

Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032) Submission - July 2026

every child thriving
aracy

ARACY SUBMISSION · DEPARTMENT OF SOCIAL SERVICES

Consultation: Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.

EXECUTIVE SUMMARY

ARACY welcomes the Australian Government's recognition that children and young people are victim-survivors in their own right. The Second Action Plan is the opportunity to make that recognition real.

ARACY is not a specialist domestic, family and sexual violence organisation. We are a national health promotion charity, and our concern is the wellbeing of children and young people. We ask one thing of the Plan: what does it need to do so that children and young people aged 0 to 25 can thrive, not just survive?

Safety is essential, but recovery cannot be measured only by the absence of violence or harm. Children need the conditions that allow every dimension of their wellbeing to be restored and strengthened for their recovery to be sustainable. Our starting point is simple: children thrive when all domains of wellbeing are supported. Through The Nest – Australia's first and most widely-used evidence-based wellbeing framework for children and young people, ARACY understands wellbeing as: being Valued, Loved and Safe; Healthy; Learning; Participating; having Material Basics; and having a Positive Sense of Identity and Culture.

The Plan has substantial, hard-won strengths: growing community awareness, expanded services, legal reform and a maturing evidence base. Much of this work, though, is anchored in the adult response system. Our map centres children, reading the Plan through The Nest and the three tiers of public health prevention. The pattern holds across every domain: strong, established activity at the primary tier, and recurring gaps at the secondary and tertiary tiers, where children are already at risk or working towards recovery.

The Second Action Plan should focus on four practical shifts:

1. **See children directly.** Count children and young people as individuals, measure their wellbeing, include their voices, and make child-specific outcomes part of accountability.
2. **Act earlier.** Invest in the Early Years and Middle Years, and build violence-informed capability in early childhood services, schools, primary health care and other universal settings.
3. **Define recovery as whole-child wellbeing.** Fund child-specific safety planning, therapeutic recovery, continuity of learning, stable housing, material security, and safe connection to family, kin, culture and community.
4. **Build a connected and culturally safe system.** Commit to no-wrong-door support, shared wellbeing language, child-capable workforces, safe information sharing, and ACCO-led prevention, healing and recovery for First Nations children and families.

The test for the Second Action Plan is whether it sees children and young people clearly, counts how they are faring, and acts on what it finds across primary, secondary and tertiary prevention. If the Plan can do that, it will move from naming children as victim-survivors to designing systems that help them recover and thrive.

1. ARACY AND OUR LENS

A whole-system, whole-child ecological approach

ARACY works to ensure every child and young person in Australia can thrive. Our work is grounded in The Nest, Australia's wellbeing framework for children and young people.

The Nest (whole child): The Nest is Australia's wellbeing framework for children and young people, developed by ARACY with more than 4,000 children, young people and 150 expert organisations. It identifies six interconnected domains of wellbeing, asking whether a child is Valued, Loved and Safe; Healthy; Learning; Participating; has Material Basics; and holds a Positive Sense of Identity and Culture. These six domains of wellbeing for children and young people are interdependent.

A whole-child wellbeing lens matters because violence in the home reaches into every part of a child's life. A response that restores physical safety but leaves a child disconnected from school, culture, friends, health care, stable housing or trusted adults has not yet supported full recovery. A response that restores safety but not learning, health, identity or belonging has not yet helped a child thrive.

The public health tiers, read ecologically (whole system): ARACY uses The Nest within Bronfenbrenner's ecological model: a child is held by family, service, community and system layers. In addition we often use a public health framework: Primary prevention supports everyone, secondary supports those at heightened risk, and tertiary supports those already experiencing harm. Applied with proportional universalism, effort scales to need without singling any child out.

Children and young people: ARACY uses overlapping life stages because development and service pathways do not fit neatly into fixed age bands. In this submission, "children and young people" refers to people aged 0–25 years: Early Years 0–8, Middle Years 8–14, adolescence 12–17 and young adulthood 18–25.

Early Years	Middle Years	Adolescence	Young adulthood
0-8	8-14	12-17	18-25

2. OUR KEY RECOMMENDATIONS

1. Make children and young people visible in data, design and accountability

The Second Action Plan should require that children and young people affected by domestic, family and sexual violence are counted as individuals, supported in their own right as victims and programs are evaluated based on outcomes.

The Second Action Plan should:

1. establish child-specific indicators for children and young people affected by violence
2. measure recovery across wellbeing domains, not only immediate safety
3. count children and young people as individuals in relevant datasets
4. include children's and young people's voices in monitoring, evaluation and service design
5. ensure data collection is ethical, proportionate and consistent with children's right to privacy.

If children and young people are not visible in data, they are unlikely to be visible in policy, funding, service design or evaluation. ARACY welcomes the Domestic, Family and Sexual Violence Commission's current Expression of Interest process for the Lived Experience Advisory Council. Established in 2023 under the National Plan to End Violence against Women and Children 2022–2032, the Council brings together people with lived and living experience of domestic, family and sexual violence to improve systems, services and policies across Australia. ARACY has promoted this opportunity to our Young and Wise membership of about 900 children and young people.

Given the safeguarding responsibilities attached to this subject matter, ARACY encourages the Commission to follow best-practice principles for engaging children and young people, and to avoid placing unreasonable expectations on one or a small number of young Council members. ARACY recommends establishing a dedicated Youth Taskforce so children and young people can contribute safely, collectively and with appropriate support. This would align with the Rapid Review into the National Plan, which found that recognition of children as victim-survivors in their own right is rarely translated into services, safety and support.

The Rapid Review proposed a Youth Taskforce under the Domestic, Family and Sexual Violence Commission to define what victim-survivor status should mean for children and young people in practice. ARACY supports this recommendation. The Second Action Plan should clarify what recognition as a victim-survivor entitles a child to, and ensure that entitlement is honoured consistently across family law, child support and child protection systems. The Nest offers a ready-made framework for this work. Mapping a child's entitlements across the six wellbeing domains would turn a principle into a practical test of whether the system is meeting that child's needs.

2. Invest earlier, especially in the Early Years and Middle Years

The Second Action Plan should explicitly identify the Early Years and Middle Years as priority life stages for prevention, early intervention and recovery.

The Second Action Plan should:

1. strengthen violence-informed capability in early childhood services, schools and primary health care
2. build prevention approaches that begin before adolescence and continue through adolescence
3. support young and first-time parents early
4. recognise bullying, peer aggression and harmful relationship behaviours as opportunities for early violence prevention
5. create trusted, age-appropriate pathways for children to disclose harm and receive support.

Bullying, peer aggression and harmful relationship behaviours can be early signs of violence-supportive norms, coercive behaviours and relationship harm. They are therefore important prevention opportunities.

3. Define recovery through whole-child wellbeing, not safety alone

The Second Action Plan should define recovery for children and young people across all domains of wellbeing, not safety alone.

The Second Action Plan should:

1. require child-specific safety planning, including direct consideration of the child's own needs, risks and voice
2. fund therapeutic recovery supports for children and young people
3. support continuity of learning during and after crisis
4. recognise stable housing and material security as child wellbeing needs
5. ensure children can maintain safe connections with family, kin, culture and community, and prioritise family and kinship options wherever children can be kept safely connected.

Getting a child safe is where recovery begins, not where it ends. The Nest is one tested way to do this in day-to-day practice.

4. Build a connected, culturally safe and child-capable service system

The Second Action Plan should strengthen the capability of universal, specialist and statutory systems to recognise, respond to and support children and families earlier.

The Second Action Plan should:

1. commit to a "no wrong door" approach for children and families
2. build shared wellbeing language and referral pathways across services
3. strengthen workforce capability to deliver child-centred, wellbeing-informed, trauma-informed, and violence-informed practice
4. fund specialist child and therapeutic roles
5. enable safe information sharing so families do not have to repeatedly retell their story
6. resource Aboriginal Community Controlled Organisations to design and deliver prevention, early support, healing and recovery for their children and families
7. align implementation with child protection, child sexual abuse, youth justice, mental health, disability, housing and First Nations reform agendas.

Cultural safety and self-determination must be core design principles, not separate considerations.

3. MAP

Where children remain least visible in the plan: The Nest domains by prevention tiers

The map overleaf is not a full audit of every activity under the First Action Plan. It is ARACY's synthesis of the consultation evidence and named national reforms, read through The Nest and a public health prevention lens. It shows where effort appears established, where it remains partial or adult-centred, and *where children and young people are still least visible*.

The map shows current effort concentrated in primary prevention, delivered through schools. It thins where children are already at risk, being harmed, or trying to recover. The gaps that persist are child-specific data, recovery support built for children, earlier help in the Early Years and Middle Years, and culturally safe healing led by community. Close those gaps, and the commitment to recognise children as victim-survivors starts to mean something.

What it means for the Second Action Plan: strengthen secondary and tertiary responses by identifying children earlier, supporting whole-child recovery, and funding culturally safe healing.

The Nest Domain of Wellbeing	Public Health Tier	Current effort	Assessment	Who is least visible?	Second Action Plan opportunity
Valued, Loved and Safe	Primary	Respectful relationships education, community attitudes work, countering the manosphere.	Partial or adult-centred effort	Early Years	Extend prevention beyond adolescents to services and settings around younger children.
	Secondary	No current national measure consistently counts children living with violence as individuals.	Child-specific gap	Early Years and Middle Years	Count children directly and identify wellbeing needs before crisis.
	Tertiary	Response services exist, but many systems remain adult-centred and crisis-driven. and growing recognition of children as victim-survivors.	Child-specific gap	Children without an engaged protective parent	Require child-specific risk assessment, safety planning and recovery support.
Healthy	Primary	Universal health settings are recognised as potential identification points, with GP capability named as important.	Partial or adult-centred effort	Adolescents not engaged with services	Build violence-informed capability across primary health, maternal and child health, and youth health.
	Secondary	Children's trauma responses are recognised, but can be misread as illness, behaviour or risk.	Child-specific gap	Middle Years and adolescence	Train services to recognise distress as a signal for support.
	Tertiary	Child-focused therapeutic services are called for but are not yet consistently available or scaled.	Child-specific gap	Early Years and children with complex needs	Fund child-specific therapeutic recovery, including age-appropriate mental health and trauma support.
Learning	Primary	Respectful relationships, consent and healthy relationship education are strongest when sustained from primary school.	Established effort	Children outside mainstream school	Strengthen quality, continuity and inclusion across school settings.
	Secondary	Schools can identify harm early but bullying and disclosure responses are uneven; early childhood settings are less visible.	Child-specific gap	Early Years and Middle Years	Connect anti-bullying, wellbeing and violence prevention work through trusted school response pathways.
	Tertiary	Little attention is given to keeping children engaged in learning during and after crisis.	Child-specific gap	School-aged children experiencing disruption	Treat continuity of learning as a recovery need, not only an education issue.

Participating	Primary	The consultation paper commits to co-design and elevating children's expertise.	Partial or adult-centred effort	Younger children	Resource age-appropriate participation, including for younger children and children with disability.
	Secondary	Young people report not being believed when they disclose harm or bullying.	Child-specific gap	Middle Years and adolescence	Build trusted disclosure pathways and close the loop when children ask for help.
	Tertiary	Children's voice in casework, safety planning and practice standards is still to be strengthened.	Child-specific gap	Children in statutory systems	Make child participation a core requirement in casework, safety planning and evaluation.
Material Basics	Primary	Family law, social security, child support, finance and superannuation reforms are named, but largely through adult systems.	Partial or adult-centred effort	Children as individuals within households	Assess how economic security reforms affect children's stability and wellbeing.
	Secondary	Housing and financial stress are recognised risk factors, but the child's material stability is not always separately tracked.	Partial or adult-centred effort	Children in families under financial stress	Include child-specific indicators of housing stability, food security and material basics.
	Tertiary	Crisis accommodation is recognised as requiring effort, but children's distinct housing and material needs remain less visible.	Child-specific gap	Children and young people during and after crisis	Treat stable housing, schooling access and material security as core recovery outcomes.
Positive Sense of Identity and Culture	Primary	First Nations leadership, self-determination and complementary First Nations plans are named as essential.	Partial or adult-centred effort	Delivery still pending	Align the Second Action Plan with First Nations-led plans and Closing the Gap ways of working.
	Secondary	System responses to First Nations children remain uneven; culturally safe early support is limited.	Child-specific gap	Early Years and Middle Years	Resource ACCO-led early support, prevention and family healing.
	Tertiary	Culturally safe, self-determined healing is called for, but scaling remains to be done.	Child-specific gap	First Nations children and young people across all ages	Fund community-controlled healing, recovery and family support models at scale.

4. FORMAL SUBMISSION — ARACY'S RESPONSES TO CONSULTATION QUESTIONS

The following responses apply ARACY's four headline recommendations to the consultation questions. They are written from a child and youth wellbeing perspective. Where ARACY has not developed a specific position, this is noted.

Priority Area 1: Victim-survivors

Q1. What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

- **Serve the child as a victim-survivor in their own right**, not only through adult-facing services or the protective parent. ARACY's work with UNICEF Australia shows that family and domestic violence is the most common form of child maltreatment, affecting more than 4 in 10 young Australians aged 16-24. Include the child's own needs, risks, voice and wellbeing in casework, risk assessment, safety planning and recovery support. Support that flows only through a protective parent can leave a child unseen.
- **Define recovery across all six Nest domains, not safety alone.** Restoring physical safety is only the start of recovery. A child also needs to keep learning, stay healthy, hold their identity and regain belonging. A review cited in Building a secure future (ARACY & UNICEF, 2025) found out-of-home care can help a child's physical health, learning and cognition, yet not their emotional or social wellbeing. This is a reminder that safety in one Nest domain does not deliver the others.
- **Prioritise safe connection to family, kin, culture and community.** The evidence is clear that children in home-based family or kinship care have better developmental outcomes than residential care, and a systematic review of 102 studies found children in kinship care do better on safety, permanency and wellbeing (Winokur et al., 2018). Prevent unnecessary entry to out-of-home care through earlier family support, housing, material security, therapeutic help and culturally safe services, where children can be kept safe.
- **Provide crisis support and accommodation designed for young people.** Australia has too few specialist crisis and accommodation options for children and young people in their own right. A young person who leaves a violent home without a parent can encounter a system not designed for them, increasing the risk of homelessness. The Second Action Plan should fund age-appropriate crisis support and safe accommodation for children and young people who present alone, so leaving a dangerous home does not mean losing a safe place to stay.

Q2. What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

- **Use universal settings as trusted entry points.** Early childhood services, schools and health settings see children before crisis. Build violence-informed workforce capability so these settings can recognise harm, respond safely and connect children and families to appropriate support.
- **Remove the "too complex" barrier.** Address barriers including fragmented systems, service thresholds, racism, stigma, fear of child removal and children being considered "too complex". Commit to a "no wrong door" approach, with navigation support, warm referrals and safe information sharing.
- **Treat a child's distress as a call for support.** When a child's trauma is read as illness or as future offending, the response can deepen harm rather than open a door to help.

Q3. What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?

- **Recognise coercive control as it reaches the child.** The deliberate erosion of the parent–child bond can be a feature of coercive control. Responses should recognise children as directly affected, not as bystanders.

- **Address technology-facilitated harms affecting children and young people.** These include monitoring, image-based abuse, online extortion, harmful content, and unsafe contact. All need age-appropriate responses with links to trusted reporting pathways.
- **Measure emerging harms ethically and proportionately.** These harms are inconsistently defined and measured. Better data must be matched with strong protections for children's privacy under the Convention on the Rights of the Child.

Q4. What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?

- **Systems, not children, are failing First Nations families.** First Nations children are ten times as likely to be in out-of-home care and ten times as likely to be under youth-justice supervision as other children (AIHW, 2026). This reflects systemic drivers, including racism, victim misidentification and fear of child removal. It does not reflect deficit in children, families or communities. Cultural safety and self-determination are central to how systems must change.
- **Resource and scale community-controlled healing.** Aboriginal Community Controlled Organisations should be resourced to design and deliver prevention, early support, healing and recovery for their children and families. Implementation should be aligned with complementary First Nations plans and Closing the Gap ways of working.
- **Design for intersecting circumstances.** Children living with disability, in remote areas, or in migrant and refugee families can face compounding barriers that a whole-child approach should hold together rather than treat separately.

Priority Area 2: Prevention and early intervention

Q5. What would make the biggest difference in preventing and ultimately ending violence?

- **Start in the Early Years.** Invest earlier in children's lives and strengthen the systems around them. Among children and young people hospitalised for family-violence-related reasons, more than one in three had their first such hospital stay before age five. Children younger than one also have the highest rates of child-protection substantiation and entry to care (AIHW, 2026). The first years are where harm can land hardest and where support can return the most. Yet they remain one of the least visible life stages in the Plan. Acting early also helps interrupt the intergenerational transmission of violence. Children who grow up around violence are at increased risk of experiencing or using it later in life, though this is far from inevitable. Early support can break the cycle before it repeats.
- **Starting even earlier – sustained nurse home visiting from pregnancy.** right@home, an ARACY research partnership built on the MECSH model, offers 25 home visits from pregnancy to a child's second birthday, delivered through universal child and family health services. At five-year follow-up it improved parenting, family functioning, maternal and child mental health, with emerging evidence of reduced intimate partner emotional abuse, despite not being designed as a violence intervention (Goldfeld et al., 2022).
- **Build the whole community's capacity, not a child's alone.** As one young victim-survivor told ANROWS, teaching consent in class while adults at home use violence places an unfair burden on children (ANROWS, 2026). Extend prevention beyond children's knowledge and attitudes to the adults, services, schools and communities around them.
- **Act on the drivers.** Adverse childhood experience, harmful substance use and gambling reinforce risk. Addressing drivers and risks through policy and services (family support, early parenting support, community connection and universal service capability) is prevention at the system level.
- **Support the whole family and community together.** Prevention works best when it supports every member of a family, and the community around them, at the same time. ARACY encourages the Plan to seed and scale programs that work with the whole family as one unit, rather than treating each member's needs in isolation. Whole-of-family and place-based approaches reach the conditions that drive violence and build the protective relationships that prevent it. Most families want to stay together, and the Plan can help them do so safely, by supporting every member early and delivering that support where families already are, through early childhood services, schools and community hubs they already trust. This reflects a theme from the Investment Dialogue for Australia's Children

(IDAC) roundtable with philanthropic partners, the Department of Social Services and Assistant Minister Ged Kearney MP (28 July 2026).

Q6. How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

- **Address bullying as early prevention.** Bullying at school and online is a recognised behavioural precursor to family and relationship violence. Building on this in prevention connects the Government's Anti-Bullying Rapid Review directly to the National Plan (see box). Bullying, peer aggression and harmful relationship behaviours are associated with later relationship harm and should be treated as early prevention opportunities.
- **Use every ecological layer together.** Individual attitudes, family capability, school and community norms, and societal messaging reinforce one another. Prevention works best when these layers move together.
- **Fund prevention that is sustained and age-appropriate, rather than one-off programs.** Poorly contextualised school programs can produce backlash.

Bullying and family violence: a prevention link the Plan can use

The evidence. Longitudinal research finds bullying is a behavioural precursor to dating and intimate partner violence. Direct bullying in Grade 6 predicted the onset of physical dating violence by Grade 8 (Foshee et al., 2014), and a US cohort study found young people bullied repeatedly were at elevated risk of later IPV victimisation, while those who bullied others were at elevated risk of IPV perpetration (Ports et al., 2020). A systematic review confirms the bullying–dating-violence link across studies (Zych et al., 2021).

Why it matters here. The Australian Government's Anti-Bullying Rapid Review (2025) examined bullying "and its underlying causes" and set a National Standard. Connecting that work to the Second Action Plan means school anti-bullying effort is also recognised as early violence prevention, a whole-system, whole-child link across two national reforms.

Q7. How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

- **Invest in positive role models and belonging.** Evidence finds young people disengage from harmful online communities when they gain supportive relationships and positive role models. Prevention should resource connection and belonging, which ARACY's Young and Wise research shows young people themselves prioritise.
- **Follow through on bullying, visibly.** Support schools to move beyond written policies to visible action when bullying, harassment or harm occurs. Young people in ARACY's research describe schools that name anti-bullying in policy but do not act. Consistent, visible follow-through is what builds trust (see Priority Area 3 box).
- **Equip universal-service workers to notice and respond.** Teachers, GPs and early-childhood educators need the capability to recognise harmful attitudes early and respond safely.

Q8. What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

- **Whole-school anti-bullying models.** School-based anti-bullying programs reduce both bullying and victimisation. Given the bullying and violence link, they also offer prevention value for family and relationship violence too.
- **Sustained respectful relationships education.** Most effective when it begins in primary school and continues, with consistent funding and quality standards to avoid backlash.
- **Positive father-figure and role-model approaches.** Men who grew up with affectionate father figures are markedly less likely to use violence as adults. This is a protective factor worth resourcing early.

More broadly, prevention should actively engage men and boys and support positive models of fathering and masculinity. Reaching boys early with healthy models of manhood, and supporting fathers to build safe and nurturing relationships with their children, is one of the clearest opportunities to prevent violence in the next generation. This reflects a theme from the IDAC roundtable with philanthropic partners and the Government mentioned above.

- **Universal and quality implementation.** Build universal service capability to identify and respond to harm early. Invest in quality implementation, workforce capability, evaluation and age-appropriate adaptation. Ensure programs are culturally safe, developmentally appropriate and linked to real support pathways.

Q9. What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

- **Online misogyny reaching younger children.** Harmful norms are forming earlier. Early, age-appropriate media and emotional literacy are prevention.
- **Support for young and first-time parents.** Being a young parent under 21 is flagged as a risk factor for intimate partner violence, and therefore an early-intervention opportunity.
- **The Early Years and Middle Years measurement gaps.** Without data on our youngest children, prevention effort cannot be targeted where it matters most. Addressing the lack of data and visibility for *both* the Early Years and Middle Years is a clear opportunity.

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

Q10. What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

- **Count the child and measure their wellbeing.** ARACY and UNICEF's evidence shows child maltreatment data is almost entirely retrospective: in 2022–23, about eight children per 1,000 had a substantiated case, yet national research indicates more than 600 per 1,000 have likely experienced some maltreatment. Common child-protection measures, such as notifications, substantiations and placements, are system indicators, not child wellbeing. Until children are counted as individuals and their wellbeing is tracked over time, they will stay invisible in the system meant to help them.
- **Treat "in their own right" as a design test.** Every action for a family should be checked against the child's own wellbeing, with casework, safety planning and data that count the child as a person, while upholding the child's right to privacy.
- **Measure recovery across all six domains of The Nest.** Safety is only the start. A child also needs to be healthy, learning, participating, materially secure and confident in their identity and culture. Services should be judged on those outcomes, and on what children themselves say about them, not on safety alone.

Q11. How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?

- **See a child's behaviour as a signal that they need support.** Children's distress can be mislabelled as illness or future offending. Violence-informed capability helps services reframe behaviour as a call for support. Shared tools give practitioners a common language for what they are seeing. The Resilience Scale, developed by the Harvard Center on the Developing Child and applied systemically in Alberta, Canada through the Alberta Family Wellness Initiative, offers a plain-language way to understand behaviour as the product of accumulated stress and available support. It can be applied at individual, family, organisational, community and system levels. Paired with The Nest, it also clarifies what children need to thrive. The Queensland Kids Partnership, an ARACY initiative, is currently supporting its application in Queensland through a Resilience Scale Model.
- **Reach the child directly, through school and other settings.** Support should not depend solely on a parent or caregiver engaging with a service. Make support available through the settings where children already are, e.g. schools, early childhood services, health services, youth services and community organisations.

- **Consult children and young people about what helps them feel safe, heard and supported.** Children and young people are best placed to explain how violence and harm show up in their lives, where they are likely to seek help, and what makes a response feel safe or unsafe. Governments, services and education settings should conduct age-appropriate, trauma-informed and accessible consultation with children and young people, including those with lived experience, to inform how systems recognise harm and respond to their needs.
- **Use existing intervention points.** Of children killed by filicide between 2010 and 2018, nine in ten were preceded by intimate partner violence, meaning opportunities to intervene existed (Australian Domestic and Family Violence Death Review Network, 2024). Ninety-four per cent of children first supervised by youth justice at age 10 had already been known to child protection (AIHW, 2024).

What young people told ARACY: policy without follow-through

From ARACY's Young and Wise roundtables, young people described schools that name anti-bullying in policy but do not act on it.

> "School bullying is such a problem, because schools do a lot of talking about it but never actually try and help you. A lot of people act like it's okay, and it's just kids being silly."
>
> — Young person, Under 18 roundtable

> "During year 8, I was so severely bullied that my mum pulled me out of school for 2 weeks. We told the school and they did nothing, not even an acknowledgment of what had happened. This was a tough time and help never came."
>
> — Young person, 18 and over roundtable

What this means: Curriculum and written policy are necessary but not sufficient. Young people call for stronger teacher capability, clear and trusted response pathways, and visible follow-through when harm occurs. This is a direct, actionable link between the Anti-Bullying Rapid Review and the safety of children under the National Plan.

Q12. What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?

- **Move past rigid victim-or-perpetrator framing.** A young person's use of violence can be a response to their own experience of it. Responses should address the underlying cause, not label the child.
- **Developmentally appropriate, therapeutic responses.** Accountability and change for children require age-appropriate, violence-informed support, not adult models applied to children.
- **Co-designed national practice standards.** Standards for work with children and young people should be developed with them, spanning early intervention, crisis and healing.

Q13. How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?

- **Give students the literacy and agency to report.** Better wellbeing and safety literacy helps young people recognise family and relationship violence and gives them agency to report it to a teacher, school counsellor or another trusted adult. Peer and dating-relationship violence often surfaces first at school.
- **Pair education with trusted, believed reporting pathways.** Young people need both the literacy to recognise harm and routes to report it where they are taken seriously.

- **Keep respectful relationships curriculum current.** It should evolve to address digital harms, including deepfakes, online extortion and image-based abuse.

Q14. How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

- **Embed children's voice, and close the loop.** ARACY's Young and Wise research is clear: young people are disillusioned by repeated consultations that yield little change; they want to know how their input was used. They ask for many seats at the table, not one. Embed child and youth participation as a core part of policy, program and service design.
- **Believe children when they disclose.** Young people commonly report being dismissed. Participation begins with being taken seriously, a point they made directly to ARACY.
- **Reposition Participating as the lens on every domain.** ARACY's research repositions the Participating domain of The Nest from one domain among six to the lens through which the others are understood: children want a say in the decisions that affect them, at home, at school and in their communities.

Priority Area 4: People who use violence

Q15. What would make the biggest difference in preventing and responding earlier to the use of violence?

- **Intervene before the justice system.** Most people who use violence never reach a formal behaviour-change program. Trusted entry points across health, education and community allow earlier response.
- **Strengthen protective factors in childhood.** ARACY and UNICEF's evidence is clear that the link between childhood adversity and later harm is not a fixed pathway: while 3 in 4 people who have been arrested experienced child maltreatment, 85 per cent of people who experienced maltreatment are never arrested (Haslam, 2023). The right support in childhood can change where a child ends up. Belonging, emotional literacy and positive role models can be built early to strengthen that resilience.
- **Support young and first-time parents.** Flagged in the evidence as a clear risk window, and therefore an early-intervention opportunity.

Q16. How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

- **Equip the whole system, safely.** People who use violence interact with health services, workplaces and schools before escalation. Those contacts are recognition and response points, handled without collusion.
- **Lower the barriers to help-seeking.** Shame, stigma and lack of trusted entry points keep people from seeking support. Accessible, non-stigmatising pathways help.
- **Hold the child in view.** Adult-facing services, including men's behaviour change, should consider a client's role as a parent and the impact on their children. Connect children and families to direct support when parental or caregiver violence is identified.

Q17. What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?

- ARACY has not developed a detailed position on adult perpetrator intervention models.
- From a child and youth wellbeing perspective, any approach should keep victim-survivor safety central and consider the impact on children.
- Where a person using violence is a parent or caregiver, responses should recognise parenting roles and connect children to direct support.
- Approaches should be culturally safe, evidence-informed and avoid increasing risk to children or the protective parent.

Q18. How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?

- **Address the evidence gap on perpetration.** Australia has no national prevalence measure of perpetration; most knowledge comes from justice or service contact (AIHW, 2025). Better evidence enables better-targeted responses.
- **Understand pathways in and out.** Responses work best when matched to the different contexts and drivers behind the use of violence.
- **Culturally safe, self-determined responses.** Accountability and behaviour-change responses for First Nations people should be self-determined and community-led, aligned with the complementary First Nations plans.
- **Ensure responses are accessible** for children and families with disability, migrant and refugee communities, LGBTIQA+ young people, rural and remote communities, and families experiencing poverty or housing insecurity.

What young people told ARACY: cultural safety

From ARACY's Young and Wise First Nations and CALD roundtables, young people described cultural safety as being seen and represented, not just trained on. Tokenistic "tick-box" training came up as a shared complaint for both cohorts. See supportive lived experience evidence in the form of a word cloud from the First Nations cohort and supporting verbatim quotes from both cohorts:



> "I found the unis quite good. Like they have dedicated indigenous units that offer like free tutoring... I just found universities, people were a bit more educated and kind of aware of, you know, like cultural safety and things like that."
> — Young person, 18-25 First Nations roundtable

> "When you see yourself in the staff at your school, it can really support with feeling safe and vulnerable with what you may be struggling with that is culturally specific, particularly wellbeing staff."
> — Young person, 18-25 CALD roundtable

> "I feel like visible safe spaces, if done well, can be helpful, but they can also continue to marginalise those who seek support. I wonder if there could be an inclusive support or ways we can have support, but not have it as a 'tick box'."
> — Young person, 18-25 CALD roundtable

> "When schools particularly have trained wellbeing staff who can understand like these cultural differences and, you know, the barriers, language barriers, students are more likely to feel more safe, understood and included."
> — Young person, 18-25 CALD roundtable

What this means: Cultural safety must be built into service response, not just policy wording. Young First Nations and CALD people call for trained staff, visible representation, and follow-through that avoids tokenism. This is a direct, actionable link between roundtable findings and the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.

Priority Area 5: System integration and workforce

Q19. What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence and people using violence?

- **Wrap the system around the child and family.** Rather than requiring families to navigate fragmented systems alone, a whole-system approach coordinates health, housing, justice, education and child protection around the family's whole experience. The compounding risk is real: children facing family violence, together with parental substance use, and mental-health issues are 22 times more likely to enter out-of-home care, compared with family violence alone (AIHW, 2026).
- **Deliver on "tell us once."** Families should not have to retell their story across services. Shared, safe information pathways make continuity of care real, consistent with children's right to privacy.
- **Adopt a child-centred, no wrong-door approach.** So no child is turned away as "too complex" or lost across schools, health services, early childhood services, specialist violence services, housing, community services and statutory systems. Children's rights, safety and privacy must be protected in information-sharing arrangements.

Q20. What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?

- **Build workforce capability to understand whole-child wellbeing.** Recognising a child's whole wellbeing, not only their immediate safety, is a core capability. ARACY's Common Approach provides a practical, evidence-based way to build this capability. It helps practitioners across health, education and community services hold quality wellbeing conversations with children and families. It has been adopted by governments across Australia and used to strengthen practice across the child and family sector, including through work with NSW Communities and Justice in South Western Sydney.
- **Fund specialist child and therapeutic roles.** Dedicated child practitioners, disability and NDIS navigators, and bilingual and bicultural workers are essential to earlier, safer and more accessible support.
- **Expand who can help, not only how many.** Demand for child specialist services already exceeds supply, and long waitlists mean children can miss support when they most need it. ARACY has heard directly of one child and family service carrying a waitlist of more than 150 children awaiting specialist

support. Victoria's Family Violence Reform Implementation Monitor found a similar pattern: too few services designed specifically for children and young people, with wait times a major barrier to the therapeutic services that do exist. The gap will not close through specialist workforce growth alone. The Second Action Plan should enable new roles, expanded scopes of practice and task-sharing across paraprofessional, peer, community and universal-service workers. Trusted professionals children already see, including GPs, maternal and child health nurses and school staff, can provide ongoing support between, or instead of, scarce specialist appointments. With shared tools such as the Common Approach and strong supervision, more children can be reached earlier while specialist expertise is directed where it is most needed.
- **Support workforce wellbeing.** Prevent and respond to vicarious trauma, burnout and workforce shortages so the sector can sustain a skilled, stable and child-capable workforce over the life of the Plan.

Q21. What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?

- **Use shared wellbeing language across the system.** When services work from a common view of the whole child, they can coordinate around shared outcomes rather than separate service tasks. Practical tools that support quality wellbeing conversations, warm referrals and cross-sector planning are essential. The Nest framework and ARACY's Common Approach show how shared wellbeing language can be put into practice and used as a practical enabler of collaboration.
- **Build integrated, cross-sector models.** Collaboration works best when practitioners have clear roles, shared referral pathways, and safe information-sharing arrangements. These supports give services confidence to respond together, rather than leaving children and families to coordinate support themselves.
- **Align parallel plans, including Safe and Supported.** The Second Action Plan should connect deliberately with *Safe and Supported: The National Framework for Protecting Australia's Children* and its Second Action Plan, as well as child protection, child sexual abuse, youth justice, mental health, disability and First Nations reform agendas. Children and families move across all of these systems. ARACY works across both the National Plan and Safe and Supported, and is well placed to help align them so children experience one connected system, rather than many separate ones.

Q22. What supports do specialist and universal services need to provide inclusive, accessible and responsive services?

- **Resource universal services as first responders.** Schools, early-childhood and health settings need capability, time, tools and referral pathways to identify and respond earlier.
- **Train and support the workforces that work with families.** The workforces closest to young children, especially early childhood education and care educators, need training and support to recognise family and domestic violence early and connect families to specialist support. This is not about turning universal workforces into specialists. It is about equipping the people families already see to notice risk and refer well. These educators see children and families regularly and early, yet are rarely equipped for this part of their role. Investing in their capability, supported by shared tools such as the Common Approach, turns everyday contact into early support. This reflects a theme from the IDAC roundtable with philanthropic partners and the Government mentioned above.
- **Sustain specialist services and their expertise.** Specialist family and sexual violence services need stable resourcing, including for evaluation and learning.
- **Design for accessibility from the start.** Culturally safe, disability-inclusive and language-accessible services so responsiveness reaches every child and family.

Q23. What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

- **Prioritise child prevalence and wellbeing data.** Count children living with violence as individuals and measure their wellbeing, the single most important evidence gap for accountability, while respecting their right to privacy. Measure wellbeing over time to better understand outcomes.
- **The Early Years and Middle Years blind spots.** Build evidence and capability for the least visible life stages in the current Plan, 0-8 and 8-14 years.

- **Long-term evaluation of what works.** Invest in sustained evaluation of prevention, early intervention, crisis response and recovery so future investment can be directed to what improves outcomes for children, families and communities.

5. APPENDIX

The Middle Years (8–14): a quiet gap worth naming

ARACY insight. The Middle Years are often the least served stage in any public policy and strategies to prevent violence are no exception. Children this age are past the early-childhood platforms but not yet reached by adolescent programs, and they are the age group least likely to be counted or believed. In ARACY's Young and Wise research, children in the middle years told us they feel unheard: only around a third of children (largely 9–12) said they could have a say about things important to them at home or at school. (Australian Human Rights Commission, Children's Rights Report 2019).

Bullying peaks in late primary – early secondary school. Seventy per cent of children aged 12–13 experienced at least one bullying-like behaviour in the previous 12 months, including 42 per cent who experienced bullying in the last month (LSAC 2016 – AIHW analysis).

This is also when children can be undergoing multiple changes in physiology (puberty), mental health conditions (see diagram below courtesy of Prevention United), adoption of new technology, and transition from primary to secondary schooling.

A whole-child violence prevention Plan should name the Middle Years explicitly, and extend research, consultation, recognition and support into school and community settings accordingly.

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