stigmatised.

Recommendations

- Adopt a nationally consistent definitions of misidentification and systems abuse, highlighting the role of systems in enabling these tactics.
- Strengthen national guidance on identifying predominant aggressor patterns, reducing misidentification and responding to systems abuse across priority populations.
- Embed recognition of systems abuse across family law, child protection, housing, policing, health systems.
- Invest in workforce capability to recognise and respond to misidentification, including predominant aggressor identification, response processes, and rectification pathways across service systems.
- Strengthen community legal services resources to support victim survivors of family violence and intervene in circumstances of misidentification.

Strengthening whole-of-family responses

Current funding models often assume a single practitioner can safely respond to every member of a family experiencing family violence. In practice, children, victim-survivors and people using violence frequently require individual, yet coordinated, responses.

Key FV responses continue to receive little or no dedicated funding, such as children experiencing family violence and dedicated family safety contact in programs working with AUFV.

Recommendations

- Invest in whole-of-family models that provide dedicated, individual family violence support for children, victim-survivors and AUFV.
- Increase investment in specialist child practitioners within family violence services.
- Strengthen legislative and practice guidance regarding children's consent, risk assessment and information sharing.
- Establish dedicated funding for family safety contact within AUFV intervention programs.

Recovery and Healing

Our submission points within the scope of Recovery and Healing address Priority Areas 1 and 5 within the consultation paper.

Our key message is that recovery from family violence extends well beyond achieving immediate safety. Recovery and healing require sustained investment in housing, financial security, legal resolution, social connection and wellbeing. FV can also re-present at any time, particularly during key post-relationship interactions and events.

Current funding and performance measures continue to prioritise short-term outputs rather than the long-term outcomes that enable individuals and families to rebuild safe and meaningful lives.

Investing in long-term recovery

While the consultation paper recognises recovery as an important component of Australia's family violence response, funding models do not support the length and depth of required intervention.

In practice, recovery is rarely linear. Housing instability, financial hardship, ongoing legal proceedings, impacts of trauma, and recurrent FV frequently interrupt recovery.

Many victim-survivors require ongoing therapeutic support, practical assistance and coordinated responses well beyond the immediate crisis period. Such interventions can be seen as both recovery interventions and a long-term violence prevention strategy.

Recovery pathways must also recognise the differing needs of priority populations. Women leaving prison, LGBTQIA+ communities, people with disability and culturally diverse communities often experience barriers that are not adequately reflected in mainstream recovery models.

Recommendations

- Recognise housing as both a recovery intervention and a long-term family violence prevention strategy.
- Increase investment in housing pathways that support long-term stability, including tenancy sustainment, relocation assistance and priority access to social housing.
- Improve integration between specialist family violence services and the family law system, including reducing delays and strengthening recognition of systems abuse.
- Invest in longer-term recovery supports that address needs through a proportionate universalism approach, including targeted responses for priority cohorts, recognising recovery as an ongoing process.

- Reduce barriers for people presenting multiple and complex needs to access adequate services.
- Increase investment in supporting women, trans and gender diverse people transitioning to community after incarceration.

Strengthening Recovery Through LGBTIQA+ Peer Navigation and Community Connection

Safety is only one part of recovery. For many LGBTIQA+ people, healing also involves rebuilding connection, trust, identity, and community after experiences of violence. Recovery can be complicated by family rejection, social isolation, discrimination, housing instability, and previous negative experiences with services. These factors often continue long after immediate safety concerns have been addressed.

Many LGBTIQA+ victim-survivors describe feeling disconnected from services that do not understand their experiences or recognise the diversity of their relationships, identities, and support networks. Peer navigation offers a practical and effective way to address these barriers. Peer navigators bring lived experience, community knowledge, and an understanding of the challenges many LGBTIQA+ people face when accessing support. They can help individuals navigate complex systems, strengthen community connection, reduce isolation, and support people to remain engaged with services throughout their recovery journey.

Recovery should be understood as more than the absence of violence. It should include opportunities for people to reconnect with their communities, strengthen their sense of identity and belonging, and build lives that are safe, meaningful, and self-determined.

Recommendations

- Invest in dedicated LGBTIQA+ peer navigator roles across family violence, housing, mental health, and community services.
- Recognise connection, belonging, identity affirmation, and social inclusion as key indicators of recovery and wellbeing.
- Fund peer-led recovery and healing initiatives designed by and for LGBTIQA+ communities.
- Strengthen pathways between specialist family violence services, community organisations, and recovery supports to reduce fragmentation and improve continuity of care.
- Support long-term recovery approaches that address the impacts of discrimination, social exclusion, and minority stress alongside family violence.

Measuring recovery outcomes

Current performance measures focus predominantly on service outputs rather than whether people achieve meaningful recovery. A stronger national outcomes framework should measure sustained safety, wellbeing and social participation, while ensuring outcomes are defined and measured in ways that reflect the experiences of diverse communities.

For Aboriginal and Torres Strait Islander peoples, this must uphold Indigenous Data Sovereignty, with First Nations communities having appropriate governance over the collection, ownership, interpretation and use of data about their communities.

Recommendations

- Ensure national outcome measures capture outcomes for priority populations and account for intersecting forms of disadvantage, enabling performance data to inform equitable policy, investment and system reform.
- Develop a national outcomes framework that complements activity reporting with measures of safety, wellbeing and long-term recovery. Funding and commissioning models can then be aligned with long-term recovery outcomes rather than service outputs.
- Development of commissioning and funding models that support Aboriginal Community Controlled Organisations (ACCO's) to design, collect, interpret and govern recovery data.
- Embed Indigenous data sovereignty principles within national recovery and healing outcome frameworks, ensuring Aboriginal and Torres Strait Islander communities have authority over the collection of data relating to their safety, wellbeing and long-term recovery. This includes partnering with ACCO's to design culturally grounded indicators, aligning commissioning models for self-determined data governance, and ensuring national reporting frameworks uphold principles of collective benefit, authority to control, responsibility and ethics.

System Reform, Evidence and Accountability

Our submission points within the scope of System Reform, Evidence and Accountability address Priority Area 5 within the consultation paper, together with performance measurement, research, funding and continuous system improvement.

Our key message is that strengthening responses to family violence a system that measures meaningful outcomes, generates evidence that reflects the diversity of Australian communities, invests in approaches that have demonstrated effectiveness, and embeds intersectionality throughout policy development, implementation and evaluation.

Strengthening the evidence base

Significant evidence gaps remain for LGBTQIA+ communities, First Nations community, CALD community and People with Disability/ies, limiting the ability to design equitable policy and investment.

Recommendations

- Ensure national family violence datasets and research adequately represent LGBTQIA+ communities and other priority populations.
- Invest in nationally consistent collection and reporting of intersectional family violence data, including cross-tabulation across demographic characteristics.

Investing in innovation and sustainability

Meaningful system reform requires sustained investment. Short funding cycles and funding models that fail to account for annual increases in program delivery and workforce costs are unsustainable and undermine the current system.

Investment must also support more inclusive policy design. Specialist organisations and targeted programs are often required to adapt mainstream reforms after implementation to meet the needs of priority populations, rather than having these needs embedded from the outset.

Recommendations

- Introduce longer-term funding cycles, with five-year funding agreements as the preferred model for specialist family violence services.
- Include dedicated funding for evaluation, workforce development and continuous quality improvement within service agreements.
- Require future reforms to demonstrate how the needs of priority populations have informed policy design, implementation and performance measurement.

Conclusion

Drummond Street Services welcomes the opportunity to contribute to the development of the Second National Action Plan and supports the Australian Government's continued commitment to strengthening Australia's response to family violence.

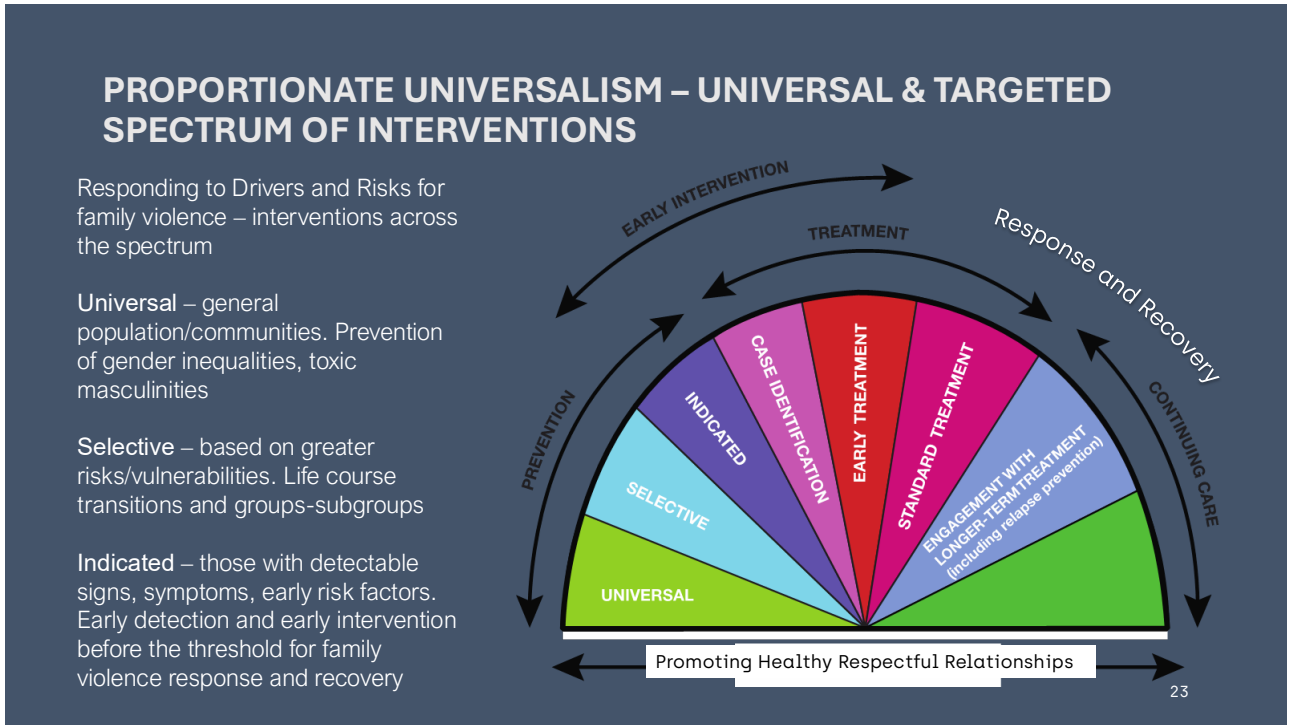
This submission advocates for a public health family violence approach that is universal and targeted, intersectional, life-course informed and designed to respond to the diversity and complexity of people's experiences. We believe the greatest opportunity for reform lies in designing systems that meet the needs of priority populations from the outset, rather than adapting mainstream responses after implementation.

Appendix A

Public Health Prevention and Early Intervention - mapping prevention and early intervention across life course transitions, targeted populations and settings

The below image and table illustrate a proportionate universalism approach, showing how family violence prevention and response can range from universal interventions for the whole population to selective and indicated interventions targeting increasing levels of risk, alongside treatment, response and recovery.

Image A.1



Adapted from *The National Mental Health Action Plan 2000* (Australian Health Ministers, 2000)

Table A.2

Life Course Transitions	Targeted groups and communities	Settings
Perinatal 0-2	1. First nations people 2. Multicultural communities in particular those communities of colour, with refugee, displacement and settlement histories 3. LGBTIQA+ people including sexuality and gender diverse children and young people 4. People who are socially, geographically and economically disadvantaged, poorer incomes, educational, housing opportunities 5. People with disabilities 6. People in touch with the criminal justice system including incarceration 7. Sex workers	Perinatal Service system Primary Health system Child and Family Services Parenting Services Play Groups
Toddlers and Preschoolers 2-4		Parenting Services Child and Family Services Parenting Services Early Childhood Education Play groups
Children 5 -11		Primary schools After school care Parenting Services Child and Family Services
Adolescents 12 -17		Secondary Schools Youth Services Child, Youth and Family Services Parenting Services Sporting Clubs
Young Adult 18-25		University TAFE and VET sectors Workplaces Sporting Clubs
Adults		Child, Youth and Family Primary Care Settings
Seniors		AGED Care Primary Health Settings Senior Citizens and Life Be in Clubs

Appendix B

Public Health Prevention and Early Intervention -Two Examples from Drummond Street's Research and Evaluation Projects

The table below illustrates how a proportionate universalism approach can strengthen family violence prevention and early intervention by combining universal supports with increasingly targeted and specialist responses according to levels of need and risk.

Table B.1

Life Course Transition	Rationale **Just Families Research**	Settings	Targeted Settings
Perinatal 0-2 Universal Selective Indicative	While gender norms remain salient structural and social drivers of family violence, conceptualising prevention and early intervention solely through a traditional gendered lens risks narrowing the scope of action and limiting engagement from organisations, services and practitioners outside specialist family violence systems. Gendered drivers are essential to understanding the socioecological conditions in which violence occurs. However, they alone do not provide a nuanced explanation of how attitudes manifest into harm and behaviours escalate into violence within families. A comprehensive prevention and early intervention approach must therefore consider both gendered drivers and the precipitating factors that shape the emergence, intensification, and manifestation of violence. The perinatal period is a high-risk transitional stage where pre-existing vulnerabilities become heightened due to stress, identity shifts, sleep deprivation and renegotiation of roles.	Maternal and Child Health Centres Perinatal Service system (midwives, antenatal educators, hospitals) Primary Care (GPS) Universal Child and Family Services Parenting Service	ACCOs Aboriginal Nurse Partnership programs Ethno-specific play group LGBTIQA+ New and Expecting Parents group Stepfamily New Parents groups Parenting with a disability Assertive targeted engagement of at-risk groups and sub-populations

	Gender norms remain a structural driver of family violence, but mediating variables such as relationship conflict, lack of support, financial pressures, mental health vulnerability, attachment issues, trauma histories, etc often escalate during this period. Addressing these factors early prevents harmful attitudes and behaviours from developing into violence. The evidence in this area underscores the need for practitioners across perinatal health, maternal and child health, early parenting services and universal Family Services to be equipped with specialised prevention and early intervention skill sets. Practitioners must be able to recognise how the perinatal period can precipitate or intensify family violence risk, understand the interaction between gendered drivers and mediating variables, and provide timely informed support to individuals, couples, and families during this transition.	Specific Outcomes in Focus • Reduced onset of family violence during the perinatal transition. • Reduced risk of FV during the perinatal period • Improved family functioning including intimate relationships, communication, conflict management, and shared parenting. • Reduced mental health symptoms for both parents. • Strengthened attachment and bonding with infants. • Reduced AOD use and negative coping behaviours. • Increased parenting confidence and equitable division of care. • Reduced family stress. • Improved infant mental health and long-term developmental outcomes.
Drummond Street **Just Families Research**	Evidence base for action	Interventions
	Our Just Families Research and evaluation of our own programs demonstrate that a range of mediating variables, including relationship conflict, limited social or practical support, resource constraints, isolation, AOD, and negative coping styles, financial pressures, gendered attitudes, attachment difficulties, and histories of trauma or abuse, may be present in both parents prior to the arrival of a child and remain manageable. However, these variables often become significantly heightened during the perinatal period, a transitional stage characterised by substantial psychological, relational, and social change.	Drummond Street's Perinatal Just Family Services and Ready Steady Family Service (universal and targeted to multicultural new parents and New Parents New Possibilities for LGBTIQA+ new parents) operationalises the prevention and early intervention model by: • Providing structured psychoeducation on relationship adjustment, gender role expectations, communication, conflict

	If these mediating factors are not identified and addressed early, they can interact with gendered norms and expectations in ways that increase the likelihood of family violence. When early intervention occurs, evidence shows that it can produce short-, medium-, and long-term positive outcomes for individuals, couples, infants and families. This indicates that while gender norms provide an overarching systemic backdrop, transitional periods such as pregnancy, birth and early parenting dramatically increase vulnerability. The stress associated with the transition to parenthood can render previously manageable mediating risks less stable, thereby elevating the risk of family violence. For this reason, the perinatal period should be recognised as a key priority point for primary prevention and early intervention within the National Plan.	management, and shared parenting via Peer Parent Coaches (Multicultural and LGBTIQA+). • Assessing mediating variables (relationship conflict, stress, AOD use, mental health, attachment issues, etc.) during intake and ongoing sessions. • Normalising perinatal relationship changes and reducing shame associated with stress, conflict or reduced intimacy. • Embedding gender equitable practice through supporting fathers' nurturing roles and challenging harmful gender role stress. • Offering therapeutic early intervention to de-escalate conflict and prevent harmful behaviours from developing into violence. • Partnering with MCH services to identify early indicators, strengthen referral pathways, and build universal workforce capability. • Providing trauma-informed counselling for parents whose past abuse or trauma is triggered during the perinatal period. • Supporting mental health through attachment-focused interventions. • Integrating family violence risk assessment into perinatal work without relying solely on binary victim/perpetrator frameworks. • Delivering whole of family approaches that recognise the needs of both parents and the infant.

<table>
<tr><td>Life Course Transition</td><td>Rationale All Come Out to Play!</td><td>Settings</td><td>Targeted Settings</td></tr>
<tr><td rowspan="4">Preschoolers 2-4

Children in the lower primary school age groups 5-6

Universal</td><td rowspan="4">There is growing awareness of the need to embed system-wide gender equality initiatives. The Victorian Government's 2016 report Safe and Strong documents the positive outcomes of increased participation by women in the workforce, including substantial social and economic benefits. There is also a body of research outlining how gender equality leads to prevention of gender-based violence.

Reports published by Our Watch also focus on the factors associated with higher levels of violence against women. These include the everyday ideas, values or beliefs that are common in Australian society; norms that are reflected in our institutional and community practices and behaviours.

Although gender inequality continues to be viewed as a fairly consistent predictor of violence against women, the Changing the Picture report by Our Watch highlights that gendered drivers should be considered in a broader context, along with other forms of entrenched disadvantage and systemic discrimination. This violence occurs amid a backdrop of cultural dislocation and upheaval, forced child removal, economic exclusion, intergenerational trauma and lateral violence, as a result of colonialism. It is important that programs adopt an intersectionality-based approach, that considers the various overlapping identities and systems of oppression and discrimination [2].

Drummond Street has completed various research projects into pathways to family violence and has identified several risk factors that are likely to be present leading up to violence in young families. One of these was a focus on gender stereotypes, rigid ideas around caring/earning roles at home and another was a lack of respect in relationships. This</td><td>Early Childhood Education Settings

Play Groups

Primary school early years</td><td>ACCOs

Ethno-specific play groups

Regional ACCOs</td></tr>
<tr><td colspan="2">Specific Outcomes in Focus</td></tr>
<tr><td colspan="2">• Increased knowledge and perceptions of respectful relationships
• Reduction in rigid gender roles and stereotypes of masculinity and femininity
• Increased affirmation of cultural diversity and inclusion</td></tr>
</table>

	matches Our Watch and ANROWS findings which informed *Change the Story*. This report defines four gendered drivers of family violence as: • Social norms and attitudes that condone violence against women • Men's control of decision making • Rigid gender roles and stereotyped constructions of masculinity and femininity • Male peer relations that emphasise disrespect and aggression towards women	
Drummond Street Play Groups Victoria Hullabaloo Music Research	Evidence base for action	Interventions
	The All Come Out to Play! program has been funded under the Victorian Free from Violence strategy, as part of a suite of primary prevention initiatives in response to growing awareness that gender inequality, including stereotyped constructions of masculinity and femininity, is a key driver of violence against women. Research shows that violence can be prevented: it's a matter of changing the unequal power relations and cultural norms that cause men to perpetrate violence against women in the first place, and the social structures that excuse it. The factors associated with higher levels of violence against women include the everyday beliefs and values that are prevalent in Australian society. The program is a collaboration between Drummond Street Services, Playgroups Victoria and Hullaballoo Music and is targeted primarily at playgroups, early childhood settings and lower primary school classrooms throughout Victoria. With the understanding that children learn first through their parents, this program aims to shift attitudes and cultural norms during the early years of parenting and aims to challenge rigid gender roles and stereotypes. The program was designed to support local community partnerships to coordinate and drive family	• Designers of the program have been deliberate in their focus on respectful relationships and gender equality, rather than spotlighting family violence which is not appropriate with parents for young children attending a child focused playgroup. The program was developed based on pre-existing Playgroup Principles: creating an environment that is fun, developmentally focused, educational, nurturing and supportive, capacity building, relational and safe. These principles relate to and are congruent with the intentions of the program. • Following the initial program rollout, the program and musical content has been refined to meet the preference for a broader and more culturally sensitive focus on Respectful Relationship Skills. The playgroup sessions focus on promoting positive personal identities that are not constrained by gender or cultural stereotypes. Through song, dance and lots of

	violence prevention activities and reflects ongoing investment and effort in Victoria to end family violence and other forms of violence against women. Phase one of the Project – development of the Session, implementation and testing, and collaboration for rollout in local community Phase two of the project focused on community scale up via development of training and resources for sector facilitators.	humour, the program engages children and their parents/carers alike. The program highlights to adults that many songs, nursery rhymes and toys that we take for granted are unnecessarily gendered, which may be limiting children's beliefs about themselves and what others expect of them. The ALL Come out to Play! session is fully scripted and is delivered within a 50-minute slot. During this time, the children's playgroup facilitator/classroom teacher remains present to oversee the presentation and participate alongside the children. They are later provided with a detailed lesson plan set if they wish to expand on the message over coming weeks. The ALL Come Out to Play! session includes: 1. Acknowledgement of County song designed for early childhood settings; 2. Intro song that incorporates greetings in various languages; 3. Initial set up of story using illustration cards, so the message is still accessible to groups whose first language is not English. (See Figure 3 for an example picture card); 4. Frequent opportunities for children to stand up to sing and move with their parents/cares; 1. There are empowering songs and dances that are loud and active, such as "I love being me" and the "Kangaroo song", as well as some fun Aboriginal history, facts and content developed by Aboriginal consultants to the program. A sample of these songs can be heard here; 5. Play with finger puppets;

		6. Song incorporating Auslan; 7. Copy rhythms using clapsticks; 8. Role-playing caring for a baby using dolls, stethoscopes and changing their nappies; with a message of we ALL can be gentle and nurturing (not just females) 9. Scarf-dance using gentle movements to soft music; 10. Tip sheets provided to adults. Parents/carers are provided with tip sheets that include lots of practical ideas to take home and share with partners and extended family members. Playgroup, kindergarten or school educators are given lesson plans that fit with their Respectful Relationships curriculum.