Tasmanian
Family and
Sexual Violence
Alliance

Submission to the Consultation on the Second Action Plan to End Violence against Women and Children 2022-2032

August 2026

Working together for a Tasmania free from family and sexual violence

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians and first peoples on the land on which we live, work and play in lutruwita (Tasmania). We pay our respects to the Tasmanian Aboriginal community, to elders past and present and to all those who continue caring for country, sharing stories, and upholding rights. We acknowledge the impacts of colonisation and dispossession, and the contemporary disadvantage experienced by Aboriginal and Torres Strait Islander peoples. We also acknowledge the devastating impacts of family and sexual violence and child removal in Aboriginal communities and recognise the power of truth telling and ongoing leadership by Aboriginal communities in addressing and preventing family and sexual violence.

ACKNOWLEDGEMENT TO VICTIM-SURVIVORS

We acknowledge Tasmania's victim-survivors of family and sexual violence. Victim-survivors hold the insights, knowledge, and expertise to inform primary prevention and systems change, and authentically embedding the lived expertise of victim-survivors is vital in addressing family and sexual violence in Tasmania. We acknowledge children and young people who are victim-survivors also hold expertise that must be valued and respected alongside that of adult victim-survivors. And we recognise the life-long impacts of trauma and acquired disability as a direct result of family and sexual violence.

SAFETY WARNING

This report explores family and sexual violence and may be distressing and traumatic. We advise readers to consider their personal contexts before proceeding and assess whether it is the right time to read about these matters.

Suggested citation: Tasmanian Family and Sexual Violence Alliance 2026, *Submission to the Consultation on the Second Action Plan to End Violence against Women and Children 2022-2032*. Hobart: TFSVA.

PREAMBLE

The Tasmanian Family and Sexual Violence Alliance welcomes this opportunity to contribute to the consultation on the *National Action Plan to End Violence against Women and Children 2022-2032*. Reinvigorating the national agenda on ending violence is timely in the context of ongoing and major reforms to the Tasmanian *Family Violence Act 2004*. Whilst our primary legislation to respond to violence against women and children was ground-breaking at the time of its initial enactment, in the last 20 years, the resourcing and legislative and policy frameworks had lagged behind other Australian states and territories. We hope that the current refresh on the national action plan will open up opportunities to better respond and prevent violence against women and children in Lutruwita/Tasmania.

ABOUT THE TFSVA

The Tasmanian Family and Sexual Violence Alliance (herein, "the Alliance") is the peak body for family and sexual violence in Tasmania and represents the sector across the continuum of primary prevention, early intervention, response, and healing and recovery. We amplify the voices of lived experience and practice knowledge to improve the family violence and sexual violence systems, influence policy, and drive cultural change to end gendered violence.

CONSULTATION

In preparation for writing our submission, the Alliance engaged our organisational and victim-survivor members and broader Tasmanian stakeholders, including:

- An invitation to all victim-survivor and organisational members to contribute to submission, and provide feedback on the draft submission
- Facilitation of 1:1 and group consultations with members
- Stakeholders invited to inform our work
- Engagement with scholars, including Dr Christine Padgett, University of Tasmania on acquired brain injuries and non-consensual strangulation.

In addition to our members endorsing this submission, Working It Out—the only funded LGBTIQA+ organisation in Tasmania—has endorsed our findings and suggestions.

CONTENTS

EXECUTIVE SUMMARY

The Tasmanian Family and Sexual Violence Alliance (herein, "the Alliance") appreciates the significant innovations in legislation, policy, and practice over the term of the first Action Plan. Yet, the needs of Tasmanian victim-survivors and service providers continue to be largely absent from the work already conducted under the first Action Plan. Tasmanian better practices only rate three mentions in the *Rapid Review of Prevention Approaches: Australian Government, state and territory collective response* updates,[1] of which, one includes the creation of our organisation as the Tasmanian peak family and sexual violence (FSV) organisation.

As such, our submission not only responds to the questions posed in the consultation discussion paper but also scopes the barriers to ending violence against women and children in Lutruwita/Tasmania, along with some of our successful strategies, programs, and approaches developed locally. Understanding the local contexts of our work is instrumental in ensuring that the Second Action Plan meets the needs of all victim-survivors and FSV sectors, including the needs of victim-survivors living outside of the metropoles of relatively well-funded eastern mainland states.

LEGISLATIVE & POLICY GAPS

Despite its innovation at enactment in 2004, the Tasmanian *Family Violence Act* has lagged behind other Australian jurisdictions in part due to the restrictive definition of family violence in this jurisdiction. Only those victim-survivors who experience intimate-partner violence in the context of "significant" intimate relationships are covered by the *Family Violence Act 2004*.

Tasmania has the highest (or equal highest) rates since the age of 15 years of intimate partner violence (28.1%), cohabiting partner violence (21.6%), emotional abuse (28.3%), and economic abuse (19.6%), and stalking over (21.1%) and in the last 12

[1] Department of the Prime Minister and Cabinet 2025, *Rapid review of prevention approaches: Australian Government, state and territory collective response update*. Canberra: PMC. https://www.pmc.gov.au/resources/rapid-review-prevention-approaches-update-28-nov-25

months (4.0%).[2] Tasmania also records the second highest rate of sexual violence since the age of 15 years (26.0%). These rates are higher for Tasmanian Aboriginal people, who constitute at least 5.4% of the Tasmanian population—which is significantly higher than the national average of 3.2%.[3] In this context, it is alarming that most Tasmanian FSV services cannot even meet the demand from victim-survivors of intimate partner violence, let alone the broader demand for family and sexual violence services.

Children are not recognised as primary victims of family violence in Tasmania and are not recognised as being in significant intimate-partner relationships, nor are other forms of family violence—such as adolescent violence in the home, elder abuse, sibling abuse, intrafamilial hate crime, and carer abuse in the home—covered by the Act. The Tasmanian *Family Violence Act* also lags behind other jurisdictional responses to FSV given it has no explicit coercive control provisions and does not currently include specific provisions for technology-facilitated abuse.

At the beginning of 2026, the Tasmanian Government engaged the FSV sector on widespread changes to the Act, which we understand are not expected to be actioned until the end of 2027.[4] Without a clear remit to consider the full scope of family and sexual violence under the current Act, the sector is caught between State and Federal planning and reform processes, with no clear map on progress towards both, or how the National Action Plan will inform the Tasmanian reforms, and vice versa.

SAFE AT HOME

Safe at Home is the architecture under which the Tasmanian Government responds to family and sexual violence in Tasmania. Yet, as noted below in more detail, the nomenclature should be **"safe at home only if you are willing to report to police"**. The only crisis family violence pathway to justice and healing in Tasmania is to report

---

2 Australian Bureau of Statistics 2023, *Personal Safety, Australia, 2021-22*. Canberra: ABS.

3 Australian Institute of Health and Welfare 2025, *Aboriginal and Torres Strait Islander people*. Australian Institute of Health and Welfare: Canberra.

4 However, before completing that consultation and reporting back to the sector on the strategy for reforming the Act, the Tasmanian Government has introduced piecemeal changes to the Act, without considering the core issue of the definition of family violence.

to Tasmania Police and be referred to the Safe at Home team for case coordination and crisis responses (such as emergency housing). If victim-survivors are not comfortable in reporting to police, or they are not in crisis, then the pathways to justice and healing are fractured and beset by long wait times.

Even those victim-survivors who decide to take the criminal justice pathway to healing and recovery consistently report that what was once the default approach in Tasmania—that is, that the person using violence is removed from the family home—has now become an outlier experience. This has significant consequences for women and children escaping violence, as they are not centred in justice responses, and pay the price for surviving FSV, including, in Tasmania, the very high likelihood of homelessness or housing precarity. Housing precarity then becomes a factor in child protection, with the protective parent's homelessness triggering a notification to child safety. The housing system failure, itself, generates child protection involvement and victim-survivors' decisions to remain in violent relationships. In this respect, housing is both a driver of violence, and a possible recovery and justice pathway for family and sexual violence victim-survivors.

Safe at Home may be the architecture underpinning all FSV work on the island; however, as a state with one of the highest rates of homelessness per population,[5] along with a high level of housing precarity in our capital and regional cities—as well as rural and remote communities[6]—the intent of this architecture is at risk.

Housing is not just a right; it is a key determinant of family and sexual violence, including whether a victim-survivor has a safe home, whether they remain at risk in a violent relationship, or whether the victim-survivor and their children seek safety in the context of no available housing and likely homelessness.

---

5 Tasmanian Council of Social Services 2026, *Tasmania's State of Housing Dashboard: Child and Youth Homelessness*. Hobart: TasCOSS. Tasmania has the second highest rate of young people presenting alone to Specialist Homelessness Services, which is almost double the national average.

6 For example, there were no affordable rentals for people on low incomes anywhere in the state in March 2026, and current rental vacancy rates in the three cities, range from 0.5% in Hobart to 0.7% in Launceston. Between 2020 and 2025 median residential rent in Tasmania increased by 43.3%.

We cannot end violence against women and children when there are no options to be safe at home. From our members' perspectives, the lack of alternative, safe housing is driving the work of the sector and is the primary barrier to both response and healing, as well as the prevention of violence against women and children.

In the following sections, we scope the Tasmanian context to family and sexual violence, the conceptual and practice gaps, and our responses to each of the consultation questions around the priority areas. We also identify some critical issues that exceed the framework used in this consultation, which are nonetheless essential in understanding how Tasmania can change the story about leading the country in violence against women and children.

TESTING WHAT WORKS IN TASMANIA

As the smallest state of Australia,[7] with the highest rates of violence against women and children, our communities offer a unique opportunity to be the testing ground for legislative, policy, and practice innovation. As a highly networked community, with only one degree of separation between most residents,[8] that has the most decentralised population in Australia, yet with a small enough population to reach more people than in other states, Tasmania could be a rapid response testing site for programs to end violence against women and children.

With some of the highest rates of FSV, trialling what works in Tasmania could be the panacea for not only significantly reducing the dangerously high rates of FSV in this state, but also identifying what works in what context and how any innovation can be upscaled for larger Australian states.

Using universal design principles, which take the needs of those most disadvantaged as our starting point for policy and practice innovation, Tasmania offers the most

7 Tasmania is the smallest state and has a slightly smaller population than the Australian Capital Territory (482,000 v 579,000).

8 Rheinberger, J 2020, Are there six degrees of separation in Tasmania? *ABC News Online*. https://www.abc.net.au/listen/programs/editorschoice/six-degrees/12694674

significant return on investment, which could fundamentally transform the current extraordinarily high rates of violence against women and children.

We have the will, the desire, the expertise, and the need to do things differently. All that is required is for our state to be recognised as a testing ground for better practices, and for funding to uplift existing programs and explore new solutions to FSV prevention, early intervention, response, and healing and recovery.

Inoculating against pilot-itis

While Tasmania is an ideal testing ground for innovative practice, as we highlight throughout this submission, federal and state governments need to inoculate themselves against "pilot-itis". While dedicated funding for what appears on paper to be innovative responses to FSV may need to be piloted to assess their efficacy, there is too little oversight as to what has worked in the past, what has been funded and not found to be effective, and how work in one jurisdiction can be translated to other contexts.

In addition to creating a permanent funding pool for all FSV services based on unmet need, not per capita funding, we recommend that any funding to pilot a program must first identify that it has not already been trialled elsewhere. If it has, did it work; if it didn't work, what was it about the contexts of that program that led to less than effective outcomes, and was the approach or program more suitable to other contexts? If a pilot program has been funded and found to be effective, then the model developed should be made available to other jurisdictions and services, and funding provided to adapt the approach to local contexts.

Critical to this approach to program commissioning is the need for nationally consistent monitoring and evaluation frameworks that enable a like-for-like comparison. As we recommend later in our submission, we propose that a national evaluation hub is created to assist FSV services to monitor and evaluate the effectiveness of their programs. Where FSV services have no capacity to do this work themselves, that the hub is commissioned to undertake this work. Program evaluation requires specialist skills that are rarely funded in standard program funding, and even

when they are, this work is too often undertaken by practitioners without specialist evaluation skills.

A further strategy to reduce the scourge of pilot-itis is to establish a 2 + 1 approach to program funding. If funding is provided to pilot a strategy or program, a minimum of two years funding is provided, with a third year funded to evaluate and disseminate the findings and apply for additional funding if the program is found to be effective. Establishing a "what works" hub enables increased policy and practice transfer across jurisdictions and services, and cost savings for the sector and governments.

The Alliance suggests that if a 10-year national plan is required to prevent and respond to violence against women and children, then funding to do that work should match this timeframe. Preventing violence is an intergenerational endeavour, and this goal will not be achieved if FSV services are constantly having to put aside valuable time and resources—which could be better used to actually work on preventing and responding to violence against women and children—to write yet another program funding application or undertake an unfunded evaluation of their work.

MEN ASSUMING RESPONSIBILITY FOR ENDING VIOLENCE

Increasingly, men are recognising their role in not only the perpetration of violence against women and children, but also their critical role in preventing this violence. Our Watch, Relationships Australia, and other FSV services and programs are inviting in men who want to be upstanders, and change leaders that want to model to boys and young men what healthy relationships look like, and how they can play a role in changing the cultural attitudes and behaviours that underpin gender-based violence.

However, these efforts are largely ad hoc, subject the willingness and capacity of individual men and boys to act, and not embedded in a wider response and prevention programs. We scope later in the report, the New Zealand model of men's shelters,[9] which may be an alternative mechanism that would give life to "safe at home, leaving

[9] Morgan, M., Jennens, E., Coombes, L., Connor, G. & Denne, S. 2020, *Gandhi Nivas 2014-2019: A statistical description of client demographics and involved with police recorded family violence occurrences*. Palmerston North, Aotearoa New Zealand, Massey University.

violence" approaches, and provide the necessary space in which to address the drivers of men's violence. We suggest that more cost-savings are possible in the long term is we focus on the changing the behaviours that underpin FSV rather than rely alone on remediating the harms cause to women and children—some of which, cannot be remediated.

As we have scoped in various sections of our response to the Discussion Paper prompts across the priority areas, the intergenerational work required to change dangerous beliefs, attitudes, and behaviours cannot be done on short-term pilot funding. Any gap in resourcing these strategies that focus on boys and men taking responsibility and accountability for their behaviours and attitudes about women and children will contribute to backsliding and a permissive environment that says to men and boys that if they wait, the foot will be removed from the peddle, and they can go back to the way it has always been.

We recognise the shift towards including men and boys in consultation on the Second Action Plan. However, we are concerned that these conversations have largely occurred separately from consultations with specialist FSV services and practitioners. Moving towards more integrated and joint consultation would support more robust discussion, strengthen shared understanding, and ensure emerging approaches are informed by specialist knowledge and evidence. Without this, there is a risk that models designed to engage men and boys are inadequately informed, are subsequently viewed as ineffective or discontinued, and the responsibility for preventing violence once again falls disproportionately to women and girls.

While women's and children's voices and experiences must be at the core of our work, unless and until boys and men become equal partners in this work, ending violence against women and children will continue to be framed as "women's business".

With so few men and men's organisations taking the lead in and working in partnership with FSV services in preventing violence, actions by women and children—and their support organisations—will continue to be framed as either a "scam" (see Pauline

Hanson's recent comments to this effect) or as detailed in their research, a "feminist conspiracy".[10] As Hanson declared in 2021:

> I feel for the children, I feel for the parents and I'm sick of these feminists who are trying to take over this whole thing and who are actually driving their own agenda. I'm sick and tired of hearing that men are the only perpetrators and they're denied the right to see their children.[11]

Recent Australian research has clearly shown that our work on preventing violence against women and children is likely to have been extended by our failures to address the emerging and now rising rates of boys and young men who have dangerous and disrespectful views of women and girls.

Meger and Reynolds[12] surveyed 2,300 adults and 1,100 young people on their views about violence against women and children, and found that far from being a side issue, violent misogyny was increasing with each new generation transitioning to adulthood. Seventeen per cent of all respondents indicated that violence was legitimate in resisting feminism, which was significant higher for adolescent boys, of whom, 28% agreed that violent resistance of feminism was an appropriate response. Thirty-six per cent of boys and young men agreed with misogynistic attitudes, and 40% of boys and young men believe that women lie about family and sexual violence.

Importantly, though, this skewed perspective of the goals of feminism were also shared by adolescent girls, of whom, 21% believe that violence to resist feminism was appropriate. Additionally, as identified in the National Community Attitudes toward

---

10 Jolley, D., Mari, S. Schrader, T. & Cookson, D. 2024, Sexism and Feminist Conspiracy Beliefs: Hostile Sexism Moderates the Link Between Feminist Conspiracy Beliefs and Rape Myth Acceptance. *Violence Against Women*, 31(6-7), 1447-1468; Kelly, M. & DiBranco, A. Governing Gynocracy: The Evolution of Anti-Feminist Conspiracy Theories. In Tebaldi, C., Plum, A. & Purschke (eds), *Conspiracy as Genre: Narrative, Power, and Circulation* (pp. 95-114). London & New York: Bloomsbury Academic; Zorzi, V. 2026, Anti-feminist Conspiracist Identities in the Manosphere: A Case Study on Men's Rights Activists Reddit Threads. *Iperstoria*, 27, 204-225; Goetx, J. & Mayer, S. (eds) 2023, *Global Perspectives on Anti-Feminism*. Edinburgh: Edinburgh University Press.

11 Cited in Butler, J. 2026 (28 July), Pauline Hanson and Malcolm Roberts deride family law system, calling DV a 'weapon' and court a 'slaughterhouse'. *The Guardian*.

12 Meger, S. & Reynolds, K. 2026 6 March), 40% of teenage boys believe women lie about domestic and sexual violence: new research. *The Conversation.*

Violence against Women Survey report,[13] four in ten respondents mistrusted women's reports of sexual violence, and that these views are underpinned by "…rape myths, [and] perceptions that women lie about sexual assault due to motives of 'revenge' and 'regret'".[14]

Empowering men and boys to be upstanders and lead their peers in changing attitudes and behaviours that harm women and their children is essential in a context where women and girls' account of their experiences are minimised, pathologised, and in some cases, criminalised. Violence against women and children is men's business. We strongly believe that until national strategies are geared towards upskilling and empowering men and boys to end violence against women and children, we will continue to see women and girl's efforts to do so blocked by structural, cultural, systemic, and individual barriers.

HOUSING AS A KEY DRIVER OF VIOLENCE & BARRIER TO PREVENTION

We close our introduction by returning to the single most common issue raised by our members and stakeholders across all of our consultations: housing. Too often we focus on individual level factors that enable and disable victim-survivors from escaping violence and making people who use violence accountable for their actions. However, underpinning the micro-level decision making of individuals are major structural artefacts that create a barrier between individual healthy choices to leave violence and achieving that goal. The most significant barrier faced by the Tasmanian FSV sector—apart from baseline funding being insufficient to meet needs—is the lack of housing alternatives.

We believe that the New Zealand approach in creating men's shelters is a commendable alternative to the current unsustainable strategy of relocating victim-survivors and their children in the context of a housing crisis. When combined with a

---

13 Coumarelos, C., Roberts, N., Weeks, N., Bernstein, S., & Honey, N. 2023, *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australian states and territories*. Sydney: ANROWS.

14 Minter, K., Carlisle, E., & Coumarelos, C. 2021, *"Chuck her on a lie detector": Investigating Australians' mistrust in women's reports of sexual assault*. Melbourne: ANROWS.

suite of other recommendations relating to FSV rental assistance and mortgage rebates to enable victim-survivors to remain in the family home, we suggest that men's shelters may resolve the central issue of safe at home. This approach also offers the opportunity to address the underlying drivers to men's violence and provide a wraparound service that invests in behaviour change over the long term, within a therapeutic context that ensures accountability.

However, relocating people who use violence away from the family home may not be sufficient for all circumstances faced by victim-survivors. As detailed in their joint submission, women's shelters in Tasmania[15] note that only 6% of victim-survivors' long-term housing needs are being met (compared with 18% of men), in large part because existing social housing has an extraordinary long waitlist, and current housing stock cannot accommodate the needs of victim-survivors and their children, of whom 63% requiring multi-bedroom housing.

Victim-survivors and their children cannot be safe at home under the current strategy; yet, they also cannot be accommodated elsewhere, with nearly 1,000 women turned away from crisis housing each year in Tasmania, many of whom return to violent relationships or become homeless. Access Economics and Policy, in conjunction with women's shelters in Tasmania, have estimated that at least 4,200 additional social housing properties are required to meet the medium- to long-term needs of women and children, including approximately 940 additional properties for those women escaping violence.[16]

This is a structural issue far beyond the capacity and remit of individual victim-survivors or FSV services to resolve. We cannot prevent violence against women and children if we cannot provide safe, accessible, and low-cost housing for them to leave violence.

---

15 Hobart Women's Shelter, North West Tasmania Women's Shelter, & Launceston Women's Shelter (Magnolia Place) 2026, *Joint Submission to Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032*. Hobart: HWS, NWTWS, & LWS.

16 Cited in *ibid*., p. 5.

While we acknowledge that the housing crisis is impacting many Australians, the failure of successive governments—state and Federal—to plan for the crisis and long-term housing needs of victim-survivors is significantly contributing to the ongoing high levels of FSV in Tasmania. We suggest that investment in men's shelters would be more cost effective than responding to the higher-cost housing needs of victim-survivors and their children. However, in the life of the current National Plan to end violence against women and children, we believe both housing strategies need to be funded if we are to make a dint in the seemingly ever-increasing rates of violence experienced by victim-survivors and their children.

STRUCTURE OF OUR SUBMISSION

Before exploring each of the identified priority areas of the Second National Action Plan, in the following section we provide a comprehensive account of the Tasmanian context. Prefaced by a diagram of the key contextual factors, this section seeks to increase the Federal Government awareness of what our member organisations face in the daily work in preventing and responding to violence against women and children. Without the broader contexts to our members' work in preventing and responding to violence against women and children, the Federal Government may not understand why rates of intimate-partner, family, and sexual violence remain dangerously high in Tasmania. Understanding the broader contexts also enables the Federal Government to identify the structural and systemic concerns our members have in relation to the funding and commissioning frameworks that consistently under-resource Tasmanian FSV services.

The Tasmanian context is then followed by a scoping of some of the most critical practice and conceptual gaps in the existing suite of frameworks and strategies deployed by the Tasmanian and Federal Governments. From the Alliance's perspective, the most glaring gaps include:

- Alternative justice pathways
- Intersectionality
- Violence-informed, trauma-transformative, and shame-sensitive practice
- Models of care, including a dispersed model of care for rural and remote victim-survivors

- Systems abuse in highly networked communities, and
- Commissioning for need not per capita

Our submission then moves onto responding to the key priority areas identified in the Discussion Paper guiding the current consultation. Importantly, we have not addressed the specific priority area of early intervention and prevention, as we integrated these matters throughout our responses to the other priority areas. Using the public health lens of primary, secondary, and tertiary prevention, we have fully scoped the courses of action required to end violence against women and children. Throughout the document, and summarised in the following pages, are our suggested actions.

We welcome the opportunity to further explore the Tasmanian context with the 2AP consultation team and look forward to working with both state and federal governments over the coming decade to address the drivers and enablers of violence against women and children, and to identify and resource innovative programs and strategies to prevent that violence in the first place.

SUGGESTED ACTIONS

As discussed in detail in following sections of our submission, given the Tasmanian context to FSV, the Alliance suggests:

Suggested action 1:	That the Federal Government realigns funding rounds for FSV services to match the timeframes of national action plan, and ensures ongoing funding—subject to oversight and evaluation—to response and prevention FSV services	87
Suggested action 2:	That the Federal Government recognises that prevention of violence against women and children requires intergeneration work, which is underpinned by intergenerational funding	87
Suggested action 3:	That the Federal Government work with state governments and their policing agencies to create a multi-disciplinary model for responding to and preventing violence against women and children	87
Suggested action 4:	That the Federal Government funds Tasmania police to develop and trial a co-response model that matches frontline police and specialist FSV practitioners in responding to all FSV	87
Suggested action 5:	That the Federal Government works with the FSV sector to develop universal design principles in the establishment of new programs and reform of existing programs	87
Suggested action 6:	That the Federal Government, in conjunction with state governments and the FSV sector, commit to the development of new models of change that reflect the broad range of experiences of family and sexual violence	89
Suggested action 7:	That the Federal Government resource the inclusion of diverse communities and victim-survivors to contribute to the development of a more robust theory of change	89
Suggested action 8:	That the Federal Government fully funds the Shark Cage program to roll out to all public primary and secondary schools in Tasmania, and mandate Tasmanian private and independent schools to implement the program	91
Suggested action 9:	That the Federal Government works in conjunction with Shark Cage to develop a complementary program for boys and young men	91
Suggested action 10:	That programs such as Shark Cage are delivered in conjunction with, and complementary to, consent and relationship education delivered by specialist sv services	

THE TASMANIAN CONTEXT IN A SNAPSHOT

FAMILY VIOLENCE

- Highest rate of IPV (31% v 27%)
- Highest rate of cohabiting partner emotional abuse (28% v 23%)
- Highest rate of cohabiting partner economic abuse (20% v 16%)
- Highest rate of stalking (21% v 20%)

SEXUAL VIOLENCE

- Second highest rate of SV (26% v 22%)
- 81% of Tasmanians know someone who has experienced CSA
- Highest rate of SV perpetrated by someone known (>90% v 65%)
- Highest rate of SV ocuring in residential locations (78% v 65%)

CHILDREN & YOUNG PEOPLE

- Highest rate of teen IPV (40% v 29%)
- Highest rate of child maltreatment notifications
- Highest rates of disadvantage
- First Nations CYP 5.6 x more likely to be removed from parents

WORKFORCE

- Tasmanian workers earn $11K less per year than mainland peers
- Lowest full-time weekly earning ($1,570 v $1,770)
- Lowest childcare availability
- 50% of Tasmanian organisations had difficulties recruiting

ECONOMIC

- Lowest GSP per capita; 25% below national average
- Tasmanians pay $3,500 less per head in personal income tax
- Highest state debt
- Second lowest % of FSV appropriations (0.9% v 2.5% nationally)

POVERTY

- Highest rate of poverty (1:6 v 1:7)
- Highest welfare dependency rate
- Tasmanians receive $2,000 more per head in government benefits
- 1:4 Tasmanian children experience social exclusion

HEALTH & DISABILITY

- Highest rate of ageing & oldest median age (41.8yrs v 38.5yrs)
- 50% of Tasmanian have one or more chronic health conditions
- Second highest rate of suicide
- Highest rate of disability (31% v 21%)

LITERACY & EDUCATION

- Highest rate of illiteracy (>50%)
- Lowest rate of Year 12 completion (53% v 75%)
- Lowest rate of post-secondary education
- Highest rate of people reading at Level 2 or below

HOUSING & RURALITY

- Most decentralised population, with 30% living remotely
- No affordable low-income rentals; 0.6% vacancy rate
- Average wait time for social housing of 89 weeks
- Second highest rate of youth homelessness

CRIME & POLICING

- Second highest rate of sworn officers per capita
- Highest rate of pending court caseload
- Lowest ratio of solicitors per capita (1:642 v 1:154)
- Lowest crime rate apart from FV/IPV/SV

A TASMANIAN BLUEPRINT

Before exploring the expectations, concepts, and our responses to the Discussion Paper, in this section, we set out the full scope of our submission in a Tasmanian blueprint for ending violence against women and children. This proposal sets out one coordinated pathway across the prevention continuum—primary, secondary and tertiary—consistent with the *National Plan to End Violence against Women and Children 2022–2032*'s whole-of-society commitment, and cross-referenced against the Domestic, Family and Sexual Violence Commission's 2025 Yearly Report to Parliament. Each model is grounded in current gaps in the Tasmanian system, and points to examples of what already exists to build on rather than starting from scratch, along with innovative practice suggestions for developing new approaches.

A TASMANIAN ACTION PLAN

A five-year statewide plan built on what already works in Tasmania

The Tasmanian Family and Sexual Violence Alliance proposes a five-year, jointly-funded Tasmanian Prevention and Early Intervention Model, which is a single, coordinated, joined-up system spanning primary, secondary and tertiary prevention of family and sexual violence across the state.

This model is not a proposal for new parallel infrastructure. It is a proposal to properly join up, resource, and make consistently available the programs, services and relationships that are already working in Tasmania, and to fix the gaps and resourcing limitations that currently leave victim-survivors falling through the cracks. Community-facing delivery is the organising principle: the services Tasmanians already know and trust—such as Neighbourhood Houses, schools, health centres, Aboriginal Community Controlled Organisations (ACCOs), and local FSV specialists—are the visible front and open door to healing, recovery and prevention. Coordination, commissioning and governance sit behind that front door, joining-up work invisibly, rather than adding another layer the community has to navigate.

We propose a five-year pathway to a more coordinated, accessible, and comprehensive system for preventing and responding to all forms of FSV:

Year One

- **Planning and Design**: co-design the final model with community, victim-survivors and the sector; map existing assets precisely so funding fills real gaps rather than duplicating what already exists; and produce a fully costed implementation plan for Years 2–5.

Year Two

- **Implementation and Development**: stand up the coordination and commissioning backbone, and test community-facing delivery in a small number of regions, including at least one rural and remote site.

Years Three & Four

- **Full Implementation**: statewide rollout of the coordinated model across all three prevention tiers.

Year Five

- **Evaluation and Scaling**: independent evaluation, and packaging of the model and its findings so other jurisdictions — and the National Plan's own evidence and monitoring functions — can draw on what Tasmania has learned.

The immediate funding request is for the first year of funding required to properly design the model in genuine partnership with community and the sector, and to produce the detailed, evidence-based costings for years 2–5 that a five-year, jointly-funded commitment requires.

Why this model, and why now?

Tasmania has among the highest rates in the country of intimate partner violence, cohabiting partner emotional and economic abuse, and stalking, and the second-highest rate of sexual violence since age 15. Rates are markedly higher again for Tasmanian Aboriginal people. Tasmania also has the highest rate of teen intimate partner violence and of child maltreatment notifications nationally.

At the same time, Tasmania is the smallest state, with a highly networked population, with only one degree of separation between most residents. This combination—high need and a small, connected population—makes Tasmania a genuine testing ground. It could be a site where a fully coordinated model can be implemented and evaluated

at a whole-of-state scale within a single funding cycle, with lessons that translate to larger jurisdictions.

The current system does not yet work as one system. Entry is effectively limited to reporting to Tasmania Police and referral into the Safe at Home case coordination pathway. Victim-survivors who are unwilling or unable to report, or who are not yet in crisis, face fractured pathways and long waits. Short-term, pilot-based funding cycles mean promising programs are tested, defunded, and never properly scaled; a pattern the sector describes as “pilot-itis”. Housing is the single largest structural barrier to leaving violence, with services able to meet only a fraction of victim-survivors' immediate and long-term housing needs.

This proposal responds directly to these gaps by joining up what already exists, rather than adding another disconnected program to an already fragmented landscape.

Design principles

- **Leverage on successful rather than duplicate**. New investment is directed at:
  - Connecting existing programs and services across the domains of case coordination, referral pathways, workforce, commissioning
  - Expanding the initiatives, services and programs that work
- **Ensuring responsive service provision:** by providing sufficient resourcing to meet both service needs and demand, including eliminating waitlists. This should be achieved through increased investment and service capacity, not by narrowing or changing eligibility requirements to manage demand.
- **No wrong door** with community front-facing access to support in the places Tasmanians already trust and use, such as Neighbourhood Houses, schools, health centres, community legal centres, and ACCOs.
- **One system across the full continuum**. Primary, secondary and tertiary prevention are designed as a coordinated pathway, not separately commissioned silos that compete for the same scarce funding.
- **Needs-based and enduring, not piecemeal and short-term funding** that is aligned to the life of the National Plan. Programs that are trialled and found effective are transitioned to sustained funding, not left to lapse while services write another funding application. Data and demand is sufficiently monitored and funding directed where it is most needed.

The model: three tiers, five enablers

Our proposed Tasmanian model for ending violence against women and children is built around the TFSVA's Tasmanian Blueprint, developed through direct consultation with victim-survivors, member organisations, and Tasmanian stakeholders, and cross-referenced against the National Plan's outcomes framework and the Domestic, Family and Sexual Violence (DFSV) Commission's 2025 Yearly Report to Parliament. Here we scope the top-level components of the model, which are mapped in detail in the following section, “Models at a glance”.

Primary Prevention: A Sustained Respect Campaign

A sustained, place-based, whole-of-community program normalising respect and consent across Tasmania, delivered through existing community infrastructure rather than a new standalone campaign, this should include:

- Extending the Shark Cage program statewide, including a bespoke complementary program for boys and young men, and to girls in all schools, not only some.
- Place-based prevention delivered through Neighbourhood Houses, Men's Sheds, community health centres, workplaces and ACCOs, targeting the intergenerational drivers of violence in rural, remote and highly networked communities.
- Pre-bunking myths about FSV and sustained public education on respect and consent, coordinated statewide rather than left to individual services to fund and deliver in isolation.

Secondary Prevention: Place-Based Case Coordination

Trained referral points embedded in the services Tasmanians already use—Neighbourhood Houses, schools, health centres, ACCOs—linked by systems navigators who identify and coordinate a pathway to safety, healing and recovery regardless of whether a victim-survivor has reported to police. This directly addresses the estimated 40-80% of victim-survivors who do not report to police and therefore currently have no assured pathway to support. A secondary prevention model should include:

- System navigators at all community points of contact, trained to identify risk and coordinate access to specialist FSV services, housing, legal and health support.
- Flexible brokerage funding so navigators and coordinators can address practical barriers—transport, bills, immediate safety needs—without a victim-survivor having to first navigate a separate application process.

Tertiary Prevention: A Multidisciplinary Response

Building on the Tasmanian multidisciplinary Arch model already operating for sexual violence, we propose that a similar model is developed to provide the same coordinated, community-facing response to family violence, so that people who do not want to go to police can still access coordinated support. Such a model should include:

- Police and specialist FSV service co-response, available statewide rather than dependent on individual general duties police officer skill or availability, particularly in rural and remote areas.
- A residential option for men's behaviour change, addressing the current gap where behaviour change work has no residential pathway, and victim-survivors and their children are too often removed from the family home.
- Specialist, funded housing and accommodation pathways across the continuum of crisis, transitional and long-term housing, so that victim-survivors have a genuine option to stay home safely or leave, rather than being turned away from crisis housing, as currently happens in the large majority of shelter approaches.

The Five Enablers

The three tiers above cannot function as one coordinated system without five cross-cutting enablers in place:

- **Governance**: TFSVA and member organisations, and lived experience advocates formally at the table, with priority group representation (First Nations, LGBTIQA+, disability, CALD/migrant), rural and remote and with ACCOs governing First Nations-specific elements.
- **Commissioning**: a regional, independent commissioning authority that pools state and federal funding and allocates it against need and evaluated outcomes, replacing the current piecemeal, short-term and politically-timed funding rounds.
- **Legislation and justice**: alignment with the Tasmanian Government's current *Family Violence Act* reform process, so the model operates within a legal framework that recognises the full scope of family and sexual violence.
- **Workforce development**: training and retention support for the specialist and wrap-around workforce delivering the model, including incentives for rural and remote practitioners, and HECS waivers for those specialising in FSV.
- **Housing and accommodation pathways**: a clear, funded continuum from crisis accommodation through to long-term housing, with defined referral pathways rather than ad hoc availability.

Five-Year Implementation Roadmap

The model is deliberately staged so that full statewide implementation is only funded once it has been properly designed, tested and costed, which is the single biggest safeguard against the pilot-itis that has undermined previous FSV investment in Tasmania.

Table 1: Five-year plan to end violence against women and children in Tasmania

PHASE	FOCUS	KEY ACTIVITIES
Year 1	Planning & Design	➲ Co-design the final model with victim-survivors, member organisations and priority communities (First Nations, LGBTIQA+, disability, CALD/migrant, rural and remote) ➲ Map existing Tasmanian programs and assets in detail, so investment targets genuine gaps rather than duplicating what already works ➲ Establish an interim governance and commissioning shell, and finalise the evaluation framework and baseline data **Produce a fully costed, evidence-based implementation plan for Years 2–5**
Year 2	Development	➲ Stand up the independent commissioning function and statewide case coordination system ➲ Recruit and train the first cohort of systems navigators and co-response practitioners ➲ Test community-facing entry points in two to three regions, including at least one rural or remote site **Begin workforce development and behaviour-change program design, including the residential option**
Years 3–4	Full Implementation	➲ Statewide rollout of community-facing entry points and case coordination across all regions ➲ Full multidisciplinary tertiary response operational, including police co-response and housing pathways ➲ Primary prevention campaign and school-based programs delivered statewide **Legislative and justice reforms tracked and integrated as the *Family Violence Act* review progresses**
Year 5	Evaluation & Scaling	➲ Independent evaluation of the full coordinated model against the outcomes framework established in Year 1 ➲ Package the model and evaluation findings for other jurisdictions, and for the National Plan's own evidence, monitoring and reporting functions **Transition proven elements to sustained, recurrent funding based on evaluated outcomes**

FUNDING REQUEST

The TFSVA requests funding for the establishment of this model in year one. This funding should be jointly provided by the Federal and Tasmanian Governments to properly plan and design the model described above and to produce the detailed costings a five-year, jointly-funded commitment requires. This Year 1 investment covers:

- Genuine co-design with victim-survivors, member organisations and priority communities, including remuneration for lived experience participation.
- Detailed mapping of existing Tasmanian FSV programs and infrastructure, to ensure Years 2–5 funding fills real gaps rather than duplicating effort.
- Establishment of an interim governance and commissioning shell, and design of the outcomes and evaluation framework that will govern the life of the model.
- Development of a fully costed, staged implementation plan for Years 2–5, covering community-facing case coordination, workforce development, the multidisciplinary tertiary response, and housing and accommodation pathways.

This is deliberately structured so that the larger statewide investment in Years 2–5 is committed against a properly costed, evidence-based plan, and not an indicative figure produced before the model has been designed with the people who will use and deliver it.

Alignment with the National Plan and the DFSV Commission's Recommendations

This model responds directly to findings and recommendations in the DFSV Commission's 2025 Yearly Report to Parliament, including the need for an Implementation and Delivery Oversight Mechanism, a national funding mapping framework and unmet-demand needs analysis, workforce investment across specialist and priority-community capability, and national men's behaviour change program standards. It reflects the Commission's key insights that prevention must begin in childhood, that systems must stop working in silos, and that institutions must move from control to care.

As Tasmania's peak body, TFSVA is positioned to lead this model's design and coordination consistent with the separate proposal that TFSVA has put to this consultation for a jointly funded, independent state reform and evidence function

within the National Plan governance framework. Read together, the two proposals offer the National Plan a genuine opportunity to support system coordination where prevention, early intervention and tertiary response operate as one coordinated, community-facing system, evaluated and ready to inform national practice.

MODEL AT A GLANCE

Table 2 is the core of our Tasmanian blueprint. Each row is one level of prevention—primary, secondary, tertiary—that presents:

- the model or ask,
- the specific gap in Tasmania's current system it responds to,
- how it aligns with the National Plan's outcomes framework and the DFSV Commission's recommendations in their 2025 report to parliament,
- what already exists that this builds on rather than duplicates, along with new suggested practices, and
- which level of government or agency is responsible for acting.

Table 3 maps these against the enablers for change. The three prevention streams cannot function as an integrated system without the right conditions underneath them. Table 2 sets those conditions out. Each enabler is a cross-cutting governance, funding, legislative or workforce setting that supports all three prevention levels at once, rather than sitting inside any single tier. We explore these conditions through five frames of reference:

1) **Governance framework** determines who has a genuine seat in decision-making, including lived experience and community voice, so the models above are shaped by the people they affect.
2) **Commissioning** determines how money reaches the models, and whether this funding is pooled, needs-based, and transparent
3) **Legislation** and justice fixes the legal settings (definitions, children's rights, sentencing, family law) that the models above depend on to keep people safe once they are in the system.
4) **Workforce development** ensures the people delivering the models—case coordinators, co-responders, behaviour-change practitioners—are trained, resourced and retained. Without these five, the primary, secondary and tertiary models remain a set of disconnected services.
5) **Housing & accommodation** pathways ensures the secondary and tertiary models have somewhere real people to refer to.

CONCLUSION

To improve outcomes for all victim-survivors and to end violence we need greater system coordination, better commissioning frameworks and funding for FSV services, workforce development and housing pathways—we need to turn what is already working into one system victim-survivors can rely on. This proposal sets out a staged pathway to build that system over five years, beginning with the planning and design work needed to get it right before it is scaled statewide.

TASMANIA MODEL FOR CHANGE[17]

Table 2: Top-level overview of necessary actions to end violence against women and children in Tasmania

LEVEL	MODEL/ASK	TASMANIAN GAPS	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMEN	LEVERAGE & INNOVATION	JURISDICTION
PRIMARY	**Respect campaign** Sustained, place-based, whole-of-community approach that normalises respect and consent across Tasmania, including: ➲ Extension of Shark Cage to girls in all schools ➲ Bespoke Shark Cage program for boys and young men ➲ Pre-bunking myths about FSV ➲ Place-based interventions for adults and children	➲ No sustained and coordinated funding for community education and prevention ➲ Reliance on services to offer this without proper funding ➲ Place-based early intervention (e.g. Neighbourhood Houses, Men's Sheds) ➲ Intergenerational violence in remote communities ➲ Support service "deserts" in rural & remote communities ➲ Lack of coordination across sector ➲ Services competing for meagre funding	Community attitudes embrace gender equality and reject gendered violence	➲ "Prevention must begin in childhood" (key insight 1) ➲ National approach to healthy masculinities (Rec 22) ➲ Response to online misogyny (Rec 24)	➲ Shark Cage program extended to all schools and boys ➲ Women's circles ➲ SASS and Laurel House prevention activities — including education and secondary consultation with schools, and HSB programs ➲ Yemaya — Tools for Change program ➲ Our Watch and other national campaigns, incl. the Our Watch prevention workforce ➲ Tasmania's community-based FSV services ➲ Peaks Coalition ➲ Localised, place-based services/infrastructure: neighbourhood houses, CFLCs, regional health centres, schools, workplaces, ACCOs	➲ Federal: research and evidence ➲ State: coordination, specialist services and skills, with TFSVA to support ➲ Local: role of local governments in linking specialist services to local communities

17 These proposals for leveraging existing strategies and program development are made with the caveat that sufficient funding is allocated to upscale and develop these approaches.

LEVEL	MODEL/ASK	TASMANIAN GAPS	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE & INNOVATION	JURISDICTION
SECONDARY	**Place-based Case Coordination** Robust framework to oversee the needs of victim-survivors across the life cycle of response, healing and recovery ➲ Trained referral points (Neighbourhood Houses, schools, health centres, ACCOs) ➲ System navigators at all points of the FSV system to identify and coordinate pathway to healing & recovery ➲ Brokerage funds to address service access barriers and housing	➲ Victim-survivors are falling through the gaps because too few report to police and therefore do not have access to Safe at Home ➲ Reliance on unfunded community FSV services for safety planning and counselling but waitlists are months to years. ➲ No non-policing pathways to healing & justice ➲ Early intervention funded programs are lacking, esp. for CYP ➲ Currently need to wait for harm and crisis to get support via police and Safe at Home	Services and prevention programs are effective, culturally responsive, intersectional and accessible People who use violence are held accountable and stop their behaviour	➲ "Systems must stop working in silos" (key insight 3) ➲ Workforce investment (Recs 11–14); ➲ Men's Behaviour Change Program Standards (Rec 25); ➲ Economic and systems abuse reform (Recs 26–27) ➲ Unmet-demand needs analysis (Rec 8)	➲ Safe at Home's Integrated Case Coordination & Regional Coordinating Committees (Tas) ➲ Tasmania's community-based FSV services ➲ DFSV and health-care case coordination models18 ➲ DVCCs that integrate all stakeholders ➲ Community service coordination of broader wraparound supports ➲ National public register of recidivist & aggravated offenders ➲ Reforms to Family Court to prioritise the needs of protective parents & CYP ➲ Integrated case management & risk assessment tools to track victim-survivors' healing pathways ➲ Audit and remediation of systems abuse opportunities	➲ Federal: 1800RESPECT referral into state-based programs ➲ State: coordination, data, outcomes and monitoring; understanding demand and service needs to inform commissioning administered through an independent commissioning authority pooling federal and state funding ➲ Local: place-based implementation

[18] PHN model currently being piloted in several mainland areas, and programs trialling systems navigators with health and legal pathways to recovery currently underway in Tasmania

LEVEL	MODEL/ASK	TASMANIAN GAPS	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE & INNOVATION	JURISDICTION
TERTIARY	**Multidisciplinary Response** Build on the Arch model for sexual violence to provide same coordinated response to family violence, which is community-facing, so people who do not go to police can still access Safe at Home support Expanded to include: ➲ Police & FSV service co-response ➲ Men's residential behaviour change ➲ Specialist housing pathways ➲ Non-crisis safety planning & exit strategies ➲ Place-based support services	➲ No 24-hour crisis FV response exists in Tasmania ➲ 000 for a police response, which is ad hoc, dependent on officer skill, and not immediate in rural and remote areas ➲ Housing and crisis support needs to be available, so women and children have real accommodation options ➲ No safety planning by police in issuing Police FV Orders ➲ Men's behaviour change needs a residential option	Systems and institutions effectively protect people affected by violence Women, children and young people are safe and supported to recover	➲ "Institutions must move from control to care" (key insight 4) ➲ Sexual violence reform (Recs 28–30) ➲ National Men's Behaviour Change Program Standards (Rec 25) ➲ Unmet demand in recovery and healing, excluding police (Rec 8)	➲ Arch (Tas) ➲ Safe at Home's ICC & RCC extended to all FSV services ➲ Leaving Violence Program ➲ Tasmania's community-based FSV services (if properly resourced) ➲ Safe Homes Program ➲ Women's shelters ➲ Men's shelters ➲ Behaviour change programs ➲ Crisis accommodation and leaving violence housing that accommodates older boys and animals ➲ Fully funded emergency housing & FSV rent assistance ➲ Mortgage rebate scheme for FSV victim-survivors ➲ Dedicated & enhanced funding for FSV legal aid ➲ Fully integrated "staying home, leaving violence" response	➲ Federal: national guidelines, benchmarks, research and frameworks ➲ State: service delivery (DPFEM, Build Tas, DPAC, DoJ, DECYP, TFSVA) ➲ Local: activating referral pathways for local non-specialist services

ENABLERS OF CHANGE

Table 3: Top-level enablers of change

PRIORITY AREA	ASK	GAPS IN THE CURRENT SYSTEM	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE OPPORTUNITIES
GOVERNANCE FRAMEWORK	TFSVA and member organisations, with lived experience formally at the table — spanning state, federal, local and place-based levels, with priority group representation (First Nations, LGBTIQA+, disability, CALD/migrant), rural and remote and ACCOs governing First Nations-specific elements	➲ Ministerial roundtables highlighted how much information is currently not collected and presented to federal ministers ➲ The only pathway is via the Tasmanian government or national organisations ➲ Need for local, community-level knowledge to understand whether National Plan is actually rolling out on the ground ➲ Nationally consistent definitions of FSV ➲ Nationally consistent risk assessment frameworks ➲ Nationally consistent minimum benchmarks on % funding to FSV	Whole-of-society commitment, and systems and institutions effectively support and protect people affected by violence	➲ Lived Experience Advisory Council & engagement framework (Recs 1–3) ➲ First Nations shared decision-making (Recs 16–18) ➲ DFSV Youth Advisory Council (Rec 19)	➲ DFSV Commission's own Lived Experience Advisory Council model (in development) ➲ *Our Ways – Strong Ways – Our Voices* governance ➲ Current National Plan governance framework ➲ TFSVA governance framework principles

PRIORITY AREA	ASK	GAPS IN THE CURRENT SYSTEM	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE OPPORTUNITIES
COMMISSIONING	Regional, independent commissioning authority that pools state and federal funding, and allocates against need, data and evaluated outcomes. This approach would include flexible brokerage funding (immediate-use funds a coordinator can draw on for practical needs) and access to funds including the Leaving Violence Payment and protections for temporary visa holders, and reviews outcomes and tracks demand on an ongoing basis	➲ Currently limited transparency of funding and appropriations ➲ No understanding of demand ➲ No way to address waitlists ➲ No way to address women staying in violent homes because they have nowhere else to go ➲ Consistent buck-passing between state and federal responsibilities creates sustained pressure on the system ➲ No understanding of spend on prevention ➲ A piecemeal approach to funding, largely decided through a political and electoral lens ➲ Pilots and short-term funding erode service delivery	Services and prevention programs are effective and accessible Systems effectively protect people affected by violence	➲ National funding mapping framework (Rec 7) ➲ Unmet-demand needs analysis (Rec 8); ➲ Implementation & Delivery Oversight Mechanism (Rec 5)	➲ Public Health Network's knowledge and understanding of commissioning ➲ Productivity Commission inquiry into mental health services (regional commissioning authorities) ➲ Audit on National Partnership Agreements

PRIORITY AREA	ASK	GAPS IN THE CURRENT SYSTEM	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE OPPORTUNITIES
LEGISLATION & JUSTICE	National, consistent definition of family and sexual violence, with children's rights formally prioritised in legislation. A Family Law appeal process that links to FSV justice & healing processes. Sentencing reform (safety-first priorities, an appeal pathway for lenient sentences, mandatory psychiatric/behaviour-change assessment before release). A public disclosure scheme, and central system-abuse reporting process.	➲ Family law courts appear to prioritise parents' rights over children's rights, including their right to safety ➲ Courts addressing FV and SV do not appear to prioritise safety, or consider what their decisions signal to other offenders in the community ➲ Child safety measures (sex offender registers, Working with Children Checks) rely on SV perpetrators being convicted ➲ Forensic Medical Examiners are needed in Arch centres, with 24-hour response and access in rural and remote Tasmania	Children and young people are safe in all settings Women are safe, respected and equal in all settings	➲ Independent Family Law Act audit incl. s102NA (Rec 27) ➲ Economic and systems abuse mapping (Rec 26) ➲ ALRC sexual violence reform roadmap (Rec 28) ➲ Children's needs in service models (Recs 19–21)	➲ Tasmania's FV Act review: "Strengthening Our Responses to Family Violence" discussion paper (Nov 2025–Mar 2026) ➲ ALRC 2025 report on justice responses to sexual violence ➲ Women's, Aboriginal and community legal services (if properly resourced)
WORKFORCE DEVELOPMENT	Training for the specialist workforce, alongside upskilling existing wraparound workforces ➲ Use TARRA and RAMF, or a national risk framework, as the basis for education and training ➲ Incentives and higher payments are needed for rural and remote workers	➲ Limited understanding of family violence, trauma and violence across all services and systems ➲ Workforce shortages in Tasmania, especially in rural and remote areas	Services and prevention programs are effective, culturally responsive, intersectional and accessible	➲ Workforce investment across specialist, First Nations, men's-program and multicultural capability (Recs 11–14) ➲ National Men's Behaviour Change Program Standards, which depend on trained practitioners (Rec 25)	➲ Prevention workforce initiatives, e.g. Our Watch ➲ Regional Service Integrators ➲ Rural Health Workforce 20-Year Strategy (Tas) ➲ National Risk Framework ➲ Maram, TARRA and RAMF ➲ Interstate training and skills ➲ HECS-waiver on FSV specialist courses

PRIORITY AREA	ASK	GAPS IN THE CURRENT SYSTEM	NP OUTCOME ALIGNMENT	DFSV COMM. ALIGNMENT	LEVERAGE OPPORTUNITIES
HOUSING & ACCOMMODATION PATHWAYS	A clear, funded continuum of housing and accommodation options from crisis accommodation, transitional housing, to medium-to-longer-term options, and support to safely stay home, with defined referral pathways between them, not ad hoc availability	➲ No way to support victim-survivors staying in violent homes because they have nowhere else to go ➲ No crisis housing for victim-survivors with adolescent boys or animals ➲ No crisis housing outside of capital and regional cities ➲ Long wait lists for appropriate social housing ➲ No rental assistance or mortgage rebate scheme for “staying home, leaving violence” strategy	Systems and institutions effectively protect people affected by violence Women, children and young people are safe and supported in all settings	➲ Unmet-demand needs analysis in recovery and healing (Rec 8) ➲ Economic and systems abuse reform (Recs 26–27) — the cost of leaving as a driver of return to violence	➲ Safe Homes Program (Tas, crisis/transitional housing) ➲ Leaving Violence Program (Commonwealth) ➲ Women's shelters (if properly resourced) ➲ Men’s shelters (if properly resourced) ➲ Rental assistance and mortgage rebate scheme to enable victim-survivors to stay home and leave violence

THE TASMANIAN CONTEXT

FIRST NATIONS OF LUTRUWITA

We acknowledge the traditional custodians and first peoples on the land on which we live, work and play in Lutruwita (Tasmania). We pay our respects to the Tasmanian Aboriginal community, to elders past and present, and to all those who continue caring for Country, share stories, and uphold rights. We acknowledge the impacts of colonisation and dispossession, and the contemporary disadvantage experienced by Aboriginal and Torres Strait Islander peoples. We also acknowledge the devastating impacts of family and sexual violence and child removal in Aboriginal communities, and recognise the power of truth telling and ongoing leadership by Aboriginal communities in preventing family and sexual violence.

Lutruwita/Tasmania is home to one of the oldest and continuing cultures on Earth, and despite generational genocidal violence, Palawa people continue to care for Country 60,000 years after first arriving on the island. For most of that time, there was a land bridge between mainland Australia and the island, but for the last 10,000 years Aboriginal culture on Lutruwita has developed largely in isolation from mainland communities. This has given rise to unique cultural and linguistic characteristics suited to southern lands but also specific colonial violence largely only possible on islands such as Lutruwita.

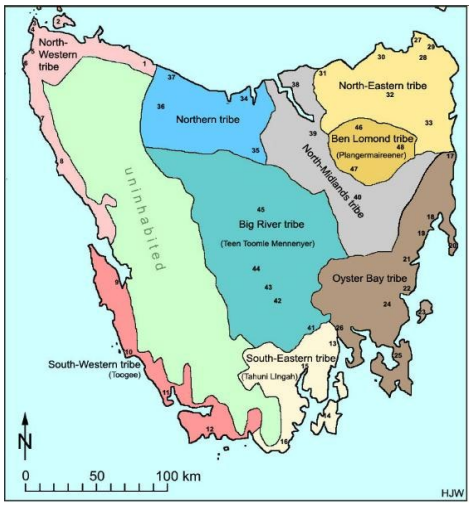


Figure 1: Traditional Aboriginal Territories of Lutruwita (Source: The Habitat Advocate)

Before colonisation, nine distinct nations existed across the mainland island of Lutruwita, along with the outlying Bruny, King, Flinders, and Cape Barren islands (see Figure 1). Tasmania is the site of some of the most complete genocides in the modern era, with some communities—especially the Nununi people of Lunawani (Bruny Island)—thought to have been completely eliminated by deliberate violence, dispossession, exile, and disease.

Tasmania's First Nations have been subject to waves of genocidal violence since invasion in 1803, including the Black Wars (1824-1831), which decimated many Aboriginal communities and severed connection to Country for most. Forced removal and exile from their traditional lands—and in some cases, to the outlying islands—resulted in catastrophic population collapse from introduced diseases, resource destruction, and organised violence.

The myth of extinction—often marked by the death of Nununi elder and activist, Truganini, in 1876—has driven Tasmanian colonial history of First Nations communities for much of the last 150 years. However, the resilience of First Nations communities and their recollection and rebuilding of songlines from the descendants exiled to the Bass Strait islands have ensured that connection to Country and culture has not been lost completely.

Since the 1970s, Palawa communities across the islands have rebuilt their communities, culture, and language. Today, Lutruwita/Tasmania is home to flourishing Aboriginal communities, who now constitute 5.4% of the local population, which is significantly higher than the national average of 3.8%.[19] However, First Nations communities in Tasmania continue to fight for guardianship and access to their traditional lands, and ownership over their heritage and cultural artefacts. Despite these barriers, Palawa people are an integral part of the Tasmanian community and continue to generously guide settler Tasmanians in the respectful and careful stewardship of Country, including seas, waterways, skyways, and land.

The experiences of First Nations victim-survivors are part of a separate, Aboriginal-led consultative process to map out the implementation of *Our Way – Strong Ways – Our Voices.*[20] However, given that there are too few, and adequately *funded,* FSV Aboriginal Community Controlled Organisations in Tasmania to do this work alone, we strongly recommend that the Alliance's submission is consider in conjunction with those made by Tasmanian FSV ACCOs to this, and the Our Ways, consultations.

---

19 Australian Bureau of Statistics 2023*, Estimates of Aboriginal and Torres Strait Islander Australians*. Canberra: ABS.

20 Department of Social Services 2026, *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence*. Canberra: Commonwealth of Australia.

WHAT THE TASMANIAN DATA SHOWS

Family and sexual violence

Family and sexual violence (FSV) victim-survivors and their children carry enormous trauma, shame, and mental distress during and after victimisation, and their needs must be central to the development of the Second Action Plan on Ending Violence against Women and Children. As noted in the executive summary, it is critical that the Federal Government is aware of the Tasmanian context to this work, and the dangerously underfunded crisis and response systems and services available on the island.

The primary—and in some rural and remote communities, the only—crisis response to family violence in Tasmania is the police. Safe at Home is the main pathway to crisis intervention and response on the island but this pathway is initiated only by contact with Tasmania Police. Non-policing responses to FSV are scant, which is problematic in the context that our members—especially, victim-survivors—consistently report that Tasmania Police are under-resourced, not trauma-informed, and/or hold alarming views about violence against women and children.[21]

Our members report that too often police assigned to rural and remote communities are often newly graduated officers, with little or no experience in responding to family and sexual violence. In many cases, these remote deployments are to single-officer patrols, which is largely unique to Tasmania. Officers in these remote single-officer deployments are not approved to attend FSV incidents alone and often have to wait up to an hour for another officer to join them from a neighbouring—and often, another single-officer—patrol area in responding to victim-survivors (or witnesses) calls for assistance.

Far from the limited anonymity of Tasmania's capital and regional cities, victim-survivors from rural and remote communities not only have to grapple with FSV service "deserts" but also limited availability of police. Even when an officer arrives, often this

21 Tasmanian Family and Sexual Violence Alliance 2026, *Submission to the Review of the Family Violence Act 2004*. Hobart: TFSVA.

is someone known to the victim-survivor and/or the perpetrator, and possibly a friend or family member of the perpetrator. The lack of anonymity and the highly networked communities in rural and remote Tasmania give rise to a context where victim-survivors face incredible barriers to reporting, let alone escaping violence.

An additional rural and remote context to our FSV work in Tasmania is the use of violence or threatened violence against farm and domestic animals, which leave victim-survivors weighing up the costs and impacts of leaving violence without being able to relocate their much-loved animals. As noted by Gibbons,[22] animal abuse disclosures are a key indicator of FSV risk, and threats to harm animals are a clear indicator of coercive control and are "potential indicators of wider family risk 'not side issues'".[23]

Having police as the primary or sole crisis response to family violence in Tasmania is problematic in the context that 42% of our victim-survivor members choosing not to report to police,[24] and that the Personal Safety Survey[25] found that as many as 80% of victim-survivors do not report to police. We cannot rely on either police or the ABS to tell our story of family and sexual violence when both collect data in ways that obscure our experiences, especially those living in very remote communities.

These factors have contributed to a worrying increase in the number of victim-survivors who have been misidentified as the predominant aggressor, and not as the

---

22 Gibbons, S. 2026 (2 June), Animal abuse disclosures could provide life-saving information for those at domestic violence risk from partners. *Policing Insight*. https://policinginsight.com/feature/interview/animal-abuse-disclosures-could-provide-life-saving-information-for-those-at-domestic-violence-risk-from-partners/

23 Gibbons, S. 2026 (7 July), Policymakers and agencies urged to recognise and address 'invisible' nature of rural domestic violence. *Policing Insight.*

24 Tasmanian Family and Sexual Violence Alliance 2026, *Submission to the Review of the Tasmanian Family Violence Act 2004*. Hobart: TFSVA.

25 We also note that the PSS is not comprehensive, and misses violence experienced in most rural and remote locations; of which, 25-30% of Tasmanians live. Additionally, the Alliance has concerns that the methodology of the PSS (such as randomly choosing one adult in a household to complete the survey, and that specific questions relating to FSV are voluntary) and its commitment to random sampling creates a false picture of the true extent of FSV given that perpetrators are as likely as victim-survivors to be identified as the adult in the household to complete the survey. When combined with the failure to survey rural and remote Australians, the reliance upon PSS findings (as with police statistics) is dangerous and is likely to skew the impact of FSV in Australia.

person most in need of protection, along with deepened harms to those victim-survivors who do have the capacity to report to police.

Trust in police to respond appropriately to FSV is low, with many of our members noting as such, including the following reasons why victim-survivors chose not to engage police:

> *Police should not be making these calls as they so often get it wrong, particularly in Tasmania …Too often the Tasmanian Police officers side with the [male] abusers because they are charming and easily manipulated (Victim-survivor 9).*
>
> *I would like it recorded that I was too intimidated by police and lack of community support to push for FVO or PFVO. I have been completely intimidated by assumptions, wrongful attribution, and the police acceptance of [the] apparent innocence of the calm aggressor (Victim-survivor 33).*
>
> *Police misidentify and dismiss victims all the time (Victim-survivor 13).*
>
> *A serious investigation into police culture of minimisation of harm from family violence needs to be held (Victim-survivor 6).*
>
> *More also needs to be done to 'weed' out DV and child sexual abusers in the Tasmanian Police Force also. I am constantly angered by the number of former and current male Tasmanian Police officers who are now facing charges of child sexual abuse while they wear the Police uniform. It's disgusting! (Victim-survivor 9).*
>
> *No, police told me to "just ignore it", which is impossible when someone is stalking you daily (Victim-survivor 12).*
>
> *I have refused to allow the police to investigate and prosecute my abuser for stealthing because I fear that I will always look over my shoulders for holding him accountable. I have to choose my pain or battle under the current system (Victim-survivor 47).*
>
> *I was not able to get a restraining order because by the time I reported to the police after a few years of counselling the police told me it was too late and the Tasmanian police told me they didn't have the resources to investigate historical sexual abuse (Victim-survivor 49).*

In effect, Tasmania's response to family and sexual violence is akin to the Titanic, with no government oversight for monitoring the huge iceberg of under-reporting below the surface nor shepherding its passengers around the unseen dangers. This has resulted in a situation where our members—irrespective of their remit—engage in unfunded work across crisis, response, healing and recovery, as well as prevention and early intervention spaces, often without recognition by government or commensurate funding.

Without a joined up FSV system—with shared risk assessment tools and frameworks, and clear and adequately resourced healing pathways—too many victim-survivors are being forced to live in violent relationships until such time that they make it to the top of extraordinarily long waitlists, which are in some cases up to three years.

This is a system that cannot be sustained without serious and dangerous impacts on victim-survivors and their children, along with services and the FSV workforce in Tasmania. In the Tasmanian contexts detailed in the following sections, it is clear that the aims of the National Strategy and National Action Plan do not dovetail with the on-the-ground resourcing and staffing of FSV services in this state, nor the commitment made to the Federal Government by the Tasmanian Government to adequately resource the sector.

In this section we scope the rates of family and sexual violence in Tasmania. It is important to note at the outset that these are *reported* rates of violence, and with the vast majority of victim-survivors thought not to report to police, it is virtually impossible to know the true extent of the problem. This is especially pertinent to the Tasmanian context where there is no shared case management system with specialist FSV services, and as such, we simply do not know the gap between those who report to police and those who present to specialist services, and those who do not tell anyone with the authority to record and report on their experiences.

Tasmania has the second highest rate of *reported* sexual violence in Australia, and highest rates of *reported* intimate-partner violence and stalking.

According to the Tasmania Police dashboard, Tasmania Police recorded 7,061 family violence offences in the last 12 months, which represents 1,220 per 100,000 Tasmanians.[26]

As is illustrated in Table 3, according to the Australian Bureau of Statistics, Tasmania has the highest rates in Australia of intimate partner violence, emotional and economic

[26] Tasmania Police 2026, *Tasmania Police Dashboard.* https://www.police.tas.gov.au/dashboard/

abuse by a cohabiting partner, and stalking (ever and last 12 months). Tasmania also has the second highest rate of sexual violence, and the third highest rate of sexual harassment.

These are not statistics to be proud of, nor do they reflect the actual number of family and sexual violence incidents, given between 40-80% of victim-survivors do not report to police, and the ABS Personal Safety Survey does not collect information from remote communities, of which, 25-30% of Tasmanians live.

Table 4: Women's experiences of violence; comparison of Tasmanian and Australian rates[27]

VICTIMISATION	TASMANIA	AUSTRALIA	AUSTRALIAN RANK
Total violence	42.6%	39.2%	
Sexual violence	26.0%	22.2%	Second highest
Physical violence	32.7%	30.8%	Fourth highest
Intimate partner or family member violence	30.8%	27.4%	
Intimate partner violence	28.1%	23.3%	Highest
Violence by a cohabiting partner	31.9%	27.3%	
Cohabiting partner violence	21.6%	16.9%	Highest
Cohabiting partner emotional abuse	28.3%	22.9%	Highest
Cohabiting partner economic abuse	19.6%	16.3%	Highest
Sexual harassment	56.8%	52.9%	Third highest
Stalking	21.1%	20.3%	Highest

As noted in the snapshot, 91% of Tasmanian sexual violence victim-survivors knew their perpetrator, which is highest in the country.[28] Just under 80% of these sexual assaults occurred in residential locations of the victim-survivor and/or perpetrator, which is significantly higher than the Australian average and the highest of all Australian jurisdictions.[29] As with family violence—and the close and networked relationships between police and perpetrators—the domesticated, familiar nature of sexual violence in Tasmania increases the barriers to reporting and the ripple effects on victim-survivors and their families. The chilling effect of these ripples creates a unique context to our work in responding to and preventing sexual violence. When

27 Australian Bureau of Statistics 2023, *Personal Safety, Australia 2021-22*. Canberra: ABS

28 Australian Bureau of Statistics 2025, *Recorded Crime – Victims 2024: Victims, Relationship of offender to victim by sex and offence, Selected states and territories*. Canberra: ABS.

29 Australian Bureau of Statistics 2025, *Recorded Crime – Victims 2024: Victims, Location where offence occurred by selected offences, States and territories*. Canberra: ABS.

these factors are combined with the SV service deserts that exist in Tasmanian rural and remote communities, the capacity to move upstream to prevention and early intervention is even more fraught than in other jurisdictions.

Additionally, of the small number of sexual violence incidents reported to police and documented by the ABS in their *Record Crime – Victims* series, Tasmania has one of the highest rates of offenders not being proceeded against (23.6% v the high of 38% in Western Australia, and the low of 10.2% in South Australia).

Family Violence Orders

In Tasmania, the police are empowered to issue a Police Family Violence Order (PFVO) on the spot or at the time of reporting, which are able to be issued for 12-months. In 2026, there were 1,904 PFVOs issued by Tasmanian Police in relation to the 5,322 *reported* family violence incidents,[30] and 2,259 Family Violence Order (FVO) applications to the Magistrates' Court, which represents a 24% increase on the previous year.[31] Of these matters, most related to new applications, or an extension or variation of existing FVOs.

The Magistrates Court of Tasmania reported a 46% increase in family matters considered by Bench Justices out of hours between 2023-24 and 2024-25, with a total of 735 matters considered. The Magistrates Court of Tasmania saw nearly 1,500 applications for breach of FVOs, which is a 40% increase on the previous year. In the same year, the Magistrates Court issued 190 serial family violence perpetrator declarations to perpetrators convicted of repeated family violence offences.[32]

Just over 50% of the 1,904 Police Family Violence Orders (PFVOs) issued by Tasmania Police in 2026 were breached.[33] Additionally, there was a 15-point gap between the proportion of PFVOs (26%) and court-issued Family Violence Orders (11%) made against women, which may indicate a significant problem with misidentification of the

30 *op. cit.*, Tasmania Police 2026

31 Magistrates Court of Tasmania 2025, *Annual Report 2024-2025*. Hobart: Tasmanian Government.

32 *ibid.*

33 Tasmania Police 2026, *Corporate Performance Report March 2026*. Hobart: Department of Police, Fire and Emergency Management.

predominant aggressor.[34] Perhaps as an artefact of PFVOs, Tasmania recorded the second lowest rate of civil FSV cases finalised in Magistrates' Courts (18% v the high of 42%).

Children and Young People

Young people experience violence and abuse not only in the context of family violence, but also in their own relationships. In her ground-breaking research on teen intimate partner violence, Hobbs found that Tasmanian teens (aged 18-19 years) report experiencing violence and abuse in their relationships at rates above the national average (39.6% compared with 28.5%), with girls more likely to report experiencing teen intimate partner violence—and more severe teen intimate partner violence—than boys.[35]

Data on rates of child sexual abuse in Tasmania—despite the Commission of Inquiry into State Responses to Institutional Abuse—are still opaque, with no robust monitoring on these matters, even of those incidents reported to authorities. In its 10-year strategy, *Change for Children*, the Tasmanian Government notes that *reported* child sexual abuse has increased over the last 10 years, and that they believe that the 313 incidents reported to Tasmania Police in 2023 is a significant under-reporting of this violence.[36]

Further, the Australia Institute of Family Studies[37] found that Tasmanian children lived with the highest levels of disadvantage in Australia, with two-thirds of Tasmanian children living in areas of relative disadvantage. Tasmanian children were present in 55% of family violence incidents reported to Tasmania Police in 2025,[38] and 15% of all victims of family violence-related assault were children and young people under the

---

34 *ibid.*

35 Hobbs, C. 2022, *Young, in love and in danger: Teen domestic violence and abuse in Tasmania*. Hobart: Anglicare Tasmania

36 Tasmanian Government 2025, *Change for Children*. Hobart: Tasmanian Government

37 Australian Institute of Family Studies 2018, *Health and wellbeing of children and young people in Tasmania.* AIFS: Melbourne. https://aifs.gov.au/resources/short-articles/health-and-wellbeing-children-and-young-people-Tasmania

38 *op. cit*., Tasmania Police 2026

age of 19 years.[39] However, children and young people are not recognised as primary victim-survivors of family violence under the *Family Violence Act 2004*.

According to the Australian Centre for Child Protection,[40] Tasmania records the highest rates of child maltreatment notifications, and above average rates of physical abuse notifications. Tasmania also has one of the highest rates of children in out-of-home care, which disproportionately impact First Nations children, who are removed from parents 5.6 times that of settler Tasmanians. However, the majority of these notifications are not progressed to court, with only 152 new matters lodged in 2024-2025, which was an increase of 6.3% over the previous year.[41]

In research conducted by the National Centre for Action on Child Sexual Abuse,[42] the authors found that **81% of Tasmanians likely, very likely, or certainly know someone who has been sexually abused as a child**, which is the highest rate across Australian jurisdictions, perhaps due to the highly networked nature of small communities. The "ripple effect" of this intimate knowledge of CSA means that our communities carry significant levels of primary and vicarious harm and trauma, which impacts on their wellbeing, and further contributes to intergenerational harm.

Given the significant under-reporting of both family and sexual violence, and the iceberg below the surface of police statistics, the Tasmanian Government's funding commitment of just 0.9% of appropriations in 2025-26 (which has been maintained in 2026-2027) does not reflect the scope and extent of the problem nor the resourcing required to reduce these significantly high *reported* rates of violence against women and children.

Engender Equality in their research brief on funding and resourcing of FSV services in Tasmania, notes that "dangerously delayed and inadequate service responses" to

---

39 *op. cit.*, Australian Institute of Family Studies 2018

40 Octoman, O., Bromfield, L., Cox, S., Bromley, A., & O'Donnell, M. 2026, *Understanding need: Key data and statistics*. Adelaide: Australian Centre for Child Protection.

41 op. cit., Magistrates Court of Tasmania

42 National Centre for Action on Child Sexual Abuse 2024, *The Australian child sexual abuse attitudes, knowledge and response study: Tasmania*. National Centre for Action on Child Sexual Abuse: Melbourne.

disclosure of FSV can have devastating flow on effects to recovery and healing.[43] Long wait times for crisis and ongoing FSV and mental health services for victim-survivors severely damages the relationships between victim-survivors and specialist services, undermines trust and rapport building, and compounds the harms caused by victimisation.

FSV Workforce

The Tasmanian FSV sector not only faces the crippling impact of unmet and unfunded victim-survivor needs, but also a workforce context of lower wages and conditions than similar positions on the Australian mainland. Research by the community sector and unions reports that the average Tasmanian worker earns $11,000 less per year than their mainland peers,[44] and has the lowest average full-time weekly earnings in the country ($1,570 v $1,770).[45] Further, Tasmanians pay approximately $3,500 less per head in personal income tax, and receive approximately $2,000 more per head in government benefits than the Australian average.[46]

Tasmania also has a far more limited pool of qualified practitioners given that Tasmania relies largely on the training of specialist FSV workers by only one university. Recruitment from the mainland is difficult given the lower wages and higher costs of living due to Bass Strait freight costs, and high costs of relocating to the island. This occurs at the same time as increasing net outward migration, with fewer people moving to Tasmania than are leaving the island.[47]

---

43 *ibid*.

44 Unions Tasmania n.d., *Tasmanian unions are fighting to close the mainland wage gap*. https://www.unionstas.com.au/campaigns/same-job-same-pay/

45 Tasmanian Department of State Growth 2022, *Population Strategy: Demographic data and related Tasmanian Government Strategie*s. Hobart: Tasmanian Government.

46 Eslake, S. 2025, *Tasmania's public finances: A comparison with other state and territories*. Hobart: Corinna Economic Advisory

47 The Tasmanian population grew by only 398 persons in September 2025 quarter, and overall population growth was only 0.4%, with negative natural increase in population and net interstate out-migration. Department of Treasury and Finance 2026, National, State and Territory Population. Hobart: DTF. https://www.treasury.tas.gov.au/Documents/Population.pdf

Over 50% of businesses and organisations reported they had difficulties recruiting specialist workers to Tasmania.[48] Core FSV services—such as Laurel House, Women's Legal Service Tasmania, and Huon DV—have all reported to the Alliance that they have not been able to recruit specialist workers. These difficulties are heightened for remote north and north-west services, and due to funding arrangements, the recruitment of FSV-specialist lawyers, who are paid under the SCHADS award, which represents a significant loss of income.

Relatedly, Tasmania has the nation's lowest reported availability of childcare at 0.352 places per child, and that 57% of Tasmanian rural and remote locations were classified as childcare deserts, which is significantly higher than in similar regions in mainland states (14-28%).[49]

In these workforce contexts, it is difficult for Tasmanian FSV services to recruit and retain specialist staff, which significantly contributes to the dangerous wait times for many FSV services on the island. Ensuring wage parity with their mainland colleagues and providing incentives for specialist workers to relocate to Tasmania are critical measures required to address gaps in the FSV workforce in Tasmania.

Housing and rurality

Tasmania has the most decentralised population in Australia, with approximately 68% of the population living outside of the capital city (compared with 28% nationally), and 25-30% of Tasmanians living in rural, remote and very remote locations.[50] This poses significant issues for service delivery (especially FSV services), and increased cost of living pressures on Tasmanians, who pay more for petrol than the mainland, which is

48 Jobs and Skills Australia 2024, *Recruitment trends and employers' needs: State Snapshot update.* Canberra: Commonwealth of Australia.

49 Regional Development Australia Tasmania 2025, *Tasmania Economic Review 2025*. Canberra: Commonwealth of Australia.

50 Australian Institute of Health and Welfare 2025*, Profile of Australia's population*. Canberra: AIHW.

even higher for rural and remote Tasmanian communities.[51] As noted by Vickress, the "very ties that sustain rural life can also hold harm in place".[52]

As of June 2026, **there were no affordable rentals for low-income households in any region of the state**, and there was an average of 0.6% vacancy rate across all regions. Growth in median residential rent in Tasmania between 2020 and 2024 was 43%.[53] The average wait time for social or public housing is 89 weeks, with 8,273 people in Tasmania currently waiting for social housing.[54]

Family and sexual violence is one of the primary drivers of housing precarity and homelessness in Australia,[55] which is exacerbated in Tasmania by the 43% increase in rental costs post-COVID and low vacancy rates.[56] In 2021, Tasmania also had the highest proportion of people temporarily staying with others (a proxy for housing instability), and one of the highest rates of youth homelessness for young people aged 15-24 years, which is only second to the Northern Territory (168.9 per 10,000 v 91 per 10,000 nationally).[57]

Additionally, Tasmania has the highest rate of unaccompanied children receiving specialist homelessness services, with a rate of 42.1 per 10,000 people compared with a low of 12.6 per 10,000 in Queensland, and that the majority of these Tasmanian unaccompanied minors were girls (63%).[58] Nineteen per cent of these contacts with specialist homelessness services were due to family and domestic violence, with an additional 58% presenting with one or more vulnerabilities, including FSV.[59]

---

51 Tasmanian Council of Social Services 2022, *Government must act as cost of living pressures increase*. https://tascoss.org.au/cost-of-living-pressures/; Australian Institute of Petroleum 2026, Tasmania retail petrol prices. https://www.aip.com.au/pricing/Tasmania-retail-petrol-prices

52 Vickress, J. 2026, *Rural Domestic Abuse: The Paradox of Community*. Kington & London: RITA & The Royal Countryside Fund.

53 Tasmanian Council of Social Services 2026, *Tasmania's State of Housing Dashboard*. Hobart: TasCOSS.

54 *ibid.*

55 *op. cit.*, Tasmanian Government 2026, *Tasmanian Gender Budget Statement*

56 *op. cit.*, Tasmanian Council of Social Services 2026

57 *ibid*.

58 Australian Institute of Health and Welfare 2025, *Unaccompanied children receiving specialist homelessness services*. Canberra: AIHW.

59 *op. cit.*, Tasmanian Council of Social Services 2026

As noted in their joint submission to this consultation,[60] Tasmanian Women's Shelters in the south, north and north-west are managing the additional harms to both victim-survivors and their workforces as a result of having to turn away 8 in 10 women seeking shelter. Their submission highlights the critical role emergency housing has in preventing ongoing violence, and guiding women and their children to safety. In this respect, housing is one of the most significant disablers *and* enablers in preventing violence against women and children. They estimate that 933 Tasmanians are turned away from crisis housing each year, with most returning to violent relationships, or choosing to be homeless. The lack of crisis response is most stark in the north—2,327 sought shelter, 174 could be accommodated—representing only 7.5% of needs being met.

Without urgent action to address the housing crisis in Tasmania, and more resources allocated to emergency and crisis housing for victim-survivors, too many victim-survivors will have to weigh up the consequences of leaving violence, including the very high possibility of homelessness or housing precarity if they choose to escape violence. The issue of housing and homelessness is heightened for those 25-30% of Tasmanians living outside of our capital and regional cities, where there is a 0% vacancy rate. When combined with concerns about their farm and domestic animals and income precarity, for rural and remote victim-survivors, there are no safe choices to escape violence in Tasmania that do not come with the likelihood of homelessness.

State Economic Situation

Tasmania has the lowest Gross State Product per capita in Australia, which is up to 25% below the national average, and the state will not report an operating surplus in the next four years.[61] Tasmania's limited capacity to raise income via taxes,[62] along with

---

60 *op. cit.,* Hobart Women's Shelter, North West Tasmania Women's Shelter, & Launceston Women's Shelter (Magnolia Place) 2026

61 *op. cit.*, Eslake

62 Commonwealth Grants Commission 2026, *GST Distribution in 2026-27: How Tasmanian compares with other states and territories*. Canberra: CGC. https://www.cgc.gov.au/publications/state-snapshots/2026-state-snapshots/Tasmania

the dire financial situation of the state government,[63] means no new funding or increased funding for existing services was included in the recent state budget, with a 13.6% reduction in funding to the community sector as whole in 2026-27.[64] Despite the increased revenue from GST via the Horizontal Fiscal Equalisation scheme, the Tasmanian FSV sector continues to be dangerously underfunded for response, let alone prevention and early intervention.

As noted in Figure 2, Tasmania is in the unenviable position of accumulating more debt in the coming decade than any other state.[65] The significantly lower outlay for FSV reflects this dire financial situation of the state, which is unlikely to change in the coming years. In this context, it is incumbent on the Federal government to ensure parity in FSV funding and to provide funding that matches the increased (and unmet) needs in this jurisdiction.

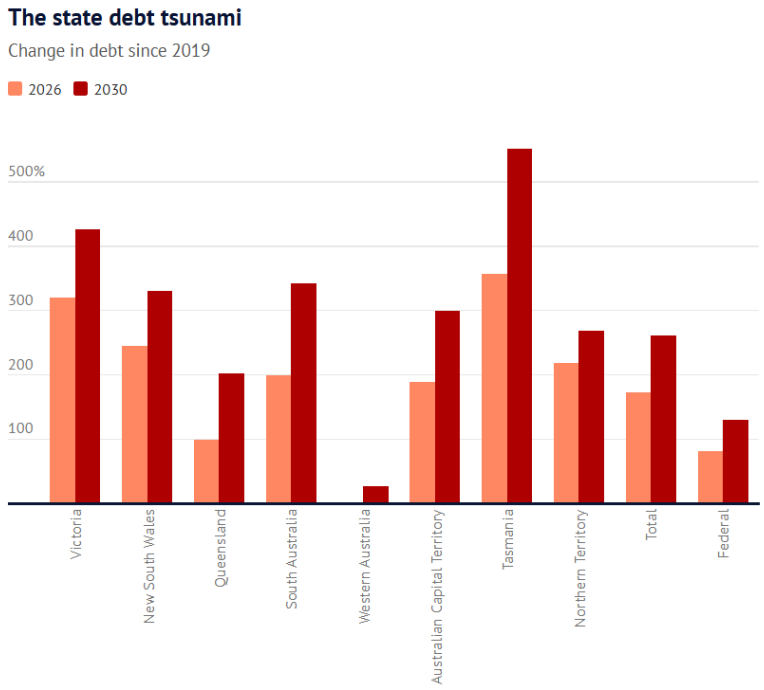


Figure 2: Debt levels by state (Source: *Sydney Morning Herald*)

63 e61 Institute 2026, *Tasmanian state budget preview: a glimpse of the fiscal precipice*. https://e61.in/Tasmanian-state-budget-preview-a-glimpse-of-the-fiscal-precipice/; Holmes, A. 2026 (27 February), Tasmania's finances to 'rapidly deteriorate', Treasury warns, with state unable to grow its way out of trouble. *ABC News*. https://www.abc.net.au/news/2026-02-27/Tasmania-finances-to-rapidly-deteriorate-treasury-warns/106395370

64 Tasmanian Council of Social Services 2026, *2026/27 Tasmanian Budget initial response*. https://tascoss.org.au/2026-27-Tasmanian-budget-initial-response/

65 Wright, S. 2026 (29 June), Post-COVID debt explosion a major challenge for all state, bar one. *Sydney Morning Herald*.

Whilst largely opaque from public scrutiny, the Tasmanian Government's funding appropriations for the FSV sector in this state is not only below the national average, but also significantly lower than the goal set by both governments to ensure that a minimum of 9% of budget appropriations are allocated to responding to and preventing family and sexual violence and increasing gender equality.[66]

Table 5: Comparison of budget allocations to women and gender equality (2025-2026)[67]

STATE	%
Victoria	7.1%
Queensland	3.6%
Northern Territory	2.2%
New South Wales	2.1%
South Australia	2.0%
Australian Capital Territory	1.9%
Tasmania	**0.9%**
Western Australia	0.35%

As illustrated in Table 4, Tasmania is second only to Western Australia[68] in the lowest funding commitment, and that between 2024-25 and 2025-2026 budgets, funding to the sector dropped from 5.4% to 0.9%. In this context, the Tasmanian Government's commitment to maintain funding at the 2025-26 levels in the coming financial year represents an actual decrease in funding to prevent violence against women and children. ***This is unsustainable.***

Poverty

Consistently, research shows that FSV is more likely to occur in contexts of poverty and social exclusion; however, the relationship between poverty and FSV is complex, and two-way, with poverty being an indicator of FSV risk[69] *and* a consequence of family

66 NB no jurisdiction has met this goal, though Victoria is closer to it than other jurisdictions.

67 Gender Lens Australia 2025, *Gender Budget Watch Report 2025-26*. Melbourne: Gender Lens Australia.

68 Though, it is important to note that Western Australia has a significantly larger independent income stream from mining and lower accumulated debt, which means that per population, they have greater capacity to spend more on FSV than Tasmania but choose not to do so.

69 Bennett, K, Booth, A., Gair, S., Kibet, R., & Thorpe, R. 2020, Poverty is the problem – not parents: so tell me, child protection worker, how can you help? Children Australia, 45(4), 207-214; Campo, M. & Tayton, S. 2015, *Domestic and family violence in regional, rural and remote communities*. Melbourne: Child Family Community Australia; Fahmy, E., Williamson, E., & Pantazis, C. 2016, *Evidence and policy review: Domestic violence and poverty*. Bristol, UK: Joseph Rowntree Foundation; Najman, J.N., Williams, G.M., Calvarino, A.M., McGee, T.R., King, L., Scott, J.G., & Bor, W. 2024, Family poverty over the early life course and adult experiences of intimate partner violence: a cohort study. *Public Health*, 234, 143-151.

violence, sexual violence, and child sexual abuse.[70] As noted by Evans, "that there continues to be a higher prevalence of domestic violence, and more severe physical injury sustained as a result of domestic violence, among population groups living with poverty, exposes the partiality of mainstream knowledges informing Australian domestic violence policy and practice".[71]

One in six Tasmanians—compared with one in seven Australians—live in poverty, which increases to just under one in five rural and remote Tasmanians.[72] One in six Tasmanian children live in poverty, with child poverty rates (0-14 years) in Tasmania the highest in Australia.[73] Further, 35% of Tasmanian children were classified as experiencing social exclusion (made up of socioeconomic, education, connectedness, housing, and health factors), far above the next highest state (South Australia at 25%).[74] Additionally, as a key indicator of poverty in Tasmania, one in five also report significant food insecurity,[75] which Breiding *et al.* note is a key indicator of IPV and SV risk.[76]

Due to one of the highest rates of structural ageing—combined with lower education levels and poorer health outcomes—Tasmania has one of the lowest rates of workforce participation in Australia, and that a significant drop in female labour force participation rates means that the gender gap is increasing in Tasmania.[77] Tasmania records the second highest welfare dependency rates, with approximately 9.2% of

---

70 Summers, A. 2022, The choice: violence or poverty. *Labour and Industry*, 32(4), 349–357; Sleep, L. 2022, Poverty, domestic violence and social security law: The problem with the couple rule. *Pandora's Box*, 104–125; Campbell, A., Kuskoff, E., Baxter, J., & Loxton, D. 2026, The Road to Unfreedom: Violence and Multidimensional Poverty Among Young Australian Women. *Violence Against Women*, 32(8), 2222-2252; Loya, R. M. 2014, The Role of Sexual Violence in Creating and Maintaining Economic Insecurity Among Asset-Poor Women of Color. *Violence Against Women*, 20(11), 1299-1320.

71 Evans, S. 2010, Beyond gender: Class, poverty and domestic violence. *Australian Social Work*, 58(1), 36–43.

72 Davidson, P. & Bradbury, B. 2025, *Poverty in Australia 2025*. Syndey: Australian Council of Social Services and UNSW.

73 *op. cit*., Davidson & Bradbury

74 Miranti, R., Freyens, B., Vidyattama, Y., Tanton, R., & Shakir, G.R. 2024, *Child Social Exclusion Index - Nurturing Inclusion: Paving the Way to Improved Child Wellbeing*. Canberra: University of Canberra.

75 Tasmanian Department of Health 2022, *Healthy Tasmania Five-Year Strategic Plan 2022-2026*. Hobart: Tasmanian Government.

76 Breiding, M.J., Casile, K.C., Klevens, J. & Smith, S.G. 2017, Economic Insecurity and Intimate Partner and Sexual Violence Victimization. *American Journal of Preventative Medicine,* 53(4), 457-464.

77 Tasmanian Government 2026, *2026-2027 Tasmanian Gender Budget Statement*. Hobart: Tasmanian Government.

Tasmania's labour force reliant on welfare payments, which represents 4.7% of the population compared with the national average of 3.7%.[78]

Escaping violence is more complex when victim-survivors are living in poverty due to the extraordinary costs of leaving violence. Victim-survivors who may not be experiencing poverty in violent relationships are likely to experience poverty as a consequence of leaving. As such, many FSV victim-survivors must weigh up the consequences of continuing to live in violent relationships or escape violence and descend into further poverty and homelessness.

Health and disability

Tasmania has the oldest population in Australia with a median age of 41.8 year (compared with 38.5 years nationally),[79] with one in four being aged 65 years or older by 2050. Additionally, more Tasmanians live with a disability than the national average (30.5% v 21.4%). These factors significantly contribute to higher health risks, including half of Tasmanians with one or more chronic health conditions. Nearly one in five Tasmanian adults have lifetime harm created by alcohol use.[80] Only two in ten, and three in ten Tasmanian adults and children, respectively, meet the physical activity guidelines. One in five have a mental or behaviour health condition, and nearly 50% report difficulties in accessing health care.

Tasmania also has the equal second highest rate of suicide in Australia, which has been attributed to the higher rural and remote population and subsequent lack of health services, higher levels of socioeconomic challenges, and higher rates of risk factors such as alcohol and tobacco use.[81] Tasmania's standardised death rate is the second

78 Department of Treasury and Finance 2026, JobSeeker Payment and Youth Allowance Recipients. Canberra: DTF. https://www.treasury.tas.gov.au/Documents/JobSeeker-Payment-and-Youth-Allowance-Recipients.pdf

79 Australian Bureau of Statistics 2024, *National Health Survey: State and territory findings*. Canberra: ABS.

80 Tasmanian Department of Health 2022, *Healthy Tasmania Five-Year Strategic Plan 2022-2026*. Hobart: Tasmanian Government.

81 *op. cit*., Tasmanian Government 2026, *Tasmanian Gender Budget Statement*; Beyera, G. K. 2026, The Epidemiological Landscape and Burden of Chronic Disease in Australia: Contextualizing the Distinct Profile of Tasmania. *Chronic Diseases and Translational Medicine,* 1–7. DOI: https://doi.org/10.1002/cdt3.70047.

highest in Australia at 5.818 per 1,000 population, compared with the national average of 5.078 per 1,000.[82]

When some of these figures are compared nationally (see Table 5), the impact of lower health and wellbeing in Tasmania becomes clearer. For example, Tasmania exceeds national averages in relation to:

Table 6: Comparison of Tasmanian and National Rates of Health Factors[83]

HEALTH FACTORS	TASMANIA	AUSTRALIA
Exceeded guidelines on alcohol consumption	28.9%	26.8%
Did not meet recommended daily consumption of fruit	58.7%	55.8%
High blood pressure	29.2%	23.3%
Current daily smoker	12.4%	10.6%
Measured waist circumference exceeds guidelines	73.4%	67.9%
BMI: overweight/obese	70.5%	65.8%
Arthritis rate	20.3%	14.5%
Asthma rate	12.7%	10.8%
Back problems	20.8%	15.7%
Cancer	2.4%	1.8%
Heart, stroke, vascular disease	8.1%	5.2%
Hypertension	16.2%	11.6%

Between 2023 and 2024, Tasmania registered a 1.5% drop in registered births, and of those births, the median age of Tasmanian parents was significantly lower than the Australian average, and lowest in the country (32.7 years v 33.9 years nationally). Second only to the Northern Territory, Tasmania has a significantly higher teen pregnancy rate than the national average, again, as a consequence of rurality/remoteness, and higher socioeconomic disadvantage.[84] The total fertility rate for Tasmanian women was 1.485 children per woman, while Aboriginal Tasmanian women reported a rate of 1.678.[85] Across all measures, Tasmania also has a higher than national average of infant mortality rates (4.9 v 3.27 nationally).[86]

82 Australian Bureau of Statistics 2025, *Deaths, Australia*. Canberra: ABS.
83 *op. cit.*, Australian Bureau of Statistics 2024, *National Health Survey*
84 Australian Institute of Health and Welfare 2022, *Teenage mothers*. Canberra: AIHW.
85 Australian Bureau of Statistics 2025, *Births, Australia*. Canberra: ABS.
86 Australian Bureau of Statistics 2025, *Infant deaths and Infant mortality rates*. Canberra: ABS.

Tasmania has significant gaps in health service delivery, including a baseline demand gap in General Practitioners of 13 FTE, which is expected to rise to 30 FTE by 2048. Recruiting and retaining health professionals on the island is as difficult as recruiting and retaining specialist FSV workers, and for similar reasons, such as lower than mainland average wages. When considered by way of unmet demand gap, the health service access is more extreme, with the current gap being 150 FTE, which is projected to rise to 190 FTE by 2048. [87]

As with poverty, the relationship between health and disability and FSV is a complex interplay of risks and consequences, with victim-survivors with disability and chronic ill-health more likely to experience FSV (2:5 v 1:5), with women with cognitive disability (46%) and women with psychological disability (50%) significantly more likely to experience FSV. Disabled First Nations women were 34 times more likely than non-Indigenous women to be hospitalised due to FSV.[88] In recent research it was found that 11.1% disabled victim-survivors of *reported* DV had experienced five or more incidents, and that disabled FDSV victim-survivors were 2.57 times more likely to experience repeat victimisation within 12 months when compared with abled victim-survivors.[89]

FSV is the leading cause of women's burden of disease and mortality.[90] In systematic analysis of the global burden of disease, Flor *et al*., found that IPV and sexual violence against children were found to be the fourth and fifth leading risk factor for disability-adjusted life-years.[91] As noted by On *et al*., FSV is a significant risk factor in negative

87 Primary Health Tasmania 2025, *Health in Tasmania: Health Needs Assessment 2025-2028*. Hobart: Primary Health Tasmania.

88 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (RCVANEPD) 2021, *Alarming rates of family, domestic, and sexual violence of women and girls with disability to be examined in hearing*. RCVANEPD: Canberra.

89 Rahman, S. 2018, Assessing the risk of repeat intimate partner assault. *Crime and Justice Bulletin*, 220. NSW Bureau of Crime Statistics and Research: Sydney; Ringland, C., Boiteux, S., & Poynton, S. 2022, The victimisation of people with disability in NSW: Results from the National Disability Data Asset pilot. *Crime and Justice Bulletin*, 252. NSW Bureau of Crime Statistics and Research: Sydney.

90 Xiong, P., Chen, Y., Shi, Y. *et al*. 2025, Global burden of diseases attributable to intimate partner violence: findings from the Global Burden of Disease Study 2019. *Social Psychiatry and Psychiatric Epidemiology*, 60, 487–513; Ghafournia N. & Healey S.J.R. 2022, Identifying domestic violence and sexual assault presentations at a regional Australian hospital emergency department: Comparative analysis of domestic violence and sexual assault cases. *Women's Health*. 18, 1-8; Stöckl, H. & Sorenson, S.B. 2024, Violence Against Women as a Global Public Health Issue. *Annual Review of Public Health*, 45, 277-294.

91 Flor, L., Spencer, C., Cagney, J., *et al*. 2025, Disease burden attributable to intimate partner violence against females and sexual violence against children in 204 countries and territories, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet*, 407, 31-52.

health outcomes across depression, anxiety, post-natal depression, alcohol use disorder, drug use disorder, maternal and perinatal outcomes (including termination of pregnancy, and preterm and low birth weight), STIs, diabetes, and non-fatal injuries (including self-harm and suicidal ideation).[92]

The Australian Institute of Health and Welfare notes that if no woman had experienced IPV, the disease burden among women due to homicide and violence would be reduced by 49%.[93] With some of the highest burdens of disease in the country, any action to address FSV in Tasmania must integrate strategies to both reduce the burden of FSV experienced by disabled and chronically ill women and children, and the burden of disease created by FSV.

Literacy and education

Approximately 50% of Tasmanians are functionally illiterate,[94] 50% of young people do not attain the Australian National Proficient Standard for Reading,[95] and only 53% of Tasmanian students complete Year 12 education (compared with 75% of students nationally). The latter is an artefact of the Tasmanian education system, where the majority of high schools end at Year 10, and students are required to enrol in separate "colleges" for Year 11 and 12. Tasmania also has the highest rate nationally of people aged 15-74 years reading at a level 2 or below.[96] Tasmanians also have lower post-secondary qualifications (54% v 59% nationally), and have the lowest rate in Australia of residents attaining a bachelor's degree (17% v 21% nationally v 27% in ACT).[97]

Accessing pathways to justice and healing requires victim-survivors to engage in complex processes that may be opaque to those who are functionally illiterate. Without investment in raising literacy rates, as well as easy-read versions of all forms

---

92 On, M.L., Ayre, J., Webster, K. & Moon, L. 2016, *Examination of the health outcomes of intimate partner violence against women: State of knowledge paper*. Sydney: ANROWS.

93 Australian Institute of Health and Welfare 2025*, Family, domestic and sexual violence in Australia 2025, Health outcomes*. Canberra: AIHW.

94 Literacy Advisory Panel 2023, *Final Report to Government: Lifting Literacy*. Hobart: Tasmanian Government.

95 Del Rio, J. & Jones, K. 2023, *Saving money by spending: solving illiteracy in Australia*. Equity Economics;

96 Australian Education Union 2023, *Alarming new report on poor literacy levels highlights urgent need for investment in Tasmanian schools*. https://aeutas.org.au/alarming-new-report-on-poor-literacy-levels-highlights-urgent-need-for-investment-in-Tasmanian-schools/

97 Australian Bureau of Statistics 2025 *Census of Population and Housing*. Canberra: ABS.

and documents—and more ideally, video and audio descriptions of these—illiterate victim-survivors may not know what services are available, let alone have the capacity to engage with the high level of literacy required to access justice.

Other criminal justice matters

Tasmania has the lowest crime rate in Australia generally, but the highest or second highest rate of FSV. As noted in the Tasmanian Context snapshot, Tasmania Police has the fewest number of sworn officers of all Australian policing jurisdictions (approximately 1,355) but has the second highest rate of sworn officers per capita (235 per 100,000 v 211 per 100,000 national average). It also reports the second highest per capita expenditure on policing ($758 in 2024-25 v $652 national average).[98] In a jurisdiction with a low general crime rate, and a high FSV victimisation rate, even with the high per capita investment in sworn police officers, resourcing for FSV response is still inadequate, especially in rural and remote Tasmanian communities.

Tasmania Police has the highest rate of female sworn officers (41% v 35% national average) but has a significant gap in the recruitment of Aboriginal and Torres Strait Islanders and culturally and linguistically diverse officers.[99] Tasmania Police has some of the highest rates in the country of satisfaction with police in general (highest at 71.1%), in most recent contact (second highest at 73.6%), and in emergencies (highest at 78.1%). [100]

However, as noted in the first section of the Tasmanian Context, victim-survivor members of the Alliance report much lower satisfaction of and trust in Tasmania Police, and report high levels of misidentification of the predominant aggressor. Importantly, Silke & Williamson found that victim-survivors who are Aboriginal, and/or have reported being victimised previously were significantly less likely to perceive

98 Productivity Commission, 2026, *Report on Government Services 2026: Police services*. Canberra: Productivity Commission.
99 *ibid*.
100 *ibid*.

police as procedurally just.[101] Additionally, as documented by the Productivity Commission, reported sexual assaults in Australia have dropped from a high of 39% in 2016-17 to 14.8% in 2024-25, while Tasmanian rates remain stubbornly high.[102]

And important, and deadly, context to FSV victimisation in Tasmania is the extraordinarily high rates of gun ownership. While in only 3.6% of family violence incidents were guns present,[103] the generally high rates of gun ownership (and high rates of more than five guns per license holder) can contribute to the use of coercive control with firearms used as threats in FSV. Along with the Northern Territory, Tasmania has the highest rate of gun ownership in the country, with approximately 27,222 firearms per 100,000 people, which is significantly higher than the national average of 14,736 per 100,000 people. This rate of gun ownership equates to 1:4 Tasmanians owning a gun (compared with 1:7 nationally), with 156,626 registered firearms owned by 37,128 Tasmanians. This converts to an average of 4-5 guns per licensed individuals; however, there are almost 9,000 owners with six or more guns.[104]

As noted by Anyieth in their study of victims-survivors' experiences of family violence and fear of Australian police, they found that "in many cases, victims do not see involving the police as a viable or desirable option for addressing family violence".[105] As such, while Tasmania Police are above average across multiple measures for responding to FSV, distrust and fear of police response to FSV disclosure continues to hamper increased reporting to police. As argued by Anderson and Burris,[106] policing may not be the right treatment for family and sexual violence. This highlights the

---

101 Meyer, S., & Williamson, H. 2020, General and specific perceptions of procedural justice: Factors associated with perceptions of police and court responses to domestic and family violence. *Australian & New Zealand Journal of Criminology*, 53(3), 333-351.

102 *op. cit*., Productivity Commission.

103 *op. cit*., Tasmania Police 2026

104 Clarke, V., Gottschalk, A., Chollet, O. & Grundy, A. 2025, Gun Control in Australia. Canberra: The Australia Institute.

105 Anyieth, A.K. 2025, Victims Experiences of Family Violence Intervention: Fear of Australian Police and Legal System. In: *Decolonising Family Violence Legal Intervention Orders in African-Australian Communities*. Cham: Palgrave Macmillan.

106 Anderson, E. & Burris, S. 2017, Policing and public health: Not quite the right analogy. *Policing & Society*, 27(3), 300-313.

critical need in Tasmania for alternative non-policing pathways to justice, healing, and recovery, and concerted efforts in gun regulation.

CONCLUSION

This section is necessarily detailed, as too often the social, economic, health, and wellbeing of Tasmanians is not considered in how the state is resourced to address major issues such as family and sexual violence. Tasmania starts its work on preventing and responding to FSV from a more disadvantaged point, which is exacerbated by the limited appropriation capacity of the state government and the fraught economic conditions that besets the state.

Without greater funding from the Commonwealth, the situation for victim-survivors in Tasmania will continue to deteriorate. Central to all matters we raise in our submission is the crisis in housing, including emergency housing and shelter for victim-survivors. Too many women are forced to remain in violent relationships because there are no escape opportunities without appropriate housing. As we will document across a range of priority areas, if Safe at Home is the default response to family violence in Tasmania, we must be able to:

- Enable women to stay at home and leave violence by removing the predominant aggressor from the home to emergency housing
- Provide emergency housing for those victim-survivors who cannot remain in the home
- Provide funding streams for ameliorating the additional costs by way of dedicated rental assistance and mortgage rebates, along with security and safety planning
- Provide allied pathways and funding for victim-survivors of sexual violence outside of the context of family violence
- Invest in the creation of more low-income social housing, and provide rebates to landlords of private rentals who accommodate victim-survivors escaping violence

Investing in alternative housing options is a critical pillar on which preventing and responding to family and sexual violence sits. We now turn to outlining some conceptual and practice gaps before going on to scope the FSV sector in Tasmania in order to illustrate the gaps in services and support for FSV victim-survivors.

CONCEPTUAL & PRACTICE GAPS

The national framework for ending violence against women and children represents a significant commitment by state and federal governments to change the story and create an intergenerational shift in attitudes about violence against women and children. While it is laudable that Australia leads the world in setting successive national agendas,[107] this comprehensive work has not led to world leading prevention of, and response to, FSV, nor world leading reduction in FSV victimisation.

There is a gap between intent, implementation, and funding for this work, with some of our members indicating that there does not appear to be a robust strategy for identifying what works in what contexts, and what gets funded. Loud voices and well-resourced advocacy—especially from mainland Australia—have dominated the agenda and set benchmarks that appear to be, from the view of frontline Tasmanian staff, disconnected from what is happening on the ground in smaller and less well-resourced jurisdictions. As with the Productivity Commission's recommendation in relation to funding mental health services,[108] we suggest that the second National Plan adopts a regional commissioning authority, whose decisions about funding allocations are guided by comparative victimisation rates, unmet need (not population levels) and underpinned by a shared model of care (including a shared dispersed model of care for rural and remote victim-survivors).

Australia is a federated nation, with work undertaken by federal, state, and local governments on most issues faced by communities. Yet, in our work to prevent and respond to family and sexual violence, the place-based knowledge, networks, and skills of local government and communities is skipped in favour of federal and state responses, most of which are wholly inadequate or inappropriate to the rural and remote contexts of many Tasmanian victim-survivors. We suggest that the duplication of work and resources required for distinct state and federal plans of action divert

---

107 ANROWS 2026, *Evidence to action: informing direction for the Second Action Plan*. Sydney: ANROWS.

108 Productivity Commission 2020, *Productivity Commission Inquiry Report: Mental Health* (No. 95). Canberra: Commonwealth of Australia.

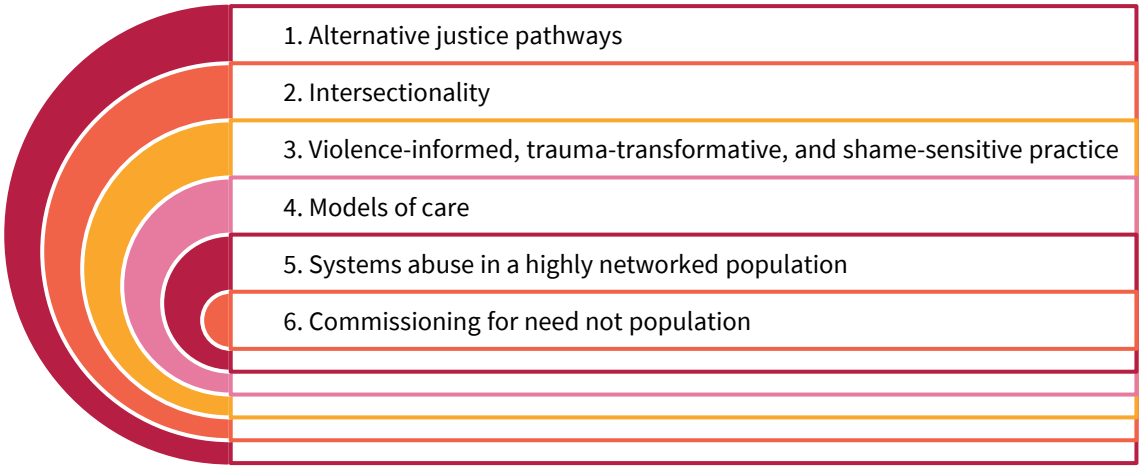
essential funding from the services and organisations who are working on the ground in local communities.

In place of bespoke Tasmanian plans and strategies, we argue that a comprehensive and inclusive national plan, with oversight, benchmarks, and reporting on state-based implementation of these actions and plans—when combined with place-based funding to address significant gaps in unmet need—will sharpen our focus, enable policy and practice transfer across jurisdictions, and redirect resources to where they are needed the most.

A regional commissioning authority, with close insights from local communities, may be a more effective way to get funding and resources to the communities most in need. A commissioning authority would also have oversight of what works, what has already been funded elsewhere, and how existing, successful strategies could be translated for other place-based contexts.

In the Tasmanian context, as enumerated in the previous section of our submission, a funding crisis (and no expectations that this will change in the next 10 years due to rising state debt), along with workforce limitations and a rural/remote context to our work, has resulted in a situation where even the crisis response needs of victim-survivors are not being met. In this context, prevention and early intervention is not afforded the time, resourcing, and funding necessary to change the dire FSV statistics in Tasmania.

In this section, we scope some of the conceptual and practice gaps that exist in Tasmania—and to a certain extent elsewhere in Australia—that we hope may be addressed in the development of the Second Plan to End Violence against Women and Children. We scope six core conceptual and practice gaps that are essential in the development of the second National plan.



ALTERNATIVE JUSTICE PATHWAYS

Given the significant under-reporting of FSV in Tasmania, with nearly 42% of our engaged and informed victim-survivors members noting they had not reported any incident of FSV to the police, more must be done to explore non-policing and non-criminal justice responses to, as well as interventions and prevention of, FSV. In the two decades since the *Family Violence Act* was enacted in Tasmania, whilst total number of reports of violence have increased significantly (from approximate 5,000 in 2015 and over 8000 in 2024-25), trust in police has shifted little despite Tasmania Police being the entry pathway to the crisis response lead by Safe at Home.

Alliance members and stakeholders in our survey into the review of the *Family Violence Act* **unanimously agreed** that police, lawyers, magistrates, and judges **are inadequately trained** to respond to—let alone, prevent—family violence. They also **unanimously agreed that sexist attitudes and beliefs** continue to inform how police, lawyers, magistrates, and judges respond to family violence. While not representative of the whole sector, these results are sobering. Similar concerns are reflected in the fact that only **58% of our engaged and skilled victim-survivors who contributed to our submission felt capable, and safe, to report their experiences of family violence to the police**.

In proposing a reimagination of our actions to prevent family violence we are deeply cognisant of the systems harms that are generated by the current criminal justice approach, especially for those who do not—and cannot—fit the stereotypical

perception of the "ideal victim" or the unredeemable perpetrator. The current approach—especially as it relates to the misidentification of the person most in need of protection and the predominant aggressor, and the criminalisation of adolescent violence in the home (AVITH)—highlights the inadequacies in our current approaches.

In particular, Aboriginal victim-survivors consistently advocate that funding is made available to create alternative justice mechanisms in the context of knowing all too well that any contact with police can be fatal for their families and communities.[109] As noted by the National Justice Project, "default police-first response causes significant harm to individuals, their families and entire communities. The impact is profound and long-lasting".[110] The National Justice Project has created just such a strategy and program—Alternative First Responders—for mental health. Funded primarily from donations, programs such as these need to be recognised as transformative, and transferrable to FSV victim-survivors and communities, and funded as part of a whole-of-system response to FSV.

The Tasmanian *Family Violence Act* is especially not fit-for-purpose for First Nations victim-survivors not only in terms of failing to account for violence experienced from wider kinship relationships, but also in its failure to acknowledge and respond to the over-criminalisation of Aboriginal people (including Black deaths in custody). It also fails to account for significantly high rates of misidentification of the person most of need of protection. Too many Aboriginal victim-survivors are either criminalised for their defensive behaviours, or in contact with police, are criminalised for other matters that come to police attention as a consequence of seeking their assistance with a family violence matter. Bias in perceptions about the person most of need of protection are most stark when a victim-survivor is Aboriginal and the perpetrator is a (White) settler. Here, White perceptions of violence dominate the system's attitudes and actions to the significant detriment of First Nations people.

---

109 Since the 1991 Royal Commission into Aboriginal Deaths in Custody, 636 Aboriginal and Torres Strait Islander people have died in police, youth detention, and prison custody.

110 Alternative First Responders and National Justice Project 2026, *About Alternative First Responders*. https://alternativefirstresponders.com.au/

Investing in alternative justice pathways must be a priority under the Second Plan, whilst simultaneously re-investing in the upskilling of first responders to correctly identify and respond appropriately to the needs of all victim-survivors of gender-based violence. While some first responders are skilled enough to recognise and respond to "ideal" versions of physical intimate-partner violence and can identify correctly the person most in need of protection and the predominant aggressor, practitioners are still not skilled to recognise and respond to other forms of gender-based violence. In particular, the first responder and crisis responses are inadequate in relation to:

- sexual violence outside the context of family violence,
- harmful sexual behaviours used by children and young people,
- the wide array of shared and unique forms of coercive control,
- technology-facilitated sexual and family violence,
- stalking,
- the immediate crisis needs of victim-survivors

Unless first responders are able to respectfully meet the needs of victim-survivors, women and children will continue to view first responders such as the police as not a safe pathway to healing and recovery. Similarly, victim-survivors consistently report that even if they receive the support needed from first responders, they are often disappointed by the failure of judicial staff to recognise and respond appropriately to the trauma and systems abuse consistently associated with criminal justice.

Alternative justice pathways are necessary even when trust in police and reporting increases, as many victim-survivors do not want their family member or intimate partner to be criminalised; they just want the violence to stop. Perpetrator accountability and behaviour change should not be dependent upon the involvement of the criminal justice system. As we document in response to Priority 4, investment in non-criminal justice programs for people who use violence—and not just weekly sessions over six or 12 weeks—is also an alternative justice pathway for victim-survivors.

Alternative justice pathways are not limited to restorative justice practices, which by their nature are still enmeshed with the systemic abuse that is often created by any criminal justice response. Our victim-survivor members—and their support services—consistently report that one of the key barriers to safety and recovery from family violence is the disconnect between state family violence laws and Family Court rulings, which are often in conflict, create gaps in safety (especially for children), and sustain systems abuse. And while therapeutic jurisprudence can offer more robust interventions in offending behaviours, too few people who use FSV are made accountable by the courts for this to be a core strategy in ending violence against women and children.

Investment in research with victim-survivors about what alternative justice mean to them is essential. We know, however, that justice and healing can be achieved by addressing the non-criminal response needs of victim-survivors, such as:

- safe crisis and long-term housing, including transitional funding for victim-survivors wanting to remain in the family home without the financial security of the primary income earner,
- increased access to ongoing, long-term psychological and counselling services, including how to identify healthy relationships and behaviours,
- financial assistance to transition from a household with a single male income earner to one supported only on government benefits,
- investment in pathways out of poverty and illiteracy,
- bespoke support mechanisms for children and young people to ensure FSV is not transmitted intergenerationally.

These are not new strategies. But they have not been adequately resourced and supported by FSV frameworks and systems, and are too often considered response rather than early intervention or prevention strategies. Preventing violence against women and children must also include tertiary prevention strategies that de-escalate violence and provide a fully-funded healing pathway. Enabling victim-survivors to escape violence prevents escalated and aggravated re-victimisation.

In proposing alternative justice mechanisms, we are not advocating for the abolition of criminal justice strategies and practices to reduce FSV. These are still required to address the significant harms generated by aggravated, serial, and persistent family

violence offending. As with crisis responses to mental illness, perhaps it is also time that increased resourcing and funding is allocated to trial co-responder models, such as those underway in Queensland and Northern Territory. Ensuring those who use violence in the home are accountable for their actions, however, may be effected more comprehensively by a combination of community-based early intervention, criminal justice penalties, *and* comprehensive, wraparound support for behaviour change.

INTERSECTIONALITY

The lens of gender-based violence has for too long been framed in cisnormative, heterosexual terms that are inappropriate and inadequate to respond to the needs of some victim-survivors of FSV, including children and young people. Not all victim-survivors are cisgender adult women in heterosexual relationships, and not all perpetrators are cisgender adult men. This is repeatedly noted in report after report and is noted in the limitations in so many studies into FSV, with advice that we need to do more work in exploring the non-cisgender, heterosexual experiences of violence. Yet, we are still designing strategies and actions plans to end violence against (cisgender) women, including this consultation.

In a context where our principal legislation—*Family Violence Act 2004*—only recognises "significant" intimate partner violence, Tasmania lags behind other jurisdictions that have appropriately responded to all forms of family violence, including intimate-partner sexual violence. In Tasmania, not even children and young people are recognised as primary victims under the Act, and as noted in the Tasmanian Context section, it does not include other intrafamilial violence, such as sibling abuse, elder abuse, adolescent violence within the home, carer abuse, or violence in intimate relationships that are not significant (such as teen and casual relationships).

The Tasmanian Government in its discussion paper initiating a review of the *Family Violence Act* made it clear to stakeholders that any broadening and strengthening of the coverage of the Act will be limited by resourcing constraints in supporting non-IPV family violence. This has serious implications for addressing violence experienced by some of our most vulnerable communities.

First Nations—and LGBTIQA+ and culturally and linguistically diverse—people in Tasmania have diverse family structures and relationships, and experience violence from a wider range of family and kin. Without an expansion of the Tasmanian *Family Violence Act* and subsequent funding of services to reflect the unmet needs of all family and sexual violence victim-survivors, we are hampering communities' capacity to prevent and intervene early in problematic behaviours. First Nations and CALD communities already grapple with disproportionate over-policing of non-serious offending, disproportionate misidentification of the predominant aggressor in FSV incidents, and under-policing, minimisation, and pathologisation of victim-survivors.

Similarly, as detailed in the Tasmanian Context section, the restricted definition of family violence in Tasmania has created additional barriers for victim-survivors with disability, who not only experience FSV at higher rates than abled people in their intimate relationships, but also manage the risks of carer abuse,[111] intrafamilial hate crime,[112] and cuckooing.[113] All of these latter forms of interpersonal violence are outside the scope of the *Family Violence Act*—and the Safe at Home crisis response and healing pathway—and police are inadequately prepared for considering how violence against people with disability exceeds gender-based models of FSV, including unique forms of FSV and coercive control (such as withholding the means for independence and agency).

Increasingly, younger people are identifying as LGBTIQA+, with rates increasing with each generation.[114] And of these, many do not identify as same-sex attracted or in

---

111 Joh, J., Kembhavi-Tam, G., Rose, V., Featherston, R., & Sholonsky, A. 2021, *Rapid Evidence Review: Violence, abuse, neglect and exploitation of people with disability*. Canberra: RCVANEPwD.

112 Asquith, N.L. 2015, Honour, Violence & Heteronormativity. *International Journal of Crime, Justice and Social Democracy*, 4(3), 73-84; Asquith, N.L. & Fox, C.A. 2016, No Place Like Home: Honour, Heteronormativity and Hate Crimes. In A. Dwyer et al (eds), *Queering Criminology* (pp. 163-182). London: Palgrave.

113 McDonald, S.J., Layton, J. & Donovan, C. 2025, Dis/ableist criminology and domestic colonisation: conceptualising disabled people's experience of hate and home-based violence. *Disability & Society*, 40(12), 3286-3306.

114 Massey, S.G., Merriweather, A.M., & Hardesty, M. 2026 (7 July), Young women are identifying as less straight; young men, not so much. *The Conversation*; Hill, A.O., Bourne, A., McNair, R., Carman, M. & Lyons, A. 2020, *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. Melbourne: Australian Research Centre in Sex, Health & Society; Hill, A.O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parson, M., Power, J., & Bourne, A. Writing Themselves In 4: *The health and wellbeing of LGBTQA+ young people in Australia*. Melbourne: Australian Research Centre in Sex, Health & Society

same-sex/gender relationships. While some excellent work has been developed by organisations such as Safe + Equal, ACON, and in Tasmania, Working It Out and Engender Equality, to address violence in non-heterosexual relationships, this work largely sits outside and in contrast to the mainstream FSV frameworks.

A plan to end FSV must be able to account for the diversity of sexual and intimate relationships, and for the experiences of those who do not identify on the binary. What does FSV look like in gender-diverse relationships? In these relationships, the theory of change that is linked to men's violence, misogyny, and the patriarchy may not be relevant. As noted by Working It Out, framing non-binary people's experiences of family and sexual violence as being "women+" or "women adjacent" fails to consider how gender plays out in non-binary people's relationships.

Adopting a conceptual framework that foregrounds power and control, rather than gender alone, may be more effective in identifying risks, responses, and healing pathways for all victim-survivors and increased accountability from people who use violence.

VIOLENCE-INFORMED, TRAUMA-TRANSFORMATIVE & SHAME-SENSITIVE SERVICE DELIVERY

Violence- and trauma-informed practice is the hallmark of specialist FSV service delivery. The Alliance has heard from our members that victim-survivors have, at times, experienced further harm after engaging with other services (including police, courts, health services, mental health services), reportedly due to practice limitations in understanding the depth of trauma carried by victim-survivors during, and long after, victimisation. This misidentification and minimisation of trauma includes the skewed police perceptions of victim-survivors' reliability as witnesses to the own violence in cases of non-consensual strangulation resulting in traumatic brain injuries. Understanding the ways in which systems are used by perpetrators to extend their violence—and how systems that are not violence-informed, trauma-transformative, and shame-sensitive deepen the harms to victim-survivors—is critical in facilitating healing and recovery. In the absence of this knowledge and practice, FSV response

systems—especially, policing—can inadvertently empower perpetrators and contribute to the further harm of victim-survivors.

As noted by Tucci *et al.*, "despite the early promise, there are emerging signs that trauma-informed approaches have been limited in their scope of influence".[115] While trauma-informed practice is the bare minimum required for working with victim-survivors, FSV systems should be enabled to be trauma-transformative. Trauma-transformative practice is a new paradigm that requires knowledge and skills beyond understanding the impact of violence and trauma. It compels criminal justice practitioners, and specialist FSV workers and services, to build capacity and practice that prioritises safety, compassion, and meaning-making, and challenges institutional or social structures that perpetuate trauma.

- **Trauma-integrated** services are familiar with the impact of trauma and have "fused these principles with their own mission and vision".
- **Trauma-transformative** services "…extend this knowledge and skills to develop a theory of change that realistically supports how children, young people and families affected by violence come to experience their lives differently… [and] oppose broader community narratives that serve to trap those affected by the effects of trauma in identities that are shaming".[116]

A further innovation in knowledge and practice is shame-sensitive service delivery to FSV victim-survivors. In their work on shame-sensitive practice, Wu and Salter[117] suggest that:

> Recognizing that shame is an important emotional correlate of trauma, shame-sensitive practice seeks to prevent and repair shame in service and clinical encounters with traumatized clients… and emphasizes the dynamic interplay between the traumatic shame of interpersonal violence, the structural shame of service systems that are not attuned to complex trauma, and direct and indirect forms of shame in the service encounter.

---

115 Tucci, J., Mitchell, J. Porges, S.W., & Tronick, E. 2024, Looking Beyond: Examining the Contribution and Future of the Trauma-Informed Approach. In: Tucci *et al.* (eds), *The Handbook of Traum-Transformative Practice* (pp. 9-50). London: Jessica Kingsley Publishers.

116 *ibid.*

117 Wu, Q & Salter, M 2025, Women's experiences of shame while seeking care for complex trauma: Towards shame-sensitive practice. *The British Journal of Social Work*. https://doi.org/10.1093/bjsw/bcaf101; p2 of 21.

FSV systems that do not recognise the ways in which shame can disable help-seeking, healing, and recovery can create "betrayal trauma" or "institutional betrayal". Such betrayal not only hampers recovery and healing at the time of intervention, but it can also create a level of distrust of FSV and criminal justice services that disable victim-survivors from accessing essential support when they experience more violence. Importantly, the structural shame felt by victim-survivors is deepened when they cannot afford essential mental health service due to financial constraints, which may be "…a source of humiliation, especially when they had to prioritize immediate needs over their longer-term aspirations and goals".[118] For those victim-survivors who choose not to report to Tasmania Police, these essential mental health services may not available. In these contexts, as suggested by Dolezal,[119] victim-survivors may experience "shame anxiety" as an artefact of chronic shame, which increases victim-survivors' anticipation of judgement, labelling, and misunderstanding by criminal justice practitioners.

The RANZCP[120] advocates for mental health services (and their workforce) to be enabled to create "a holistic FV system" that embeds collaboration across mental health and specialist FSV services and enhances referral pathways across the care continuum. Facilitating this networked service delivery requires that all sections of the response and prevention system work towards the same goals, and have a shared language about violence-informed, trauma-transformative, and shame-sensitive practice. In citing Moran and Salter,[121] Wu and Salter[122] argue that:

> **A shame-sensitive service system, therefore, is one that understands, anticipates, and seeks to address shame anxiety through proactive practices that do not remind clients of prior experiences of abuse and humiliation, but offer reparative and perhaps unexpected experiences of dignity and individualized attention.**

118 *ibid*., p15 of 21

119 Dolezal, L 2022, Shame anxiety, stigma, and clinical encounters. *Journal of Evaluation in Clinical Practice*, 28(5), 854-860

120 RANZCP 2021, *Family violence and mental health*. https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/family-violence-and-mental-health

121 Moran, R & Salter, M 2022, Therapeutic Politics and the Institutionalisation of Dignity: 'Treated Like the Queen'. *Sociological Review*, 70, 969–85;

122 *op. cit*. Wu & Salter, p16 of 21.

MODELS OF CARE

In Tasmania, there is no agreed and shared model of care for FSV victim-survivors. While there are examples of how a model of care would work in our contexts—such as the Arch multidisciplinary centre for responding to sexual violence—for family violence more generally, the only model of care offered to victim-survivors is facilitated by Safe at Home. As we have noted above, Safe at Home—and its integrated case conferencing—is only available to those victim-survivors willing and capable of engaging police. This creates a two-tiered response system that cannot account for the needs of vulnerable and marginalised women and children, for whom, contact with the police brings increased individual harms from the resulting escalation of violence, or iatrogenic systemic harms.

This gap in justice and healing pathways is particularly pertinent for First Nations, LGBTIQA+, refugee and migrant, disabled, and culturally and linguistically diverse victim-survivors, all of whom have fraught relationships with police. After more than 30 years of community policing, liaison officers, and sponsors of priority communities, and little change in reporting behaviours of vulnerable and marginalised victim-survivors, it is time to recognise that these fraught relationships with police will take generations to change. Whilst victim-survivors (and at times, their children) continue to be misidentified as the predominant aggressor—and in the case of First Nations people, people in their communities continue to die in police custody—trust in police will remain low, and consequently, reporting rates will remain low for these communities.

In these contexts, Tasmania urgently requires a model of care that accounts for these differences and concerns and fully scopes the needs of all victim-survivors; not just those who are willing and capable of reporting to police. We require a model of care that also fully integrates the FSV sector as a whole, and not just those services that are integrated into the Safe at Home response. Additionally, we need a model of care that

can account for the "rural idyll" and "rural horror" of family and sexual violence far from the metropole.[123]

Dispersed models of care

Given that the Tasmanian population is highly dispersed—and highly networked—it is critical to consider and invest in dispersed models of care. In the context of cost-of-living pressures (including petrol costs), rural and remote victim-survivors are making decisions about their and their children's safety that would not otherwise be a factor in FSV healing and recovery. Relatedly, specialist FSV services working with rural and remote victim-survivors have not received additional funding to accommodate the extra costs they have incurred with recent cost increases in servicing victim-survivors outside the capital and regional cities.

A dispersed model of care for FSV victim-survivors is not a marginal or tangential issue, but one that speaks directly to the inequitable service provision to the 68% of Tasmanians that do not live or work in the capital city. A dispersed model of care must be central to the reimagination of FSV services in Tasmania, and a core component of the National Action plan.

As noted in their report, the issues of rurality and remoteness are not unique to Australia; nor are the service and practice gaps to rural and remote victim-survivors. Vickress suggests that "rural domestic abuse is more than about gaps in services; it is fundamentally a system design issue".[124] The Rural Coordinated Community Response model developed in the UK, maps across the seven principles required for an appropriately place-based response to FSV (see Figure 3).[125]

---

123 Bell, D. 1997, Anti-idyll: Rural horror. In P. Cloke & J.C. Litte (eds.) *Contested countryside cultures: Otherness, marginalisation and rurality* (pp. 94-108). London & New York: Routledge.

124 Cited in Gibbons, S. 2026 (7 July), Policymakers and agencies urged to recognise and address 'invisible' nature of rural domestic violence. *Policing Insight.*

125 Vickress, J. 2026, *Rural Domestic Abuse: The Paradox of Community*. Kington & London: RITA & The Royal Countryside Fund.

Figure 3: Seven principles of a Rural Coordinated Community Response (adapted from Vickress 2026)

In the UK context, Vickress notes that:

> …rurality is still unnamed. What is unnamed is easily unfunded, unmeasured, and ultimately unmet. If women and children in villages, farms, islands, coastal communities and market towns are not visible in national strategy and delivery plans, they risk being excluded in practice, even when the ambition is genuine.[126]

As with the UK, and other western countries, and despite knowledge of our dispersed population, a rural lens is consistently missed in national plans to end violence against women and children. Vickress suggests that when a rural and remote lens is applied to our work, the questions we ask must change, for example:

- What does "access to support" mean when the nearest specialist service is twenty, or even ten, miles away? [or in the case of Tasmania, hundreds of kilometres away]
- What does "leaving safely" mean when there is no local housing option, and you may lose animals, land, childcare, family, friendships or your livelihood?
- What does "risk" mean when stalking is enabled by isolation, and firearms or rural tools of control are normalised? [127]

As we showcase in our responses to the discussion paper prompts, Tasmania has developed a Rural Outreach Specialist program that delivers specialist family violence support directly to women in rural and remote Tasmanian communities, where there

126 *ibid.*
127 *ibid.*

are no local family violence specialist services, limited transport, higher social isolation, and increased vulnerability to coercive control. The dispersed model of care provided by Yemaya to rural and remote victim-survivors is essential for our highly dispersed population. However, it is not funded sufficiently to meet the needs of this victim-survivor cohort.

An additional strategy that we hope to explore in the coming years of the second National Plan is the development of a place-based, non-criminal justice responses to FSV. Neighbourhood Houses, who are already first reporters for some victim-survivors who are reticent to engage police or specialist services, are ideal hubs for brokering safety. Our members and stakeholders consistently talk about the unfunded work Neighbourhood Houses are already doing to support family safety, including supervised visits with the non-protective parent.

Neighbourhood Houses offer a safe place to explore the options available to escape violence without the branding or banners that declare it as a FSV service. Funding a safety broker in each Neighbourhood House will increase the capacity of the sector to respond to victim-survivors outside of the metropole, and for whom, contacting specialist services may be dangerous. These are examples of how we can be place-based and ensure safety and wellbeing of victim-survivors.

SYSTEMS ABUSE IN A HIGHLY NETWORKED POPULATION

As noted at the outset of our submission, Tasmania is a small, highly-networked community, where everyone knows everyone's business—or at least, knows someone who knows. This is both an advantage and disadvantage. Change can be dispersed throughout the community more easily than in large mainland cities,[128] and place-based social disapprobation can transform behaviours.

But it also means that those empowered to support victim-survivors may also be friends and family members of those who use violence. This can lead to a dangerous

[128] Which is best illustrated by the transformation of Tasmania as the most regressive state in relation to LGBTIQA+ rights, to leading the nation on many legislative and policy reforms for the community. This transformation of attitudes to LGBTIQA+ has happened in just over 25 years.

protection of perpetrators, minimisation of harm to victim-survivors, and unequal access to justice. This is an especially heightened risk in rural and remote communities, where victim-survivors can be completely ostracised for seeking justice, and be misidentified as the predominant aggressor as a form of systems abuse.

Systems abuse is rife throughout the FSV response system—especially in Family Court matters—and is not only engaged in by perpetrators but also their supporters, including criminal justice practitioners such as police and defence lawyers. Even when perpetrators are held to account for their violence, as one victim-survivor in their response to our survey on the *Family Violence Act* noted, the person who used violence may have been convicted and imprisoned but their family and friends escalated the violence by way of systems abuse, including reporting her to Advice and Referral Line for child abuse.

COMMISSIONING FOR NEED NOT POPULATION LEVELS

It is obvious from what we have detailed thus far that resourcing of the FSV sector in Tasmania is woefully inadequate, and with increasing state debt, this situation is unlikely to change any time soon.

We are the state with the highest reported rates of FSV, yet also the state with the fewest resources to respond to that increased victimisation, and in a context where the primary FSV legislation does not even cover all forms of family and sexual violence.

While Tasmania receives more than its share of the GST, this is still not enough to adequately fund the social services required to prevent and respond to family and sexual violence given the State Government's low prioritisation of this work. As we note in our Executive Summary, the Tasmanian context makes it an ideal site to trial innovative strategies and pilot new approaches to preventing and responding to FSV. However, the Tasmanian Government does not have the will or resourcing to do so.

We suggest that a more equitable approach to actioning the National Plan is to allocate funding not on the capacity of organisations to develop a competitive grant (as too few of our Tasmanian services are resourced or staffed for this work), nor on per capita.

Rather, we suggest that **there is a need to shift to a model that allocates funds to those regions in most need**, including FSV service "deserts" in north, west and mid-west rural and remote Tasmania. **Simultaneously, we need federal and state governments to commit funds to address the existing, evidenced, unmet needs of victim-survivors—especially crisis housing and alternative justice pathways to safety**. As with the work of Respect Ballarat, for some communities in Tasmania there may be a need for a saturation model to shift attitudes and behaviours.

In the next sections, we respond to the consultation prompts contained in the discussion paper through the lens of tertiary, secondary, and primary prevention. Given we have built all layers of prevention into our responses, we have not provided a specific response to those prompts linked to Priority 2 (Prevention & Early Intervention). The Alliance believes that all work undertaken by the FSV sector is preventative; whether that is preventing the adoption of violence-affirming behaviours and attitudes, preventing an escalation of violence for an individual victim-survivor, or responding to the crisis needs of a victim-survivor escaping real-time violence. In the following sections we consider both prevention and early intervention—as well as tertiary prevention—in relation to Priority 1 (Victim-Survivors), Priority 3 (Children & Young People), Priority 4 (People who Use Violence), and Priority 5 (System Integration & Workforce).

PRIORITY 1: VICTIM-SURVIVORS

TERTIARY

- Non-policing pathways to safety planning & exit strategies
- Fully integrated "staying home, leaving violence" response
- Fully funded emergency housing & FSV rent assistance
- Mortgage rebate scheme for FSV victim-survivors
- Dedicated & enhanced funding for FSV legal aid
- Place-based FSV services, including forensic services
- Dedicated resourcing for victim-survivors on TPVs
- Support for older people experiencing FV & elder abuse
- Arts-based & creative therapy for trauma processing
- Enhancing law, policy and practice to recognise animal abuse as family violence

SECONDARY

- National public register of recidivist & aggravated offenders
- National case management system coordinated by independent agency
- Integrated case management & risk assessment tools to track victim-survivors' healing pathways
- Reforms to Family Court and family law to prioritise the needs of protective parents and children
- Audit and remediation of systems abuse opportunities
- Upstander training to empower CYP, parents, work colleagues, neighbours, & friends to intervene
- Enhancing warm referral pathways for non-specialist services who have contact with victim-survivors & PUV

PRIMARY

- Deflecting (re-)victimisation programs such as Shark Cage
- Empowering women & children to recognise healthy relationships, coercive control, & red flags
- Ongoing public awareness campaign on extent & impact of FSV victimisation
- Prebunking myths about FSV victimisation
- Needs-based, not population-based, funding
- Development of complementary program to SPEAK UP! Stay ChatTY for FSV

In response to the discussion paper prompts, in this section we scope a few impactful service or system responses, as they relate to the various levels of prevention, and the needs of diverse victim-survivors. **We preface this discussion with the proposition that adopting universal design principles for all responses to and prevention of FSV means we must take the needs of diverse communities not as outlier experiences but as templates for better practice.** The place-based, bespoke needs of diverse communities—such as victim-survivors who are First Nations, CALD, LGBTIQA+, and/or disabled people and those on temporary visas—may offer insights into better practices and responses for all victim-survivors.

While some of the challenges, barriers, strategies and actions we scope in this section are relevant to the needs of children and young people who experience FSV, we focus on their needs in the next section on Priority 2: Children and Young People, as well as scoping a few bespoke strategies for young people who use violence in the section on Priority 4.

Additionally, we note from the outset that existing strategies to upskill police to respond to FSV are not meeting the expectations and needs of victim-survivors. Anecdotally, members have been informed by Tasmania Police that their officers do not need to be experts on FSV to do their job. However, the low reporting rate to police by our engaged victim-survivor members (only 62% had contacted police), along with ongoing issues with misidentification of the predominant aggressor and person most in need of protection points to significant gaps in service delivery to victim-survivors and their children.

The Alliance and its member organisations continue to hear of appalling and distressing encounters with police—especially in rural and remote Tasmania—who do not recognise coercive control and do not believe that coercive control constitutes family and sexual violence. Some of our members are keen to explore the multidisciplinary approach adopted for responding to sexual violence in Tasmania (Arch centres), while others suggest that a co-response model that matches police with FSV specialist practitioners in all FSV call outs would address the lacuna in police knowledge and skills.

As we have noted throughout this submission, Tasmanian FSV services are barely funded to respond to the very limited definition of family violence in our jurisdiction, let alone the primary prevention work required to end all forms of family violence. Tasmanian FSV services are rarely funded for prevention work, and even when they are, it is insufficient to have the ongoing and long-term impact required to change embedded cultural attitudes about, and violent behaviours towards, women and children. Additionally, they are, for the most part, funded on short-term project grants that disable organisations' capacity to build rapport and trust with the communities they work with in preventing violence. **One-off, short-term grants cannot achieve the intergenerational cultural changes required to end violence against women and children.**

All too often when we consider prevention, the focus is on primary prevention and preventing men's violence. However, strategies must also address the secondary and tertiary prevention opportunities, especially in ensuring victim-survivors' immediate needs for safety, as well as building victim-survivors' capacity to recognise and respond to red flag behaviour.

Suggested Action 1:	That the Federal Government realigns funding rounds for FSV services to match the timeframes of national action plan, and ensures ongoing funding—subject to oversight and evaluation—to response and prevention FSV services
Suggested Action 2:	That the Federal Government recognises that prevention of violence against women and children requires intergeneration work, which is underpinned by intergenerational funding
Suggested Action 3:	That the Federal Government work with state governments and their policing agencies to create a multi-disciplinary model for responding to and preventing violence against women and children
Suggested Action 4:	That the Federal Government funds Tasmania Police to develop and trial a co-response model that matches frontline police and specialist FSV practitioners in responding to all FSV
Suggested Action 5:	That the Federal Government works with the FSV sector to develop universal design principles in the establishment of new programs and reform of existing programs

PRIMARY PREVENTION

It is critical that the National Plan to End Violence against Women and Children considers primary prevention for both people who use violence (discussed under Priority 4) *and* victim-survivors. Empowering girls and women to make healthy relationship choices, and to be able to identify relationship red flags, is as important as empowering boys and men to navigate around and defect increasingly violent misogyny.

In their theory of change for preventing violence against women and children, Our Watch suggests that we need to work across five areas to enliven a world that respects women and girls and ensures their safety and wellbeing. Moving from strengthening prevention foundations, to remediating the drivers of gendered violence, to adequately funding increased demand for FSV services, to prevalence of violence rates reducing first over 12 months, then lifetime prevalence declines. However, underpinning this theory of change is a gender-based model of the drivers, which as noted earlier may not capture the dynamics of all family and sexual violence.

Centring dominant forms of masculinity and cultures of masculinity that emphasise aggression, dominance and control may address the cisnormative heterosexual drivers of violence against women and children. However, centring masculinity—rather than power and control—leaves other victim-survivors of family and sexual violence without a theory of change that reflects their experiences. Diverse communities experience diverse forms of family violence, some of which emanate from women and non-binary people. Additionally, the drivers of elder abuse, adolescent violence in the home, intrafamilial hate crime, and sibling abuse are left without a theory of change.

The maturation of our models of change and understanding of the drivers of violence have stalled despite consistent calls across legislation, policy, and practice for a more inclusive approach. Incorporating the experiences of all victim-survivors requires that we no longer see violence against diverse communities as outliers requiring service-enhancements for their unique circumstances. “Nothing about us, without us” may be a catchphrase from the disability community, but it applies equally to developing

responses to family and sexual violence that are inclusive, and this may mean we need to develop new models of change.

Suggested Action 6: That the Federal Government, in conjunction with state governments and the FSV sector, commit to the development of new models of change that reflect the broad range of experiences of family and sexual violence

Suggested Action 7: That the Federal Government resource the inclusion of diverse communities and victim-survivors to contribute to the development of a more robust theory of change

Primary prevention for victim-survivors—as opposed to people who use violence—has in large part focussed on empowering girls and women to recognise their human rights and to make healthy relationship choices, and, at the macro-scale, increase their financial independence, public and social citizenship, control over (re)production, and eliminating gender discrimination and harassment on the streets, in our workplaces, in service delivery (including health and justice), and in educational institutions. These are not quick and easy goals, and require sustained, intergenerational work on changing cultures that support violence against women and children and shifting attitudes and beliefs about the role of women in societies.

Just as with public disclosure schemes (such as that implemented in South Australia over eight years ago), giving girls and women the power to assess the risks of entering into new relationships,[129] and the tools to recognise the early warning signs of coercion, and family and sexual violence, could have a significant impact on the risks faced by girls and women. This approach is best illustrated by the Shark Cage program.

[129] South Australia has had a family violence disclosure scheme for over eight years, and Victoria is considering the adoption of such as scheme. However, the success of such a costly early intervention is undermined if these are only state-based databases. Both victim-survivors and their children, and people who use violence, move across state borders, and as such, a national database is required if the preventative impact is going to be felt by all victim-survivors and those entering into new relationships.

The Shark Cage Program[130]

The Shark Cage program is underpinned by a universal human rights framework, which empowers girls and women to recognise themselves as rights holders in their intimate relationships. In addition to upskilling girls and women to recognise the characteristics of abuse, the program develops participants' capacity to set boundaries, use assertive communication, decrease self-blame and shame, increases skills in self-care, self-worth, and connection to their bodies, and increases their ability to recognise a potentially abusive or exploitative person.

The program is adapted for adult and young participants and can be delivered individually or in groups. The Shark Cage Program for Young Women has been piloted and reviewed by at least two schools, with feedback indicating that girls and young women completing the course are now able to pay attention to their gut instincts, take positive action to enliven their rights, stop sharks coming into their lives, and "ditch a relationship if something is wrong".

The Shark Cage metaphor articulates the five steps required to ensure girls and women have agency and autonomy to choose healthy relationships. In the program developed by Dr Ursula Benstead, participants are stepped through a program that:

- Introduces the Shark Cage metaphor
- Renovates the Shark Cage
- Fixes the Shark Cage alarm
- Defends the Shark Cage
- Identifies sharks and dolphins

Empowering women and girls to be active rights holders, recognise and be aware of their early warning systems, and to develop their own Shark Cage alarms to prevent gender-based violence is an essential, but often missed, primary prevention strategy. Shark Cage is run across many schools, and in conjunction with Alliance members, SIS (Support, Information, Strength) and Yemaya.

Whilst we need a system that deflects gender-based violence by empowering girls and women to recognise healthy relationships and the early warning signs of violence, we need to do this as responsive, place-based work. Expecting girls and women to engage with formal FSV systems and supports without knowing that what they are experiencing is family and/or sexual violence defeats our efforts to prevent this violence.

The Alliance suggests that the aims of the Shark Cage could be adapted to create a complementary program for boys and young men. It is not enough to empower girls

130 Benstead, U 2026, *The Shark Cage Program for adult women*. https://thesharkcage.com/the-shark-cage-program-for-adult-clients/

and young women to recognise and choose healthy relationships, boys and young men must also have access to this information and skillset. Boys and young men also need to know if the behaviours they exhibit makes them a shark or a dolphin, how consent is an active, ongoing process in relationships, and that violence against their partners are human right violations. Upskilling boys and young men to be active rights-holders and building their capacity to be dolphins increases their role in averting FSV but also increases their capacity to intervene early in their peer networks to call out shark behaviours, and call in their peers to respect and support their and girls and young women's human rights. Such an approach also addresses the significant response service gaps for male victim-survivors, for whom, there are virtually no crisis or even healing and recovery systems in place to address the drivers of the family violence they experience.

Suggested Action 8:	That the Federal Government fully funds the Shark Cage program to roll out to **all** public primary and secondary schools in Tasmania, and mandate Tasmanian private and independent schools to implement the program
Suggested Action 9:	That the Federal Government works in conjunction with Shark Cage to develop a complementary program for boys and young men
Suggested Action 10:	That programs such as Shark Cage are delivered in conjunction with, and complementary to, consent and relationship education delivered by specialist SV services in addressing consent and understanding grooming behaviours

SECONDARY PREVENTION

Addressing the need of victim-survivors in crisis is essential to stopping violence as it is occurring; however, building the capacity to remain safe over their lifecourse requires secondary and tertiary prevention strategies. These more intensive, individualised responses are necessary to respond to the immediate safety needs of victim-survivors and their children, and to empower women and girls to avoid revictimisation. However, addressing the needs of those already at risk of experiencing violence—i.e. secondary prevention—is applicable to a range of individual, social, and institutional contexts.

Public disclosure schemes

Public disclosure schemes for child sex offenders have existed in Australia for over 25 years, and despite clear evidence that these schemes have a limited impact on preventing sexual violence against children and young people,[131] they continue to garner widespread community support.[132] In the case of sexual violence against children by adults, too few offenders are formally recorded in police systems, and too few of offenders are unknown to the victim-survivor[133] and their family to have the impact necessary for changing the story on childhood sexual abuse.

Our member organisations who specialise in supporting victim-survivors of sexual violence advocate for a primary prevention strategy, as it is impossible to know who is a CSA offender. Given that approximately only 7% of those who engage in this violence are charged and only 5% receive a custodial sentence,[134] these types of databases are likely to generate a false sense of security rather than prevent violence. With so few offenders known to police, and so many of those same offenders already known to victim-survivors and their families, the effectiveness of public disclosure schemes in preventing CSA is significantly abridged.

Conversely, however, given the higher likelihood of having been reported to police and/or to have had a family violence order applied, public disclosure schemes for family and intimate-partner violence may be more effective in identifying recidivist offenders, especially if such a database is coordinated nationally. State-based disclosures schemes, such as that implemented in South Australia in 2018, are more likely than sex offender disclosure schemes to contain information critical to women and children's decision-making about safety in the home.

---

131 Hall, M. 2019 (10 January) Sex offender registries don't prevent re-offending (and vigilante justice is real). *The Conversation*; *Issues in Crime and Criminal Justice*, No.55. Canberra: Australian Institute of Criminology; Belzer et al. 2021, The effectiveness of sex offender registration and notification: A meta-analysis of 18 evaluation studies. *Journal of Experimental Criminology*, 18(3), 369–392; Prescott, J.J. & Rockoff, J.E. 2011, Do sex offender registration and notification laws affect criminal behavior? *Journal of Law and Economics*, 54(1), 161–206.

132 Napier, S., Dowling, C., Morgan, A., & Talbot, D. 2018, What impact do public sex offender registries have on community safety. Canberra: Australian Institute of Criminology.

133 Thought to be as low as 21%; Sullivan, T., McAlister, M., Cricknell, S. 2025, *Sexual offending in Australia 2022–23*. Canberra: Australian Institute of Criminology;

134 Gilbert, G. 2024, *Attrition of sexual assaults from the New South Wales criminal justice system*. Sydney: Bureau of Crime Statistics and Research

In their evaluation of the South Australian disclosure scheme, Hadjimatheou & Seymour[135] found the wraparound support integrated into that reporting and disclosure scheme ensured that victim-survivors seeking information were supported in seeking this information, and in safety planning after disclosures. Rather than simply notifying applicants of the presence of a person on the database, the South Australian program uses this information-seeking process as a critical secondary prevention opportunity. Irrespective of whether they are eligible for disclosure, a disclosure is made, or they have reported FSV to police, every applicant is offered at the time of application:

- Trauma-informed support in navigating the system and the consequences from seeking a disclosure
- Domestic violence education,
- Risk assessment,
- Safety planning,
- Onward referrals, and
- Psychological support.

This secondary prevention approach taken in the implementation of their disclosure scheme captures the intent of both secondary and tertiary prevention, given that 86% of applicants were not receiving support at the time of application, and 67% had never received such support for the FSV they had experienced.[136] The evaluation clearly demonstrates the effectiveness of this approach, with the authors finding that 99% of applicants were satisfied with the SA Police and DFVS service response, and 98% of applicants found the disclosure helpful in making decisions about their personal safety.[137]

While the state-based approach adopted by South Australia is an important step in providing the additional protection of a family violence register and disclosure

135 Hadjimatheou, K. & Seymour, K. 2024, The South Australian Domestic Violence Disclosure Scheme 2018-2024. Adelaide & Essex: Flinders University & the University of Essex.
136 *ibid*., p. 3.
137 *ibid*., p.18.

scheme, as Australians are highly mobile between jurisdictions, it is important that any further development in this space is nationalised.

Suggested Action 11: That the Federal Government provide ongoing, secure funding to primary prevention programs that aim to strengthen children and young people's capacity to understanding consent, bodily autonomy, and right to safety

Suggested Action 12: That the Federal Government, in conjunction with state governments and the FSV sector, convene a roundtable to explore the development of a national family violence public disclosure scheme similar to that provided to South Australians seeking to establish healthy relationships and/or exit violent relationships

Suggested Action 13: That the Federal Government underwrite state policing organisations' work on developing the capacity to record data in a national disclosure register, and to support applicants seeking a disclosure

Suggested Action 14: That the Federal Government funds a comprehensive evaluation of the South Australian family violence disclosure scheme to identify capacity for practice transfer to other jurisdictions, impact on changing the behaviours and attitudes of people who use violence, and on the safety planning and violence prevention required by victim-survivors

Suggested Action 15: That the Federal Government provide additional funding to FSV services to provide wraparound support to disclosure applicants

Suggested Action 16: That the aim of a national public disclosure scheme is not limited to safety planning but also utilises this contact with women and children at risk of violence to initiate primary, secondary, and tertiary prevention strategies on application.

Peer support and learning

As we note elsewhere, strategies that embed safety brokers in spaces already used by victim-survivors—such as schools, Neighbourhood Houses, general practitioners—bypasses the barriers often attached to formal help-seeking. Testing with others that their experiences constitute gender-based violence is often the first step in deciding to leave violence. A best practice model adopted by Huon DV in southern Tasmania illustrates clearly the impact that can be achieved by simply bringing women and girls together to tell their stories in a forum such as Women's Circles.

Huon DV Women's Circle

The Women's Circle provides group-based support for women experiencing or recovering from family violence in one of Tasmania's most remote regions. Facilitated by a specialist worker and community connector, this model addresses the profound social isolation that both enables violence and impedes recovery. This model creates a soft entry point for women to engage with services through consistent peer connection, trauma-informed practice, skill building and community-led design.

Social isolation is both a consequence and a tactic of family violence. In rural communities, isolation intensifies through geographic distance, limited transport, small populations where disclosure feels risky, and perpetrators who systematically cut women off from family and friends.

Rural masculinity and values create additional barriers to believability and help-seeking. Traditional one-on-one counselling cannot address the critical need for peer connection and community belonging. For many women, the Women's Circle is their only regular social outlet and only contact with professional support.

Meeting weekly, the Circle provides:

- Peer support reducing isolation and shame,
- Co-designed programming alternating between creative activities (art-making, card-making) and personal growth workshops using trauma-informed group work,
- Psychoeducation on family violence, trauma, and women's health,
- Skill-building in boundary-setting, self-care, and resilience,
- Connection to individual outreach appointments, and
- Professional support in an accessible, non-threatening setting.

For the 12-15 women who attend weekly, the impact is transformative. As participants shared: "I wouldn't leave the house if I didn't have the circle to attend" and "the Women's Circle is the highlight of my week."

The Circle becomes community and a space where they feel understood and safe. One young woman, isolated by her former partner on an extremely remote property without a license and living in a tent with two young children, connected with the Circle. She has since navigated separation, planned to get her license, and received community support including a donated caravan. Other participants now transport her weekly to Circle meetings, demonstrating the genuine community created. Since establishment two years ago, referrals have significantly increased, proving that this model successfully reaches previously invisible, isolated women.

The Women's Circle is partially funded through the 500 Workers program. Without adequate federal investment, the women's circle may be unable to continue to support the healing and connections that are vital to recovery.

Public Health Network Model

Increasingly, frontline FSV services are recognising the instrumental role of systems navigators in supporting victim-survivors to avoid revictimisation or the escalation of

violence. In the Tasmanian context, where there is limited joined up services, and victim-survivors and their children must navigate between the gaps in services, the role of systems navigators is critical, especially for those in rural and remote locations, and/or have bespoke needs, such as victim-survivors with disability, First Nations, LGBTIQA+, CALD victim-survivors, and victim-survivors on temporary visas.

Systems navigators join up service delivery to victim-survivors and their children in contexts that are amiable to safe disclosure. Medical appointments with general practitioners do not bring with them the labels, fears, and shame that some victim-survivors can experiencing in accessing specialist FSV services. These approaches recognise the critical role that health practitioners can play in identifying FSV and providing warm referrals to specialist services.

The Primary Care Outreach Program (PCOP) coordinated by the Primary Health Network offers a model of such an approach to systems navigation.[138] Clustered around the central role of Integration Coordinator—who ensures that all health and social needs of mapped and met—this model brings together health and allied health practitioners, and paediatric care teams to women in crisis to support their pathway to healing and recovery. Working directly with victim-survivors in crisis accommodation, then later in longer-term transitional accommodation, the PCOP offers victim-survivors a whole-of-systems response, including brokerage funds to enable victim-survivors to access the health and support needs necessary for escaping violence in a context of financial precarity.

This place-based approach is currently being trial in Tasmania by Laurel House. Their Regional Service Integrators program is in partnership with Sexual Assault Support Service and Engender Equality. They are also trialling a similar service navigator model in conjunction with Women's Legal Service Tasmania.

138 Primary Health Network n.d., *Domestic and Family Violence (DFV) Primary Care Outreach Program Model of Care (MoC)*. NSW: PHN.

Service and System Navigators

Regional Service Integrators: Laurel House's Regional Service Integrators program is funded by Primary Health Tasmania (through the federal government's primary health networks program). This is short-term funding, which is not guaranteed beyond the trial period. The newly created position of Service Integrator coordinates service access and support to victim-survivors. The program also works directly with health practitioners to build their capacity to recognise, respond, and refer victim-survivors to specialist FSV services. The program aims to:

- Provide a FDSV referral support service for General Practices (GPs) and Aboriginal Medical Services (AMSs)
- Undertake capacity building activities with GPs and AMSs about FDSV
- Undertake capacity building activities with FDSV services about GPs and AMSs
- Apply the expertise of victim-survivors of FDSV in undertaking the core activities of the program, and
- Participates in research and evaluation of the PHT pilot.

Tasmanian Sexual Violence Legal Service Pilot: The Tasmanian Sexual Violence Legal Service is a new, two-year pilot program aimed at improving victim-survivors' access to specialised, independent, and trauma-informed legal assistance and justice system navigation. The pilot will run for two years and conclude on 30 June 2028.

In north and north-west Lutruwita/Tasmania, it is delivered through a partnership between Women's Legal Service Tasmania (WLST) and Laurel House, with each organisation providing a distinct but complementary part of the service.

WLST delivers the legal component of the pilot. Its lawyers provide free, confidential and independent legal advice and assistance to help victim-survivors understand their rights, options and entitlements across criminal and related legal matters. This may include advice about reporting to police, victims of crime assistance, family violence, family law, child safety, employment, discrimination, sexual harassment and other legal issues arising from sexual violence.

The Justice System Navigator is based within Laurel House, a specialist sexual assault support service. The Navigator does not provide legal advice. Instead, they walk alongside victim-survivors as they consider, pursue and experience justice in ways that are meaningful to them. This may include explaining justice processes in accessible language, preparing victim-survivors for interactions with police, prosecutors and courts, supporting them during appointments and proceedings, conducting risk assessments and safety planning, coordinating referrals, and advocating across legal and non-legal systems. Support is available whether or not a victim-survivor reports to police or participates in criminal proceedings.

Locating the Justice System Navigator within Laurel House enables victim-survivors to access navigation through a trusted, trauma-informed specialist service, while the partnership with WLST ensures that legal questions are addressed by lawyers. This maintains clear boundaries between legal advice, justice navigation, and therapeutic support while providing a more coordinated pathway between them.

The pilot is in response to Recommendation 1 of the Australian Law Reform Commission's report, *Safe, Informed, Supported: Reforming Justice Responses to Sexual Violence*.

Providing this type of support, where victim-survivors are most likely to first report experiences of FSV outside of kinship networks—i.e., in health settings and appointments with general practitioners—and combining the specialist knowledge of sexual violence and legal support, not only initiates a wraparound service, but it also does so within a safe context that guides victim-survivors to identify what justice may mean to them.

Suggested Action 17:	That the Federal Government expands the Primary Health Networks Program and enhances its funding source to enable the expansion of systems navigator roles in FSV specialist services
Suggested Action 18:	That FSV services are funded and resourced to work in collaboration with the health sector to provide systems navigation
Suggested Action 19:	That FSV services are funded and resourced to work in collaboration with the community legal sectors to provide systems navigation
Suggested Action 20:	That the Federal Government allocate bespoke funding to specialist community legal centre (e.g., Tasmanian Women Legal Service) to assist victim-survivors and their children to identify and navigate their pathway to justice

Upskilling FSV Specialists to Work with Diverse Victim-Survivors

Another secondary prevention strategy essential to deflecting family and sexual violence is the upskilling of FSV specialist workers to engage with diverse victim-survivors. First Nations, LGBTIQA+, disabled, and CALD women and girls and those on temporary visas continue to have their experiences of FSV not recognised by mainstream services, especially those services activated only through police contact, such as Safet at Home.

Additional training and professional development is urgently needed for all practitioners working across FSV systems, but especially police given they are the only pathway to a crisis family violence response in Tasmania. In particular, the failure to upskill FSV services such as the police, significantly impacts on the willingness and capacity of First Nations women and their children to engage in state-sponsored programs given that they are too often misidentified as the predominate aggressor and identified as the person least in need of protection. While misidentification occurs with other victim-survivors (especially marginalised or vulnerable victim-survivors),

the impact of systemic racism layers the harms generated by current criminal justice responses to FSV.

Additionally, unlike most victim-survivors, Aboriginal and Torres Strait Islander victim-survivors must also consider the risk of being criminalised and detained for non-FSV matters whilst seeking support from police due to FSV victimisation. The case of Ms Dhu in Western Australia illustrates clearly how seeking police support for family violence can lead to institutional violence from police and deaths in custody.[139] Whilst occurring in another jurisdiction, the case of Ms Dhu in Western Australia is an exemplar of the racist attitudes, and systemic violence, which adheres to a criminal justice response to FSV experienced by First Nations victim-survivors. In these contexts, as such, Aboriginal-led, co-designed strategies (such as those highlighted below in prevention across the continuum) are essential. But without significant investment in FSV Aboriginal Community Controlled Organisations (ACCOs), attention and funding must be directed to upskilling the mainstream FSV sector to be culturally safe and inclusive of the needs of a wide range of diverse victim-survivors.

TERTIARY PREVENTION

The evidence is clear; once victimised, girls and women have at least a fifty per cent chance of experiencing violence again. Around 50% of survivors of sexual violence experiencing revictimisation later in life,[140] and 68% of survivors of family violence report revictimisation from the same or different intimate-partner.[141] Additionally, experiences of child sexual abuse were strongly correlated with revictimisation as an

---

139 Inquest into the death of *Ms Dhu* (Coroner's Court of Western Australia, State Coroner Fogliani, 16 December 2016).

140 Walker, H.E., Freud J.S., Ellis R.A., Fraine S M., and Wilson L.C. 2019, The Prevalence of Sexual Revictimization: A Meta-Analytic Review. *Trauma, Violence, & Abuse*, 20(1), 67–80; Kühner, C., Emmelkamp, J., Goudriaan, A.E., de Waal, M.M., & Thomaes, K. 2025, Revictimisation Across Types of Interpersonal Violence: A Meta-Regression Analysis of PTSD and Associated Factors. *Stress Health,* 41(4): e70079; Corbett, E., Power, J., Theobald, J., Edmonds, L., Wright, K. & Hooker, L. 2024, The normalisation of sexual violence revictimisation in regional and rural areas: Our failure to respond. *Australian Journal of Social Issues*, 59, 443–461.

141 Australian Institute of Health and Welfare 2018, *Family, domestic and sexual violence in Australia 2018*. Canberra: AIHW; Jiang, J., Shlonsky, A., & Featherston, R. 2026, Intimate Partner Violence and Victim-Survivors' Self-Assessed Risk of Revictimisation: A Systematic Scoping Review. *Trauma, Violence, & Abuse*. DOI: 10.1177/15248380261437840; Bellot A., Muñoz-Rivas M. J., Botella J., & Montorio I. 2024, Factors associated with revictimization in intimate partner violence: A systematic review and meta-analysis. *Behavioral Sciences*, 14(2), 103; Cole J., Logan TK., & Shannon L. 2008, Women's risk for revictimization by a new abusive partner: For what should we be looking? *Violence and Victims*, 23(3), 315–330

adolescent and adult, with CSA victims-survivors 3.54 times more likely to experience IPV in adulthood, and 2.84 times more likely to experience sexual assault as an adult.[142] In their research with LGBTIQA+ victim-survivors, the authors found a direct line between lifecourse re-victimisation and significantly high rates of suicidal ideation and attempted suicide.[143] Taking a lifecourse victimisation approach to our preventative work necessarily requires us to respond preventatively to first reported victimisation to ensure that revictimisation is averted, and to assist victim-survivors to stay home but leave violence.

Stay home, leave violence

As noted earlier, Safe at Home is the primary crisis response to family violence in Tasmania, and there is no comparable commitment to be safe at home for victim-survivors of sexual violence outside the context of family violence. **Too often, it is the person using violence that gets to enjoy the safety and comfort of home.** In a context of 8 in 10 victim-survivors seeking crisis accommodation from the north-west Tasmanian Women's Shelter being turned away by services already burdened by unmet needs,[144] limited short- or long-term accommodation, and virtually no affordable rental vacancies in Tasmania, we need another approach to leaving violence and staying safe at home.

While the need for crisis and emergency housing will remain for some victim-survivors, a suite of stay home, leave violence measures could significantly enhance the opportunities for girls and women to secure their safety from all forms of gender-based violence, including sexual violence. The focus on these types of strategies are almost always on the needs of family violence victim-survivors, and rarely considered in terms of sexual violence, of which, the vast majority in Tasmania occurs in and around the victim-survivor's and/or offender's home. Staying home and leaving violence should

---

142 Coid, J., Petruchevitch, A., Feder, G., Chung, W-S., Richardson, J., & Moorey, S. 2001, Relation between childhood sexual and physical abuse and risk of revictimisation in women: a cross-sectional survey. *The Lancet*, 358(9280), 450-454.

143 Layard, E., Parker, J., Cook, T., Murray, J., Asquith, N.L., Fileborn, B., Mason, R., Barnes, A., Dwyer, A., & Mortimer, S. 2022, *LGBTQ+ people's experiences and perceptions of sexual violence*. Sydney: ACON.

144 ShelterTas & Hobart Women's Shelter 2024 (15 March) Media Release: Safety of Tasmanian women and children at risk due to housing crisis. Hobart: ShelterTas; Hobart Women's Shelter 2022, *Response to the Consultation Brief for the Third Tasmanian Family and Sexual Violence Action Plan*. Hobart: WHS.

not be a strategy only offered to family violence victim-survivors. Victim-survivors of sexual violence also need to find ways to be safe at home, and some existing and proposed family violence strategies are ripe for translation in responding and preventing sexual violence.

In particular, we have recommended to the Tasmanian Government in its recent consultation about changes to the *Residential Tenancy Act* that all provisions for family violence—such as no-fault end of tenancy agreements and changing locks and security—be extended to victim-survivors of sexual violence, especially those who are co-tenants or neighbours of the person who used violence.

Costs of escaping violence

The more significant gap in our tertiary prevention strategies is the financial costs of escaping family and sexual violence. As our member organisation, Laurel House has proposed in their submission to this consultation, we believe that the current provisions for family violence victim-survivors (such as the Escaping Violence Payment and family violence leave entitlements) should be extended to sexual violence victim-survivors.

Additional funds should also be automatically made available to sexual violence victim-survivors to cover the costs of seeking justice and recovery. Too often rural and remote victim-survivors must cover the significant costs associated with travel to and from their home communities to access essential justice responses. The most critical of which is accessing Forensic Medical Examinations after sexual assault. This central component of justice seeking is not available throughout Tasmania, and victim-survivors must cover the costs of travelling long distances to access a Forensic Medical Examination in the regional or capital cities, whilst at the same time attempting to secure any forensic evidence they may have on their bodies. In some cases, when a sexual assault occurs before 5pm in northern or north-western Tasmania, victim-survivors must remain in the clothes and not shower until the FME becomes available after hours. Our members have also needed to intervene to support victim-survivors who are on temporary visas, who were invoiced for the costs of the FME.

At times, even these scant services are not available in the two regional cities of Launceston and Burnie due to the lack of locally available training, high burnout of these specialists, and the requirement for these to be conducted primarily by doctors. As Laurel House proposes, additional resourcing is required to upskill allied health workers to conduct these forensic examinations locally in rural and remote communities, and that there is always at least two trained practitioners in each city to conduct these examinations at any hour of the day or night.

We also propose that given the aims of Safe at Home and in the context of no available low-income rentals in Tasmania, that funding is required to underwrite the transition period of escaping violence and staying at home. Many victim-survivors, as a consequence of coercive control, do not have financial independence or do not have their own bank accounts. In the context of the primary income earner (ideally) being removed from the home, victim-survivors are forced to relinquish tenancies or mortgaged homes because they are unable to cover the costs. This places them in the risky situations of being homeless, often whilst still being the primary protective parent of children. Their homelessness can then be a trigger for a child protection inquiry. In this respect, victim-survivors have few safe choices for escaping violence and remaining safely at home.

An additional cost of escaping violence, and one that is too often a barrier to escaping violence, is the lack of services and funding to support victim-survivors to relocate with their domestic and farm animals.[145] Animal abuse disclosures are a key indicator of FSV risk,[146] and threats to harm animals are a clear indicator of coercive control and are "potential indicators of wider family risk 'not side issues'".[147] Yet, we expect victim-survivors to leave their animals behind in escaping violence, which can lead to ongoing threats and harm to those animals when exiting violent relationships. Relocating domestic and farm animals not only reduces the opportunities for ongoing violence, but it also contributes to victim-survivors' recovery and healing pathways.

---

145 Taylor, N. & Sutton, Z. 2026 (27 July), Protecting pets in domestic violence cases will take more than a law change. *The Conversation*.

146 *op. cit.*, Gibbons, S. 2026 (2 June)

147 *op. cit.*, Gibbons, S. 2026 (7 July)

A final cost of surviving and escaping violence is the expense incurred by victim-survivors in ensuring they are not being tracked and surveilled by the person who has used or continues to use violence against them. The tech-facilitated violence of tracking devices is an insidious form of control that victim-survivors are often unable to resolve without the assistance of specialists who can scan cars, homes, and everyday objects for GPS tracking and air tags, and tracking apps on their phones. In our survey of victim-survivor members early in 2026, one victim-survivor only found a tracking device when her daughter's school bag was damaged, and an air tag was found.

Safe at home must include safe at home without surveillance. So too should women and girls be safe from unhindered surveillance that has accompanied the widespread access to smart glasses. Already, these glasses have been used by men who randomly accost a woman on the streets, record her reaction, then weaponise this recording by sharing it online. As with the development of AI—and associated nudification and deepfake software—these technologies have developed largely without regulation, and have been quickly adopted by those who are opposed to gender equality and have violence-affirming beliefs, attitudes and behaviours.

Given the specialist skills and technology to identify tracking devices and apps, we suggest that the Federal Government, along with state governments and their policing agencies, have a responsibility to victim-survivors in regulating the non-consensual use of tracking devices and app, and in assisting them to identify such devices and apps.

Suggested Action 21:	That the Federal Government establish a Sexual Violence Recovery Payment scheme for all victim-survivors of sexual violence within and outside of a family violence context
Suggested Action 22:	That the Federal Government directs state governments to amend residential tenancy legislation to extend family violence provisions to sexual violence victim-survivors
Suggested Action 23:	That the Federal Government establish a Leaving Violence rental subsidy scheme for victim-survivors of family and sexual violence
Suggested Action 24:	That the Federal Government establish a Leaving Violence mortgage rebate scheme for victim-survivors of family and sexual violence

Suggested Action 25: That the Federal Government explore the timelines to approval for Leaving Violence payments with the goal that these funds are made available within 48 hours irrespective of whether a victim-survivors reports to police or not

Suggested Action 26: That the Federal Government expands the family and domestic violence leave provision in the *Fair Work Act 2009* to include sexual violence that occurs outside of the context of family violence

Suggested Action 27: That the Federal Government establishes a victim-survivor fund that covers the costs incurred by rural and remote victim-survivors in travelling to regional cities to attend FMEs, counselling, and support services

Suggested Action 28: That the Federal Government, in conjunction with state governments and animal welfare organisations, create an animal relocation and boarding program for FSV victim-survivors escaping violence

Suggested Action 29: That the Federal Government, in conjunction with state governments and their policing agencies, establish a free tracking device scan program for victim-survivors

Suggested Action 30: That the Federal Government, in conjunction with state governments, enact laws and regulations governing the non-consensual use of tracking devices, and that use of these constitute in the context of family and sexual violence a form of coercive control and stalking

Suggested Action 31: That the Federal Government establish more robust regulatory frameworks for the development and access to technologies that facilitate FSV, such as AI—including the criminalisation of the creation and sharing of sexualised AI images, nudification, and deepfakes—tracking devices, and smart objects, such as glasses

Victim-Survivors on Temporary Visas

Women living in Australia on temporary visas, including those on temporary partner visas, those who have claimed asylum in Australia, and those dependent on the visa status of the person using violence face unique vulnerabilities and barriers in accessing support. Depending on the relationship and visa status, victim-survivors often have no support networks, face language barriers, lack knowledge of Australian legal systems, and risk deportation if they leave violent partners. In many cases, they are also ineligible to access the financial support required to escape violence and may have an existing fear of police from their home country, which means they are unlikely to access the only crisis response in Tasmania. In addition to our comments here, we strongly recommend that the Federal Government consider carefully the issues raised by the Tasmanian Refugee Legal Service in their submission to this consultation.

Without immediate access to government benefits, victim-survivors on temporary visas run the risk of homelessness and abject poverty in choosing to escape violence. Too often in Tasmania, victim-survivors on temporary visas are reliant on donations and unfunded community support just to leave violence. They have very few options for staying at home and leaving violence. It is also ironic that these women and their children are only protected "temporarily", and any long-term needs for protection are expected to be met without any of the social and FSV support systems available.

Family Violence Migration Service

The Family Violence Migration Service (FVMS) provides specialist legal support to women on temporary visas experiencing family violence. This service addresses a critical gap where immigration status creates additional barriers to safety, trapping women in violent relationships through fear of deportation and lack of independent residency rights.

The service provides comprehensive legal representation, including:

- visa pathway advice for women experiencing family violence,
- full representation in applications under family violence provisions,
- coordination with crisis accommodation and support services,
- evidence collection across medical, police and social service providers,
- preparation of statutory declarations and legal submissions, and
- trauma-informed legal support through lengthy application processes.

This bespoke support and legal advocacy can be transformative for victim-survivors on temporary visas, as illustrated in Lina's story. Lina was forced into marriage at 19 years old to a man 16 years her senior. She travelled to Australia on a temporary partner visa. On arrival in Australia, her husband subjected her to severe control, isolation, and sexual, verbal, and physical violence.

Lina could not leave the house without permission, choose her clothing, or socialise. When Lina disclosed the abuse to her GP, they contacted the FVMS lawyer who provided visa advice and outlined her options. The FVMS lawyer coordinated Lina's safe departure to crisis accommodation, then provided full representation in her application for permanent residency under family violence provisions. This involved collecting substantial evidence from support services, medical practitioners, Tasmania Police and Red Cross, preparing her statutory declaration, and submitting comprehensive legal arguments to Home Affairs.

Lina's permanent visa was granted. She now has independent residency, employment, housing, and a social network. She plans to pursue university studies. Without specialist legal support, Lina would have faced an impossible choice: endure ongoing violence or return to Iraq where she fled forced marriage.

Perpetrators can weaponise immigration status as a control tactic, threaten deportation, and custody of children. Without specialist legal support navigating complex family violence visa provisions, many women remain trapped in dangerous

situations believing they have no pathway to safety that does not require returning to their country of origin. The Tasmanian Family Violence Migration Service illustrates the importance of tertiary prevention strategies that defect opportunities for revictimisation and ensure a pathway to being stay at home.

Suggested Action 32: That victim-survivors on temporary visas, irrespective of whether they report their experiences of FSV to police or not, should be automatically and immediately able to access to government benefits to escape violence beyond the leaving violence payment program

Suggested Action 33: That additional resourcing is made available to specialist FSV legal services and specialist migration legal services (e.g., Tasmanian Refugee Legal Service) for women on temporary and partner visas escaping violence

Suggested Action 34: That mainstream FSV organisations are funded to increase capacity and skills in responding to the unique needs of victim-survivors on temporary visas

Suggested Action 35: That on arrival in Australia, all women and girls on temporary visas are offered culturally safe, translated information about their rights to be safe from violence, referral information to specialist FSV services, and guide to seeking help

Rural & remote victim-survivors

As we have noted in the Tasmanian Context, and Conceptual and Practice Gaps sections of our submission, supporting victim-survivors living in rural and remote locations is of critical importance to the FSV sector in Tasmania. Many remote Tasmanian communities have limited FSV services. Women face compounding barriers:

- significant distances to help (often 60+ kilometres, but at times, due to safety mapping, up to 200 kilometres),
- no public transport,
- perpetrator-controlled access to vehicles, and
- "everyone knows everyone" dynamics that reduce privacy and increase fear of disclosure.

Escaping violence should not be a postcode lottery, and geographical determinism favouring the needs and experiences of urban victim-survivors remains a significant problem with the National Plan. That victim-survivors in rural and remote areas are

not enumerated in the discussion paper as a priority group demonstrates the urban-centric nature of much of the work on preventing and responding to FSV.

Geographic isolation becomes a control tactic, trapping women in violent situations with no visible pathway to safety. Without specialist outreach, these women remain invisible to the service system. In Tasmania, under the 500 workers program, Yemaya House has been funded to provide rural outreach to victim-survivors of family violence. The case study below highlights to barriers to support and justice seeking.

Rural Outreach Specialist

The Rural Outreach Specialist delivers specialist family violence support directly to women in rural and remote Tasmanian communities with no local family violence specialist services, limited transport, higher social isolation, and increased vulnerability to coercive control.

The role provides comprehensive support across multiple local government areas, including:

- in-person counselling and risk assessment in safe local settings,
- crisis intervention and safety planning tailored to rural contexts,
- advocacy with health, justice, housing and child safety services,
- culturally safe and disability-inclusive support, and
- community capacity building with local GPs, police and schools.

The impact of such a service is illustrated well in Sarah's story.

Sarah is a 34-year-old cisgender woman who lived 75 kilometres from the nearest regional centre with two children, no motor vehicle license, and a controlling partner who was well connected within the community. He monitored her phone, email, and social media including location apps, and would threaten and isolate her by limiting her contact with friends and family.

Through regular visits to her local health centre, a warm referral to the Rural Outreach Specialist was facilitated as this worker was known to the health centre and regularly visited service providers and saw clients there.

The outreach specialist was able to provide Sarah with emotional support and a safe place to explore the relationship in a non-judgemental way. This allowed her to work with the specialist to establish safety for her and the children through engagement in risk assessment and safety planning and in Sarah's case facilitating a plan to leave. This required the specialist to have sound knowledge of the unique factors in the rural location such as availability of housing, linking Sarah in with Tasmania Police who she felt safe to talk to, and supporting her to access the Child Safety Service for advice and support.

Through the consistency and regular support of the Rural Outreach Specialist throughout this process, Sarah was then able to begin trauma recovery. Without this specialist, Sarah and her children would remain isolated, experience increasing impacts of trauma, and her likelihood of achieving safety would have been dramatically reduced.

The Rural Outreach Specialist program is having a significant impact on the communities it can serve, but resourcing is limited, and as such, the reach of this important work is also limited. As we identified in the Conceptual and Practice Gaps section of our submission, we believe that a dispersed model of care that is underpinned by the resourcing necessary to provide place-based support to victim-survivors in rural and remote areas of Tasmania is an essential component in preventing violence against women and children.

Tasmania is not alone in needing bespoke rural outreach and dispersed model of care, even if our state is more decentralised that other mainland Australian states and territories. Developing and trialling a comprehensive dispersed model of care in Tasmania is likely to offer insights into how this approach to supporting rural and remote victim-survivors could work elsewhere in rural and remote Australia.

Suggested Action 36:	That the Federal Government establish a FSV rural and remote advisory council to co-design a dispersed model of care for rural and remote victim-survivors
Suggested Action 37:	That the Federal Government fund the trialling of a dispersed model of care in Tasmania for three years, and allocate dedicated resourcing to evaluate the impact of such an approach
Suggested Action 38:	That the Federal and Tasmanian Governments allocate resourcing to train and accredit specialist Forensic Medical Examiners in rural and remote hubs

LGBTIQA+ victim-survivors

Family violence within LGBTIQA+ communities is significantly underreported and poorly understood. LGBTIQA+ individuals face unique barriers to seeking help including fear of discrimination, lack of understanding about diverse relationship structures and gender identities, concern that their experiences will not be believed or taken seriously, and exclusion from mainstream support systems. Many LGBTIQA+ people have experienced discrimination in healthcare and social services—along with family exile—creating deep mistrust of systems meant to help them.

In *Private Lives 3*[148] the authors report that 42% of LGBTIQ people have experienced at least one incident of intimate partner abuse, and 39% reported having experienced abuse by a family member. Non-binary people (29% physical violence - 52% verbal abuse) and transgender men (27%-46%) are more likely to experience physical, verbal, and sexual violence than cisgender men and women and transgender women. Queer (29%-52%) and pansexual (31%-51%) respondents reported higher rates than other sexualities. These results are similar to those of family violence, with non-binary folks and transgender men, and pansexual and queer respondents reporting higher rates of physical, verbal, and sexual violence from family members.

The rates of gender diverse people's experiences of child maltreatment were significantly higher, and in many cases reported rates were 2-4 times that of cisgender men/boys and women/girls. For example, drawing on data from the Australian Child Maltreatment Study, Higgins *et al*.[149] found that 91% of gender diverse people and 85% of sexuality diverse people had experienced at least one form of childhood maltreatment. Additionally, trans and gender diverse Australians report significantly higher rates of sexual violence, with approximately 50% experiencing sexual violence or coercion at some point in their lives, with trans and gender diverse people assigned female at birth more likely to experience sexual violence than those assigned male at birth (62% v 39%).[150] Parker *et al*.[151] found that 21% of trans and gender diverse participants had experienced sexual violence in childhood, adolescence, and adulthood, and Callander *et al*.[152] found that 53% of trans and gender diverse people

148 Hill, A.O., Bourne, A., McNair, R., Carman, M. & Lyons, A. 2020, *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

149 Higgins, D.J., Lawrence, D., Haslam, D.M., Mathews, B., Malacova, E., Erskine, H.E., Finkelhor, D., Pacella, R., Meinck, F., Thomas, H.J., & Scott, J.G. 2025, Prevalence of Diverse Genders and Sexualities in Australia and Associations With Five Forms of Child Maltreatment and Multi-type Maltreatment. *Child* Maltreatment, 30(1), 21-41.

150 Ussher, J.M., Hawkey, A., Perz, J., Liamputtong, P., Marjadi, B., Schmied, V., Dune, T., Sekar, J.A., Ryan, S., Charter, R., Thepsourinthone, J., Noack-Lundberg, K., & Brook, E. 2020, *Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia*. ANROWS: Sydney.

151 Parker, J., Dwyer, A., Barnes, A., Bjaalid, E.G., Layard, E., Fileborn, B., Mason, R., Asquith, N.L., Cook, T. 2024, *TRANSforming Inclusion Practises: Trans People's Experiences of Sexual Violence.* Sydney: ACON.

152 Callander, D., Wiggins, J., Rosenberg, S., Cornelisse, V. J., Duck-Chong, E., Holt, M…. & Cook, T. 2019, *The 2018 Australian trans and gender diverse sexual health survey: Report of findings*. Sydney: The Kirby Institute.

had experienced sexual violence (compared with 13% of general Australian population).

In their Australian study, Asquith *et al*.[153] found that 55% of respondents who had experienced sexual violence in their lifetime had engaged in *thoughts* of self-harm or suicide, and 22% had *acted* on those thoughts of self-harm and suicide. The risk of attempted suicide was heightened for those who identified as bisexual (37%), non-binary (35%), cisgender female (38%), Aboriginal and/or Torres Strait Islander (58%), or disabled (58%).[154] These rates of suicidal thoughts and behaviours are significantly higher than the Australia average of 16.7% (thoughts) and 4.9% (acts). Similarly, Lhomond and Saurel-Cubizolles[155] found that women who have sex with women are nearly five times more likely to attempt suicide than heterosexual women as a result of sexual violence.

LGBTIQA+ Family Violence Service Partnership

Tasmania's first LGBTIQA+ Family Violence Service demonstrates the power of partnerships in creating genuinely accessible support. Developed in a collaboration between Engender Equality (bringing specialist family violence expertise) and Working It Out (bringing deep LGBTIQA+ community knowledge and trust), this service combines two distinct areas of specialisation. By pooling their expertise— trauma-informed family violence response with nuanced understanding of LGBTIQA+ lived experiences, relationship structures, and community-specific barriers—the partnership offers a new service model that is both responsive and culturally safe for LGBTIQA+ victim-survivors.

Since 2024, the LGBTIQA+ Family Violence Service offers:

- Free and confidential counselling services by phone, online or in-person
- One-hour sessions, with initial appointments possibly extending longer
- Mid- to long-term engagement over a two-year period, tailored to individual needs

The service has supported 39 clients across 351 counselling sessions, with reach across the state. The impact of this service is well illustrated by Thomas' story.

Thomas experienced coercive control through financial exploitation and substance-related coercion by his partner who held sponsorship of his visa. Thomas raised concerns about systemic discrimination, expressing that his identity as a gay man might result in his experiences of family violence being minimised or dismissed.

153 Asquith, N.L., Mason, R., Fileborn, B., Barnes, A., Dwyer, A., Bjaalid, E.G, Parker, J., Layard, E., & Rodgers, S. 2024, *The relationship between suicidality and LGBTQ+ experiences of sexual violence*. ACON: Sydney.

154 *ibid.*

155 Lhomond, B, & Saurel-Cubizolles, M-J. 2006, Violence against women and suicide risk: The neglected impact of same-sex sexual behaviour. *Social Science & Medicine*, 62(8), 2002-2013.

Through the service, specialist LGBTIQA+ affirming counselling supported Thomas to gain clarity on power imbalances, supported comprehensive safety planning, and restored his sense of agency and personal power. Through warm referrals, Thomas accessed legal and migration support, as well as financial assistance to support his access to housing and essential needs These outcomes were only possible through a service that understood the unique intersection of LGBTIQA+ identity and specialist family violence practice.

The LGBTIQA+ Family Violence Service is funded under the 500 Workers initiative. Without adequate federal investment, LGBTIQA+ people experiencing family violence would not receive this service.

Given the unique drivers of FSV experienced by LGBTIQA+ people—including family and sexual violence perpetrated by other LGBTIQA+ people—it is essential that policy, practice and research is developed and applied that addresses these unique drivers, and that the bespoke strategies required to prevent this violence are adequately resourced. While some jurisdictions have resourced LGBTIQA+ community organisations to develop FSV evidence and better practices—such as those created by ACON[156]—smaller jurisdictions are reliant on ad hoc, program (and at times, pilot) funding to undertake this work "off the side" of their desks, often in context where there are no rural or remote services to LGBTIQA+ victim-survivors.

Suggested Action 39: That the Federal Government, in conjunction with ANROWS, fund a program of work that considers how existing FSV explanatory models can be adapted to incorporate the experiences of transgender and non-binary victim-survivors, for whom the existing gender-based model of violence is inadequate

Suggested Action 40: That the Federal Government provides ongoing funding to undertake research into the unique drivers of FSV experienced by LGBTIQA+ people

Suggested Action 41: That the Federal Government provides ongoing funding to LGBTIQA+ and mainstream FSV services to develop better practices in supporting LGBTIQA+ victim-survivors

Suggested Action 42: That the Federal Government resource LGBTIQA+ organisations and mainstream FSV services to develop a behaviour change program suitable for LGBTIQA+ people who use violence

Victim-survivors with disability

Family and sexual violence impacts women and girls across their lifecourse, and irrespective of their socio-economic status, sexuality or gender identity, or racial,

156 See, for example, ACON's Say It Out Loud suite of programs.

ethnic, and cultural identities. However, the rates of all forms of interpersonal violence are heightened for women and girls who are also disabled. We note that a combined submission has been made by Women with Disabilities Australia[157] on behalf of disability services across Australia, and recommend that our comments in this section are considered in light of their recommendations for action to end violence against women and children with disability. We further ask that the submissions made by WWDA to the NDIS consultation[158] is also considered carefully in the Second Action Plan, given the significant and worrying amendments to the NDIS Act, which will increase the opportunities for violence against women and children with disability.

Support for victim-survivors with disability is limited in Tasmania, with few services fully accessible. This is especially problematic for rural and remote victim-survivors with disability, who may not even have the capacity to engage FSV services without an advocate and/or appropriate communication aids and travel assistance.

People with Disability Australia and Domestic Violence NSW[159] identified the following unique characteristics of FSV experienced by women, girls, and gender diverse people with disability:

- **Physical Abuse:** withholding of food, water, medical and support services, the use of chemical or physical restraints, and destruction or withholding of disability-related equipment.
- **Sexual Violence:** inappropriate touching during care giving, sexual activity being demanded or expected in return for care, taking advantage of physical impairment to force sexual activity, and control of reproductive processes.
- **Emotional Abuse:** denial of disability, threats to withdraw care, threats to institutionalise, violation of privacy, and neglect, abandonment, and deprivation.
- **Economic Abuse:** theft of disability payment, abuse of Powers of Attorney, and refusal to pay for essential medication or disability-related equipment.
- **Coercive Control:** normalisation of abusive behaviours in relationships.

---

157 Women with Disabilities Australia 2026, *Making Disability-Specific Violence Visible: Disability Responsive Implementation of the Second Action Plan*. Hobart: WWDA.

158 Women With Disabilities Australia 2026, *Gendered risks of the NDIS Amendment Bill 2026: Submission and supporting evidence paper prepared for the Senate Community Affairs Legislation Committee inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026*. Hobart: WWDA.

159 People with Disability Australia (PwDA) and Domestic Violence NSW 2021, *Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice*. Sydney: PwDA.

The Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability[160] found that:

- Two in five (40% or 1.2 million) women with disability have experienced physical violence after the age of 15, compared with 26% (or 1.7 million) without disability.
- From the age of 15, 46% of women with cognitive disability and 50% of women with psychological disability have experienced sexual violence, compared to 16% of women without disability.
- First Nations women with disability are 34 times more likely than non-Indigenous women with disability to be hospitalised due to family and domestic violence.
- Women with disability are twice as likely to experience sexual violence over one year compared to women without disability.
- Of the LGBTIQ+ people who reported harassment or violence in the last 12 months, 46% had a disability.
- In 2016, the cost of violence against women with disability was estimated as $1.7 billion.

The violence experienced by victim-survivors with disability lasts longer, resulting in more severe injuries, and that women with disability are far less likely to receive service support to address violence, are often not believed when reporting FSV, and are often denied the right to legal capacity and effective access to justice. This means that women with disability "…have considerably fewer pathways to safety".[161]

Additionally, unlike most women and girls, some women and girls with disability experience institutional abuse in residential institutions, group homes, respite centres, and boarding houses,[162] which is rarely recorded as family or domestic violence, despite the domestic nature of these living arrangements. Queenslanders with Disability Network[163] argue that:

> …women with disability's experiences of violence may not fit contemporary definitions and understandings, [and]… violence perpetrated against them often goes unidentified, unreported, un-investigated, inadequately investigated, or results in poor outcomes for the person concerned. Traditional definitions of GBV [gender-based violence] and DFV do not reflect contemporary understandings of what constitutes violence against women with disability nor the complexities and the forms it can take, and the settings in which it can occurs.

---

160 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (RCVANEPD) 2020, *Violence and abuse of people with disability at home*. Canberra: RCVANEPD.

161 Queenslanders with Disability Network 2022, *Response to Preliminary Consultation: Implementing the Hear Her Voice Reports.* Brisbane: QDN.

162 *op. cit*., PwDA & DV NSW

163 *op. cit.,* Queenslanders with Disability Network

Under the current Tasmanian *Family Violence Act 2004*, none of these institutionalised forms of FSV are recognised as constituting family violence, and victim-survivors with disability are required to navigate support and legal systems alone and without the wraparound service that comes with a Safe At Home response.

While much of the research focus on disability and FSV relates to women and girls who *are* disabled at the time of victimisation, a significant gap in the evidence exists in relation to FSV leading to the disablement of women and girls. As with any violent victimisation, the likelihood of injury is significant, and in some cases, these injuries may result in lifelong disablement.

In their recent Australian study, Makovec Knight *et al*.[164] found that IPV-related brain injuries from concussion and strangulation (consensual and non-consensual) resulted in significant life-long disablement, including long-term memory and learning difficulties. Campbell *et al*.[165] found that as many as 94% of victim-survivors sustain at least one brain injury as a result of FSV. They suggest that the injuries incurred by FSV victim-survivors are comparable to those incurred in high-contact sport. As noted by Darling, "[m]any …[disabled people] are subject to violations such as torture or physical violence [which] may incur lifelong physical, cognitive, or psychological injury… They are thereby at risk for further injustice…".[166]

Victim-survivors, including children, with traumatic brain injuries caused by FSV also face barriers in having their experiences recognised. Victim-survivors with TBIs report challenges with reporting, including not being taken seriously or not being seen as a reliable witness to their own violence due to their brain injury. The symptoms of TBIs can also create contexts in which their TBI symptoms are misrecognised as alcohol

---

164 Makovec Knight, J., Hannon, O., Spitz, G., Astridge, A., Copas, C., Duarte Martins, B., Rowse, R., McDonald, S., Padgett, C., Meyer, S., Shultz, S., Symons, G.F., & Ponsford, J. 2025, Brain Injury Within Intimate Partner Violence: What Are the Cognitive Effects? *Journal of Neurotrauma*, 43(3-4), 269-279.

165 Campbell, J.K., Joseph, A.L.C., Rothman, E.F., & Valera, E.M. 2022, The prevalence of brain injury among survivors and perpetrators of intimate partner violence and the prevalence of violence victimization and perpetration among people with brain injury: a scoping review. *Current Epidemiology Reports*, 9(4), 290-315.

166 Darling, F. (2026) Epistemic reparations and disability. *Philosophical Studies*, 183, 1131-1155.

and/or drug-affected, which precludes them from accessing response services that have a sober policy.

Ableist coercive control

Restrictive practices are disability-specific forms of coercive control, especially prevalent when a victim-survivor is care-dependent. The RCVANEPD[167] defined restrictive practices as "…any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person". Restrictions on access to support aides, medications, and gaslighting victim-survivors with cognitive disability about their memory of what they experienced are some of the key forms of coercive control experienced by women and girls with disability. They also experience non-consensual and coercive reproductive violence (such as forced sterilisation, menstrual suppression, contraception, and abortion) and coercive use of psychotropic medication and involuntary detention and treatment in mental health facilities.[168]

Flynn *et al*.[169] found that women, girls, and gender diverse people with disability were also at far greater risk of technology-facilitated coercive control. Harris and Woodlock[170] noted that while technology can enhance the opportunities, modes of communication, and access to information for women and girls with disability, it can also enhance and deepen the harms of FSV, especially when victim-survivors are care-dependent and/or have intellectual and cognitive disability. These experiences are compounded where these restrictive practices in the context of FSV are "… permitted by law through substitute decision-making and compulsory treatment regimes".[171] Coercive control is also compounded by the institutional and cultural contexts of justice seeking, such that women with disability may be hampered from accessing support services due to ableist practices.

---

167 op. cit., Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

168 Women with Disabilities Australia (WWDA) 2021, *Response to Restrictive Practices Issues Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Hobart: WWDA.

169 Flynn, A., Wheildon, L. Powell, A., & Bentley, K. 2024, *Technology-facilitated coercive control: Mapping women's diverse pathways to safety and justice*. Canberra: Australian Institute of Criminology.

170 Harris, B. & Woodlock, D. 2021, 'For my safety': Experiences of technology-facilitated abuse among women with intellectual disability or cognitive disability. Melbourne: eSafety Commissioner.

171 *ibid.*

Suggested Action 43: That the Federal Government invest in research into the unique characteristics of FSV perpetrated against women, and girls with disability

Suggested Action 44: That the Federal Government establish a disabled victim-survivors advisory council to work with the FSV sector to identify barriers to seeking help, justice, and recovery

Suggested Action 45: That the Federal and Tasmanian governments allocate resources to upskill mainstream FSV services on the unique challenges faced by victim-survivors with disability

Suggested Action 46: That the Federal and Tasmanian governments establish an accessibility funding program to renovate existing FSV service infrastructure to be accessible for all victim-survivors with disability

Suggested Action 47: That the Federal Government establish a dedicated program for advocates to assist victim-survivors with disability navigating FSV response, justice, and healing pathways

Suggested Action 48: That the Federal Government and state governments amend their definitions of trauma in the National Plan to include the physical trauma created by non-consensual strangulation and traumatic brain injury

Suggested Action 49: That the Federal Government invest in community-led research into the prevalence and impact for FSV-related disability, including traumatic brain injury

Suggested Action 50: That the Federal Government invest in research and practice responses to PUV who are impaired by a traumatic brain injury

PREVENTION ACROSS THE CONTINUUM (OR ONE-STOP HUBS)

First Nations victim-survivors

The Alliance welcomes the development of bespoke, community-led and co-designed response and prevention strategies for Aboriginal and Torres Strait Islander victim-survivors.[172] This work is essential in understanding the layered impact of dispossession, genocidal violence, racism, and family and sexual violence. A critical barrier to this work, however, is funding and resourcing. Too much work in responding and preventing FSV experienced by First Nations victim-survivors in Tasmania is conducted on the edges of funding contracts and through the unpaid labour of people already carrying significant cultural load in their work with mainstream services.

172 Department of Social Services 2026, *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence*. Canberra: Commonwealth of Australia.

In the space of victim-survivor prevention strategies, ACCOs are leading the way in whole-of-systems and whole-of-community responses—including early access to legal advice and information— which are cognisant of the interplay between the prevention needs of victim-survivors and people who use violence, as well as the focus on prevention across the continuum of primary, secondary, and tertiary strategies. ACCOs in Tasmania provide a template for fostering family safety in one-stop, culturally safe services.

The work of organisations such as the Tasmania Aboriginal Family Safety Service (TAFSS), Support. Information. Strength (SIS) Tas, and the Circular Health Aboriginal Corporation (CHAC) offers an alternative lens to prevention and early intervention as they aim to foster family safety rather than just respond to family violence. Their work prioritises the needs of victim-survivors and their children, whilst simultaneously recognising that existing police-led responses systems can created additional harms.

Tasmanian Aboriginal Family Safety Service (TAFSS)
The Tasmanian Aboriginal Family Safety Service (TAFSS) is an emerging Aboriginal-led, statewide specialist family safety service in lutruwita. While it currently operates predominantly in the south and remains in the establishment phase, TAFSS has spent the past 18 months providing culturally safe advocacy, referrals, crisis support, court support, systems navigation, community education, and sector advocacy. Its work spans primary prevention, early intervention, and tertiary response, while advocating for sustainable investment in Aboriginal-led responses to domestic, family, and sexual violence. TAFSS was established to strengthen culturally safe pathways for Aboriginal victim-survivors and families, recognising that mainstream responses, including those that rely on police engagement, are not always safe, accessible, or appropriate.

An additional program of action to prevent and respond to FSV experienced by First Nations people in lutruwita is that provided by Circular Head Aboriginal Corporation (CHAC). As with TAFSS and other ACCO FSV services, the emphasis is on cultural safety, connection to Country and culture, and wraparound support for the whole family. CHAC provides dedicated wellbeing and safety services, which "call in" people who use violence, and reconnect them to community and Country, while supporting victim-survivors to create safe and healthy relationships with family and kin.

It is services such as TAFSS, SiS Tas and CHAC that address the specific needs of First Nations victim-survivors and their families and communities. These services should

not be considered alternatives to mainstream services, but as critical, culturally-safe pathways for First Nations victim-survivors. Aboriginal Controlled Community Organisations such as TAFSS, SiS Tas and CHAC are doing exemplary work, which is not reflected in broader discussions of impactful programs, and may only be recognised in bespoke First Nations strategies and plans. Rather than an outlier, the family safety lens to their work provides a template for preventing and responding to FSV in ways that are not dependent on a policing or criminal justice response.

Circular Head Aboriginal Corporation (CHAC)

CHAC delivers exceptional FSV tertiary, secondary, and primary prevention work in the northwest of Tasmania, within a centre that offers wraparound service to community. Their Social and Emotional Wellbeing Program aims to support, maintain, and improve community members in a culturally safe environment.

When asked for *Our Ways* what they would like to develop if funding was not a barrier, they noted that they would want to create a holistic healing centre to support Aboriginal victim-survivors, children and young people, families, and people who use violence in a person-centred, trauma-informed, and culturally sensitive manner. They imagine that such an approach to wellbeing and safety would include:

- crisis accommodation,
- transitional housing,
- FSV counselling service,
- parental support, and
- prevention programs

All of which will "support families holistically to get back to a safe family home".

The one-stop hub approach adopted by some FSV ACCOs offer an alternative way in which to prevent and respond to FSV victim-survivor needs, while also addressing the primary and secondary prevention needs of working with people who use violence, families, and communities. Individuating this work across a range of services not only risks duplication and wasted resourcing (especially in small jurisdictions) but also leads to gaps in service delivery and the necessity for victim-survivors to constantly repeat their experiences of violence.

Suggested Action 51: That the Federal Government invest in place-based Aboriginal and Torres Strait Islander FSV response, healing, and recovery services and fully implements the *Our Ways, Strong Ways, Our Voices* strategy and action plans.

Suggested Action 52: That the Federal Government works with the Tasmanian Government to ensure that first responders and other criminal

justice practitioners are upskilled to be culturally safe for First Nations victim-survivors

Suggested Action 53: That the Federal Government advocates to the Tasmanian Government for the creation of non-sworn, Aboriginal first responders and/or liaison officers to facilitate culturally appropriate support for FSV victim-survivors

Suggested Action 54: That the Federal Government establish benchmarks and minimum standards of police, support, and health service for Aboriginal and Torres Strait Islander victim-survivors, including a fully funded Custody Notification Scheme

PRIORITY 3: CHILDREN & YOUNG PEOPLE

TERTIARY

- Legal navigators for CYP experiencing FSV
- Crisis counselling for CYP who are primary or secondary victim-survivors of FSV
- Recognition in FV law of teen relationships
- Bespoke CYP victim-survivor models of care that recognises unique drivers, barriers, and needs of teen IPV
- Development of co-design strategy with CYP who have experienced FSV
- Support and service consistency across the lifecourse, especially for those in rural & remote locations
- Therapuetic non-criminal responses to AVITH
- Immediate counselling for CYP engaging in (AI-)CSAM

SECONDARY

- CYP FSV specialists appointed to police, courts, and detention centres, and other places of relevance to CYP experiencing violence, such as schools
- Chid Rights Assessment tools to be applied to all legislative, policy, and practice developments affecting CYP
- Upskill homeschooling regulatory agencies in identifying and responding to FSV risk factors
- That regulation agencies undertake safety assessments before approving homeschooling

PRIMARY

- Integrated gender equality, coercive control, & consent learning across childhood, adolescence and early adulthood, and where young people engage, including online, schools, workplaces, places of worship, and sports & recreation clubs
- Family counselling and support programs to "put children at the centre" in times of conflict and family separation

Preventing family violence, child sexual abuse, and harmful sexual behaviours (HSB) experienced (and used) by children and young people also requires prevention strategies across the continuum. Place-based programs upskilling children and young people throughout the lifecycle of their education to recognise the warning signs of grooming, coercion, and exploitative relationships with other young people and violence from adults will go some way to averting the intergenerational transmission of violence. In this section we explore the priorities for responding to and preventing violence against children and young people, as well as the opportunities to intervene early in children and young people's use of violence.

Children and young people who have diverse experiences due to the Indigeneity, sexuality and gender diversity, disability, cultural and linguistic diversity, and rurality currently have limited options for navigating safety given the default lens of our responses are geared towards white, cisgender, heterosexual, abled, and metropole experiences. For example, LGBTIQA+ children and young people experience higher rates of sexual and physical violence, emotional abuse, negative and exposure to family violence compared with their cisgender heterosexual peers.[173] They also may experience systems abuse from their parents and carers by way to denying their child access to gender affirming care.[174]

As noted earlier, too often innovative primary interventions that aim to build the capacity of children and young people to engage in healthy relationships and behaviours are funded as pilots, with no ongoing funding security. As with other aspects of FSV work across the continuum, "pilot-itis" is a major barrier to the work needed to foster the intergenerational change in attitudes and behaviours. Too often FSV organisations develop programs of action that appear to have the required impact, and before they can even evaluate that impact, funding for the program ends. This not only hampers work on preventing violence against women and children, but

---

173 Australian Institute of Health and Welfare 2025, *Family, domestic and sexual violence: LGBTIQA+ people*. Canberra: AIHW; Capaldi, M., Schatz, J., Kavenagh, M. 2024, Child sexual abuse/exploitation and LGBTQI+ children: Context, links, vulnerabilities, gaps, challenges and priorities. *Child Protection and Practice*, 1, e100001; Gibson, M., Kassisieh, G., Lloyd, A., & McCann, B. 2020, *There's No Safe Place at Home: Domestic and family violence affecting LGBTIQ+ people*. Sydney & Melbourne: Equality Australia & Centre for Family Research and Evaluation.

174 *ibid*., Gibsson *et al*.

it can also damage any trust and rapport built by FSV services with victim-survivors and their communities.

Short-term pilot funding is an important tool to identify innovative practice; however, primary prevention is not a short-term endeavour and to do this work in a consistent and respectful way to shift attitudes, beliefs, and behaviours requires sustainable, adequate, and secure funding.

A major barrier to our work in the prevention of violence against children and young people in Tasmania is that they are not recognised as primary victims of family violence in their own right under the *Family Violence Act*. While family violence is considered a form of child abuse in Tasmania, the wraparound services provided by Safe at Home for adult victim-survivors is not available to children, and in too many cases, victim-survivors who are children or young people are required to independently seek a restraining order—not a family violence order—to ensure their safety.

This approach not only limits the resources and services available to children and young people, but it also delivers a message to both children and young people, as well as those who use violence against them, that their experiences of family violence is secondary. Additionally, framing their experiences of violence as child abuse but not family violence means that if the protective parent fails to take action to prevent family violence, they may be considered a risk to their own children and be subject to child removal.

The harms from this approach are also deepened when we consider that in order to prevent violence against their children, the protective parent must leave the family home and likely become homeless, which in turn becomes a critical child protection matter that could also see the protective parent lose custody of her children. This issue is further deepened when the protective parent is misidentified by Tasmania Police as the predominant aggressor and not the person most in need of protection. And final barrier in preventing violence against children within the family context is the disconnect between protective factors applied in family violence matters that are

undone by Family Court decisions that compel children and young people to be in the unsupervised custody of the person who uses violence.

These structural artefacts of the Tasmanian context, including the failure of Tasmanian family violence legislation to recognise children and young people as primary victim-survivors in their own right, must be addressed as a matter of urgency given that work across the prevention continuum is highly dependent on the legislative and structural contexts of this work in Tasmania. Importantly, while children and young people are often framed as the problem—as victim-survivors, in their use of violence, and their increasingly misogynistic view of women and girls—they are also our most powerful agents for intergenerational change in preventing violence against women and children. As Struthers *et al*.[175] note in their ANROWS report, young people's capacity to recognise and respond to harmful attitudes and behaviours are enhanced when we design programs and interventions that speak directly to their needs and ways of working. More focussed attention on engaging young people—especially boys and young men—in ways that meet their cultural practices and needs will be instrumental in changing the story about violence against women and children.

PRIMARY PREVENTION

Children and young people—and their school communities—are often framed as the answer to the epidemic of family and sexual violence experienced by girls and women. Deflecting children and young people from engaging in HSBs, sibling abuse, and adolescent violence in the home is an important goal, which is easier to achieve when this work is done across the prevention continuum. Whole-of-school, and across the education lifecycle, approaches may lead to our preventative efforts today emerging over the coming decade. However, children and young people who are currently experiencing violence cannot wait for the rest of the Australian community to catch up.

Primary prevention is essential, especially in the early years of children's development. The first five years are critical in averting the long-term harms of early

175 Struthers, K., Parmenter, N., & Tilbury, C. 2019, *Young people as agents of change in preventing violence against women*. Sydney: ANROWS.

adverse childhood events (ACEs), which have been found to be key indicators of lifecourse harms, including engagement in HSBs and other violence.[176] Addressing the early drivers of adverse childhood events—including their protective parent's experiences of family violence—is exemplary of the power of primary prevention.

As noted by Tzouvara *et al*.,[177] ACEs are strongly correlated with lifetime experiences of violence and trauma, and significant impacts on physical and mental health. Investing early and ensuring a wraparound support system for children who have experienced ACEs is excellent value for money given these flow on effects across the lifecourse. In this context, the Tasmanian *It Takes a Village*,[178] first 1000-days strategy for ensuring the safety and wellbeing of children from birth and averting adverse childhood events during this time appears inadequate and should be extended to the first 2000-days.

Primary prevention by way of building children and young people's capacity to recognise and avert violence and unhealthy relationships must also be able to inoculate children and young people against violence-affirming beliefs, attitudes and behaviours of the adults they return to at the end of the school day. No amount of primary prevention can fully push back against violence-affirming behaviours in the home, especially if these behaviours by adults are backed up with corporal punishment in response to children and young people voicing their need for safety, or in defending others in the family who are experiencing violence.

Suggested Action 55: That the Federal Government and Tasmanian Government create a first 2000-days strategy for ensuring the safety and wellbeing of children

Suggested Action 56: That the Federal Government, in conjunction with state health agencies, creates a bespoke first 2000-days strategy for responding immediately to family and sexual violence experienced by children

---

176 Joshi, A. & Truong, M. 2024, *The role of adverse childhood experiences in adolescent use of violence.* Melbourne: AIFS; Hunt, T.K.A., Berger, L.M., & Slack, K.S. 2018, Adverse Childhood Experiences and Behavioral Problems in Middle Childhood. *Child Abuse & Neglect*, 67, 391-402; Malvaso, C, Day, A., Cale, J., Hackett, L., Delfabbro, P., & Ross, S. 2022, Adverse childhood experiences and trauma among young people in the youth justice system. *Trends and Issues in Crime and Criminal Justice,* 651. Canberra: AIC.

177 Tzouvara, V., Kupdere, P. Wilson, K., Matthews, L. Simpson, A. & Foye, U. 2023, Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature. *Child Abuse & Neglect,* 139, e106092;

178 Tasmanian Government 2021, *It Takes a Village: Child and young wellbeing strategy*. Hobart: Tasmanian Government.

Given the significant gaps in family violence services and legislation for children and young people in Tasmania, and their rights to safety, justice, and healing from family violence, much of the primary prevention work on addressing the needs of children and young people is being done in the space of the Shark Cage program (discussed in previous section) for girls and young women, and in building healthy relationships and consent literacy for all children and young people in schools.

As detailed in our response to Discussion Paper prompts in relation to victim-survivors, one of the most powerful programs of change and primary prevention strategies adopted in Tasmania is the Shark Cage program, which is delivered across a range of schools, and coordinated by SIS and Yemaya. This program empowers girls and young women to make healthy relationship choices, upskills them in recognising the difference between a shark and dolphin, and assists them in securing their Shark Cage. This program is transformative, and the findings from the early implementation of the program point to the gains that could be made if a complementary program could be developed for boys and young men.

As noted by Laurel House in their submission to this consultation, they have been working with school communities—children, young people, parents & carers, teachers, administrators—to upskill everyone on recognising and responding to sexual violence, fostering bodily autonomy and consent, creating place-based intervention strategies. **As with so much of this primary prevention work, this program is only funded for short-term interventions and ceases in September 2026.**

Additionally, whilst laudable in their efforts to deflect the harms of social media, the current ban on young people's social media use is ineffective with as many as 80% of young people thought to have retained their social media accounts or created new ones.[179] Social media may be harmful, but for some children and young people, it is their only forum in which to seek support from peers and other people who have

[179] Barnes, C., Hall, A., Mantach, S., Oldmeadow, C., Attia, J., Backholer, K. Williams, C., Tefera, Y., Kay, F., & Wolfenden 2026, Assessing early effects of Australia's Social Media Minimum Age Act on adolescents' social media use: observational study, *The British Medical Journal*, 393, e363695; Bursztyn, L., Duckworth, A., Jiménez-Durán, R., Leonard, A., Milojević, F., Roth, C., Sunstein, C.R. 2026, *Why Bans Fail: Tipping points and Australia's social media ban*. Chicago: Becker Friedman Institute for Economics, University of Chicago.

experienced violence. Social media bans and criminalising children and young people who use violence are not the answers to the harms of violent online misogyny. Empowering young people to make healthy choices and curate their social media accounts—along with stricter regulation of social media policies (especially "community standards" guidelines), practices, and algorithms—are likely to be more effective than individualising the problems of violent online misogyny.[180]

Much of our attention on violence experienced, and used, by children and young people are on the localised ways in which we can build young people's capacity to not engage in violence, and to resolve the tertiary prevention needs of those who have experienced violence. However, as the issue of social media amplification of dangerous attitudes and beliefs about women, girls, and victim-survivors illustrates, some harms are systemic and institutionalised and not amenable to micro changes in individual attitudes and behaviours. Addressing the major intergenerational shifts in beliefs and attitudes requires more than a policy of banning children and young people from digital citizenship; it requires governments to compel social media organisations to create environments for children and young people to be online safely.

Suggested Action 57: That the Federal Government explore the development of a nationally consistent, fully integrated Shark Cage program for all Australian schools that is delivered in conjunction with, and complementary to, consent and relationship education being delivered by specialist SV services

Suggested Action 58: That the Federal Government works in conjunction with state governments to develop a nationally consistent, and fully integrated program that fosters bodily autonomy and consent delivered by specialist SV services across the education lifecycle in all Australian schools

Suggested Action 59: That the Federal Government, in conjunction with state agencies responsible for oversight of homeschooling, mandate age- and developmentally-appropriate consent and bodily autonomy programs for all children and young people who are homeschooled

Suggested Action 60: That the Federal Government, in conjunction with children and young people and their advocates, develops a nationally consistent, fully integrated digital citizenship and netiquette

180 *op. cit.* Holz

program for children and young people of all ages, and across their education lifecycles

Suggested Action 61: That the Federal Government establish a new regulatory framework that would compel a positive duty of care on social media and gaming companies to safeguard children and young people's digital citizenship

SECONDARY PREVENTION

Concurrent with the intergenerational primary prevention work to deflect violence against children and young people from occurring in the first place, increased attention and resourcing is required to address the emerging conditions for violence. An overarching framework for assessing the needs of children and young people—such as the Child Rights Impact Assessment framework—along with early intervention strategies to avert escalation or continuing violence is required. In this section, we scope a few areas in which increased attention to the drivers of violence and enablers to prevent violence may fundamentally change the recovery and healing pathways of children and young people.

Child Rights Impact Assessment framework

A key secondary FSV prevention strategy to protect children who are primary victim-survivors of family violence and sexual violence is the application of the Child Rights Impact Assessment (CRIA) framework to all policies, practices, and legislation impacting the wellbeing of children.[181] A CRIA ensures that the needs of children and young people are central to decisions about their lives, including their rights to access recovery, healing, and justice pathways. Under the Child and Youth Safe Standards principles,[182] among other benchmarks, organisations working with or supporting children and young people are required inform young people of their rights, involve them in decisions affecting them, and take their insights and concerns seriously. Adopting a CRIA in all future developments of FSV policy and legislation would ensure

181 Australian Human Rights Commission 2023, Safeguarding Children: Using a child rights impact assessment to improve our laws and policies. Sydney: AHRC. See here for access to the CRIA reporting tool: https://humanrights.gov.au/__data/assets/pdf_file/0014/25511/CRIA-standalone_assessment_tool-1.pdf

182 Office of the Independent Regulator 2026, *Child and Youth Safe Standards*. https://oir.tas.gov.au/child-and-youth-safe-standards

the needs of children and young people are central to the creation of a comprehensive FSV response and prevention framework.

The Australian Human Right Commission has led the development of the CRIA in Australia,[183] along the same lines as the CRIA in Europe, where it has been applied for much longer than in Australia. In 2020, the European Network of Ombudspersons for Children[184] developed it common framework of reference in relation to CRIA, which includes:

- **Child Rights Impact Assessment (CRIA)** examines the potential impacts on children and young people of laws, policies, budget decisions, programmes and services as they are being developed and, if necessary, suggests ways to avoid or mitigate any negative impacts. This is done ***prior*** to the decision or action being set in place.
- **Child Rights Impact Evaluation (CRIE)** provides an opportunity to consider the intended or unintended effect legislative changes, budget decisions, policies, programmes or services have had on children and young people's rights. Where necessary, the CRIE can propose what changes would be needed to ensure the measure respects children's rights and complies with the UNCRC. This is done ***after*** a decision has been made or an action has been taken.

CRIA and CRIE processes aim to intervene in the decisions and actions of governments, institutions and others in the areas of law, policy and practice as they relate to children's rights. Impacts are measured against the rights set out in the UNCRC, its Optional Protocols, and other international human rights treaties.

Suggested Action 62: That the Federal Government mandates the application of the CRIA to all legislative, policy, and practice decisions impacting children and young people

Suggested Action 63: That the Federal Government allocate resources to assist government departments and agencies, the non-government sector, and businesses and organisations to develop place-based CRIA and upskill their staff in applying the CRIA.

Children and young people as primary FSV victims

In Tasmania, under the *Family Violence Act*, children are not recognised as primary victim-survivors of family violence. Specialist services necessary for responding to

183 Australian human Rights Commission 2025, *Safeguarding children: a child rights impact assessment tool.* https://humanrights.gov.au/resource-hub/children-and-youth-rights/safeguarding-children

184 Payne, L. 2020, *ENOC Synthesis Report: Child Rights Impact Assessment*. Strasbourg: European Network of Ombudspersons for Children

childhood sexual abuse are more robust and inclusive to children and young people; however, the failure to fund and integrate child specialists into the sexual violence response and prevention framework means that children often have to wait up to two years to access the critical support services necessary to intervene early to avert the most damaging impacts of violence, and to recover from sexual violence. Similarly, whilst family violence services have integrated a child-centred approach to their work, they are hampered in doing so by the lack of funding, resources, and services necessary to do that work, including the resourcing for a child specialist in all FSV crisis and recovery services, including justice agencies such as police and courts.

The issues and gaps faced by children and young people experiencing FSV could be identified and responded to more comprehensively if a CRIA was in place. A CRIA not only formalises our consideration of the needs of children and young people, as noted by the AHRC (and AIHW),[185] in the context where research is lacking—such as in the case of children and young people who Aboriginal and Torres Strait Islander, CALD, LGBTIQA+, disabled, living in out-of-home care, and experiencing the precarity of their parent's temporary visa—a CRIA would help identify data and service gaps.

Suggested Action 64: That federal and state governments apply the CRIA to all legislative reform and development, policy, and service delivery relating to children and young people's experiences, and use, of violence

Suggested Action 65: That the Federal Government advocates to the Tasmanian Government that the *Family Violence Act 2004* is amended to recognise children and young people as primary victims of family and sexual violence

Federal Court and Family Court of Australia

A CRIA framework would also assist in developing more robust protective measures for children and young people who have been directed by the Federal Court and Family Court of Australia (FCFCOA) to retain contact with a non-protective parent. Too often our organisational and victim-survivor members raise serious concerns about the disconnect between the aims of FSV legislation and policy and the rulings of the FCFCOA. In addition to using FCFCOA proceedings as a means to extend their violence through systems abuse, non-protective parents continue to be granted unsupervised

185 op. cit., Australian Human Right Commission 2023

access to their children despite evidence of the safety risks for women and their children in doing so, and in the context of (Police) Family Violence Orders being in place at the state level.

In their responses to the Alliance's consultation around the *Family Violence Act* in early 2026, our members noted:

- Due to the limited definition of 'family violence' in Tasmania, for a perpetrator to be considered as such by the family court, or for the FCFCOA to recognise that there was family violence occurring, the family violence must have been determined by the Magistrates Court prior to the Family Court case beginning.
- There is significant risk of violence escalating during the adjudication of family court matters due to the perception of 'loss of control', which can result in the transition of violence from the adult victim-survivor to children when the protective parent is no longer in the house.
- There does not seem to be any acknowledgement by the FCFCOA of the increased risk during the adjudication of family court matters that often leads to an escalation of family violence, which requires victim-survivors to report to police
- Yet, at the same time, victim-survivors have stated that if they report family violence to the police when a family court case is already underway, the FCFCOA often considers this to be systems abuse by the victim-survivor as a means to manipulate or impact the FCFCOA proceedings.
- Too often data reported by the FCFCOA on family violence in family court matters is under-reported and does not reflect wider evidence on the connection between family violence and FCFCOA matters.
- There appears to be practice concern about reporting breaches of family court orders and family violence orders, such that victim-survivors are being advised that they cannot notify the FCFCOA (via their support line) when children on FCFCOA-ordered unsupervised visits are sexually abuse by the perpetrator, and are being directed to only report via their lawyers. Not only does this increase the costs of ensuring their family's safety, but it also does not account for times when lawyers are unavailable such as weekends and public holidays—which is likely the most common times that unsupervised visits occur.
- Protective parents are being counselled to consider the short-term risks of sending their children to unsafe environments versus the long-term risks of the FCFCOA perceiving their reporting/protective behaviours as systems abuse aimed at manipulating the proceedings of the court.

In these contexts, secondary prevention strategies must include redeveloping the decision-making architecture of the FCFCOA, increasing opportunities for information sharing between the FCFCOA, and the application of the CRIA in all FCFCOA matters, including the risk assessment tools used by the FCFCOA in adjudicating whether a non-protective parent is awarded unsupervised access to their children.

Suggested Action 66: That the Federal Government establish a national framework for Child Rights Impact Assessments

Suggested Action 67: That the Federal government advocate to state governments that a CRIA should be adopted in all government activities, including in the drafting of legislation that impacts children and young people

Suggested Action 68: That the Federal Government establishes a national benchmark for all state FSV legislation that ensure separate but linked family violence orders are made to protect children as primary victims, including provisions to ensure their (and their parent's) safety in the context of contact orders by the FCFCOA

Suggested Action 69: That FCFCOA orders *in toto* are considered in protecting victim-survivors experiencing family violence, and family violence orders are considered in the adjudication of family court matters

Suggested Action 70: That the Federal Government adequately resources to FCFCOA to ensure all of its practitioners are adequately trained to understand the practices and impacts of coercive control, power dynamics in family violence, and systems abuse, including the contexts of escalating risk during the adjudication of family court matters

Suggested Action 71: That the Federal Government enables more robust information sharing between FSV services (including police and courts) and the FCFCOA to ensure that the latter does not apply a ruling that undermines the safety planning of adult and child victim-survivors

Homeschooling as a red flag and early intervention opportunity

Tasmania has comparatively lax regulations in relation to homeschooling, and our FSV services are consistently being notified of the safety concerns that often come with homeschooling. Homeschooling can be an active choice made by protective and caring parents; however, it can also be a decision that is made on behalf of the family by a person using violence. Homeschooling, in this context, can be a form of coercive control over both women and their children, and should be seen as a red flag for possible FSV victimisation.

Upskilling the Tasmanian Office of Education Registrar staff as to the possible links between homeschooling and FSV is a critical first step in identifying FSV and preventing its escalation. Recognition, however, is only the first step in secondary prevention of violence against women and children. We suggest that an additional secondary prevention measure in relation to homeschooling is for registration to be considered only after a CRIA and safety assessment of the FSV risks. Prior FSV offending should be grounds for refusing the right to homeschool, and homeschooling should not be approved in circumstances where there is a known FSV risk and/or prior

incidents of FSV by either parent. The case study provided by one of our victim-survivor members during consultation around the Tasmanian *Family Violence Act* in early 2026 clearly illustrates the risk of FSV in the context of homeschooling, as well as the barriers in responding to isolated, rural and remote women and children experiencing FSV.

Homeschooling and FSV

In the 13 years that Carol[186] was in a relationship with a person using violence, she experienced reproductive, physical, spiritual, financial, emotional, and sexual abuse that was largely hidden from view. Her partner had relocated their family to a remote block of land, where they lived in a caravan and constructed shack. There was no clean running water, no power, no toilet. Carol said that they were "made to defecate outside like animals".

While her children were still in school, other parents had contacted police about their concerns for her children and the state in which they would attend school, without clean clothes and unbathed. Teachers at her daughter's school would bathe and feed her prior to the start of lessons.

Child services were called multiple times, as were the police. But on every occasion, her partner would be able to deflect attention, seek additional time to remedy identified concerns about child welfare, and avoid accountability for his violence. Carol said that "he was able to convince child services and the police to not look too hard or to come back [later]".

Carol was forced by her partner to homeschool her children when attention from police and child services intensified. With her children having no contact with outside services such as schools, her partner was empowered to increase his coercive control and violence.

Carol and her children were so isolated, and without the necessary support to escape the violence. For Carol, safe at home was not an option as the home environment (largely because there was no home per se), along with forced homeschooling, created fertile ground for the violence to continue, which reduced the options for safety planning and escape.

Despite multiple attendances by police, no intervention was actioned until Carol posted to social media about her fears after a particularly violent encounter with her partner. Her adult daughter living interstate contacted police on her mother's behalf, at which time, police intervened by applying a Police Family Violence Order, which enabled Carol to escape the violence.

However, when the officer supporting her to escape violence was transferred, she was notified that staffing levels meant she could not be supported over the longer term, and that she would need to navigate the recovery and healing pathway for her children and herself independently.

Carol's story highlights the many missed opportunities for secondary prevention in FSV, and how homeschooling in the context of remote, isolated properties with no basic amenities should have been a red flag that initiated a whole-of-system intervention.

186 Name of victim-survivor has been changed for privacy and safety.

Suggested Action 72: That the Federal Government work with state governments to create nationally consistent homeschooling regulations

Suggested Action 73: That the Federal Government resource homeschooling registration agencies to be trauma-transformative and violence aware, and to integrate FSV specialists in their organisation to identifying, respond to, and prevent FSV

Suggested Action 74: That the Federal Government enables data sharing between police and homeschooling agencies to allow for a robust assessment of the risks in approving homeschooling

TERTIARY PREVENTION

Early intervention to respond to victim-survivors' immediate needs, including developmentally-appropriate trauma counselling and support navigating justice pathways (for children and young people and their families) is essential; however, **not even the most basic tertiary prevention strategies are adequately funded in Tasmania**, with members reporting that in some instance, victim-survivor trauma counselling for children and young people has a waitlist of up to two years.

This is too late for the critical early intervention work required to address the immediate needs of children and young people—and their siblings and families—experiencing family violence, sexual violence or HSBs, and to guide them on a healing and recovery pathway. Tertiary intervention as early as possible is necessary in addressing their most urgent healing and recovery needs. If trauma is left unaddressed at the earliest opportunity, not only does it open up opportunities for further harms, but it may also create the contexts for secondary prevention needs of victim-survivors who go onto engaging in HSBs, sibling abuse, and adolescent violence in the home.

The Alliance notes that under the *Children, Young Persons and Their Families Act 1997* (Tas), violence against children and young people in the home (including out-of-home care) is child abuse, and that bespoke, age- and developmentally-appropriate responses to the harms they experience are essential. However, our members and stakeholders consistently note that between this Act and the *Family Violence Act*, children and young people often fall between the gaps, and protection strategies are often misapplied. By this we mean that the remedies for family violence experienced by children and young people are scattered across various Acts, with contradictory definitions and responses contained in each.

For example, child abuse presenting in a family context is regulated by way of provisions in the *Justices Act 1959*. In that Act, children and young people (and their advocates) can seek a restraining order to protect them from further incidents of family violence. Unlike their protective parent who is able to seek a Police Family Violence Order—which requires no legal action on the part of the victim-survivor—children and young people who experience violence in the home, must undertake legal action themselves to achieve the same level of protection. This alternative and costly approach to children and young people's protection from FSV also means that children and young people do not have access to the suite of programs and support offered by way of Safe at Home, which is only activated by a police report of FSV and the supports offered are directed to the adult victim-survivor, not the child or young person.

Additionally, the conditions under which restraint orders are issued in Tasmania do not match or reflect the existing—let alone, revised—definition of family violence. There is also a conflict between the Tasmania *Family Violence Act* and s50 of the *Criminal Code Act 1924*, as it relates to "reasonable chastisement", which in any other circumstance than the relationship between a child or young person and their parent or guardian, would be considered assault, and under the *Family Violence Act* would constitute family violence. If we, as adults, cannot model non-coercive conflict resolution without resorting to violence, how can we expect our children and young people to foster healthy relationships.

Most critically, some stakeholders have indicated that existing provisions in the *Justices Act 1959* do not respond well to emotional and economic abuse, or coercive control experienced by children and young people in the family home or out-of-home care. Unless children and young people are recognised as primary victims of family violence and are empowered to apply for a Family Violence Order in their own right, they will continue to fall between the legislative gaps. The current framing of family violence in the Tasmanian *Family Violence Act* provides inadequate recognition of the harms to children and young people as primary victims of family violence, which may mean that the harms are deepened (and lifelong).

Suggested Action 75: That the Federal Government advocates to Tasmania Government that all Safe at Home supports are made available to children and young people who are primary victim-survivors of FSV

Children and young people who use violence

This tertiary (and secondary) prevention work is not only important in reducing the harms carried by victim-survivors of child sexual abuse and HSBs, but also essential in preventing escalation of violence and revictimisation, along with victim-survivors' possible pathways to using violence themselves. Differentiating between victim-survivors and young people who use harmful sexual behaviours may appear to be responsive to the needs of victim-survivors; however, as the research clearly shows, young people who engage in these developmentally inappropriate, coercive, exploitative, or harmful behaviours are often themselves victim-survivors of family and sexual violence.[187]

Modelling the behaviour meted out to them, young people who engage in harmful sexual behaviours—including creation, production, and distribution of child sexual abuse materials and AI generated images—sibling abuse, and adolescent violence in the home are likely to not recognise the harms of their behaviour, and as such require wraparound therapeutic responses as early as possible, and across the prevention continuum.

In the context in the epidemic of violent, misogynistic online material we cannot rely on punitive criminal justice responses to shift attitudes, beliefs, and behaviours. Locking up traumatised young people who use violence does little to change their attitudes and behaviours, and may contribute to additional harms and trauma, including HSBs from other young people in detention and sexual abuse from staff.[188]

---

187 Ogilvie, J., Thomsen, L., Barton, J., Harris, D.A., Rynne, J., & O'Leary, P. 2022, *Adverse childhood experiences among youth who offend: Examining exposure to domestic and family violence for male youth who perpetrate sexual harm and violence*. Melbourne: ANROWS; Holz, D. 2026, Explaining peer-generated AI-CAM: A criminological analysis of youth offending, gendered harm and technology-facilitated sexual abuse. *Criminology and Criminal Justice*. DOI: 10.1177/17488958261467387.

188 Despite claims by the Tasmanian Department for Education, Children, and Young People, third sector organisations and children's advocates are still receiving reports of sexual harm to young people detained in Ashley Youth Detention Centre, which clearly illustrates the precarity of a criminal justice response to young people who use violence against their peers. The findings of the Tasmanian Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, class action settlements, along with increased oversight and accountability has not changed this story.

Responding to and preventing child sexual abuse and harmful sexual behaviours requires action at all three levels of prevention, along with an awareness that any criminal justice response to young people who use this violence may inadvertently exacerbate the problem. Wraparound, therapeutic and social support for victim-survivors *and* young people who use violence—as well as their communities and families—must be the default approach to preventing these types of sexual violence.

Suggested Action 76: That the Federal Government develops a nationally consistent, fully integrated model of care for children and young people who engage in harmful sexual behaviours, sibling abuse, and adolescent violence in the home

Suggested Action 77: That the Federal Government creates a specific funding stream that enables existing FSV services to provide dedicated, therapeutic, and age- and developmentally-appropriate tertiary interventions for children and young people who use violence

Teen intimate partner violence

The Tasmanian *Family Violence Act 2004* does not capture the experiences of teen intimate-partner violence—that is, violence perpetrated by and against young people under the age of 16 years—and has created a gap between the intent of the *FVA 2004*, and that of the *Youth Justice Act 1997*, *Children, Young Persons and Their Families Act 1997*, and the *Child and Youth Safe Organisations Act 2023*. As identified by Carmel Hobbs in her ground-breaking research on this issue, whilst teen relationships are not considered "significant" relationships under the Tasmanian *Relationships Act 2003*, they are still subject to horrendous and impactful (and sometimes, persistent and aggravated) intimate-partner violence.

Our knowledge of teen IPV and sexual violence in intimate relationships is limited. In the context of the alleged murders of Layla Jeffery (13-years old) and an unnamed 17-year-old Yolŋu girl in the last month, our failures across the prevention continuum is writ large. In the case of Layla, the alleged offender is just 16 years old; in the case of the Yolŋu victim, the offender was twice her age and in an intimate relationships with her. Both cases highlight both the hidden nature of teen IPV, and the failures of existing systems designed for adults fail young women and girls. Both cases also highlight the "dark horror" of FSV in rural and remote communities.

Young people experience violence and abuse not only in the context of family violence, but also in their own relationships. In her ground-breaking research on teen intimate partner violence, Hobbs[189] found that Tasmanian teens (aged 18-19 years) report experiencing violence and abuse in their relationships at rates above the national average (39.6% compared with 28.5%), with girls more likely to report experiencing teen intimate partner violence, and more severe teen intimate partner violence than boys.

Hobbs argues that given the emerging evidence linking childhood exposure to family violence with increased likelihood of experiencing or using violence in adolescence and adulthood, the imperative to break the intergenerational cycle of violence. In her research, Hobbs[190] found that almost half of the participants reported multiple experiences of life-threatening physical violence in their relationships, which contributed to over half of the participants attempting suicide in response to the violence and abuse they experienced. She notes that:

> the devastating impacts of teen domestic violence and abuse include short- and long-term emotional, psychological, relational, social, physical and developmental harm, disengagement from education and early school leaving, involvement with the youth justice system, and an increased likelihood of victimisation and perpetration in adulthood.[191]

Addressing teen intimate partner violence requires a whole-of-government approach, as children and young people's early intimate relationships—and the violence experienced in these relationships—are not recognised in Tasmanian legislation, which has flow on effects that normalise this violence. Failure to acknowledge and recognise young people's early relationships, and the harms created by teen intimate partner violence, means that young people are not protected by the Tasmanian *Family Violence Act*, and have limited access to the protections and support services that are initiated when intimate partner violence is reported to police and a Safe at Home strategy is implemented.

---

189 Hobbs, C. 2022, *Young, in love and in danger: Teen domestic violence and abuse in Tasmania*. Hobart: Anglicare Tasmania

190 *ibid.*

191 *ibid*., p. 6.

While some specialist family violence and sexual violence services have resources and staff who are suitably trained to support victim-survivors of teen intimate partner violence, this is rare. Additional workforce development and resourcing is required to ensure that the unique contexts of teen intimate partner violence is addressed in an age- and developmentally-appropriate, trauma-transformative way that empowers young people to make informed decisions about their safety and wellbeing. A diversionary and therapeutically-informed approach to behaviour change is the most appropriate strategy to address young people's use of violence in their intimate relationships. However, this must be matched by secondary and tertiary prevention strategies that assist young people to avoid re-victimisation and embark on a healing and justice pathway.

Responding to young people's use of violence in intimate and family relationships should be legislated in ways different from those applied to adults; however, the harms created by this violence should not be minimised either, nor should teen victim-survivors not in "significant relationships" be excluded from the Safe At Home pathway to justice and healing.

Importantly, Tasmanian victim-survivors, specialist family violence and sexual violence services, and stakeholders identified to the Alliance their concerns about criminalising young people's use of violence, and raised concerns about children and young people being issued Police Family Violence Orders at all. The sentiment from the sector is that every effort should be made to ensure that an age- and developmentally-appropriate, trauma-transformative, diversionary approach should be taken in addressing children and young people's use of violence in intimate violence in their relationships. As noted by Hobbs,[192] the existing National Plan is largely silent on the experiences of girls and young people, except when referencing adolescent violence in the home.

Suggested Action 78: That the Federal Government advocate to the Tasmanian Government that the *Family Violence Act* should be amended to include recognition, responses, and service delivery to young people experience intimate partner violence.

192 *ibid*., p. 120.

Suggested Action 79: That the Federal Government invest in research on teen intimate partner violence

Suggested Action 80: That the Federal Government audit existing family violence responses and prevention strategies for their appropriateness in addressing teen intimate partner violence

Suggested Action 81: That the Federal Government create a youth advisory council to advise them on age- and developmentally appropriate strategies to prevent teen intimate partner violence and to respond to the unique needs of teen victim-survivors

Suggested Action 82: That the Federal Government invest in primary, secondary, and tertiary prevention strategies that deflect young men and boys from engaging in teen intimate partner abuse

Suggested Action 83: That federal and state governments invest in evidence-based, therapeutic responses to harmful sexual behaviours, which deflect children and young people who engage in these behaviours from harmful institutions

Suggested Action 84: That a comprehensive, early intervention behaviour change program is co-designed with children and young people to prevent boys and young men's use of violence in intimate relationships

Adolescent violence in the home (AVITH)

A significant and under-reported form of family violence is adolescent violence in the home (AVITH). In ANROWS-sponsored research, Fitz-Gibbon *et al.*[193] found that of the 5,000 young people (aged 16-20 years) who participated in the study, 20% reported that they had used violence against a family member, of which, 10% involved using physical violence. The average age of first incident was 11 years, however 42% noted that they started engaging in violence from 10 years or younger. The primary victim-survivors of AVITH were siblings (68%), mothers (51%), and fathers (37%).

In our 2026 consultations with members on reforms to the Tasmanian *Family Violence Act 2004*, 74% of victim-survivors reported that they believe that the current Act must be amended to include adolescent violence in the home. In their qualitative comments, they noted that:

> *Sibling abuse can leave long-term emotional scars, and it's not right that it's not considered real family violence (V-S4)*
>
> *…children seeking out to hurt their parents is not okay. only leads to victim-blaming, "it's the way that child was raising", "must be an ipad kid". children are*

193 Fitz-gibbon, K., Meyer, S., Boxall, H., Maher, J. & Roberts, S. 2022, *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts*. ANROWS: Sydney.

capable to so much pain and that needs to be recognised just as much as abuse in a marriage, or abuse of a toddler does (V-S5).

Adolescent violence in the home—directed at parents and siblings—is rarely integrated into responses to family violence despite the clear evidence of a relationship between children and young people's experiences of family violence and their use of violence against other family members.[194] Fitz-Gibbon *et al*., argue that given the strong correlations between surviving family violence and engaging in violence in the home, increased resourcing and program development is needed to "…reduce the risk of adverse childhood experiences in the first place".[195]

Suggested Action 85: That the Federal Government advocates to the Tasmanian Government for sibling abuse and adolescent violence in the home to be recognised in legislation as forms of family violence

Suggested Action 86: That the Federal Government adequately resources frontline FSV services to ensure early intervention and therapeutic responses for children and young people who use violence within the home

Suggested Action 87: That the Federal Government invest in specific research and policy and practice developments to prevent adolescent violence in the home, and to respond to the needs of children and young people who use violence in the home

Suggested Action 88: That the Federal Government works with state governments and FSV specialist services to create a bespoke model of care for children and young people who use violence in the home that addresses their healing and recovery needs as both victim-survivors and in their use of violence

Healing Pathways for Children & Young People

As we discuss in more detail in our response to Priority 4 (People who Use Violence), Tasmania is the home of one of the oldest and most successful services for young people experiencing homelessness. While homelessness and housing precarity are central to the work of Home Base, their scope is much wider and inclusive of victim-survivors as well as people who use violence.

194 *ibid*.; Campbell, E., Richter, J., Howard, J. & Cockburn, H. 2020, *The PIPA project: Positive Interventions for Perpetrators of Adolescent violence in the home (AVITH)*. Sydney: ANROWS.

195 *ibid*., p. 61.

Home Base

Home Base (previously known as Colony 47) was established in 1973 to empower young people to make healthy choices and to end youth homelessness. Home Base is a highly respected and trusted organisation that provides a range of programs and interventions aimed at young people aged 12-18 years.

They note that: "Young people in Tasmania are disproportionately impacted by homelessness, mental ill-health, violence, discrimination, and disconnection… For many, home is not a safe place. For some, there's no home at all. Too often, young Tasmanians are treated as problems to be solved, not people with power… But it doesn't have to be this way. At Home Base, we work alongside young people to change the systems, stories and supports that shape their lives. We know the solutions already exist because young people are already leading them".

Their **SABT (Supporting Adolescent Boys Trial)** program is aimed at those young people aged 12-18 years who have experienced family, domestic and/or sexual violence, which aims to:

- Explore pathways to a healthy, non-violent, and gender-aware and positive future,
- Improve connection to family, education, community, and culture, and
- Break the intergenerational cycle of violence towards women and empower young people to avoid choosing to use violence.

Home Base also coordinates a series of programs that address the unique needs of children and young people to reconnect with family, education, and community, which act as secondary prevention to the use of, and experiences of, violence, including:

- **Reconnect** to family, school & community program for young people aged 12-18 years thinking about leaving home or already have,[196]
- **Eureka** for young people experiencing mental illness, including the Clubhouse, which is non-clinical drop in space,
- **Parents and Kids Together** (PAKT) is a seven-week creative program for primary school children and parents, and
- **Education Support Pilot** is a five-year wraparound program for unaccompanied young people aged 12-25 experiencing homelessness.

Suggested Action 89: That the Federal Government creates a funding stream for FSV services, and child and youth services, to provide therapeutic, age- and developmentally-appropriate intervention programs that assist children and young people to disengage from using violence in the home

Suggested Action 90: That the Federal Government invest in age- and developmentally appropriate strategies for supporting children and young people who have experienced FSV to navigate safe pathways to mature, healthy relationships

Suggested Action 91: That federal and state governments adequately resource specialist FSV organisations to employ child and youth systems navigators

196 This program is also delivered by Relationships Tasmania.

PRIORITY 4: PEOPLE WHO USE VIOLENCE

TERTIARY

- Mandatory residential behaviour change program for recidivist & aggravated offenders
- Diversion & deflection programs for people identified as having sexual feelings towards children
- Development of therapeutic strategies to respond to AVITH
- Bespoke programs that address drug-faciliated coercion & violence, and tech-faciliated abuse & coercive control
- Development of strategies for engaging PUV in attitudinal and behavioural change
- Dating and hook-up app ban for recidivist and aggravated offenders

SECONDARY

- Healthy relationships and emotional literacy programs for people when they first use violence
- Deflection strategies for those who first come in contact with CJS for their use of violence
- Nationally consistent criminal justice responses to recidivist and aggravated offending
- Enhanced training & skills development for judges & magistrates to ensure consistency in court outcomes for all adult and young offenders
- Development of programs that work with affected partners at the same time as PUV

PRIMARY

- Integrated gender equality, coercive control, & consent learning across the lifecourse
- Targeted learning and skills for boys & young men as they transition from childhood to adolescence
- Ongoing national campaign targeting those who engage in technology-facilitated violence
- Build capacity of fathers raising boys to model healthy relationships
- More coordination between court and rehabiliation to match PUV's motivation with program aims
- Building boys' and men's upstander capacity and willingness to intervene in FSV

In this section, we first scope the opportunities for deflecting people's use of violence and expanding the remit of our work on preventing and responding to FSV to carve out space in other national agendas to end this violence. In particular, we highlight the productive, primary prevention space that could arise in aligning our work with that undertaken collaboratively between federal and state governments on countering violent extremism. Despite causing more harm locally than recognised—largely race- or religious-based—violent extremism, Australian governments have invested billions into countering extremist violence, without addressing one of the key determinants of engaging in such behaviour and attitudes—extreme misogyny and violence against women and children. We then showcase a few strategies adopted in Tasmania to build healthy masculinities, healthy relationships, and emotional literacy, along with secondary and tertiary responses for those who use violence. These are approaches address the primary, secondary, and tertiary prevention techniques required to address the intergenerational transmission of violent misogyny.

PRIMARY PREVENTION

Countering Violent (Online) Misogyny

In the context of a restricted definition of family violence and insufficient funding to respond to only IPV, we must consider ways in which to integrate FSV prevention in other prevention and response models such as countering violent extremism. While these programs and strategies are firmly focused on race and religion, underlying almost all violent extremism is violent misogyny,[197] including that the perpetrators responsible for extremist attacks—such as those in Boston in 2013, Florida in 2016, Nice in 2016, and London in 2017, as well as the perpetrator of the 2014 Lindt Café siege[198]—had previous convictions for violence against women.

---

197 Díaz, P. C., & Valji, N. 2019, Symbiosis of misogyny and violent extremism: new understandings and policy implications. *Journal of International Affairs*, 72(2), 37–56; Rottweiler, B., Clemmow, C., & Gill, P. 2025, A Common Psychology of Male Violence? Assessing the Effects of Misogyny on Intentions to Engage in Violent Extremism, Interpersonal Violence and Support for Violence against Women. *Terrorism and Political Violence*, 37(3), 287–312; O'Hanlon, R., Altice, F. L., Lee, R. K.-W., LaViolette, J., Mark, G., Papakyriakopoulos, O., Saha, K., De Choudhury, M., & Kumar, N. 2024, Misogynistic Extremism: A Scoping Review. *Trauma, Violence, & Abuse*, 25(2), 1219-1234.

198 Scott, R. & Shanahan, R. 2018, Man Haron Monis and the Sydney Lindt Café Siege – Not a Terrorist Attack. *Psychiatry, Psychology, and Law*, 25(6), 839-901.

Misogynistic attitudes and behaviours held by extremists is so prevalent that Cannon[199] argues that it is a "gateway drug" into violent extremism.

As found by Meger *et al*. and Johnston and True,[200] misogyny is a strong and significant determinant of most forms of violent extremism, with people who support violence against women being 6.12 times more likely to support religious violent extremism, and 3.89 times more likely to support ethnically-motivated violent extremism. They also found that anti-feminist violent extremism was the most prevalent form of violence extremist attitudes in their sample of 1,020 Australians. Just under 14% of respondents believe that the use of violence to resist feminism was justifiable, compared with just 5% for religious or white supremacist violence. Critically, the younger the respondent, the more likely they were to hold misogynist attitudes and support restricting women's sexual autonomy.[201]

However, these approaches are tertiary prevention for the most part, as they focus on the critical point of intervention for sentenced offenders. More recent work is looking at how to engage boys and men who are increasingly consuming extremist materials online but have yet to act on those beliefs.[202] The combination to tertiary prevention with convicted offenders (Countering Violent Extremism High Risk Program), secondary prevention with people who are at-risk of radicalisation (Living Safe Together Intervention Program), and primary prevention (Step Together) provide a template in responding to violent misogyny.[203] However, unless these programs integrate a gender lens to this work, these efforts may be forestalled in addressing the

199 Cannon, M. 2022, Assessing Misogyny as a 'Gateway Drug' into Violent Extremism.

200 Meger, S., Johnston, M., & Riveros-Morales, Y. 2024, *Misogyny, Racism and Violence Extremism in Australia*. Melbourne: University of Melbourne, p. 6; Johnston, M. & True, J. 2019, *Misogyny & Violent Extremism: Implications for preventing violent extremism*. Melbourne: Monash Gender, Peace & Security.

201 *ibid*., pp. 9, 11; Young, A. 2025 (15 May), Australia must stop overlooking misogynistic youth extremism. *The Strategist*.

202 See, for example, the work of Step Together in supporting parents, carers and stakeholders to take action to help prevent violence extremism (https://steptogether.gov.au/resources/step-together-stakeholder-toolkit.html); All Together Now's Community Action for Preventing Extremism (CAPE) project (https://alltogethernow.org.au/our-work/far-right-extremism/community-action-for-preventing-extremism-cape/); and the suite of programs and strategies developed by Hedayah for countering violent extremism in the Asia-Pacific region, including the rehabilitation and reintegration of young offenders (https://hedayah.com/about/).

203 Commonwealth of Australia 2025, *A Safer Australia: Australia's Counter-Terrorism and Violence Extremism Strategy 2025*. Canberra: Commonwealth of Australia.

gendered drivers of violent extremism. Critically, in the national strategy for countering violent extremism, there are only three references to gendered violence, all of which note the need for additional research into the gendered drivers of extremist violence.[204]

Whilst essential to deflect and divert extremist grooming, these programs may not reach those who most need support to disconnect from misogynist violence. As with healthy masculinities prevention work discussed below, recruiting boys and men on the pathway to violent misogyny is difficult, and once-off work in schools around radicalisation is unlikely to shift attitudes and behaviours even if it increases knowledge of the harms of this type of violence.

Most consumers of extremist materials—especially violent pornography—do not see this as extreme, and in fact, normalise these representations of women and children in their everyday relationships. The increase in reported non-fatal strangulation is a case in point of the ways in which extreme violent (online) materials have led to the normalisation of this practice in in-person relationships.[205]

In our consultations with victim-survivor and organisational members, we have been told that the rising backlash to gender equality and women's and children's rights has led to a groundswell of violent and extreme misogynistic attitudes online. Technology, such as AI, has facilitated the creation and sharing of non-consensual intimate images, deepfakes, and generated images. This type of misogynist grooming of young men also facilitates the use of technology to initiate and extend in-person violence and coercive control (such as tracking apps and hardware). It also creates a hostile online environment that silences victim-survivors accounts of their experiences.

---

204 *ibid*.

205 Douglas, H., Sharman, L., & Fitzgerald, R. 2024, Domestic Violence, Sex, Strangulation and the 'Blurry' Question of Consent. *The Journal of Criminal Law*, 88(1), 48-66; Kero, K., Lauerma, H., & Wahlsten, P. 2026, "And then I got strangled": Dangerous trends of sexual choking among young people. *Acta Obstetricia et Gynecologica Scandinavica*, 105: 975-978; Mullin, S P., Hardiman, R., Sloan, A.J., & Hegarty, K. 2026, "I Knew I was Going to Die …": The Experiences of Non-Consensual Strangulation Amongst Australian Men Who Have Sex with Men. *Journal of Homosexuality*. DOI: 10.1080/00918369.2026.2651436; Victoire, A., & McMillan, J. 2026, Harmful effects of sexual choking. *British Medical Journal*, 392, s275.

This has a chilling effect online—with many women simply choosing to not engage in social media or to make all social media accounts private—but also on in-person activities and behaviours. It has also led to a range of protective and preventative measures women feel are necessary to ensure their safety, such as online check-ins with friends when meeting a new sexual partner and tracking apps so family and friends know where they are. In both cases, women's protective behaviours remove them from the public sphere and marketplace of ideas, and/or increase protective surveillance of their behaviours, which sets back gender inequality again.

Meger *et al*. suggest that Australian federal and state governments need to increase funding and resourcing of the FSV sector to combat sexist and misogynist attitudes that are permissive of violence against women as a national security priority in addressing violent extremism.[206] Conversely, others[207] have recommend that all preventing or countering violent extremism policy and practice approaches, including offender rehabilitation and reintegration should incorporate a gender lens. However, Young[208] argues that "[d]espite the international precedent, Australian law enforcement remains limited in its capacity to recognise violent misogyny as an ideological driver of political violence".

Suggested Action 92: That the Federal Government allocates funding and resources to explore the gendered drivers of violent extremism, and adopts a gendered lens to its work on countering violent extremism

Suggested Action 93: That Australian governments and agencies integrate strategies to prevent gender-based violence in all preventing or countering violent extremism programs

Suggested Action 94: That Australian governments and their policing agencies integrate gender-based violence as a determinant of, and risk factor in, radicalisation and extremist violence escalation

Suggested Action 95: That Australian governments and their corrective services integrate a gender lens on all rehabilitation and reintegration programs for people convicted of extremist violence

206 *op. cit*., Meger *et al*., p. 12.

207 *op. cit*., Johnston & True, p. 6; Organization for Security and Co-operation in Europe 2023, *The linkages between violent misogyny and violent extremism and radicalization that lead to terrorism*. Vienna: OSCE; United Nations n.d., E*nsuring Gender Equality and the Empowerment of Women in Counter-Terrorism and PVCE*. Geneva: UN; Agius, C., Cook, K., Nicholas, L., Ahmed, A., bin Jehangir, H., Safa, N., Hardwick, T. & Clark, S. 2020, *Mapping right-wing extremism in Victoria: Applying a gender lens to develop prevention and deradicalisation approaches*. Melbourne: Victorian Government and Swinburne University of Technology.

208 *op. cit*., Young

Suggested Action 96: That the Federal Government provides additional funding to adapt existing secondary and primary prevention strategies (Living Safe Together Intervention Program & Step Together) to account for the gendered drivers of this violence

Suggested Action 97: That the Federal Government create and fund specific intervention programs that focus on extreme misogynistic violence

Healthy masculinities, healthy relationships, and emotional literacy

In the primary prevention space, there are significant innovations in practice over the term of the first National Plan, with increasing attention, funding, and development in the space of increasing healthy masculinities, healthy relationships, and emotional literacy. While desperately underfunded and consistently facing issues with recruiting boys and men to be upstanders, these programs offer opportunities for intervening early in the development of attitudes that underpin violence against women and children.

In addition to the national work undertaken by Our Watch, in Tasmania, Home Base and Relationships Tasmania coordinate programs that aim to increase the capacity of PUV to recognise the harms they create and deflect them from future violence. Providing non-confrontational spaces in which to talk with peers about gendered violence and supporting boys and men to engage in behaviour that support healthy masculinities, healthy relationships, and emotional literacy are thought to be the most effective upstream approaches to changing attitudes and behaviours. However, there is a concern that these programs are not fully integrated into the learning and working spaces of those most in need, and that one-off programming in schools, workplaces, and other third social spaces, does little to shift attitudes and behaviours.

There is also mounting evidence that boys and young men are increasingly exposed to dangerous beliefs about girls and women online (the “manosphere”), and that the saturation of this information means that preventative programs cannot compete for their attention, let alone, the psychological effort required to change attitudes and beliefs. In this context, more structural and institutional approaches are offered as solutions, including the replacement of predatory algorithms.

Recent commissions of inquiry—especially the Royal Commission of Inquiry into Antisemitism and Social Cohesion, and state commissions of inquiry into extremism—

have proposed that accountability for extremist violence must rest with both the perpetrator and the owners of social media platforms and apps that amplify violent extremism. However, consistently across the research evidence is the necessity to also invest in strategies that reconnect boys and young men to community and kinship. Social engagement is a powerful tool in deradicalisation as it addresses some of the underlying drivers of engagement in extremist belief, attitudes, and behaviours, and begins to repair the harms and psychological distress that manosphere content can initiate.[209]

Relationships Tasmania has a dedicated program that builds the capacity of dads raising boys to model healthy relationships and emotional regulation and build resilience.

Relationships Tasmania

In addition to their work on building healthy intimate relationships and providing advocacy and support to victim-survivors, Relationships Tasmania provides a range of impactful programs for children (ACORN; free counselling for CYP aged 5-18 years who have experienced family violence), family connections (Children's Contact Service), and First Nations families (Aboriginal Cultural Connections).

They are also engaging men and boys in attitudinal and behaviour change, including:

- **Dads Raising Boys** (2.5 workshop for fathers and father figures of sons under the age of 12 years to strengthen relationships between fathers and sons, emotional development and self-regulation skills, and building resilience).

Similarly, Home Base runs a Merge[210] in-school program with Grade 6 boys over two terms of the year to assist them in the transition from childhood to adolescence, and to pre-bunk gender myths and attitudes.

Established to address the disproportionate numbers of suicidal ideation and suicides by men, SPEAK UP! Stay ChatTY was established to create safe spaces for difficult conversation about mental illness. This approach is place-based and adapted to the

209 Fisher, K., Benakovic, R., O'Gorman, K., Rice, S.M., Tierney, K., Miller-Idriss, C., Dashtgard, P. & Seidler, Z. 2026, Development and application of the masculinity content classification framework. *Telematics and Informatics*, 107, e102402; Fisher, K., Rice, S., & Seidler, Z. 2025, *Young men's health in a digital world*. Melbourne: Movember Institute of Men's Health.

210 More information about this program can be found here: https://homebasetas.org.au/merge

communication needs of boys and men. As with Relationships Tasmania, we suggest that this model—especially if rolled out to community organisations such as Men's Sheds—could offer a way to engage men in thinking about their attitudes and behaviours towards girls and women without the stigma of being perceived as an offender.

SPEAK UP! Stay ChatTY

Relationships Australia coordinates the national SPEAK UP! Stay ChatTY program that aims to facilitate and foster conversations about mental health, getting help, and supporting each other. This program if facilitated through workplaces, schools, sporting clubs, and in the community to bridge the gap between community stigma and specialist services for mental illness. The program empowers participants to initiate hard conversations about mental health, suicide prevention, and reducing stigma.

Relationships Tasmania believe that a program similar to SPEAK UP! Stay ChatTY could facilitate difficult conversations about family and sexual violence and create a generation of upstanders.

The advantage of such an approach is that it is:

- Place-based,
- Preventative,
- Empowering, and
- Not constrained by the barriers that come with formal engagement with FSV services.

Suggested Action 98: That the Federal Government continues to fund primary prevention programs that aim to reconnect boys and men to community and kinship

Suggested Action 99: That Australian governments invest in the development of materials that breakdown manosphere messaging and highlight the psychological damage created by gendered extremism

Suggested Action 100: That Australian governments work with social media and app creators and owners to replace predatory algorithms that propel boys and young men down pathways to violent misogyny

Preventing violence against children and young people

As we have done throughout this submission, Salter *et al.*,[211] in their report on identifying and understanding child sexual offending behaviours and attitudes among Australian men scope not only the prevalence of violence-affirming attitudes, but also

[211] Salter, M., Woodlock, D. Whitten, T., Tyler, M., Naldrett, G., Breckenridge, J., Nolan, J. & Peleg, N. 2023, *Identifying and understanding child sexual offending behaviours and attitudes among Australian men.* Sydney: UNSW, Australian Human Rights Institute, Jesuit Social Service, The Men's Project, and Stop It Now! Australia.

the primary, secondary and tertiary responses to their use of violence against children and young people. Their research found that 1:6 Australian men report sexual feelings towards children, and 1:10 have used sexual violence against children and young people. Far from being an outlier experience, these figures point to the widescale normalisation of sexual violence against children and young people.

Far from the stereotype of ill-adapted, disengaged incels, importantly, they identified that of those Australian men who had sexual feelings towards children and had acted on those feelings, they were more likely to:

- be married,
- have high levels of social support,
- have a high income,
- work directly with children,
- binge drink weekly,
- have experienced adverse childhood events,
- have experienced sexual abuse as children,
- have more prevalent and intensive use of online technology and resources, including internet, social media, encrypted apps, and cryptocurrency
- watch violent pornography, including bestiality pornography
- purchase sexual content online[212]

Each of these factors offer opportunities for intervention and prevention, especially in context that 26% of these people who use sexual violence against children want help. They recommend that prevention work in this space must recognise the strong links between child maltreatment and violence against women in their relationships and acting on sexual feelings towards children. In this respect, broader primary prevention addressing harmful attitudes and behaviours against women and children in the home are likely to have downstream impacts on men's use of sexual violence against children and young people.

However, the note that any work on preventing individuals from engaging in these behaviours must be matched by system and institutional facilitators of this violence, including making the online environment hostile to violence-affirming attitudes and

212 *ibid*.

behaviours. Compelling app creators and developers, and social media and cryptocurrency companies, to ensure that their technology and services are not violence-affirming, are important strategies to prevent this violence and the prevalence of online offending against children. Similarly, and as identified in detail below, they recommend that owners of dating and hookup apps are compelled to build safety provisions for users, given that CSA offenders are more likely to use these apps, and that they are used to identify single mothers with children.

Institutionalised prevention is also critical in the regulation of, and access to, violent pornography. As Salter et al., note, recent research into online pornography sites has found that the most common search terms are “teen” and “incest”. However, linked to earlier points in relation to harmful sexual behaviours, the majority of men who use sexual violence against children and young people first accessed violent pornography as children. Early and therapeutic intervention with children and young people who access violent pornography may be an antidote to their use of violence against children as adults.

At the secondary and tertiary prevention levels, Salter et al., recommend that in addition to direct interventions with people who use sexual violence against children, we must also:

- support family and friends to identify and respond to their behaviours early
- more tightly regulate violent pornography and access to violent pornography by people identified at risk of engaging with and creating CSAM, and/or engaging in sexual violence against children
- Compel social media and online services to prompt users to consider the harms of their behaviour, and the services available should they wish to defect their use of violence against children
- Creation of better targeting strategies that can identify the largely privileged men who engage in sexual violence against children, who may have the resources, knowledge, and skills to avoid detection

Suggested Action 101: That the Federal Government, in conjunction with child and youth services and FSV specialist services, develop a suite of bespoke programs aimed at identifying and deflecting people who use violence against children and young people

Suggested Action 102: That the Federal Government, in conjunction with state governments and their policing agencies, adapt existing risk

assessment tools to align with the identified drivers of sexual violence against children

Suggested Action 103: That the Federal Government invest in specialist sexual violence services' capacity to respond therapeutically with children and young people who have experienced sexual violence and/or engaged in harmful sexual behaviours

SECONDARY PREVENTION

While the slow work of generational change in beliefs and attitudes about women and girls continues, in the immediate crisis of young men's and boys' increasing engagement with the manosphere, restricting access to these materials may be the only answer. Tweaking the algorithms that drive the saturation of gendered violence may be a short-term panacea for young men's and boys' gendered radicalisation; however, this must be matched with programs that both increase social engagement and address the "cultural touchpoints" that drives online traffic to material that targets "masculine status" and "degrading health" context.[213] Movember Institute for Men's Health notes that there is an inverted iceberg to the manosphere, with the bulk not hidden below the water line; rather "cultural touchpoints" are mainstreamed and available on all platforms. Yet, while this material is not necessarily harmful to women and girls, algorithms funnel consumers of from this material to the more harmful manosphere content that is misogynistic and dangerous to the health and wellbeing of girls and women but also boys and men.[214]

As we detail below, Home Base has developed stepped programs that engage boys and young men over time—and when transitioning from childhood to adolescence, then adulthood—that aim to address the underlying drivers to their violence. Ongoing engagement with boys and young men at risk of engaging in gender-based violence is critical to the success of the programs, as this enables rapport and trust to be built, and deep psychological processing of the underlying causes of their need to use violence. Engaging men and boys over longer periods of time is essential also in addressing the attendant contexts to the use of violence, including feelings of despair,

213 *op. cit.*, Fisher *et al.*, 2025; 2026, p. 3.
214 *ibid.*

powerlessness, and shame, as well as the structural contexts of school disengagement, unemployment, and homelessness.

Home Base

As noted in our Priority 1 response, Home Base coordinates a series of programs that address the unique needs of children and young people who use violence. They have created a stepped program for a range of children and young people who may be on a pathway to using violence. Their programs include:

- **Step Up** (Stop, Think, Evaluate, Plan, Use skills and Patience; award winning program[215] with ongoing 1:1 case management for young people who use violence & their families),[216]
- **Flow** (6-12 month program for young people aged 12-18 years whose use of violence has place them at risk of ongoing contact with youth justice system and school exclusion).

Home Base reports that 66% of participants stopped using violence, 61% were no longer using threatening behaviour, and 68% believed that gender equality was important (from a low of 37% pre-program). Just under 90% of Step Up participants reported now feeling safe at home.

Similarly, Relationships Tasmania run a program on Men Engaging in New Strategies,[217] which is aimed at men who have used or are using low to medium risk family violence. This program includes individual and group sessions, which aim to increase participants understanding of the impact of their violence, take accountability for their behaviours, and increase their capacity for respectful communication.

Changing boys' and men's attitudes, beliefs, and behaviours requires intergenerational work across a range of place-based opportunities, such as schools, workplaces, sporting clubs, and places of worship. While that primary prevention work continues is necessary in the long-term, secondary and tertiary prevention strategies are required to ensure the earliest intervention possible to address current dangerous and harmful behaviours.

---

215 Bronze award winner in the 2024 Australian Institute of Criminology Australian Crime and Prevention Awards

216 Unfortunately, this program is so in demand that it currently has a waitlist and is not accepting referrals at this time.

217 See here for more information about this program of secondary intervention: https://tas.relationships.org.au/get-support/services/men-engaging-in-new-strategies-program-mens/

TERTIARY PREVENTION

As noted earlier in the submission there are several tertiary prevention strategies that may be powerful drivers in ending men's violence against women and children. Men's shelters is an important innovations in tertiary prevention that we suggest warrant exploration under the Second Act Plan. Additionally, we scope the work of the Brain Injury Association of Tasmania in their work with men with brain injuries who are systems involved. We end our submission responses to the Discussion Paper by considering the prevention possibilities that may come with dating app bans for recidivist and aggravated offenders.

Men's Shelters

The rhetoric in preventing violence against women and children is leave violence, stay at home; yet we continue to prioritise removing victim-survivors and their children from the safety of their own home. The Aotearoa New Zealand Gandhi Nivas program[218] offers an important example of how a men's shelter approach could work in securing not only the safety and wellbeing of victim-survivors and their children but also offer an important secondary and tertiary response for people who use violence, who are predominantly men. As we have noted throughout our submission, Safe at Home must be more than rhetoric, and our systems, policies, and laws need to enliven that goal.

In a context of limited housing options for women and their children to relocate in order to escape violence, and that their housing needs are much higher (such as multiple bedroom properties), it makes more sense financially to explore the options for removing people who use violence from the home. Gandhi Nivas does this in a context of a wraparound support and accountability structure that ensures that recidivist and aggravated offending is addressed comprehensively at the earliest available opportunity.

In Aotearoa New Zealand, people who engage in recidivist and aggravated family violence can be bound by Police Safety Order, which prohibits them from returning to

---

218 Morgan, M. Jennens, E., Coombes, L., Connor, G., & Denne, S. 2020, *Gandhi Nivas 2014-2019: A statistical description of client demographics and involvement in Police recorded Family Violence occurrences*. Palmerston North, Aotearoa New Zealand: Massey University.

the family home. Rather than expecting men who use violence to find alternative accommodation—often with family or parents, who are then also subject to their use of violence—Gandhi Nivas was created in 2014 to meet the housing needs of men subject to Police Safety Orders. However, police issued orders also included the requirement for people who use violence to relinquish firearms and firearm licenses, and orders to not engage in harassment, intimidation, threats or violence. Failure to do any of these actions could result in criminal charges.

Men bound by Police Safety Orders are offered to voluntarily check into a men's shelter, where they are offered free accommodation subject to their involvement in and commitment to social, counselling, and violence intervention services provided by specialist FSV services. In addition to the wraparound support provide to people who have used violence, the program works with affected women and children to address their safety and counselling needs.

Gandhi Nivas is an example of universal design. Originally established to address the over-representation of Asian New Zealanders' as both victim-survivors and people who use violence, the program has pivoted over time to work with all Aotearoa New Zealand communities, as the program developed met the needs of the most vulnerable and marginalised at the outset.

As the evaluation of Ghandi Nivas identifies, this tertiary prevention approach to people who use violence—as well as their families—has resulted in a 36-46% reduction in recidivist offending, especially for those clients with "low-end" family violence records, when combined with Police Safety Orders. However, the impact was sustained for even those with orders, and high-end family violence records.

Suggested Action 104: That the Federal Government in conjunction with the Tasmanian Government fund the creation, trialling, and evaluation of a men's shelter strategy in line with that adopted in Aotearoa New Zealand

Suggested Action 105: That the Federal Government provides funds to establish a FSV men's shelter in Tasmania, with ongoing funding for five years

Suggested Action 106: That the Federal Government in conjunction with the Tasmanian Government fund the development of a comprehensive, wraparound therapeutic program to enable behaviour and attitude change over the long term for people who use violence

Suggested Action 107: That FSV services are funded and upskilled to work with victim-survivors whose partners are participating in residential behaviour change programs

People with disability who use violence

The research evidence on women and girls with disability who engage in FSV is scant, and only limited evidence is available in relation to psychosocial disability. However, as Matta Oshina *et al*.[219] found in their analysis of US offending data, young people with disability are arrested, adjudicated, and recidivated at higher rates than their non-disabled peers. As such, it is critical that the National Plan scopes and addresses the issues and barriers faced by FSV offenders with disability to deter from engaging in FSV again.

van der Put *et al*.[220] found in their US study that juvenile offenders with intellectual disability (ID) were more likely than those without disability to engage in sexual and violent offending (21% and 84% v 7% and 69%). Importantly, these differences may be attributed to the higher likelihood of these offenders having experienced maltreatment as a child than those without ID (70% v 42%). In their study of female offenders with ID, Lindsay *et al*.[221] found that women and girls constitute a very small proportion of all offenders with ID, and of those referred, women with ID "…do not show the same levels of sexually abusive behaviour or aggressive behaviour", and that re-offending rates are much lower.

Further, in their analysis of UK institutional data on domestic violence abuse, Swift *et al*.[222] found that only 12.5% of offenders with intellectual disability (ID) were referred to Forensic Community Learning Disabilities Teams or Community Learning Disabilities Teams. The central feature of all these studies is that women and girls with

---

219 Matta Oshima, K.M., Huang, J., Jonson-Reid, M., & Drake, B. 2010, *Children with Disabilities in Poor Households: Association with Juvenile and Adult Offending*. *Social Work Research*, 34(2), 102-113.

220 van der Put, C.E., Asscher, J.J., Wissink, I.B., & Stams, G.J.J.M. 2014, The relationship between maltreatment victimisation and sexual and violent offending: differences between adolescent offenders with and without intellectual disability. *Journal of Intellectual Disability Research*, 58(11), 979-991.

221 Lindsay, W.R., Smith, A.H.W., Quinn, K., Anderson, A., Smith, A., Allan, R., & Law, J. (2004) Women with intellectual disability who have offended: characteristics and outcome. *Journal of Intellectual Disability Research*, 48(6), 580-590.

222 Swift, C., Waites, E., & Goodman, W. (2018) Perpetrators of domestic violence abuse within Intellectual Disability services: A hidden population? *British Journal of Learning Disabilities*, 46(2), 74-81.

disability are likely to be both victim-survivors of FSV and use violence, and that their behaviour may model the violence meted out to them earlier in their lives.

In these contexts, therefore, it is important that FSV services and those organisations working with people who use violence are able to identify the unique barriers encountered by people with disability in their disengagement from the use violence. The JustACE program coordinated by the Brain Injury Association of Tasmania provides a template in which to conduct this type of work, and they have sought unsuccessfully to receive additional funding to expand this critical tertiary intervention and systems navigator role for victim-survivors.

JustACE

JustACE (Justice. Advocacy. Connection. Empowerment) is a tertiary intervention coordinated by the Brain Injury Association of Tasmania (BIAT) and is funded by the Tasmanian Department of justice. Working with adult defendants with cognitive impairment, JustACE provides a case management service to people who have engaged in criminal behaviour.

While not a dedicated FSV intervention, it does work with disabled people who use violence to increase their awareness of the harms they have created, and accountability for their actions. Importantly, given the high levels of literacy and comprehension required to engage with the criminal justice system and assist in their defence, this program does this work in ways that are comprehensible to those with cognitive and intellectual disability.

The program provides:

- **Screening and assessment**: identifying gaps in support and referral touchpoints for clients
- **Brain training**: building clients' memory, focus, and capacity to make healthy and safe choices in their relationships
- **Case management and ongoing support**: tracking clients through their criminal justice journey, and identifying tools and supports required at each stage, including on release from detention

Increased collaboration between JustACE and the specialist FSV sector could enhance the opportunities for intervening early to deflect the use of violence in their families. The program would also be more effective if BIAT was also funded to provide complementary guidance and support for FSV victim-survivors with cognitive and intellectual disability. BIAT's request for such funding was rejected by the Tasmanian Government in the recent budget estimates process.

Suggested Action 108: That the Federal Government, in conjunction with disability representative organisations and FSV services, develop a bespoke program of intervention for people with cognitive disability who use FSV

Suggested Action 109: That resourcing is made available to FSV services and services working with people who use violence to upskill staff on the unique characteristics of FSV perpetrated by people with disability, and the unique barriers to change for people with cognitive disability who use violence

Tech-facilitated abuse

Throughout our submission we have raised concerns around technology-facilitated abuse, including important primary prevention efforts with both victim-survivors and people who use violence. In this final section of our response to Priority 4, we focus on the tertiary prevention opportunity offered by more systemic and institutional action on technology-facilitated abuse via dating and hookup apps. Increasing the FSV sector is hearing from victim-survivors and their children about the unhindered access people who use violence have to possibly vulnerable and marginalised women and young people.

Dating and hookup apps, by their very nature, identify someone as single and/or as someone who may want to keep their sexual relationships hidden from others. The perception of anonymity that apps can enliven may provide a false sense of security and agency to women exploring their relationship options. Men who have used violence against women and children in the past or have existing family violence matters can present themselves online as safe and respectful despite their track record of harmful behaviours.

While women have been developing robust safety planning techniques to prevent violence or abuse from people found on dating and hookup apps, the responsibility for managing the risks of engaging in new relationships or hookup they have met online should not lie with women alone.

Research conducted by Woblers and Boxall (and colleagues),[223] found that 22% of sexual violence victim-survivors encountered the person who used violence against

[223] Wolbers, H. & Boxall, H. 2024, Online dating app facilitated sexual violence victimisation among people with disability. *Trends & issues in crime and criminal justice*. Canberra: Australian Institute of Criminology (AIC); Wolbers, H., Boxall, H., Long, C. & Gunnoo, A. 2022, *Sexual harassment, aggression and violence victimisation among mobile dating app and website users in Australia*. Canberra: AIC; Lawler, S. & Boxall, H. 2024, User experiences of reporting dating app facilitated sexual violence to dating platforms. *Trends & issues in crime and criminal justice*. Canberra: AIC; Wolbers, H. & Dowling, C. 2024, Routine online activities

them via dating and hookup apps. Further they found that respondents who used dating or hookup apps reported that:

- 72% were subject to at least one form of online dating app facilitated sexual violence (DAFSV) in the last five years
- 69% had experienced online harassment, including 47% experiencing repeated contact after indicating they are not interested, and 41% receiving sexual images they had not sought
- 45% had been subjected to abuse and threatening language
- 19% had experienced image-based sexual abuse
- 28% had been stalked online

In response to the early findings from this research, the South Australian Government made the decision to propose banning orders for serious, recidivist, and aggravated offenders. Using banning order imposed on child sex offenders as a template, the South Australian Government seeks to ban sexual violence, family violence and child sex offenders from creating or curating an online dating or hookup app profile for at least 10 years, and would face custodial sentencing if they breached the banning order.

The effectiveness of such approach, however, is highly dependent on dating and hookup app owners to partner with the government on implementing the ban and providing safety checks and oversight to ensure that people who use violence do not skirt the ban by way of anonymous or pseudonym profiles.

Suggested Action 110: That federal and state governments explore the regulatory contexts of online dating apps and whether a dating app ban for people who engage in recidivist and aggravated FSV could prevent further violence and harm

and vulnerability to dating app facilitated sexual violence. *Trends & issues in crime and criminal justice*. Canberra: AIC.

PRIORITY 5: SYSTEM INTEGRATION & WORKFORCE

TERTIARY

- Upskilling allied FSV workers in non-specialist services
- Bespoke investment in higher degree courses that enable a pathway to FSV specialisation
- FSV sector upskilling in relation to the needs of victim-survivors & PUV who are First Nations, LGBTIQA+, disabled, CALD, and/or on temporary visas

SECONDARY

- Enhance capacity of ANROWS to commission rapid response research on prevention programs' efficacy and translation
- Needs-based and "hotspot" funding models for prevention, early intervention, and response programs
- Creation of FSV nationally-competitive grant program for research, evaluation, and program development
- Creation of funding rounds for communities experiencing high rates of FSV
- Nationally consistent & enhanced pay and conditions for FSV specialists

PRIMARY

- Nationally consistent definitions of family & sexual violence, underpinned by nationally benchmarked legislation
- National database of what works in preventing gender-based violence
- Nationally consistent data reporting & oversight
- Fully integrated case management system across government and community sector specialist services
- National risk assessment framework to be used by police, courts & community sector
- Regional independent commissioning authority for all program funding
- 4Rs advisory council to work with governments and the FSV sector to develop a nationally conisstent dispersed model of care

Throughout our submission we have noted the systems and workforce barriers to the prevention of violence against women and children in Tasmania, and in this last section of our response to the Discussion Paper, we consolidate these points. Consistently, our organisational and victim-survivor members report that one of the most significant barriers to healing and recovery, as well as prevention, is the disjointed, gap-filled FSV system in Tasmania.

PRIMARY PREVENTION

Nationally consistent frameworks

Tasmania does not currently have a shared risk assessment framework or case management systems shared between Tasmania Police and the wider FSV sector. This has led to conflicts in assessments of risk when matters are presented to court, with many members reporting that courts continue to default to the older risk framework (RAST) adopted by Tasmania Police rather than the Risk Assessment Management Framework (RAMF) and the Tasmanian and Rural Risk Assessment (TARRA), both of which were commissioned and developed for the unique conditions of Tasmania's rural and remote locations. The use of the RAST consistently shows that it is not effective in identifying risk, and too often contributes to the misidentification of the predominant aggressor and person most in need of protection.

Australians are a highly mobile population, with many moving across state borders, as well as significant numbers of rural and remote Australians living in communities that bridge state borders (e.g., Albury-Wodonga, Tweed Heads-Coolangatta). Given this mobility to traverse different jurisdictions, we suggest that nationally consistent definitions and laws are required to respond to FSV. It is retrograde that FSV perpetrators can escape accountability and justice by relocating themselves and their families from one jurisdiction to another more favourable one when engaging in violence or avoiding accountability for their violence. Additionally, a common protective factor used by victim-survivors, especially Tasmanian victim-survivors, is to leave the state to escape stalking and repeat victimisation. While we strongly believe it should not be the victim-survivor who must leave home to escape violence, we need

nationally consistent case management and risk assessment frameworks to be able to meet the needs of victim-survivors wherever they relocate.

Nationally consistent definitions of family and sexual violence, along with nationally consistent laws are also required. If we can have nationally consistent laws in relation to gun ownership (along with violent extremism), and a national register of guns and gun owners, we should be able to do so for family and sexual violence. There is a dissonance created when nationally consistent laws for guns—which are used in FSV—are possible but nationally consistent laws for family and sexual violence is not.

A final overarching, primary prevention strategy necessary to give life to the Second Action Plan is the creation of a fully integrated 4Rs (regional, rural, remote, and very remote) advisory council to provide guidance and insights into how the national plan aligns with the needs of rural and remote victim-survivors and people who use violence. Consistently, we hear from members about the inadequacy of existing action plan strategies for the contexts of victim-survivors outside of the metropole. As the most decentralised population in Australia, rural and remote responses to ending violence against women and children are not outlier, special contexts; they are central to the way in which out specialist services must deliver healing, recovery, and prevention interventions. As such, any developments in the Second Action Plan must account for the barriers to, and additional costs incurred from, 4R service delivery.

Suggested Action 111: That the Federal Government transition prevention programs initiated as pilots to secure, ongoing funding as soon as positive results are reported

Suggested Action 112: That the Federal Government establish a program evaluation funding scheme (including professional development opportunities for FSV staff to upskill in evaluation)

Suggested Action 113: That the Federal government establish a national evaluation hub to assist FSV organisations to undertake robust evaluation of all programs funded under pilot schemes

Suggested Action 114: That the Federal Government create bespoke program funding that offsets the additional costs incurred by organisations supporting victim-survivors and/or people who use violence in rural and remote locations

Suggested Action 115: That the Federal Government enables workforce development funding to upskill all FSV services in relation to the needs of victim-survivors & PUV who are First Nations, LGBTIQA+, disabled, and/or are on temporary visas

Suggested Action 116: That the Federal Government creates a FSV needs-based grant program for research, evaluation, and program development

Suggested Action 117: That the Federal Government, in conjunction with state governments, create a specific funding round for communities experiencing high rates of FSV

Suggested Action 118: That the Federal Government, in conjunction with state governments and the FSV sector, develop nationally consistent definitions of family & sexual violence, underpinned by nationally benchmarked legislation

Suggested Action 119: That the Federal Government, in conjunction with state governments and the FSV sector, establish a national database of what works in preventing gender-based violence

Suggested Action 120: That the Federal Government, in conjunction with state governments and the FSV sector, establish nationally consistent data reporting & oversight

Suggested Action 121: That the Federal Government, in conjunction with state governments and the FSV sector, develop a fully integrated case management system across government and community sector specialist services

Suggested Action 122: That the Federal Government, in conjunction with state governments and the FSV sector, develop a nationally consistent risk assessment framework to be used by police, courts & FSV sector

Suggested Action 123: That the Federal Government create regional, independent commissioning authorities for all FSV program funding

Suggested Action 124: That the Federal Government, in conjunction with state governments and the FSV sector, convene a national 4Rs advisory council to guide all Australian governments on the response to and prevention of violence in regional, rural, remote, and very remote communities, including a dispersed model of care

Suggested Action 125: That the Federal Government considers in all funding to service providing support to 4R victim-survivors that additionally on-costs are awarded to cover the costs incurred in 4R service delivery

SECONDARY PREVENTION

Enhancing systems integration and nationally consistent definitions, laws, risk assessment frameworks, and case coordination must be considered alongside secondary prevention strategies that build the capacity of specialist FSV services to recruit, train, and develop its workforce. Concurrently, more effort is required to ensure that the work of ANROWS is responsive to needs of all victim-survivors and FSV services.

Needs-based research and program development

Too often the limited funding provided to ANROWS and awarded to the FSV sector and scholars continues to be funnelled to states with robust existing evidence, data, and scholarship. Smaller states and territories are rarely funded to explore their unique contexts as these are perceived under current funding models as not relevant to a national lens. As we note at the outset of this submission, applying universal design principles would focus our attention on those most in need, with the understanding that if their needs are addressed, it is likely that those with the privilege of having their experiences centred in national planning will also have their needs met.

Increased attention to the needs of victim-survivors on the margins of existing national plan actions requires state and federal governments to allocate research and program funding and resourcing based on need not population. In this respect, the saturation model adopted by Respect Ballarat provides a template for how resourcing can be channelled to regions where rates of FSV are highest, and recovery, healing, and prevention pathways are most fractured. While nationally applicable research and program development are important, these should not preclude dedicated funding to FSV hotspots. If "hotspot" funding is allocated for all other forms of crime, such an approach should also be developed for FSV, especially given that the family and sexual violence—unlike other crimes addressed through hotspot programs, such as vandalism, criminal damage, robbery—would unlikely be subject to the displacement effect often linked to hotspot interventions.

Suggested Action 126: That the Federal Government enhance the capacity of ANROWS to commission rapid response research on prevention programs' efficacy and translation for small states and territories and regions

Suggested Action 127: That the Federal Government, in conjunction with regional commissioning authorities, develop a needs-based funding model for prevention, early intervention, and response programs

Suggested Action 128: That the Federal Government allocates additional funds to ANROWS to explore best practices in responding to FSV in "hotspot" regions with high rates of FSV

Suggested Action 129: That the Federal Government, in conjunction with state governments, establish a funding round dedicated to saturation response and prevention interventions in regions with high rates of FSV

Workforce development

Tasmania has a net-outmigration of residents, who are often young, newly graduated specialists, looking for better pay and conditions on the mainland. In a context where Tasmanian workers are paid on average $11,000 less than their mainland peers, there are few extrinsic rewards for our specialist workforce to remain on island. Nationally consistent pay and conditions across the specialist FSV sector is critical in retaining our specialist workforce.

Further, we suggest that those FSV specialists working in remote and very remote locations, as with FIFO workers in mining and construction, should be paid at a higher rates to offset the additional costs and barriers to working in these locations, and to make relocation to these regions viable.

Suggested Action 130: That the Federal Government provide HECS waivers to students enrolling in TAFE and higher degree courses that enable a pathway to FSV specialisation

Suggested Action 131: That the Federal Government works with state governments and sector unions to create nationally consistent & enhanced pay and conditions for FSV specialists, including specialist FSV lawyers

Suggested Action 132: That the Federal Government works with state governments and sector unions to integrate a remote area allowance for FSV workers in rural and remote communities

TERTIARY PREVENTION

Whilst enhancing the pay and conditions of the existing FSV workforce, along with developing nationally consistent and integrated FSV systems, the Alliance suggests that we need to do more in developing and training a specialist FSV workforce, upskilling allied community and social sector workers to be trauma-informed first reporters and systems navigators. We also believe that increased professional development of the existing (and newly recruited) FSV specialist workforce is necessary to ensure that all FSV specialists are able to recognise and respond to the unique experiences and needs of vulnerable and marginalised priority communities, including building their cultural capability of responding to the needs of unique needs of First Nations victim-survivors in Lutruwita. Our final tertiary prevention strategy scoped below relates to the role, compensation, and training of lived and living experience advocates.

FSV education and training

There are specialist TAFE and higher education courses and degree programs for a range of specialist workforces; yet nothing similar exists for the FSV workforce despite the desperate need for such workers. Specialist workers' pathways to the sector are ad hoc, and largely dependent on personal interests and/or lived experience of, family and sexual violence, or their interest is piqued by random allocation of placements within the sector during higher education.

Additionally, further opportunities for professional development of existing and newly recruited FSV specialists is required to enhance their capacity to recognise and respond to the unique experiences and needs of marginalised and vulnerable victim-survivors. Too often the work of translating mainstream approaches, programs, and strategies for priority communities is left to FSV services to do unfunded. The costs associated with making their work relevant to the needs, for example, of victim-survivors with a primary language other than English—such as information translation and interpretation, but also culturally appropriate ways of working—is not funded, and these costs are not evenly distributed across the country. Similarly, disabled and neurodivergent victim-survivors may require not only information translation and interpretation but also dispersed models of care that can accommodate alternative communication methods and tools, and a workforce that understands the ways in which disability is weaponised in family and sexual violence. We cannot expect desperately underfunded frontline services to do this work off the side of their desks.

A workforce development strategy to enhance pathways to FSV specialisation is necessary, and must include both HECS waivers for students, and bespoke funding to universities to develop degree programs that lead to FSV specialisation. Our member organisations consistently report that they are unable to recruit suitably trained FSV practitioners. HECS waivers, nationally consistent wages and conditions, and remote area allowances will go a long way to addressing the significant workforce development challenges.

As we have noted throughout, place-based FSV prevention and response is critical in regions with highly dispersed populations, such as Tasmania. Enhancing the skills and

knowledge of other social service and community development workers is essential if we are to meet the needs of victim-survivors where they live, work and play. Evidence provided to the Alliance from Neighbourhood Houses Tasmania, clearly illustrates the gap between where FSV services are and where victim-survivors may first report or sense-check their experiences.

Neighbourhood Houses are not funded as FSV or child protection services, yet as a place-based, trusted community service, victim-survivors are consistently presenting to Neighbourhood Houses for support and referral. We are informed that this is because, unlike FSV specialist services and the police, victim-survivors are able to safely engage with place-based (not issue-based) services without the risk of perpetrators knowing they are seeking support. We have also heard that in rural and remote Tasmania, staff at Neighbourhood Houses are acting as supervisors to contact visits with non-custodial, and in some cases, non-protective, parents. They are not funded to do this work, are placing enhanced risks on their staff, and these staff are trained to do this work safely and in a trauma-informed way. Yet, with FSV and child protection deserts across the state, sometimes staff at Neighbourhood Houses are the only option.

While work is already underway to upskill health and mental health practitioners to be trauma-informed first reporters and systems navigators, complementary work in developing the wider social service sector has not occurred even though they are doing this work already, and most commonly, untrained and unfunded. Providing funding to FSV specialist services to provide community and employment professional development programs would ensure that upskilling allied workforce are needs- and place-based and aligned with local contexts and service delivery.

Suggested Action 133: That the federal and state government invest in, and fund specialist FSV services to provide needs- and place-based professional development for the non-FSV specialist workforce to be trauma-informed first reporters and systems navigators

Suggested Action 134: That the Federal Government creates a professional development fund to enable specialist FSV services to upskill their workforce on the unique experiences and needs of victim-survivors & people who use violence who are First Nations, LGBTIQA+, disabled, CALD, and/or on temporary visas

Suggested Action 135: That the Federal and state governments provide additional funding to Neighbourhood Houses to employ FSV systems navigators in all houses

Suggested Action 136: That the Federal Government provides HECS waivers to community development, youth, and social worker, public and primary health, counselling and psychology students to undertake additional education and training in FSV

Suggested Action 137: That the Federal Government provides additional funding to universities that provide elective units, placements, internships, and extracurricular training to increase FSV skills and knowledge

Lived experience advocates

In the absence of a secure and consistent specialist FSV workforce—and in alignment with principles of centring the voices and insights of victim-survivors, including children and young people—a national consistent framework for the integration of lived and living experience advocates may create pathways to a specialist workforce. Lived and living experience advocates currently sit alongside the work of FSV specialist organisations, and too often their views are seen as an added extra rather than central to our work. However, the successful integration of lived and living experience advocates requires more than simply seeking their views by way of one-way consultation.

Victim-survivors need to be at table from conception to evaluation and are engaged in ways that empower them to inform development and implementation of new strategies or reformed strategies. This requires that FSV specialist services are resourced not only to compensate victim-survivors for their time and insights, but also to increase the opportunities for advocates to build translational skills that they can deploy in other circumstances, or in developing a specialist FSV career pathway. Some victim-survivors come to advocacy roles with a history of financial dependence and fractured education and work histories that are not amenable to formal recruitment to workplaces. In the absence of clear education pathways to FSV specialisation in Tasmania, and with few extrinsic rewards to relocating to the island, building the skills and capacities of lived and living experience advocates and supporting their pathways to education and training, may offer a more coordinated approach to workforce development.

Suggested Action 138: That the Federal Government, in conjunction with state governments, establish a workforce development fund for lived and living experience advocates to participate in professional internships with specialist FSV services

Suggested Action 139: That the Federal Government, in conjunction with state governments, establish nationally consistent benchmarks on the compensation and training of lived and living experience advocates

Suggested Action 140: That the Federal Government, in consultation with state governments, establish a training and education fund for lived and living experience advocates to enable a career pathway to professionalisation and FSV specialist employment

National plan reform and governance framework

The Alliance's own experience as Tasmania's newly established peak body illustrates a broader structural gap in the National Plan's governance framework. State and territory input is currently sought through periodic roundtables and point-in-time consultations—a useful indicator of local context at a single moment, but not a substitute for continuous understanding of how reform is landing in the community. Roundtables tell government what a jurisdiction thinks on the day they are convened. They cannot tell government what is changing in the months and years between them, and by the time the next one is scheduled, the problems raised in these forums may already be years old.

The Alliance is positioned to do this differently. As Tasmania's peak body, we hold the ongoing relationships with victim-survivors, the community sector, and specialist practitioners that a one-off consultation cannot replicate—relationships that take years to build and cannot be recreated for a single review cycle. Properly resourced, the Alliance can do two things no periodic mechanism can.

- First, it can translate national reform intent into what implementation actually requires in the Tasmanian service system, surfacing workforce, geographic and population barriers before they become delivery failures attributed to poor local uptake.
- Second, such an approach maintain a continuous, standing channel for victim-survivor experience and frontline practice evidence to reach national monitoring and review—not only when a consultation is open, but on an ongoing basis, so government understands the impact of reform on the community and the sector as it happens, not after the fact.

Suggested Action 141: That the Federal Government, in conjunction with the Tasmanian Government, formally recognise the Tasmanian Family and Sexual Violence Alliance's role in providing continuous, ongoing jurisdictional input to the National Plan.

Suggested Action 142: That the Federal Government, in conjunction with the Tasmanian Government, jointly and recurrently fund the Alliance to deliver this function as part of the National Plan governance framework.

Suggested Action 143: That the Federal Government establish a formal reporting pathway from the Alliance into the National Plan's governance framework, on a continuous or rolling basis, so that Tasmanian implementation evidence, victim-survivor experience and community sector input inform national monitoring.