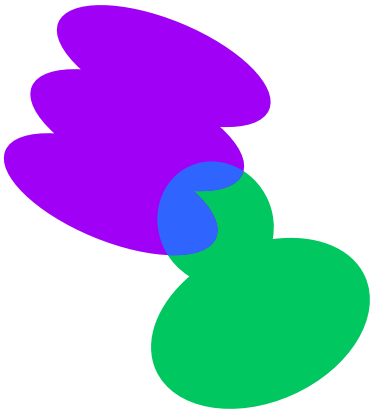
COURAGE COLLECTIVE

Family Violence Services

Submission on the Second Action Plan

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



Courage Collective deliver our services on the unceded land of the Wurundjeri People of the Kulin Nation. We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work, and we pay respects to Elders past and present.

Courage Collective is committed to an inclusive and accessible service and work environment that values diversity in all its forms, providing a respectful and safe space for all staff and victim-survivors, including First Nations people, people who identify as LGBTIQA+, people from migrant, refugee and faith communities, and people with disability.

We honour the strength and resilience of adults, children and young people who have experienced family violence, and recognise that responses to family violence must be informed by their expert knowledge and advocacy. We pay respect to those who have not survived, and acknowledge the lasting impacts of this preventable violence on families and communities. Victim-survivors' courage to seek help empowers Courage Collective to respond, and their stories inspire our work.

We are Courage Collective

Courage Collective Family Violence Services has supported adults, children, and young people in Melbourne's northern suburbs for over 50 years, offering safe accommodation, case management, and therapeutic programs. The people we support present with complex, intersecting needs, which we meet through a holistic, trauma-informed, culturally responsive approach to recovery.

Every night we offer 58 beds, in 18 properties, to provide safe accommodation for those escaping family violence. Last year we supported 201 clients, including 118 adults and 83 children and young people in refuge and in outreach.

Our service occupies a distinct vantage point within the family violence system, engaging with victim-survivors at the point of highest acuity. This positions us to observe emerging patterns in presentation, risk and need that may not yet be visible at a systemic or policy level, and to contribute meaningfully to the development of the second action plan.

Courage Collective draws on insights from direct client work — including victim-survivors' lived experience — to advocate for improvements to the family violence service system. We consider the link between practice, policy and funding one that must be actively built, not assumed, and our advocacy is directed towards victim-survivor rights and safety, perpetrator accountability, and addressing systemic barriers.

Our submission speaks to five themes:

1. Trends and impacts we are seeing with the victim-survivor adults we are supporting
2. How we have adapted our services to better support children and young people
3. The unique challenges that women, children and young people on temporary visas who have experienced family violence face in the refuge and response system.
4. How our workforce is adapting with the challenges of working at the crisis end of family violence response
5. What system level changes would benefit victim-survivors receiving our services

1. Trends and Impacts Affecting Victim-Survivors

The victim-survivors we support are presenting with increasingly complex and intersecting needs. It is now common for family violence to co-occur with significant mental health concerns and alcohol and other drug (AOD) use, requiring case management across multiple specialist systems rather than a single response. Last year 38% of adults residing in our refuge had an acute mental health concern and over 20% had AOD use.

These trends are also reshaping the length of the crisis response itself. Homelessness, rather than ongoing family violence risk, is increasingly the primary barrier preventing victim-survivors from moving on from refuge - reflecting constraints in the housing system rather than the adequacy of our service.

Long wait times for appropriate services are also extending the period victim-survivors remain in crisis, placing growing pressure on us to do more than stabilise risk. We are increasingly required to build victim-survivors' life skills and independence within the refuge itself - supporting the full journey from crisis through to recovery and long-term independence, rather than the crisis-focused response refuges were originally designed to deliver.

CASE STUDY: *At 27, Sarah (pseudonym) had already lived through childhood sexual abuse, family violence, complex trauma and alcohol and drug use, leaving her in a constant state of survival. By the time she entered Courage Collective she felt exhausted, isolated and uncertain life could ever look different.*

Alongside practical support for her immediate safety, Sarah engaged with the refuge's internal therapeutic program. Having a therapist on site meant she did not have to wait months for external services during one of the most critical periods of her recovery.

Over time, she significantly reduced her AOD use, developed healthier coping strategies, and began to understand the impact of trauma on her life and relationships. As her confidence grew, so did her belief in her own ability to make decisions, advocate for herself, and build a future free from violence.

By the time she exited the refuge, Sarah had established greater independence, was engaged in ongoing therapeutic supports, and had a clear pathway to long-term safety and stability. She had come to see her own resilience and capacity for recovery, rather than defining herself by the violence she had experienced.

Sarah's story shows the impact of integrated, trauma-informed support delivered at the right time. Internal therapeutic programs bridge the long wait times across the mental health sector, improving engagement and recovery outcomes and reducing the risk of clients disengaging while waiting for external services.

Recommendations

a) **Integrated investment in housing and homelessness responses for victim-survivors**. As homelessness - rather than family violence risk - is increasingly the primary barrier to safely exiting refuge, federal investment should prioritise dedicated social and transitional housing pathways, developed jointly across family violence and homelessness policy and funding streams.
b) **Investment in service system capacity to reduce wait times**. Sustained federal funding is needed to expand crisis accommodation and downstream service capacity, so that wait times no longer extend victim-survivors' time in crisis beyond what is required.
c) **Dedicated funding for a "crisis-to-recovery" service pathway**. Federal investment should recognise and fund a distinct phase of service delivery - life skills development, transitional support and step-down services - bridging the gap between crisis response and long-term recovery, healing and independence, consistent with the National Plan's recovery and healing domain.

2. Adapting Services for Children and Young People

Children and young people who experience family violence are victim-survivors in their own right, not merely witnesses to a parent's abuse; a principle now reflected in the National Plan itself. Crisis accommodation presents a distinct opportunity and responsibility to respond to the direct impacts of this violence on children's safety, development and recovery. At Courage Collective we have adapted our practice and programs accordingly.

Our approach is to provide psycho-education tailored to each child's developmental stage, delivered with care, empathy and appropriate support, nuanced work that demands significant practitioner skill. It also requires us to work sensitively with the non-offending caregiver, who carries their own trauma, guilt and distress; supporting this parent is not incidental to a child's recovery but a precondition for it, since children heal best when the adults around them are supported and stable.

Our practice also holds people who use violence accountable for its impacts on children, and names and addresses the gendered drivers that underpin this violence. To deliver this depth of practice, we have invested in child-specific practitioners, reflecting our view that meeting children's needs requires dedicated specialist skill, not simply an extension of adult-focused case management.

Case study: *24-year-old Maisey (pseudonym), from east Africa, entered refuge with five children aged seven years to seven weeks, after experiencing financial, verbal and physical abuse from the husband she married at 15.*

During her first days at refuge, Maisey was offered 'play therapy' for her children — one-on-one time with a therapeutic staff member through craft, games and child-led play. Staff explained this can sometimes surface a child's experience of family violence or other concerns.

Maisey refused this support, telling staff her children had never been present during, or heard or seen anything related to, family violence. She was annoyed at the suggestion they might need support to process negative experiences.

Today Maisey and her children are still with us. We have enrolled the children in school and childcare full-time, and the older children participate in after-school care and holiday programs — building social connections and supporting their healing while we wait for their mother to be ready to address their experience of family violence.

Recommendations

d) **Ring-fenced funding for child-specific practitioner roles**. Federal funding models should explicitly fund specialist child and young person practitioner positions within crisis family violence services, rather than treating this as an extension of general case management funding.

e) **Recognition and funding of parent/carer attachment-repair support as a distinct service component**. Federal investment should explicitly fund support for non-offending parents and carers, including psycho-education and attachment-focused support, as a core, fundable element of a child's recovery pathway, not an incidental extension of adult casework.

f) **Reform to enable children and young people's independent access to support.** The Commonwealth should review consent and guardianship barriers preventing children and young people from accessing trauma

support in their own right and fund a specialist children and young people's workforce able to engage directly with this cohort as victim-survivors.

3. Temporary Visa Holders Experiencing Family Violence in Australia accessing services

The National Plan to End Violence against Women and their Children 2022–2032 commits to ensuring all victim-survivors can equally access pathways to safety, support and recovery. Yet one group of victim-survivors is discriminated against across the system, because Commonwealth program decisions limit their access to health and community services, education, working rights and income. They come to refuge because they met the threshold of need, and because of Commonwealth decisions, individual refuges provide their weekly allowance for food, clothing and sundries, as well as their childcare and medical bills.

This service response is additionally complex by the difficulty of securing safe exit pathways, as temporary visa holders may be ineligible for, or face barriers to, supported housing. At any time, approximately 20–30% of Courage Collective's properties house temporary visa holders requiring protective accommodation, case management and therapeutic support because of family violence experienced in the Australian community. Today we have six temporary visa holder families who have been with us for over six months, though we are funded to provide an average support period of only eight weeks.

Courage Collective is committed to equitable services, but recognises that we can only respond to the barriers and limitations of the system — the action plan presents an opportunity for concrete change.

Case Study: *Olive (pseudonym) is from Cambodia, the same country as the person who used violence against her. They were introduced through family connections and spoke online for a while before she moved to Australia for him.*

Olive arrived in Australia on a bridging visa in December 2023 and married five weeks later. The violence and coercive control began soon after — daily physical abuse, being locked in a bedroom, and control over her movements, relationships, communication and money.

When Olive came to refuge she was socially isolated, with limited English literacy, limited knowledge of our systems and services, and limited financial resources as a bridging visa holder.

Her husband had applied for a spousal visa but locked her out of the immigration account, so she had no knowledge of its progress. When she left him, he notified Home Affairs of their separation, triggering a set of legal requirements she had to meet to remain in Australia legally.

Through Women's Legal Olive accessed a lawyer, and through a combination of programs and Courage Collective policy she secured a small, regular income. While at refuge she studied English, volunteered locally and trained to work in disability and aged care. After more than 12 months at refuge, she received permanent residency, housing and a job.

Because the family violence system has no process that recognises the barriers facing temporary visa holders, case managers are forced to become de facto experts in the visa system — liaising with duty lawyers, preparing intervention hearing materials, and writing the countless support letters needed to achieve the right outcome, representing hundreds of hours of work for each woman. And when permanent residency is finally granted, that is not the end of the journey, but the start of the next phase.

g) ***The Commonwealth government should create a new visa for victim-survivors who have experienced family violence in Australia****. The visa would allow access to social security and other required support for at least three years, reducing barriers to refuge and supported accommodation while giving victim-survivors time to pursue justice and pathways to recovery.*

4. How Our Workforce Is Adapting to the Challenges of Working at the Crisis End of Family Violence Response

Crisis response services sit at the most acute point of the family violence system, where risk to life is immediate and the response required is necessarily in-depth, complex and highly individualised. The workforce delivering this response holds an unusual combination of skills: rapid risk assessment, trauma-informed practice, case coordination across housing, legal, immigration, financial and child safety systems, and sustained emotional labour.

Courage Collective has developed a new Client Services Model, embedding a workforce goal to build and sustain a team that is confident and curious, holds a complex understanding of risk and safety, and is adaptable in how it undertakes its work.

Our workforce now includes staff specialising in therapeutic interventions in crisis settings and staff whose specific skill base is working with children and young people, alongside adult case managers. Building teams with a breadth of specialised skill sets has proven more effective than simply increasing generalist case management numbers.

There is also growing recognition of the need for collaboration beyond the refuge itself: the skills required to support victim-survivors coming to refuge exceed the scope of the specialist family violence sector alone, and rather than a silo approach, we need a connected web of service responses.

In addition to the high proportion of adults presenting with mental health and AOD concerns, last year we supported four adults with newborn children; 16% of adults required support with substantial legal concerns; just over one in five experienced significant income barriers; and one in four families required support and advocacy relating to child protection — underscoring how often this workforce operates at the intersection of multiple specialist systems.

Recommendations

h) **Dedicated funding for co-located or partnered clinical specialists.** Given the significant proportion of victim-survivors presenting with co-occurring mental health and AOD concerns, federal funding should support embedding, or formally partnering with, clinical mental health and AOD specialists within crisis family violence services, rather than relying on referral pathways alone.

5. System-Level Change to Improve Outcomes for Victim-Survivors in Crisis

The safety and recovery of victim-survivors is shaped as much by the systems surrounding our service as by the service itself — housing availability, court and legal processes, immigration, income support, and the capacity of adjoining services to receive referrals in a timely way. Frontline crisis services frequently manage the consequences of system-level gaps beyond our direct control.

Our operational experience points to several specific system-level gaps that constrain outcomes for victim-survivors in crisis.

Housing remains the single most significant system-level constraint on victim-survivors' ability to safely and sustainably exit crisis accommodation, consistent with the trend outlined earlier in this submission. More funding is needed for permanent housing programs to support victim-survivors exiting refuge.

Within crisis accommodation itself, we see a clear need for properties with varying levels of security across the system, so that placements can be matched to each client and family's safety profile rather than applying a uniform model regardless of risk. A funding program should be available to refuges for both repairs and renovations of existing properties and the ability to purpose-build new ones aligned with service models and client need.

We also note that victim-survivors of non-intimate partner violence - including violence perpetrated by adult children, siblings or extended family members - are underserved by a funding and service system oriented primarily around intimate partner violence, despite presenting with comparably serious risk. This includes the Leaving Violence Program.

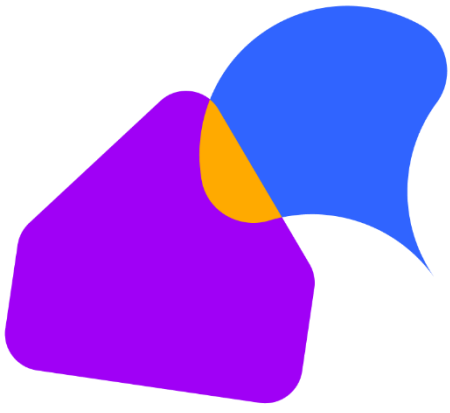
A further critical gap is the absence of a nationally consistent framework for family violence information sharing. Victoria's Family Violence Information Sharing Scheme (FVISS), introduced in 2018, has fundamentally shifted practice by enabling prescribed services to share risk-relevant information where privacy concerns had previously been a barrier. In our experience, timely access to this information has been critical to identifying and responding to serious risk. Family violence does not respect state and territory borders, victim-survivors and perpetrators frequently move between jurisdictions, whether to escape violence or as a continuation of coercive control and jurisdictional information silos leave a critical gap in the national risk picture.

Recommendations

i) **Investment in a crisis accommodation building funding program open to refuge applications.** Federal funding should support a program allowing applications for varying security levels within crisis accommodation, enabling placements to be matched to each client and family's specific risk profile, rather than applying a single model of security uniformly across all presentations.

j) **Dedicated funding program for victim-survivors of non-intimate partner violence.** The Commonwealth should establish funding recognition for family

violence occurring outside intimate partner relationships — including violence perpetrated by adult children, siblings or extended family to close a clear and consistent gap in current service system design.

k) **A funded national mechanism linking frontline practice to policy and funding reform.** The Commonwealth should establish a formal, funded mechanism, such as a standing lived-experience and frontline practice advisory function, to ensure insights from direct service delivery are systematically fed into policy and funding decisions, rather than relying on ad hoc consultation processes such as this one.

l) **National implementation of a family violence information sharing scheme.** The Commonwealth should lead the development of a nationally consistent, cross-jurisdictional family violence information sharing framework, built on the demonstrated success of Victoria's FVISS, so that risk-relevant information follows victim-survivors and perpetrators across state and territory borders rather than remaining confined within them.