ILLAWARRA WOMEN'S TRAUMA RECOVERY CENTRE

Illawarra Women's Trauma Recovery Centre

Submission to the Second Action Plan

2028-2032

July 2026

Executive Summary

The National Plan to End Violence Against Women and Children emphasises the need to invest into programs and services which support victim-survivors to heal and recover from their experience of violence.

The Illawarra Women's Trauma Recovery Centre (the Centre) provides vital healing and recovery services for victim-survivors of violence. The initial two-years of operation has demonstrated the effectiveness of the Centre's model of care, which was co-designed with women with lived-experience, professional experts and service providers. The increasing demand on the Centre proves the need for holistic and trauma-informed services that support victim-survivors for as long as they need to recover from the impact of gendered-violence.

An independent interim evaluation of the service showed that the Centre is addressing substantial unmet need by providing trauma and evidence-informed recovery and healing supports. Early indicators show positive outcomes for women who have accessed the service, with service users reporting improvements in their outlook, social connection, confidence and emotional wellbeing.

This submission details the necessity of the Centre for women in the Illawarra region and the importance of ensuring permanent, ongoing funding for this service. The submission emphasises that Centre is an effective model that can be replicated in communities across Australia, ensuring that victim-survivors of gender-based violence can access the services and support they need and deserve.

The Centre provides vital support for victim-survivors of violence when they need it, improving health, social and economic outcomes for them and reducing their reliance on additional health and social services across their life span. The business case for the Centre showed the immense cost of domestic, family and sexual violence on the NSW Government when the trauma of victim-survivors is left unaddressed (Illawarra Women's Health Centre 2021, p.16). Investment in the Centre is a cost-effective model that will reduce government expenditure in the long-term.

Learnings from the establishment and first two years of operation of the Centre have also informed workforce recommendations to ensure that future investment in healing and recovery services is sustainable and that staff are effectively trained and supported.

Sustainable and widespread investment in national trauma recovery services for victim-survivors addresses 4 of the 5 Priority Areas outlined in the Consultation Paper, supporting the Federal Government to reach its goal of ending violence against women and children in a generation.

This submission lays out 16 recommendations for key actions under the following Priority Areas:

- Priority Area 1: Violence against women and other forms of gender-based violence;
- Priority Area 2: Prevention and early intervention;
- Priority Area 3: Children and young people in their own right, and;
- Priority Area 5: System integration and workforce.

Acknowledgement of Country

Our Centre is situated on the land of the Dharawal Nation.

We acknowledge the Traditional Custodians of this land, where the Aboriginal communities have performed age-old ceremonies of storytelling, music, dance and celebration.

We acknowledge and pay respect to Elders past and present, for they hold the memories, traditions and hopes of First Nations people.

We must always remember, that under the concrete and asphalt, this land is, was, and always will be, traditional Aboriginal land.

We acknowledge that we work in the context of generations of resilient, strength-based, holistic resistance to violence in First Nations communities.

We commit to actively supporting and promoting the voices of First Nations people and organisations in our work and continuing to work on decolonising our views and actions.

About Us

The Illawarra Women's Trauma Recovery Centre is a purpose-built Centre dedicated to the long-term recovery and healing of women who have experienced domestic, family and sexual violence. Our work is grounded in lived experience, trauma-informed and client centred care, and a commitment to systemic change.

Our Purpose is to ensure women are supported by a model of care that is informed by lived experience to rebuild their lives with safety, agency and hope.

Our Vision is for women who have experienced domestic, family or sexual violence to have access to a range of services that enable them to heal, recover and thrive.

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Introduction

The Centre welcomes the opportunity for consultation on the Second Action Plan under the National Plan to End Violence Against Women and Children (the National Plan). The National Plan's commitment to end gender-based violence in one generation is an ambitious but vital undertaking, ensuring that women and children in Australia are safe from fear and violence. The first iteration of the plan has seen the investment in critical initiatives across Australia however, significant work remains. If the goal of the National Plan is to be realised, the Second Action Plan must demonstrate real and significant government commitment and increased investment to end gender-based violence in Australia.

To achieve its goal of ending gender-based violence, the National Plan promotes the need for action across four domains: prevention; early-intervention; response and; healing and recovery (Department of Social Services 2022, p.104). The National Plan emphasises that "trauma recovery and actions to redress the lifelong impacts of violence and abuse on victim-survivors" should be embedded in the Action Plans (Department of Social Services 2022, p.68).

Since the initiation of the National Plan, the Centre has been established using Federal and State funding, providing fundamental and specialist services to more than 300 women across Illawarra and supporting them to recover from their experience of gender-based violence.

The establishment of this Centre is a nation first. The community, led by the Illawarra Women's Health Centre, recognised a significant service gap in the response to victim-survivors, and engaged in extensive consultation and advocacy to see the Centre established.

In 2024, the Illawarra Women's Health Centre was awarded five-years of funding from the Federal Government to establish the Trauma Recovery Centre as a project. Additional funds were received from the NSW Government for capital expenses including the fit-out of the building. The objective was to "establish and demonstrate the eiciency of this new model of care for victim survivors of domestic, family, and sexual violence" (Illawarra Women's Health Centre 2021, p.21).

The Centre provides a range of services for victim-survivors of gendered violence. The model of care was co-designed with women with lived experience, professional experts and service providers, to ensure that it could respond to the unmet community needs. Services at the Centre include casework, counselling, legal advice, creative, expressive and somatic therapies, educational programs and social and therapeutic groups, massage therapy and financial counselling services. The integrated model of the Centre also enables other services to co-locate on site, ensuring that a wide range of recovery-focused services are accessible to victim-survivors in one location, increasing accessibility and decreasing the burden on victim-survivors.

While the Centre is in its early years of work, it has become integral to the Illawarra community's response to victim-survivors of domestic, family and sexual violence. The proven value and success of this model show that investment in recovery from gendered violence is vital and highly beneficial. If the Federal Government wishes to meet its target of ending gender-based violence in a generation, the Second Action Plan must:

- prioritise nation-wide investment in expanding healing and recovery services,
- commit to ongoing, secure funding for the Illawarra Women's Trauma Recovery Centre, and
- establish women's trauma recovery centres nationally.

Priority Area 1: Violence against women and other forms of gender-based violence

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

Availability of long-term healing and recovery services

The availability of long-term, multidisciplinary healing and recovery supports make a significant difference to victim-survivors' safety, wellbeing, healing and recovery. During the co-design process of the Centre, victim-survivors were asked what healing and recovery meant to them. Although approaches to healing and recovery varied, respondents all agreed that healing and recovery was a continual and lifelong process (Cullen et al, 2021, p.13).

Failure to address the trauma caused by gendered violence increases the likelihood of other negative health outcomes for victim-survivors and has a significant economic and social cost (Illawarra Women's Health Centre 2021, p.19). Currently, domestic, family and sexual violence services in Australia primarily provide immediate and crisis support for victim-survivors of violence. This response fails to address the ongoing impacts of violence, leaving victim-survivors and their children unsafe, unwell and unsupported.

Since its establishment in 2024, the Centre has seen a rapid increase in demand. Between January and March of 2026, there were 120 women on the service waitlist with an average wait time of 3-4 months. The demand for the Centre, emphasises how vital and valued trauma recovery is for victim-survivors of gender-based violence, and the gaps in the existing service system.

Access to specialist, violence-informed therapeutic care

Healing and recovery from gendered violence is complex and requires a specialist approach. Mainstream mental health services often fail to effectively and safely respond to experiences of domestic, family and sexual violence (Trevillion et al. 2014, p.441). Traditional exposure therapies, or relationship therapies which fail to recognise patterns of abuse can cause further harm to victim-survivors (Cullen et al. 2022, p.40). The therapeutic care offered by the Centre is specialist and domestic, family and sexual violence informed. Over 70 percent of women who have accessed support from the Centre in its first 2 years of operation have engaged in counselling. On average, service-users of the Centre have engaged in 3 therapeutic services, offering women multiple, specialist pathways to support healing.

The Centre's services and model of care are designed to be replicable. Investment in national women's trauma recovery centres, which provide domestic, family and sexual violence-informed therapies, would mean that victim-survivors across Australia are less likely to be exposed to ineffective or harmful therapy. This would substantially improve victim-survivors' experience of and trust in the service system and long-term healing outcomes.

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

Investing in healing and recovery responds to the needs of diverse communities

A service system that is funded primarily for crisis intervention often fails to adequately respond to the needs of diverse communities (Cullen et al. 2022, p.14). Therapeutic and longer-term responses can be more effective for marginalised communities, whose experience of violence is often compounded by intersecting systems of oppression. The Centre approach to recovery works to address both individual healing and the impacts of systemic harm. The service, which does not cap the length of treatment or number of sessions, has greater capacity to build trust with victim-survivors who fear discriminatory service responses, or have negative experiences of services. Instead, a woman's ongoing access to support is linked to her healing goals with support tapering off through the recovery journey.

Through the interim-evaluation of the Centre, service-users reported that the wrap-around recovery supports available at the Centre enabled choice and an increased sense of safety. The Centre's integrated, wrap-around approach has greater capacity to respond to more complex needs which may be experienced by diverse communities, due to the harm caused by discriminatory and ill-equipped systems. Trauma-informed recovery services, like the Centre, which work to be flexible and holistic to meet the needs of victim-survivors, can more effectively respond to the needs of diverse communities.

The voices and approaches of diverse communities must be centred in service design

During the development of the Centre, a First Nations advisory group was engaged to inform the design of the space. The advisory group provided guidance around service colours, layout, fit out and artwork. This approach has ensured that the Centre's space is welcoming and increases the cultural safety of the space for Aboriginal and Torres Strait Islander service users.

Centring First Nations approaches in service design is vital to ensure that the service can be responsive to victim-survivors who identify as Aboriginal and Torres Strait Islander. Co-design of models of care and service design must be carried out in close partnership with the diverse communities that will be supported by the service, to ensure that they are able to meet the needs of communities who are disproportionately affected by gender-based violence.

Funding for services that support diverse communities must address the additional load of supporting domestic, family and sexual violence services

The Centre works to foster and maintain effective partnerships with organisations that provide support to diverse communities. The Centre's model of care identifies that "partnerships with ACCHOs (Aboriginal Community Controlled Housing Organisations) and other health services, legal services and housing will be critical to comprehensively addressing needs" (Cullen et al 2021, p.14). Grassroots, community-led services that support diverse communities, such as Aboriginal Community Controlled Organisations, often have limited resources. This creates as a challenge as they work to support people who engage directly in their services, while also building capacity of mainstream organisations to more effectively meet the needs of diverse communities.

Specialist Aboriginal and Torres Strait Islander, multicultural and LGBTIQA+ services require additional funding to acknowledge their vital expertise, cultural knowledge and contribution to the work of mainstream services. Without this resourcing, there is a risk that partnerships between Aboriginal and Torres Strait Islander, multicultural services or LGBTIQA+ services and domestic, family and sexual violence services will become unequal and ineffective. This investment would benefit the entire service system, as it works to respond safely to diverse communities.

Recommendations:

1. Establish nationwide services that support the healing and recovery for women and children who have experienced violence, utilising evidence and learnings from the Illawarra Women's Trauma Recovery Centre to inform models of care and approach to service design, with flexibility to tailor services to local contexts and communities.
2. Provide permanent, ongoing and sustainable funding to the Illawarra Women's Trauma Recovery Centre, ensuring that women in the Illawarra continue to receive vital healing and recovery support.
3. Ensure that healing and recovery services are meaningfully co-designed with diverse communities that are disproportionately affected by domestic, family and sexual violence.
4. Allocate additional funding to services that support diverse communities to formally acknowledge their specialist and cultural knowledge, and to reduce the load on these services as they work alongside domestic, family and sexual violence services such as the Illawarra Women's Trauma Recovery Centre.

Priority Area 2: Prevention and early intervention

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

Trauma recovery is effective and must be prioritised as a means of prevention

Services which support victim-survivors to heal from trauma also contribute to prevention of violence. Prevention organisation, Our Watch, notes the importance of reducing the long-term impacts of exposure to violence, as a key action in preventing future violence (2021 p.69). In setting out its business case, the Centre demonstrated the value of trauma recovery in violence prevention (Illawarra Women's Health Centre 2021, p.15). The Centre notes that recovery from trauma reduces rates of a victim-survivor being subjected to further violence, by providing holistic support to reduce the isolation and vulnerability of victim-survivors. The services delivered by the Centre offer victim-survivors greater financial independence and social connectedness, and an improved sense of emotional and physical wellbeing, which are significant protective factors against re-victimisation.

A recent client survey shows that the Centre is reducing the vulnerability of the women it supports. So far, approximately 25 percent of current clients of the Centre have responded to the survey. The below responses highlight the Centre's success in increasing victim-survivor's protective factors:

- 74 percent of respondents who had received counselling services reported they had experienced a decrease in trauma symptoms;
- 84 percent of respondents who had participated in group activities reported an improved sense of wellbeing;
- 100 percent of respondents who had received financial counselling reported greater confidence and capacity to manage their finances;
- 77 percent of respondents reported a better understanding of healthy relationships and how to set boundaries and;
- 66 percent reported an increased capacity to care for others, including children.

It should be noted that the final bullet point is considered a medium-term outcome, and it is expected that reported improvements on this measure will increase over time.

The Centre's work with victim-survivor parents also helps to interrupt cycles of intergenerational violence and prevent children from experiencing or perpetrating violence as adults. This will be detailed further under Priority Area 3.

Recommendations:

5. Include investment in healing and recovery services as a core strategy within national approaches to the prevention of gender-based violence.

Priority Area 3: Children and young people in their own right

What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

Recovery for parents is protective for children and young people

Children and young people who are subjected to domestic, family and sexual violence experience harm which can be ongoing and lifelong (Gillfeather-Spetere & Watson, 2024, p.7). Therefore, access to services which support children and young people to heal from their experiences of coercive control and violence is vital to improve outcomes for them.

The Centre is protective for the children of victim-survivors. The Centre's work with victim-survivor parents, supports them restore their relationship with their children that may have been impacted by their experience of violence and reduces the likelihood that children will be exposed to further violence by supporting their protective-parent. Through the provision of holistic support, the Centre also reduces the need for intervention from statutory child protective services and, connects children and young people to specialist services that can support them in their own right. These actions are vital in disrupting intergenerational cycles of violence and improving outcomes for children and young people.

Increase funding for women's trauma recovery centres to expand services to children and young people

The Centre works to ensure that whole families can be supported and recognises the necessity of supporting the healing of children and young people as victim-survivors in their own right. To effectively respond to children and young people who have experienced and/or who are using violence, child-specific healing services must be available and accessible. An expansion of the Centre to provide direct, specialist support to children and young people would ensure that children and young people's experiences of violence is recognised, and that their recovery is prioritised.

Currently, there is a critical shortage of specialist support available to children and young people who have experienced violence and abuse. The DFSV Commission's 2025 Report emphasised the importance of investment that recognises children and young people as victim-survivors in their own right, noting that they are "often overlooked in data, policy and service-systems" (p.90).

Experiences of abuse in childhood is associated with "severe mental health problems and behavioural harms, in both childhood and adulthood" (Haslam et al. 2023, p.22). Current services or programs that do exist often have capped sessions, cater only to children and young people within a specific age group, are expensive, require costly assessments to prove eligibility and/or have long waiting lists. As a signatory to the United Nations Convention on the Rights of the Child, Australia must do better to ensure that children are protected from and supported following experiences of abuse and violence. A system that recognises children and young people as victim-survivors in their own right must invest in specialised child-centred healing and recovery services that are long-term and responsive to children and young people of all ages.

The co-design of the Centre with women with lived-expertise has enabled the service to meet the needs of and be accessible to victim-survivors. This approach must be replicated in services that support children and young people. Healing and recovery services that support children and young people must be co-designed with children and young people to ensure that the supports will reflect the needs of young victim-survivors.

Recommendations:

6. Expand the funding of the Illawarra Women's Trauma Recovery Centre to include specific healing and recovery services for children and young people.
7. Ensure that investment in national healing and recovery centres includes funding for child and young person specific healing services.
8. Close service gaps for children and young people, by establishing domestic, family and sexual services for young victim-survivors that are free, available to children and young people of all ages, and available for as long as they need.
9. Engage directly with young victim-survivors to co-design healing and recovery services and programs that support children and young people who have experienced violence.

Priority Area 5: System integration and workforce

What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?

Support induction processes and ensure sector-wide access to training in current, best practice approaches

Currently in NSW, the domestic, family and sexual violence workforce does not have a consistent approach to training and induction. While flexibility is important within services, support in ensuring that all domestic, family and sexual violence professionals have access to key information and core training would be useful. This is particularly true for small, community-based services, such as the Centre, who have limited resourcing to induct and train staff.

Given that the current domestic, family and sexual violence workforce is primarily employed in crisis response work, there are fewer practitioners who are skilled in delivering recovery and healing programs. As a recovery focused service, additional resources and training would be beneficial to ensure that staff experienced in response work can be adequately trained to deliver recovery services.

Staff at the Centre complete a number of core trainings to ensure staff are equipped to carry out their work and that they are up to date with current, best practice. One example of core training completed at the Centre is in the Safe and Together™ model. While Safe and Together™ is a widely acknowledged model, completion of this training came at a major cost to the Centre. Training which reflects current, best practice should be funded across the specialist domestic, family and sexual violence workforce to ensure victim-survivors across Australia are receiving equitable and consistent levels of care.

The workforce should reflect the community it supports. There must be structures in place to recruit and retain a diverse workforce

To respond safely to victim-survivors from communities that are disproportionately affected by domestic, family and sexual violence, the workforce must be diverse. At the Centre, identified positions exist to support the service to respond to victim-survivors from Aboriginal and Torres Strait Islander communities, and migrant and refugee communities. Recruiting for identified roles can be challenging, though the Centre has had success through has engaging specialist recruitment agencies.

Similarly, to retain diverse staff who have specialist cultural knowledge and/or lived-expertise, there must be specific internal structures in place to support them, such as cultural supervision and/or cultural remuneration packages which recognise the additional load on staff in identified positions. The Centre has implemented structures to ensure staff, including those with cultural knowledge and/or lived experience are supported through professional supervision, cultural supervision, yarning circles and additional wellbeing leave for staff. Funding to ensure these practices are carried out, should be included within funding grants.

The domestic, family and sexual violence workforce must be equipped to provide specialist support directly to children and young people

As the sector works to respond to children and young people as victim-survivors in their own right, an increase in training in providing direct support to children and young people must be available and affordable for professionals. Training regarding direct practice with children and young people must be geared toward supporting their healing and recovery, to ensure improved outcomes for young victim-survivors.

What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?

Integrated models of care are more collaborative and trauma-informed

The integrated model of the Centre ensures that victim-survivors can more easily access a range of services that enable recovery. Integrated models of care reduce the risk of retraumatising victim-survivors as they seek support (Salter et al. 2020, 27). The Centre carries out a singular, holistic assessment with victim-survivors, and facilitates the necessary services, reducing the systems abuse that occurs when women are required to re-tell their story.

The interim evaluation of the Centre offers evidence in support of the integrated model. The evaluation noted that service users access an average of 3 therapeutic supports. This shows the way that women are readily accessing and benefiting from the wrap-around, holistic model. The ease of accessibility of services means that victim-survivors are more likely to engage in multiple programs, increasing their means of recovery.

The co-design of the Centre showed that integrated models of care are preferred by victim-survivors. Throughout the interim evaluation of the Centre, staff also emphasised that the integration of casework and counselling into the one service was a strength, allowing them to more effectively support victim-survivors. Integrated services reduce vicarious trauma and burnout for staff, as there is less need for them to advocate for the needs of victim-survivors with other agencies, and navigate waitlists and lengthy referral processes to provide effective support. The preference of integrated models of care from both service-users and staff and the early positive outcome data is a strong indication that this approach should be widely implemented to meet both victim-survivor and workforce need.

Integrated models of care are also more cost effective and efficient, as they reduce duplication of support and processes (Illawarra Women's Health Centre 2021, p.17). The singular, holistic assessment carried out by the Centre is used across service streams, meaning that there is no need for repeat intake processes. Similarly, each service offered by the Centre has a specific approach and aim, meaning that victim-survivors are not engaging in the same supports more than once, which is often the case when victim-survivors are accessing support from multiple agencies. This means support can be more streamlined, and therefore more cost effective.

What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

Trauma recovery services must be prioritised

The Centre was established following community action, which worked to address a widely recognised gap in the region's response to victim-survivors of violence. The interim evaluation shows that the Centre is addressing this significant unmet need for women who have experienced violence. As demand for the service continues to grow, it is vital that the Second Action Plan prioritise permanent funding for the Centre, and use the evidence gained over the past 2 years of the Centre's operation to expand this model nationally.

Healing and recovery services provide significant value to victim-survivors and reduce the long-term burden on health, justice and child protection systems (Illawarra Women's Health Centre 2021, p.11). Despite this, funding for healing and recovery focused services continues to be omitted. Inclusion of this submission's Recommendations 1 and 2 in the Second Action Plan would ensure that the system is more effectively able to respond to the needs of victim-survivors, greatly improving outcomes for victim-survivors over time.

Recommendations:

10. Introduce a centralised, voluntary induction and onboarding model for domestic, family and sexual violence professionals which can be tailored and implemented by small, community-based organisations. This model must include resources that are specific to healing and recovery focused professionals.
11. Fund the delivery of core training in all services funded to provide specialist support to victim-survivors of domestic, family and sexual violence, which reflect current, best practice, such as the Safe and Together™ model.
12. Fund agencies specialised in recruiting Aboriginal and Torres Strait Islander and migrant and refugee domestic and family violence workers.
13. Ensure funding recognises the additional cost of engaging specialist recruitment agencies to support services to fill identified roles.
14. Fund services to effectively support staff who have specialist cultural expertise, through additional resourcing for cultural supervision and cultural remuneration packages.
15. Deliver nationwide, free training which increases the capacity of the specialist domestic, family and sexual violence sector to work directly with children and young people who have experienced violence.
16. Prioritise the investment in and promote integrated service models to build a more trauma-informed service system.

Conclusion

Women and children who have experienced violence deserve quality, therapeutic and culturally safe specialist healing and recovery services to support them for as long as they need to rebuild their lives and achieve their goals. Without sustained and targeted funding, many women and children will continue to face trauma and other barriers, increasing the likelihood of further violence, poorer health outcomes, and greater long-term social and economic costs. The Second Action Plan under the National Plan provides a valuable opportunity to prioritise investment in vital, national healing and recovery services.

This submission details the ways in which healing and recovery-oriented services respond to 4 of the Federal Government's Priority Areas for the Second Action Plan and provides 16 key actions to support the goal of addressing gender-based violence.

The initial 2-years of operation of the Centre provides a strong evidence base that points to both the demand and effectiveness of trauma recovery services for women who have experienced gender-based violence. Learnings from the Centre also provide valuable insights into how a workforce which can deliver healing and recovery services can be developed and sustained.

The Centre urges the Federal Government to leverage off the success of this nation-first service and use the learning from this model to address the National Plan's goal of ending violence against women and children in a generation. The expansion of this model would ensure the needs of victim-survivors of violence are central to the government's approach to address gender-based violence, providing better outcomes for victim-survivors and substantial cost savings in the long-term.

Recommendations

1. Establish nationwide services that support the healing and recovery for women and children who have experienced violence, utilising evidence and learnings from the Illawarra Women's Trauma Recovery Centre to inform models of care and approach to service design, with flexibility to tailor services to local contexts and communities.
2. Provide permanent, ongoing and sustainable funding to the Illawarra Women's Trauma Recovery Centre, ensuring that women in the Illawarra continue to receive vital healing and recovery support.
3. Ensure that healing and recovery services are meaningfully co-designed with diverse communities that are disproportionately affected by domestic, family and sexual violence.
4. Allocate additional funding to services that support diverse communities to formally acknowledge their specialist and cultural knowledge, and to reduce the load on these services as they work alongside domestic, family and sexual violence services such as the Illawarra Women's Trauma Recovery Centre.
5. Include investment in healing and recovery services as a core strategy within national approaches to the prevention of gender-based violence.
6. Expand the funding of the Illawarra Women's Trauma Recovery Centre to include specific healing and recovery services for children and young people.

7. Ensure that investment in national healing and recovery centres includes funding for child and young person specific healing services.
8. Close service gaps for children and young people, by establishing domestic, family and sexual services for young victim-survivors that are free, available to children and young people of all ages, and available for as long as they need.
9. Engage directly with young victim-survivors to co-design healing and recovery services and programs that support children and young people who have experienced violence.
10. Introduce a centralised, voluntary induction and onboarding model for domestic, family and sexual violence professionals which can be tailored and implemented by small, community-based organisations. This model must include resources that are specific to healing and recovery focused professionals.
11. Fund the delivery of core training in all services funded to provide specialist support to victim-survivors of domestic, family and sexual violence, which reflect current, best practice, such as the Safe and Together™ model.
12. Fund agencies specialised in recruiting Aboriginal and Torres Strait Islander and migrant and refugee domestic and family violence workers.
13. Ensure funding recognises the additional cost of engaging specialist recruitment agencies to support services to fill identified roles.
14. Fund services to effectively support staff who have specialist cultural expertise, through additional resourcing for cultural supervision and cultural remuneration packages.
15. Deliver nationwide, free training which increases the capacity of the specialist domestic, family and sexual violence sector to work directly with children and young people who have experienced violence.
16. Prioritise the investment in and promote integrated service models to build a more trauma-informed service system.

Glossary

Child-centred: Practices, policies and systems that keep a focus on the impacts of domestic, family and sexual violence on children and young people, acknowledging and directly responding to their individual experiences of violence and coercive control.

Co-design: The design of health and social services for and with the people who use and work within the services. Essential to co-design is involving people from the outset of service design and centring the experiences of those who are experts by experience to ensure that services are accessible, effective and equitable.

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

Domestic, family and sexual violence: Domestic violence refers to any behaviour within a past or current intimate relationship (including dates) that causes physical, sexual or psychological harm. Family violence is a broader term that captures violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings.

Sexual violence refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn, or the person is unable to consent due to their age or other factors. It also occurs any time a person is forced, coerced or manipulated into any sexual/sexualised activity. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or sexual harassment.

Domestic, family and sexual violence informed: This term refers to practices, policies and systems that incorporate knowledge and attention to the unique dynamics, challenges and manifestations of domestic, family and sexual violence and abuse, particularly coercive control (Toivonen 2023, p.5).

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

Integrated model: A model of care which delivers individualised, multidisciplinary and multisectoral wrap-around support to service-users, within a single service.

People with lived experience: People with lived experience are people with knowledge of sexual, domestic and family violence gained through their direct, first-hand experience rather than through representations constructed by other people.

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

Trauma-informed: Trauma-informed approaches include frameworks and strategies to ensure that the practices, policies and culture of an organisation, and its staff, understand, recognise and respond to the effects of trauma on victim-survivor's wellbeing and behaviour (Toivonen 2023, p.5). Service delivery which responds to domestic, family and sexual violence must ensure that trauma-informed approaches are integrated with domestic, family and sexual violence-informed approaches to avoid responses that pathologise and blame victim-survivors.

Victim-survivor: Victim-survivor refers to a person who is being or has experienced violence, acknowledging that people who have been victimised are survivors and are also victims of crime. We acknowledge that people who have been victimised are survivors and are also victims of crime. This is not intended as an identity term. In the specialist domestic and family violence sector, the preferred term is victim-survivor.

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