SAFE + EQUAL

Standing strong against family violence

Measuring Specialist Family Violence Service Demand And Capacity

December 2025

Acknowledgement of Traditional Owners

Acknowledgement of Aboriginal and Torres Strait Islander peoples

Safe and Equal is based on Wurundjeri Country. 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. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters and community.

Honouring Victim Survivors

Safe and Equal acknowledges the strength and resilience of adults, children and young people who have experienced family violence and recognises that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who have not survived and acknowledge the lasting impacts of this preventable violence on families and communities.

About Safe and Equal

Safe and Equal is the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. Our vision is a world where everyone is safe, respected and thriving, living free from family and gender-based violence.

As a peak, we work with and for our members to prevent and respond to violence, building a better future for adults, children and young people experiencing, at risk of, or recovering from family and gender-based violence. While we know that most family violence is perpetrated by men against women and children, we recognise that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and other relationships. We apply an intersectional feminist lens in our work to address the gendered drivers of violence, and how these overlap and intersect with additional forms of violence, oppression and inequality.

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Introduction

'*The family violence workforce represents the frontline of reform implementation; it plays a critical role in supporting the recovery of victim survivors and must be supported to do so*'.[1]

The Measuring Family Violence Demand Project, launched in 2021, aims to create a comprehensive, state-wide data set that enhances our understanding of the capacity within the specialist family violence sector. The project focuses on developing a clear measure of demand and a systems-based view of capacity, with the ultimate goal of advocating for appropriate funding that aligns with the needs of victim survivors.

Since the Royal Commission into Family Violence (RCFV), Victoria's family violence system has expanded rapidly. However, insights gathered from previous years of the *Measuring Family Violence Service Demand* project, alongside feedback from Safe and Equal's member services and victim survivors themselves, highlight critical challenges. These include long waiting times for support, an increasing severity of family violence risks among those seeking help, and ongoing barriers to accessing the necessary services.

This report provides analysis and insights on data collected through Safe and Equal's 2025 Demand and Capacity Survey. The data collection is focused on gathering an overall picture of demand for specialist family violence services and case management support, rather than intake demand across the system, including key intake points such as The Orange Door network, Safe Steps Family Violence Response Centre (Safe Steps) and local specialist family violence services.

Key insights

- Specialist family violence services continue to operate in a context of increasing complexity of needs and sustained systemic pressures, compounded by the ongoing housing and cost-of-living crises. In addition to family violence risk, victim-survivors most commonly presented with needs related to housing and homelessness, financial insecurity (each reported by 96% of services), closely followed by mental health support needs (92%).
- In an increasingly complex operating environment, reported feedback to specialist family violence services from victim survivors was overwhelmingly positive, highlighting inclusive communication, culturally responsive practice, and respect for cultural safety and language. Criticisms focused on systemic pressures that limited engagement duration, extended wait times, lack of

[1] State of Victoria 2022 (Office of the Family Violence Reform Implementation Monitor) https://www.fvrim.vic.gov.au/sites/default/files/2023-05/FVRIM-Crisis-response-to-recovery-model-for-victim survivors-report-%28December-2022%29-updated-19-May-2023.PDF

housing options, and rigid service structures that did not always align with the pace or nature of recovery.

- Services continue to prioritise urgent safety needs, with victim survivors assessed as being at 'serious risk requiring immediate protection' typically assigned a case manager immediately. Those at serious risk were typically prioritised for immediate allocation, though around a quarter of services reported delays of one to 10 days even in high-risk cases. This highlights the urgent need for increased funding to ensure timely access for all victim survivors seeking support.

- Services most frequently assessed cases at intake as being at 'elevated' or 'serious' risk, highlighting the severity and urgency of the family violence being experienced by victim survivors, highlighting that services are operating and directing resources mostly towards crisis response due to demand, with opportunities to intervene earlier missed.

- Misidentification of victim survivors (as a person using violence) continues to be a systemic issue, with almost half of services (47%) reporting this as a presenting issue for victim survivors seeking services.

- Services reported their commitment to and investment in building capability to support children and young people as victim survivors in their own right. Approximately 7,000 children and young people received support during the reporting period. However, approximately 80% of case management services reported not having a dedicated individual or team working specifically with children and young people, and just under half indicated they did not receive specific funding which would support such roles. Services emphasised that efforts to strengthen practice with children and young people requires dedicated funding for specialist practitioners and professional development, so that service capacity is increased and consistent support for children and young people can be provided.

- The most reported referral pathway into case management was through The Orange Door, reflecting its role as Victoria's central intake service. Self-referrals were the second most reported, representing a significant increase when compared to the 2024 report, indicating victim survivors are increasingly entering the system independently. For targeted services, access was also primarily through facilitated referrals and self-referrals.

- Provision of secondary consults remains a key role for specialist family violence services. Approximately 90% of services reported providing secondary consultations, with case managers spending an average of 8.5 hours per week doing so, accounting for approximately 31% of their total time. This underscores

the critical role specialist family violence services play in supporting the broader service system through expert advice, collaboration, and capacity building.

- The demand for refuge support continues to outstrip capacity. A total of 671 referrals into refuge were received, reflecting sustained demand for refuge. Across the six-month reporting period, 349 households were accommodated. Refuge providers also reported that victim-survivors with permanent residency or citizenship remained in refuge for an average of 84 days. In contrast, victim survivors who are not permanent residents (e.g. temporary visa holders, refugees, and asylum seekers) had an average length of stay of 130 days, with two services reporting averages as high as 365 days. Victim survivors on temporary visas continue to face barriers in accessing stable, long-term housing.

- Workforce pressures remain persistent, with services reporting trends across several areas including higher average caseloads; an increase in vacancy rates/widespread staffing shortages; staff regularly working beyond contracted hours to manage workload and demand; and workload pressures impacting either staff retention or wellbeing. Targeted services reported higher average caseloads compared to mainstream services, demonstrating higher workloads. This highlights systemic workforce issues and the need for continued resourcing and attention on attraction, retention and workforce wellbeing.

Survey Scope

To effectively navigate the challenges of demand and capacity, it is essential to draw on the experiences of specialist family violence organisations. This year's survey, building on last year's framework, sought insights from organisations that provide case management, family violence counselling and/or therapeutic services, and/or refuge to victim survivors. Modifications were introduced to enhance the depth of information gathered, ensuring a fuller picture of the sector and the challenges services face in responding to demand.

Conducted between July and August 2025, the survey was open to specialist family violence organisations that deliver case management, family violence counselling and/or therapeutic support, and/or refuge to victim survivors. Each organisation was invited to complete one survey per Department of Families Fairness and Housing (DFFH) region in which they provided services during the reporting period. Throughout this report, '*services*' refers to individual survey responses, each reflecting the organisation's delivery of one or more programs within a specific region. In total, 49 services completed the survey, representing 34 organisations. Targeted services have been included in the total number of services. Although their inclusion offers critical insight into specialist practice contexts, specific numbers have not been reported to preserve confidentiality.

The survey collected data from the period 1 October 2024 to 31 March 2025. A six-month timeframe was selected to capture the waves of demand and capacity within the sector, including a peak period of demand, which coincides with the end-of-year holiday periods. Increased family tensions, financial pressures, and alcohol consumption contribute to heightened risk for victim survivors during this time[2], while service providers navigate workforce availability as staff take leave. These intersecting pressures create a dynamic in which service providers must respond to increased referrals, complex service coordination, and urgent safety planning.

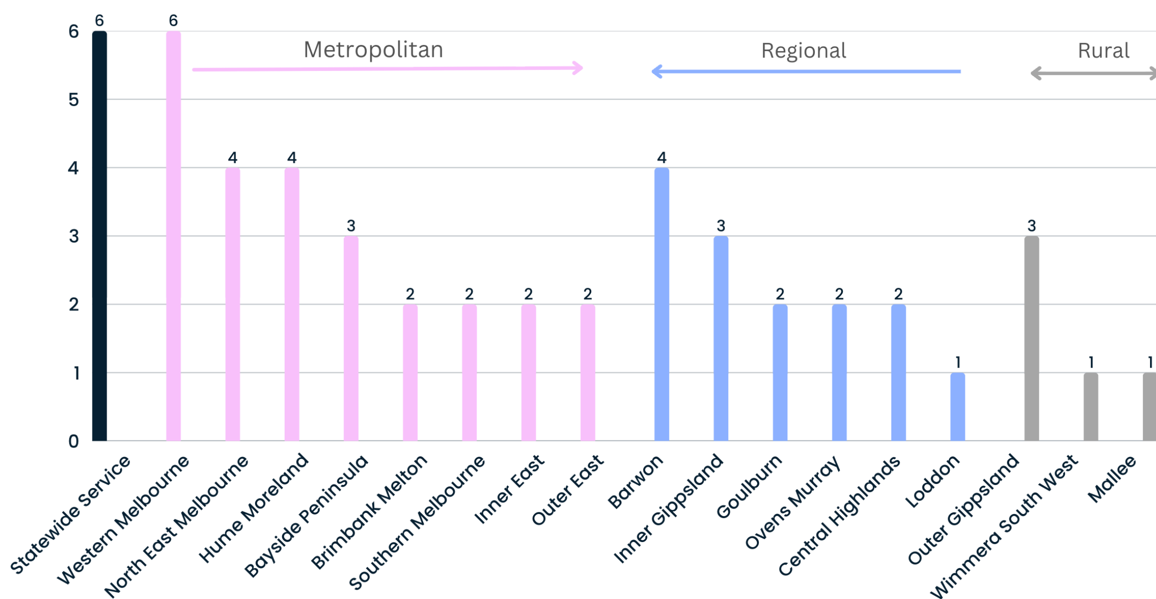
The combined effect of heightened risk and workforce limitations places considerable strain on the specialist family violence sector, requiring services to adapt quickly to shifting demands. Service providers work to ensure continuity of care while balancing immediate client needs with operational capacity challenges. Many services face an influx of complex cases, necessitating swift decision-making and strategic resource allocation to best support victim survivors during a period of increased risk.

[2] Australian National University. (2023). "We all have a role to play": addressing family and domestic violence over the holidays. https://reporter.anu.edu.au/all-stories/addressing-family-and-domestic-violence-over-the-holidays

Responding Services

A total of 49 services completed this year's survey, representing 34 organisations. These responses provide crucial insights into service delivery and emerging challenges. These included 25 metropolitan Melbourne services, 13 regional Victorian services, 5 rural Victorian services, and 6 statewide services (displayed in Figure 1 below). Among the participating services were targeted specialist family violence services. Due to the small number of targeted services, specific figures have not been disclosed to maintain confidentiality.

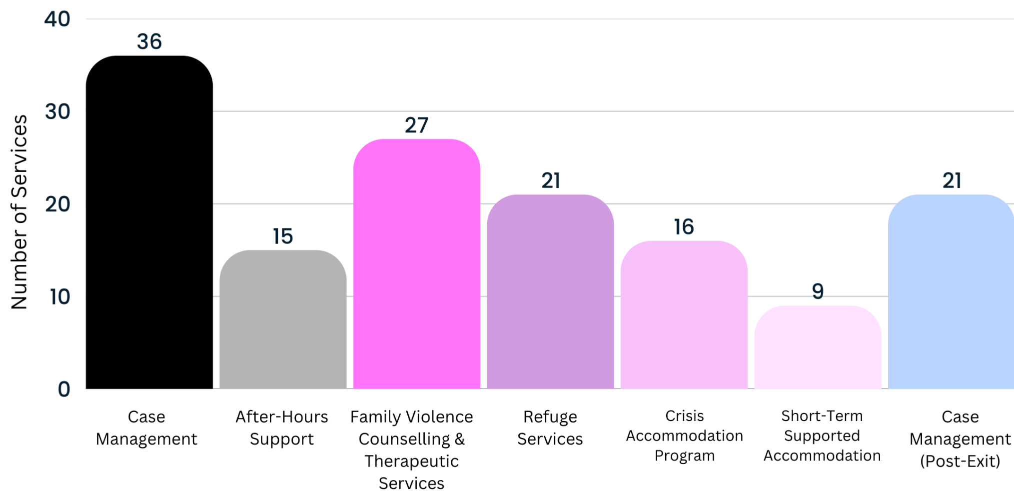
Figure 1: Family violence services by region (n=49).



The Specialist Family Violence Sector

Specialist family violence services provide a range of support and programs for victim survivors, offering skilled and expert family violence support, navigating complex systems with victim survivors, offering protective hiding and supporting their journey to safety and recovery. This includes case management, after-hours crisis response, family violence counselling and therapeutic supports, refuge, and post-exit case management. Victim survivors may engage with these supports at different points in time, in ways that do not follow a linear pathway, reflecting shifts in risk and the constraints or availability of services. Figure 2 displays the number of services that provide each program, demonstrating that many services operate multiple programs across different regions, and as such one survey response does not represent one program.

Figure 2: Family violence programs provided by services (n=49).



Family Violence Programs

Case Management Services[3]

Case management provided by specialist family violence services includes a wide range of essential practices such as screening; identification and triage; risk assessment and management; safety planning; advocacy; psycho-social needs assessment; case planning; service coordination; and referrals. These efforts aim to support the safety and wellbeing of victim survivors (adults, children and young people) by ensuring access to necessary responses and support. Services may also involve crisis support, after-hours assistance, and the coordination of multi-agency Risk Assessment and Management Panels[4] (RAMPs).

Figure 2 shows that case management is the most frequently delivered support, with 36 services reporting it as part of their service. Its widespread availability points to its central role in assisting victim survivors and responding to the complex, ongoing effects of family violence. The pattern also reflects how funding is allocated, with some interventions more consistently resourced than others.

After Hours

After-hours support is essential in ensuring victim survivors can access assistance when other services may be unavailable. This supports focuses on assessing and managing family violence risk, including triage and coordinating crisis responses. The need for after-hours support is particularly pronounced during weekends and public holidays, when family violence incidents often increase, and victim survivors may

[3] For the purposes of the survey, this description excludes case management for victim survivors who are currently in refuge or receiving post-exit refuge case management support.
[4] Risk Assessment and Management Panels are formally convened multi-agency meetings that identify and respond to victim survivors at serious risk of harm from family violence. RAMPs coordinate case management, referrals, and long-term support across services to ensure effective intervention.

struggle to access timely assistance. Safe Steps provides 24/7 state-wide support, however broader sector availability is determined by funding rather than demand, with only one service in each DFFH region funded to provide after-hours response. Of the 49 services, 15 services reported that they provide after-hours support to respond to the critical need for support outside of regular business hours.

Family Violence Counselling and Therapeutic Services

Family violence counselling and therapeutic supports provide support to adult and children and young people victim survivors, assisting them in processing their experiences, recovering from trauma, and rebuilding their lives. This support includes individual and group therapy, with a focus on sustained recovery and emotional wellbeing, and encompasses age-appropriate counselling for children and young people, such as art and play therapy. Distinct from crisis counselling, which addresses immediate, short-term needs, these interventions are centred on long-term healing. In total, 26 services indicated that they provide family violence counselling and therapeutic services, with two services exclusively offering these supports.

Refuge Providers and Post-Exit Support

Refuge services play a vital role in supporting adult and children and young people victim survivors at high risk of family violence, offering immediate safety, stability, and a secure place to recover. These accommodation-based specialist family violence services encompass different models including, core and cluster refuge, short-term supported accommodation, crisis accommodation properties, and the dispersed model refuges, providing protective hiding for victim survivors and their families who are assessed as being at serious or imminent risk following family violence and do not have alternative safe housing. They can offer a range of supports including counselling, case management, and assistance to help stabilise circumstances and facilitate transitions to sustainable housing solutions. These functions focus on the safety, health, and wellbeing of adults, children, and young people victim survivors, while also promoting positive employment and educational outcomes.

Twenty-one services reported providing family violence refuge support. As shown in Figure 2, this is inclusive of crisis accommodation properties and short-term supported accommodation[5]. Many services offer more than one form of refuge support and refuges themselves vary in the types of assistance they provide. Of the services offering refuge, 12 also provide case management, 12 offer family violence counselling, and 18 deliver post-exit case management. These figures reflect the layered and often intensive nature of refuge work, which spans immediate safety, therapeutic support, and longer-term recovery.

[5] Supported accommodation, known as refuge, is provided by specialist family violence organisations. Refuges provide short- to medium-term housing in secure settings with support services for individuals and families who are at serious risk and unable to remain safely at home.

State-wide Crisis Service[6]

Safe Steps is Victoria's specialist family violence crisis service, offering 24/7 support to victim survivors, particularly in cases that require urgent and immediate intervention. Their services include facilitating access to emergency[7], crisis and short term supported accommodation, refuge, risk assessment, safety planning, and connecting victim survivors with a range of services (e.g. legal services, counselling services, and family violence case management services). For some victim survivors, Safe Steps may be their first point of contact, representing their first attempt to access support and navigate the family violence service system. Once their immediate crisis needs have been addressed, Safe Steps often refers victim survivors to local specialist family violence services who can offer longer-term support.

Between 1 October 2024 and 31 March 2025, Safe Steps indicated that they had open support periods for 938 adult and 616 children and young person victim survivors. In addition to providing emergency accommodation and crisis response, Safe Steps offer a range of short-term supported accommodation options. Safe Steps reported a total of 144 adult and 180 children and young people victim survivors that received a supported accommodation response[8] during the reporting period. The average length of stay reported was 12 nights for victim survivor who were permanent residents, and 16 nights for victim survivor who were not permanent residents.

The 2025 Demand and Capacity survey included questions regarding victim survivor's assessed level of risk at the point of intake. Safe Steps reported that between 1 October 2024 and 31 March 2025 they assessed a total of 811 victim survivors as being at 'serious risk requiring immediate protection'. Additionally, Safe Steps reported that there were 130 victim survivors assessed as 'at risk', 341 assessed as at 'elevated risk', and 291 assessed as at 'serious risk'. This indicates that Safe Steps is working with a high volume of clients who require immediate protection and intensive crisis support, reflecting their role as a crisis service providing immediate, short-term support and access to emergency accommodation and family violence refuge during periods of heightened risk.

Safe Steps reported that they have an individual or a team to work specifically with children and young people, in recognition that '*43% of [their] residents are children*.' It

[6] Safe Steps data is reported separately, due to its unique and key function as a 24/7 state-wide crisis service. The survey design is intended to explore demand for case management support, rather than intake demand more broadly across The Orange Door network, Safe Steps or local specialist family violence services.

[7] Emergency accommodation refers to short-term housing for people experiencing family violence who need immediate safety. This can include motels, hotels, or other temporary placements arranged by crisis services or by specialist family violence organisations operating under the crisis response model.

[8] Victim survivors accommodated and supported across several properties; households may not be mutually exclusive across locations.

was also reported that '*staff resources [are] impacting [their] ability to deliver vital services for children and young people, particularly in the areas of mental health support*.', alongside concerns for the '*long term effects this may have on young people's wellbeing and development*.'

Safe Steps reported a strong commitment to supporting victim survivors, in the context of sustained workload pressures and sector-wide workforce shortages. Increasing demand has required staff to work extended hours at times, with the organisation highlighting the impact this can have on wellbeing and prioritising strategies to support staff. Despite challenges such as overtime and time in lieu, '*staff remain deeply dedicated to their work*.' Safe Steps noted that '*fatigue and turnover can affect morale*' and that they have invested in initiatives to strengthen team resilience and operational sustainability. Financial pressures, including costs associated with backfilling roles and onboarding new staff, *'have required careful resource management*.' They noted their commitment to professional development, '*ensuring training opportunities remain available, even if scheduling requires flexibility*.'

Targeted Services

Targeted specialist family violence services are designed to support victim survivors from a range of communities, including multicultural, ethno-specific, faith-based, LGBTIQA+, and older people, by addressing distinct needs at local or statewide levels. Non-targeted services, by contrast, support all victim survivors regardless of background and should offer inclusive programs without being designed exclusively for any one group. This distinction reflects the Victorian system's commitment to community led and tailored access points and responses, aligned to victim survivor choice and agency. While all services should be responsive to the diverse experiences and needs of victim survivors, targeted specialist services meet the needs of communities that face systemic and structural barriers to safety, support and recovery.

Due to the small number of targeted services that participated in this year's survey, actual numbers cannot be provided to ensure confidentiality. Between 1 October 2024 and March 2025, 21 per cent of all adult victim survivors represented in the data engaged with targeted services, compared to four per cent of children and young people who received support (regardless of whether a support period was opened). Of the victim survivors who were from culturally and linguistically diverse communities, 33 per cent were engaged with targeted services during the reporting period.

Targeted services described a wide range of presenting needs experienced by victim survivors when seeking support. Targeted services most frequently reported that victim survivors sought support in relation to housing instability, financial insecurity, immigration challenges, and mental health distress, often shaped by ongoing structural

disadvantage. Services noted that these concerns rarely occurred in isolation, and instead, emerged within broader systems that limit access to culturally safe care, secure housing, and visa stability. Support frequently required sustained engagement across multiple service areas, with few clear pathways and limited resourcing particularly in contexts where '*women are always seeking emergency accommodation however we are not funded to provide this'* highlighting the gap between demand and funded responses.

Access to targeted services primarily occurred through facilitated referrals and self-referrals initiated by victim survivors. This contrasts with mainstream services, where referrals were predominantly made via The Orange Door (see Figures 3 and 4 for comparison). Targeted services observed that while formal intake systems remain active, many individuals continue to rely on personal initiative or informal advocacy while navigating a system that does not fully respond to urgent safety needs for marginalised communities.

Figures 3 and 4: Comparison of referrals received into Targeted and Mainstream Services by referral type, 1 October 2024 and 31 March 2025.

This is significant particularly as '*targeted services are under immense pressure, responding to high volumes of self-referrals due to strong community connections, as well as referrals from mainstream services that are increasingly at capacity*.' This pattern suggests that existing triage processes within the mainstream system may not fully respond to urgent safety needs, particularly within communities facing systemic barriers.

Targeted services reported an average caseload of 15.8 per FTE, underscoring a disparity in workload demand compared to the 12.7 per FTE average for mainstream services. These high caseloads were reported to have a cumulative impact on staff wellbeing, with system fatigue identified as the most reported factor affecting retention and wellbeing. For many, this reflected the undervaluing of targeted expertise within the system. Services described '*the current [funding model] does not adequately create staffing, capacity or resources to support…nor does it acknowledge*

the lack of targeted roles focused specifically on supporting children and young people within these communities.' All targeted services provided secondary consultations to other providers, and almost all engaged in co-case management. This highlights their critical role in supporting cross-sector responses despite limited resourcing.

Across the family violence sector, it has been noted that current service design frameworks consistently position children and young people as secondary to adult-centric approaches. Despite their distinct experiences of family violence, their needs are often absorbed into broader family-focused models without dedicated funding to respond and recovery pathways. It has been reported that this systemic design often makes it difficult for targeted services to respond effectively to the specific developmental, emotional and safety needs of children and young people victim survivors. This meant that '*children and young people are often overlooked, receiving minimal or no dedicated, trauma-informed case management*.' Their needs are frequently '*subsumed under the broader 'presenting unit' (typically the mother or family), with only incidental references to their wellbeing and recovery from family violence within case plans*.'

The absence of specialist roles to work with children and young people puts further pressure on targeted services, especially as '*the increasing complexity of client presentations, coupled with limited practitioner capacity and the absence of specialist child and youth roles within targeted services, severely limits practitioners' ability to address children's developmental needs and lived experiences*.' This absence dilutes the distinct recovery needs of children and risks misrepresenting the relational dynamics within families experiencing violence.

These pressures reflect how targeted services are positioned, funded and understood. Limited pathways, constrained capacity and the absence of dedicated roles continue to undermine recovery, particularly for children and communities facing systemic barriers. Recognition of the work of targeted services, with adequate resourcing is needed for an effective system response.

Victim Survivors

Understanding victim survivors who accesses family violence services, including age, gender, cultural background and socioeconomic status, is essential to ensuring support is equitable, responsive and grounded in lived experience. These demographic details shape service needs and accessibility. They help services allocate resources, develop targeted interventions and build inclusive, trauma-informed responses. Whilst the data provides important insights regarding victim survivors demographics, it may be limited by differences in how information is collected, recorded and shared across services.

Victim Survivor Demographics

Adult Victim Survivors

Between October 2024 and March 2025, 10,503 adult victim survivors were recorded as having open support periods across specialist family violence services in Victoria. The average across all services was 215 adult victim survivors. These figures are consistent with service volumes reported in last year's *Measuring Specialist Family Violence Service Demand and Capacity* report[9] (herein the *2024 report*).

While the average provides a system-wide snapshot, the number of adult victim survivors supported across individual services ranged from 12 to 835. This variation does not appear to be driven by geographic location, with metropolitan, regional and rural services reporting similar averages. Differences may instead reflect organisational size, team capacity, and the funding structures that shape staffing levels. In some cases, the number of victim survivors receiving support may be influenced by the resourcing available to sustain safe and accountable service delivery. These constraints do not reflect reduced demand, but rather the conditions under which services are funded and staffed. This variation may also be influenced by service type, as the data reflects both case management and refuge services. These models differ in their structure, intensity, and duration of engagement, which can affect the number of victim survivors supported within a given timeframe.

Although family violence risk is known to increase during the December and January holiday period, the number of open support periods did not rise compared to the *2024 report*. This should not be interpreted as a reduction in family violence risk but rather reflects how services can only respond within the boundaries of funding, targets, and workforce capacity. Additionally, during holiday periods access to support can be constrained by reduced operating hours, limited staffing, and increased surveillance from people who use violence. Referrals did increase during this reporting period (refer to 'Referral Trends'), with the absence of a corresponding rise in open support periods highlighting the available resourcing and pressure capacity on services, as they respond to spikes in referrals.

Children and Young People Victim Survivors

The specialist family violence sector recognises children and young people as victim survivors in their own right and is committed to ensuring their experiences are acknowledged and supported. Available service engagement data with children and

[9] Safe and Equal. (2025). Measuring Specialist Family Violence Service Demand and Capacity. Melbourne: Safe and Equal. Available at: https://safeandequal.org.au/wp-content/uploads/RPE_Measuring-Demand-and-Capacity-Survey-Report-July-2025.pdf

young people remains fragmented and inconsistent, limiting visibility into the scope and nature of support provided.

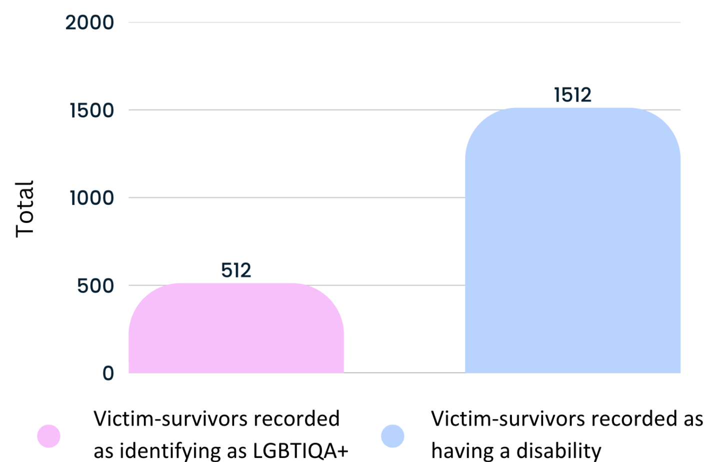
To build a more accurate picture of how services engage with children and young people, services were asked to report the total number of children and young people they work with, and the number for whom open support periods have been recorded. This dual approach responds to sector feedback highlighting inconsistencies in how open support periods are initiated, particularly in cases where children and young people present alongside an adult victim survivor. Consequently, the recorded number of open support periods may underrepresent the true extent of service engagement with children and young people.

Between October 2024 and March 2025, 7,071 children and young people victim survivors received support as recorded by services, with 5,873 of those being recorded as having open support periods across specialist family violence services in Victoria. The average across all services was 144 and 120, respectively. The findings show that many children and young people are supported through case management in specialist family violence services, yet current reporting does not consistently reflect this work.

Victim Survivor Characteristics

Services were asked if they record whether victim survivors identify as LGBTIQA+ or have a disability. Of the 45 services that responded, a total of 512 victim survivors were recorded as identifying as LGBTIQA+, and 1,512 were recorded as having a disability (Figure 5 below). Within the adult open support-period cohort, LGBTIQA+ victim survivors accounted for 4.5 per cent and those recorded as having a disability accounted for 14.4 per cent. Services are collecting this data in the context of the current data system, which does not support consistent or systematic reporting of these characteristics. As a result, it is unclear how services are capturing this information, and different approaches are likely being used to overcome these limitations in data collection (e.g. manual data collection). This may mean, however, that the data reflects a range of collection methods, leading to variations in the level of completeness across services.

Figure 5: Total number of victim survivors recorded as identifying as LGBTIQA+ and victim survivors recorded as having a disability, 1 October 2024 and 31 March 2025.



These figures reflect current recording practices, however, they are unlikely to represent the full extent of victim survivor presence from these cohorts, given data system constraints, known barriers to disclosure, inconsistencies in how identity is defined and captured, and the broader conditions that shape whether and how victim survivors engage with services.

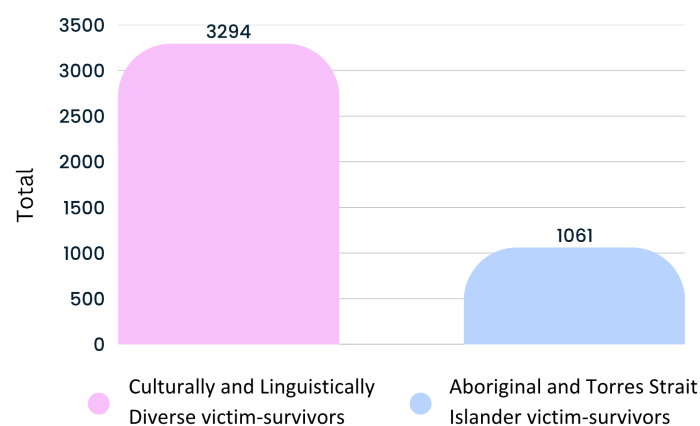
Evidence consistently shows that LGBTIQA+ communities and people with disability experience elevated rates of family violence, shaped by intersecting forms of discrimination, exclusion, and structural harm. For LGBTIQA+ victim survivors, risks may be compounded by homophobia, transphobia, and limited access to affirming services[10]. For people with disability, experiences of family violence often intersect with dependency, carer abuse, and institutional barriers[11]. National prevalence studies and Victorian sector reports have documented these patterns, underscoring the need for service responses that are inclusive, accountable, and attuned to the specific risks and barriers shaped by systemic conditions affecting these communities.

During the six-month period from 1 October 2024 to 31 March 2025, 95.5 per cent of services reported providing support to victim survivors from culturally and linguistically diverse backgrounds[12]. According to the survey data, 87.8 per cent of services reported providing support to Aboriginal and/or Torres Strait Islander victim

[10] Victorian Government. (2022). *LGBTIQA+ Strategy 2022–2032*. Department of Families, Fairness and Housing. Retrieved from https://www.vic.gov.au/lgbtiqa-strategy
[11] Women with Disabilities Victoria. (2021). *Family Violence and Disability*. Retrieved from https://www.wdv.org.au/resources/family-violence-and-disability/
[12] Victim survivors from culturally and linguistically diverse (CALD) backgrounds are individuals whose cultural heritage, language, or traditions differ from those reflected in mainstream Australian institutions and systems. This group often includes people who speak a language other than English at home. This terminology has been used to align with the data collection system available to specialist family violence services.

survivors. This reinforces the importance of mainstream services continuing to strengthen cultural safety and accessibility. Figure 6 below shows the total number of victim survivors from culturally and linguistically diverse communities and Aboriginal and/or Torres Strait Islander communities who received support between 1 October 2024 and 31 March 2025.

Figure 6: Total number of victim survivors from culturally and linguistically diverse communities and Aboriginal and/or Torres Strait Islander communities, 1 October 2024 and 31 March 2025.



Of all victim survivors with open support periods, Aboriginal and Torres Strait Islander people accounted for 6.5 per cent of victim survivors. Victim survivors from culturally and linguistically diverse (CALD) backgrounds represented 20.1 per cent of all victim survivors. The unique challenges faced by Aboriginal and Torres Strait Islander victim survivors and victim survivors from culturally and linguistically diverse backgrounds highlights the importance of culturally responsive service design, inclusive data practices, and targeted engagement strategies, particularly in mainstream services.

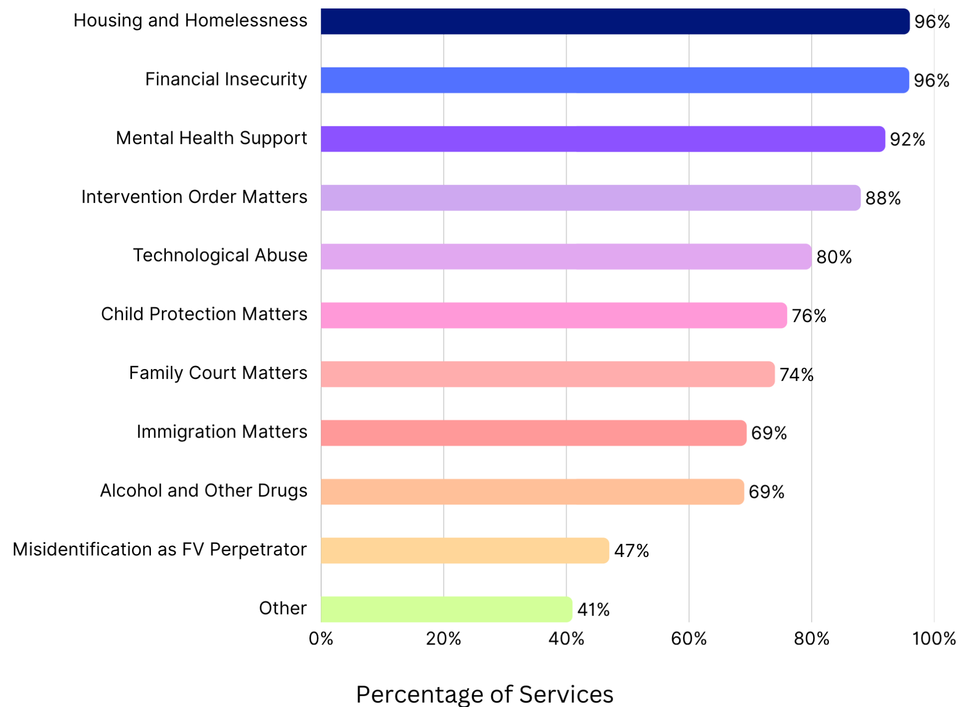
First Nations victim survivors and victim survivors from culturally and linguistically diverse communities represented just over one quarter of all victim survivors (both adults and children and young people) with open support periods during the reporting timeframe. Given this high presentation in the dataset, it is essential that services continue to provide culturally safe and responsive support.

Presenting Needs of Victim Survivors

Services were asked to identify the types of needs victim survivors presented with when seeking support during the reporting period. While not every individual may have presented with each need, the responses showed consistent patterns across services. Following support with family violence risk, housing and homelessness and financial insecurity were the most frequently reported issues, each identified by 96 per cent of services. These were closely followed by the need for mental health support (reported by 92% of services); this highlights the connection between family violence, housing

instability, and mental health outcomes, suggesting that these issues may frequently intersect in ways that shape victim survivor experiences and support needs – see Figure 7 below.

Figure 7: Percentage of services reporting on the types of issues presented by victim survivors seeking services, 1 October 2024 and 31 March 2025.



Between 1 October 2024 and 31 March 2025, 47 per cent, accounting for 24 services, had at least one victim survivor who had presented to a service expressing concerns about being, or having been, misidentified as the person using violence. While this figure is 7 per cent fewer than the data from the *2024 report*, high rates of misidentification of victim survivors as the person using violence continues to occur. Misidentification was a concern raised in the RCFV and thereafter in the family violence reform implementation, highlighting the significant impacts of misidentification on victim survivors. This includes re-traumatisation, loss of trust in the system, feeling dismissed and minimised, damaging relationships between parent and child, and influencing legal outcomes on intervention orders[13]. Data from the reporting period shows that of services who identified misidentification as an issue presented by victim survivors also reported intervention order matters as among the types of issues raised when victim survivors sought support[14]. This underscores the importance of a

[13] State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol III, Parl Paper No 132 (2014–16), p17-21.

[14] This reflects the types of issues reported by services as being presented by victim survivors. This does not imply that every victim survivor who has experienced misidentification is involved in an intervention order matter.

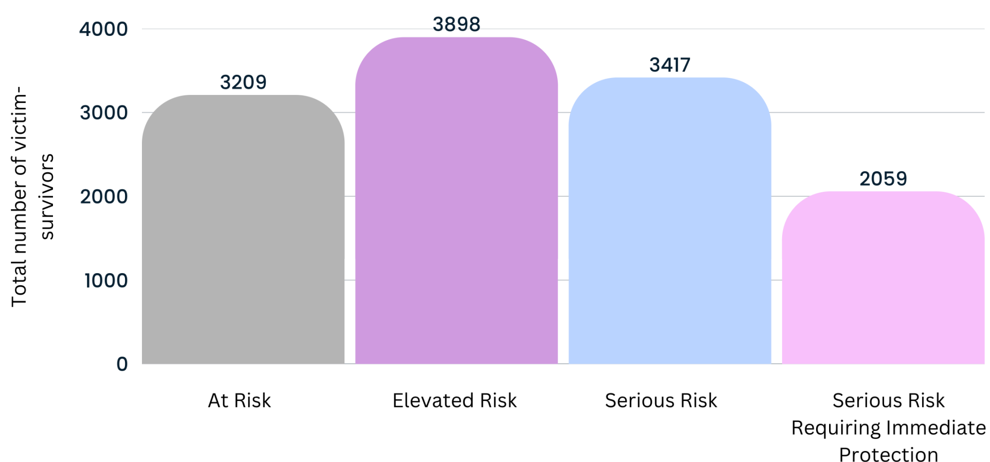
coordinated, multi-disciplinary approach to addressing the underlying factors and systemic issues that contribute to misidentification.

Other trends and themes included property retrieval, support in navigating the service system, support with physical health and antenatal care, needs related to alcohol and other drugs, discrimination, unemployment, and social isolation.

Assessed Level of Risk at Intake

This year's survey included questions regarding victim survivor's assessed level of risk at the point of intake. Levels of risk included 'at risk', 'elevated risk', 'serious risk' and 'serious risk requiring immediate protection'. These assessments are typically conducted at the point of intake, often through The Orange Door or Safe Steps. In addition to the victim survivor's information and experiences, practitioners may draw on a range of additional information sources to help determine risk levels, including police reports, the Central Information Point (CIP) reports, and other relevant documentation. However, the process for assessing risk can vary depending on how the victim survivor accessed support, such as through self-referral or facilitated referral. Figure 8 below illustrates the total number of victim survivors, across all services, at the level of risk assessed at intake. While numbers were high across all levels, 'elevated risk' and 'serious risk' were the most reported, indicating the intensity of risk many services are responding to at the point of intake.

Figure 8: Total number of victim survivors' assessed level at intake, by MARAM risk level, 1 October 2024 and 31 March 2025 (n=49).



Re-presentation to Services

Re-presenting victim survivors are those who re-engage with specialist family violence services. Family violence is often complex and persistent, requiring multiple interactions with services over time. Victim survivors may re-engage with services as their circumstances change, whether due to escalating risk, new safety concerns, or

the need for additional resources such as housing, legal assistance, or emotional support. Re-presentation can occur through various referral pathways, where the frequency and nature of re-presentation can vary, influenced by factors such as the effectiveness of prior interventions, systemic barriers, and the victim survivor's readiness to engage with support.

Of the 49 services 71.4 per cent had at least one victim survivor re-present for support during the reporting period. In total, there were 1,876 victim survivors who re-presented to services after having last received support at least three months before their re-presentation. While the reasons for re-presentation varied across services, 26 services indicated that the reason for re-engagement with victim survivors was relating to safety and risk. This included an escalation of risk, ongoing risk of family violence, 'new' instances of family violence, breaches of an intervention order against a victim survivor, and re-victimisation. Other frequently sighted reasons for re-presentation to services included housing needs, financial insecurities, support in navigating service systems and advocacy.

Several services reported that re-engagement was often associated with ongoing risk, whether from the same person using violence or from a new person. While repeated contact may reflect trust in specialist family violence services, it can also suggest that initial responses were limited by resource constraints or unable to fully address the complexity of victim survivors' circumstances, including due to systemic barriers.

Workforce Insights

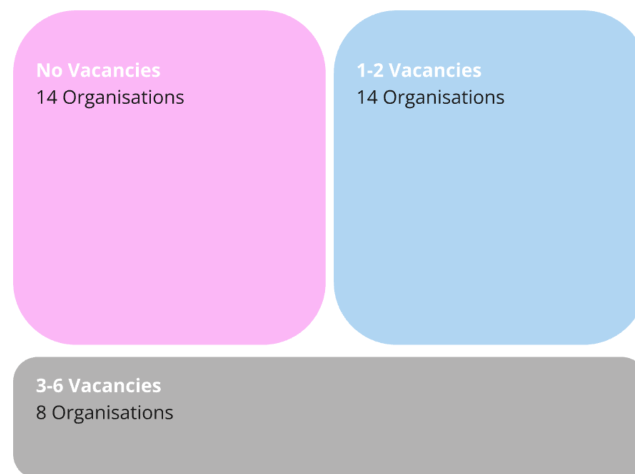
Staffing

Case Management

Between 1 October 2024 and 31 March 2025, 63.8 per cent of family violence services delivering case management (n=36) reported at least one vacancy within their case management teams. Across these services, the average team size was 10.5 full-time equivalent (FTE) positions, with an average of 2 FTE positions vacant[15]. Vacancy levels ranged from one to six FTEs per service. Thirteen services experienced these vacancies simultaneously. Compared to the *2024 report*, case management services reported an average increase of approximately one vacancy per service. While this represents a rise in the average, this figure reflects the overall average and does not capture the variation within each service. It is noted that this increase may have been influenced by the longer reporting period in this year's survey.

[15] Vacancies are positions that are not fulfilled, which includes staff on extended leave or secondment.

Figure 9: Vacancies within case management teams, 1 October 2024 and 31 March 2025 (n=36).

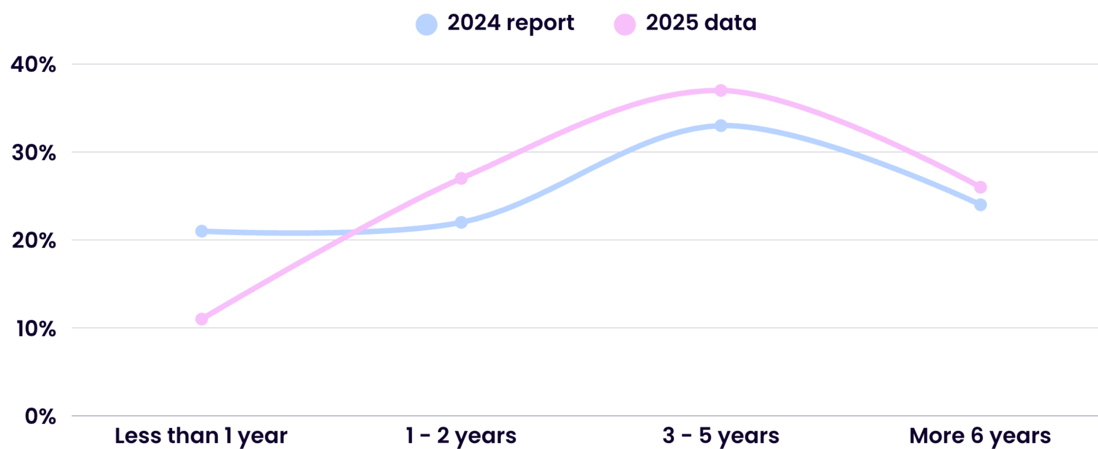


This year's six-month survey included the Christmas and New Year break, school holidays, and other periods of widespread annual leave. These factors reduce workforce availability and limit the capacity to absorb vacancies. When vacancies coincide with reduced staffing across the sector, the impact is compounded. Intake slows, continuity of care is disrupted, and risk assessment processes are stretched. The fact that 13 services experienced vacancies simultaneously points to broader workforce sustainability challenges, not just isolated workforce gaps.

Vacancies in case management teams between October 2024 and March 2025 reflect a typical pattern of reduction in frontline capacity. With 13 services experiencing vacancies at the same time, and this period overlapping with school holidays, public breaks and annual leave, it is likely the system struggled to manage these fluctuations. Family violence risk often escalates during these times, and services remain under-resourced. Investment in building greater year-round capacity would allow services to respond more consistently, respond to leave patterns without compromising safety, and meet demand during periods of heightened risk.

Case management services reported a relatively balanced distribution of staff experience. Overall, 10.9 per cent of case managers had less than a year of experience, 26.7 per cent had one to two years, 36.9 per cent had three to five years and 25.5 per cent had more than six years of experience. While mid-level experience was most frequently reported, the overall distribution indicates a workforce with varied levels of practice exposure. The distribution of case manager experience levels closely mirrors the patterned observed in the *2024 report*, including approximately 40% of staff having two years or less of experience. However, there are fewer staff with less than a year of experience in the current data (see Figure 10 below), which may reflect improved retention of existing staff and/or an increase in recruitment of staff with prior experience.

Figure 10: Case management staff years of experience compared between the *2024 report* and the current 2025 data.



Despite the increase in experience levels within case management compared to the *2024 report,* services described persistent recruitment challenges, shaped by regional constraints, funding structures, and all of social services competition. One service noted '*challenges in rural Victoria finding suitably qualified staff*,' while another reported a '*lack of suitably qualified and experienced staff in [their] local area*.' Fixed-term contracts, mandatory minimum qualifications requirements, and short-term funding were also identified as barriers to attracting and retaining staff, particularly those with limited experience. Vacancies in leadership roles, such as team leader roles, had direct operational impacts, with managers required to step into frontline supervision and case direction. Small teams reported significant indirect pressure on remaining staff to absorb referrals and meet service targets, as one service noted that they are '*unable to compete with the broader family violence sector job market*,' although the demands of the role remain significant.

Family Violence Counselling and Therapeutic Services

Between 1 October 2024 and 31 March 2025, 29.6 per cent of services delivering family violence counselling and therapeutic support experienced at least one vacancy within their counselling and therapeutic teams. These services had an average of 4.4 full-time equivalent (FTE) positions allocated to counselling and therapeutic roles, with 1.6 FTE positions vacant[16] on average. Vacancy levels ranged from one to three FTEs per service, and half of these services experienced these vacancies at the same time. This overlap signals a period of reduced therapeutic capacity across the sector, with implications for responsiveness and the availability of trauma-informed recovery support.

[16] Vacancies are positions that are not fulfilled, which includes staff on extended leave or secondment.

Most family violence counselling and therapeutic services reported that their staff had either three to five years of professional experience, or more than six years of experience in delivering counselling and therapeutic support. This level of experience reflects a workforce with sustained engagement in trauma-informed practice, therapeutic insight, and the capacity to respond to complex presentations. This underscores the need for ongoing organisational supports, such as reflective supervision and trauma-responsive leadership, to ensure that long-term exposure does not result in emotional fatigue and promote practitioner wellbeing.

Refuge

Between 1 October 2024 and 31 March 2025, over half of the family violence refuge providers (57% of n=21) reported at least one staffing vacancy within their refuge teams. Across these services, the average team size was 7.7 full-time equivalent (FTE) positions, with an average of 2.3 FTEs vacant[17]. Reported vacancy levels ranged from one to fifteen positions. Of those that reported experiencing vacancies during the reporting period, half reported that these vacancies occurred at the same time. This indicates a period of simultaneous workforce disruption that may have impacted team capacity, coordination, and role coverage.

Most refuge providers indicated that their staff had either three to five years or one to two years of professional experience. In the context of family violence refuge work, practitioners respond to acute safety risks, navigate complex service systems, and provide relational support in transitional settings. To support staff to remain in these roles over time, system-level investment is needed in professional development, reflective supervision, and trauma-responsive workforce supports. Such measures are critical to maintaining practitioner capability, promoting retention, and reducing the cumulative impacts of high-intensity, complex work.

Many refuge providers indicated that they also provide post-exit refuge support to victim survivors, meaning that these services deliver ongoing case management after leaving refuge. Of the 20 services that provide post-exit case management[18], over one quarter (30%) reported vacancies between 1 October 2024 and 31 March 2025. Half of these services noted that these vacancies occurred simultaneously. Services described sustained difficulty recruiting the desired workforce to support refuge operations, noting that vacancies, particularly in leadership roles, had wide-reaching impacts across service delivery, human resources, and organisational capacity. One service explained that '*staffing vacancies impact the refuge immeasurably*,' with risks ranging from unmet transport needs to unaddressed family violence and mental health needs. Others reported that post-exit case management is not funded as a distinct

[17] Vacancies are positions that are not fulfilled, which includes staff on extended leave or secondment.
[18] These 20 services do not correspond directly to the 21 refuge providers, as some organisations deliver both refuge and post-exit refuge support, while others provide only one of the two programs.

function, and there is no dedicated team; instead, case managers provide both refuge and post-exit support, with a service noting '*the role that was vacant during this time*.'

Staff Wellbeing

Considering workforce wellbeing in the family violence sector is essential to maintaining effective service delivery and supporting both workers and victim survivors. To gain deeper insight into workforce challenges, wellbeing was incorporated into this year's survey through indicators assessing burnout, job satisfaction, emotional strain, and the ability to manage responsibilities effectively. These indicators were measured through targeted questions on supervision, overtime and time in lieu, professional development, and staff retention. The aim of inclusion was to offer insights into workplace pressures and support structures. The inclusion of these measures reflects a growing awareness of the need for systemic improvements to workforce conditions, ensuring that professionals in the sector can continue their roles without compromising their own health and wellbeing. It is noted that survey responses were predominantly submitted by individuals in leadership roles, and as such, the findings on staff wellbeing should be understood as leadership-level observations rather than representative of direct practitioner reports.

During the six-month reporting period from 1 October 2024 to 31 March 2025, the majority of services (95.5%) reported that they have a formal supervision framework in place for staff and that there was adequate supervision available. However, services described supervision as structurally present but inconsistently delivered, shaped by a range of operational constraints. Staff shortages, high workloads and the need to reschedule supervision in response to victim survivor needs were frequently cited.

The capacity of supervisory staff to provide supervision was affected by competing responsibilities and vacancies in roles with supervision responsibilities, as '*supervision can become inconsistent if senior staff are constantly responding to crisis due to a lack of staffing and experience*.' The need to prioritise victim survivor response was also raised, with services reporting that '*demands of crisis response work means that supervision may need to be [rescheduled] due to [victim survivor] needs*.' Even where supervision was scheduled, '*both staff and supervisors were not consistently committing to the scheduled supervision times, often preferring to utilize (sic) that time to complete other tasks*.' These conditions meant that supervision, while embedded in organisational frameworks, was frequently displaced by immediate service demands and structural limitations.

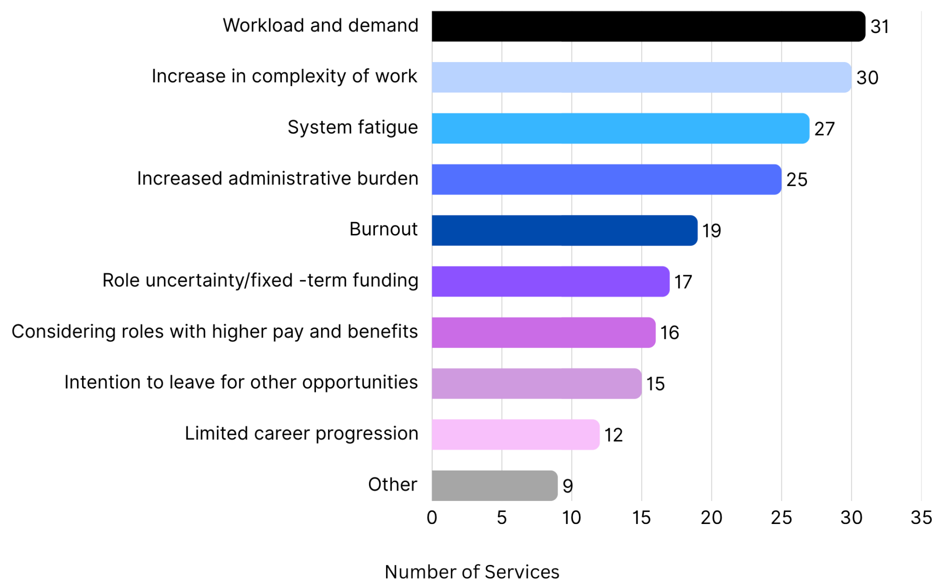
Overtime was commonly reported, with 65 percent of services stating that staff worked beyond their contracted hours to manage workload. This was described as occurring '*when required after a critical incident to input important data on client management system*' and '*often to complete admin functions/case notes at the end*

of the day due to responding to crisis situations during the day.' These accounts reflect a pattern in which crisis response is prioritised over administrative tasks, which are then completed outside standard hours. Services noted that there are impacts of utilising overtime or time in lieu on staff wellbeing, including burnout, delays in taking leave and the accumulation of work during absences. It was also noted that the use of overtime carries financial implications, impacting overall organisational budgets. These costs are considered within broader decisions relating to team capacity and the need to balance financial constraints with supporting staff wellbeing.

Professional development was reported by 81.6 per cent of services as being supported through a formal framework, such as annual reviews. However, access to development opportunities was constrained by budget limitations and operational demands. One service noted that '*it has been difficult to balance the need to build staff capability with the need to deliver 'activity'*,' highlighting the tension between workforce development and service delivery. Other barriers included long wait times for training, (including MARAM training), limited availability of suitable training for more experienced staff and time away from casework, which '*impacts [the] ability to meet targets*.' Services operating in regional and rural areas described additional constraints, including the '*impact of traveling from regional area to access face to face training*,' and limited face-to-face training opportunities. In response to this, some services stated that they relied on virtual training options, though observed '*reduced levels of staff engagement*.'

Staff retention was reported as being affected by workload and demand, with 69.3 per cent of services stated that these pressures had impacted either retention or overall staff wellbeing. These findings reflect the cumulative effect of supervision disruptions, extended hours, constrained development opportunities and regional access limitations. The data provided by services points to a workforce managing complex responsibilities within the parameters of available funding and operational capacity. Figure 11 below presents the main factors influencing staff retention and wellbeing between 1 October 2024 and 31 March 2025.

Figure 11: Number of services reporting factors influencing staff retention and wellbeing, 1 October 2024 and 31 March 2025 (n=49).



Demand Pressures

Case Management

Referrals into Case Management

Victim survivors access specialist family violence case management through a range of pathways. These include referrals from police, child protection, and services operating under MARAM responsibilities, such as health, mental health, disability, and alcohol and other drug services, as well as legal, housing, and counselling services. Some individuals initiate contact independently, often following informal advice or prior engagement with other services. These pathways reflect how family violence is recognised within and across systems, and the conditions under which victim survivors are able to access support.

The Orange Door is a central access point for individuals seeking support for family violence. The Orange Door provides assistance to people of all ages, including those experiencing or using family violence, as well as families and young people requiring parenting and wellbeing support. People may engage with The Orange Door themselves or be contacted following a referral from Victoria Police through an L17 report or another service provider. Once engaged, The Orange Door conducts an assessment to identify risk levels and immediate needs. This process includes safety planning, short-term interventions, and crisis support where required. For those needing ongoing assistance, The Orange Door facilitates connections with specialist family violence

services, ensuring victim survivors receive longer-term support, case management, and access to refuge accommodation when necessary.

Where immediate risk is identified, Safe Steps provides Victoria's only 24/7 statewide family violence crisis response. Some victim survivors are referred for urgent intervention; others initiate contact directly. The service conducts risk assessments, develops safety plans, and coordinates emergency responses, including access to crisis accommodation and wraparound supports. Safe Steps also facilitates pathways into longer-term care, ensuring continuity beyond the immediate crisis. Operating alongside The Orange Door, it offers a critical and independent 24/7 point of entry for those requiring immediate safety and specialist intervention.

Facilitated referrals occur when professionals in a range of services, such as hospitals, community health, and other providers identify individuals or families in need of case management and connect them to appropriate support. Victim survivors may seek assistance for concerns unrelated to family violence, such as healthcare, housing, or mental health. During these interactions, disclosures of family violence may emerge, prompting professionals to offer a referral for specialist support.

Depending on the urgency and level of risk, victim survivors may be referred to Safe Steps for crisis intervention, The Orange Door for assessment and service coordination, or directly to specialist family violence case management services. In contrast, some victim survivors seek support directly through self-referral, contacting services in person or by phone without a third-party provider or agency. In some cases, they receive contact details from police, health professionals, or other services, such as Safe Steps or The Orange Door, but choose independently to initiate contact. Self-referrals may reflect growing awareness of available support or systemic access issues for a range of reasons.

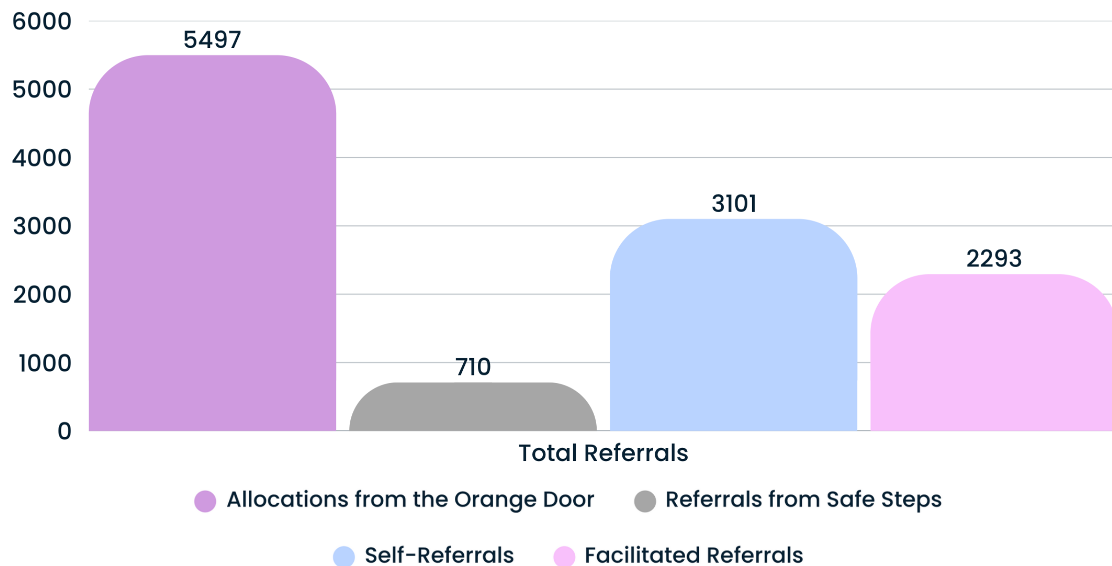
Referral Trends[19]

Understanding the number and source of referrals received by services helps understand system pathways. Safe Steps, The Orange Door, and specialist family violence case management services each play a role in supporting victim survivors at different stages. Recognising how referrals flow between these services strengthens coordination, enhances early intervention, and ensures timely and appropriate support, particularly during periods of heightened risk or workforce strain.

[19] Referral types may be recorded based on the final point of entry into the system, rather than the original pathway taken. Whether contact is initiated directly by the victim survivor or facilitated by an external agency, once the referral progresses to specialist family violence case management, it may be logged as originating from The Orange Door or Safe Steps. This reflects the multi-layered nature of service access.

36 services who provided case management during the reporting period provided data on referrals. Allocations from The Orange Door were the most frequently reported referral pathway, with an overall of 5,487 allocations made between 1 October 2024 and 31 March 2025. This was followed by self-referrals, facilitated referrals, and referrals made via Safe Steps, shown in Figure 12 below.

Figure 12: Total number of referrals received by referral type, 1 October 2024 and 31 March 2025 (n=36).



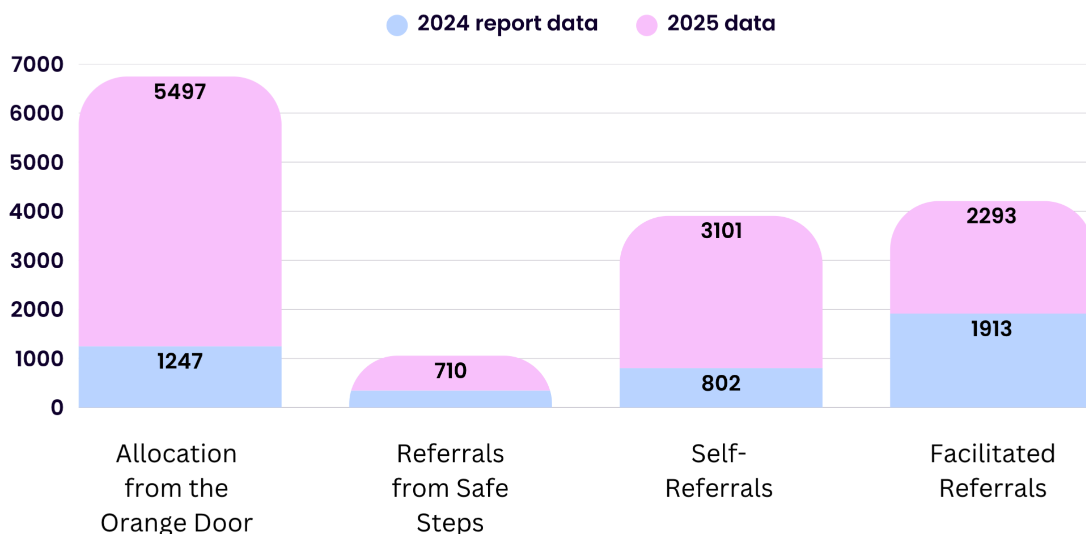
The higher number of allocations from The Orange Door reflects its function as the central intake and referral service within Victoria's family violence system. As the primary access point for many victim survivors requiring case management, The Orange Door plays a critical role in referrals to relevant services, which is evident in the volume captured across service-area responses.

Self-referrals represent the second highest referral pathway into case management, following allocations from The Orange Door. The volume of self-referrals suggests that independent navigation is a substantial mode of access. Further data and research are required to assess whether current structures are sufficiently resourced, visible, trusted, and navigable for those who choose or need to seek support directly. More information should also be gathered to understand whether self-referral reflects a deliberate choice, a lack of facilitated access, or the only accessible pathway available for some victim survivors. Without this insight, system monitoring risks missing when and why victim survivors seek support, and what that means for how services are designed.

This year's reporting period included major holidays, at times when family violence risk typically escalates. Police data consistently shows an increase in incidents over December and January, which was reflected in referrals received into case

management services. Compared to the *2024 report*, there was a clear rise in referrals, particularly in The Orange Door Allocations and self-referrals (see Figure 13 below for a comparison). This may suggest that more victim survivors actively sought family violence support during this high-risk period.

Figure 13: Total number of referrals by referral type compared between the *2024 report* data, and the current 2025 data*.



* It is noted that the data from the *2024 report* covers a 3-month period, and the 2025 data spans a 6-month period. Although a longer timeframe typically yields more referrals, the significant increase observed coincides with a period of elevated risk.

Statewide Crisis Response Model

The specialist family violence sector is working within a statewide Crisis Response Model (CRM), implemented in 2023, which outlines how services respond to victim survivors during periods of acute risk and need. The model applies to organisations that deliver case management, setting program requirements on referral coordination, prioritisation, brokerage, and transition support. While refuge and emergency accommodation providers contribute to the broader crisis response system, they are not in scope under the model unless they also deliver case management[20].

This year's survey incorporated questions relating to the CRM and sought to capture how the model contributes to increased demand on case management providers, within a context of existing workforce constraints and limited resourcing. It aims to provide sector-informed data that reflects the operational pressures experienced by

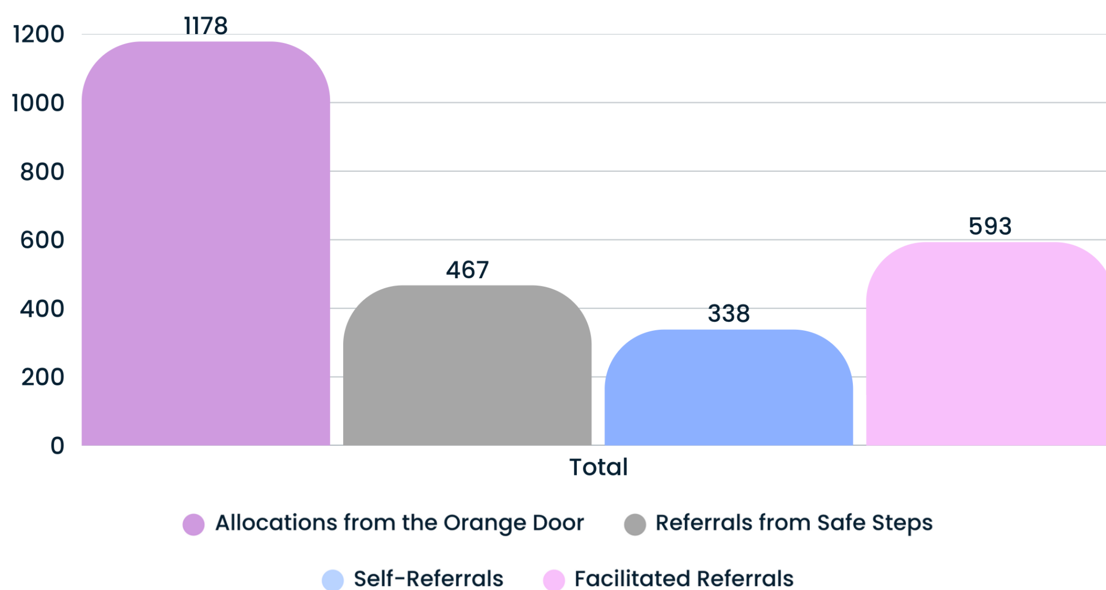
[20] Department of Families, Fairness and Housing (2023). Family Violence Crisis Response Model: Implementation Overview. Retrieved from https://providers.dffh.vic.gov.au/family-violence-crisis-response-model-implementation-overview-0

services and supports advocacy for a system response that recognises and responds to the intensity and complexity of demand.

Referrals into emergency accommodation under the Crisis Response Model

Referrals into emergency accommodation are coordinated by specialist family violence services operating under the CRM. The data presented below (Figure 14) captures referrals made via The Orange Door, Safe Steps, self-referrals, and facilitated referrals. These pathways reflect how referrals into emergency accommodation are received by case management providers responsible for coordinating immediate safety.

Figure 14: Total number of referrals by referral type into emergency accommodation under the Crisis Response Model, 1 October 2024 and 31 March 2025.



The data indicates that the majority of referrals were made via The Orange Door, followed by facilitated referrals, Safe Steps, and self-referrals. This distribution reflects the structured pathways embedded within the CRM, with The Orange Door operating as the centralised intake hub and facilitated referrals indicating coordination across services. The pattern suggests alignment with the system's intent to support accessible, professionally supported entry into services, informed by risk identification and referral coordination.

The presence of self-referrals, although less common, confirms that some victim survivors continue to navigate access independently. Similar to referrals into case management, it is not known whether this reflects choice, constraint, or a lack of facilitation.

Caseloads

Between 1 October 2024 and 31 March 2025, 36 services reported delivering case management, with an average caseload of 13.1 per FTE. Reported caseloads ranged from 6 to 24 per FTE, highlighting considerable variation across services. This variation reflects differences in service size, staffing capacity, and the uneven distribution of service demand and geographic reach. Lower caseloads were often observed in outreach contexts with extended travel demands, where additional resourcing is required to meet the intensity of support required. In comparison to the *2024 report*, there is approximately a 7 per cent increase in case management caseload. It is noted, however, that this comparison reflects different reporting timeframe (3-months v 6-months), and has limited ability to fully capture fluctuations in caseloads that may have occurred in response to the increased referral demand.

Services reported an increase in the severity of family violence, including more frequent escalation in perpetrator behaviour and rising incident rates. Practitioners are responding to increasingly complex support needs, shaped by intersecting risks and heightened safety concerns. Some services reported improved identification of family violence, enabling opportunities for earlier recognition of victim survivors at risk and early intervention. However, due to limitations in service system capacity, referrals must be prioritised for those victim survivors at the highest level of risk. As a result, opportunities to intervene earlier may be missed.

The average duration of case management support was 12.6 weeks (approximately 2.9 months), with 23.1 hours of service per victim survivor, averages ranging from 1 to 56 hours. Service hours include all time spent delivering direct support and services to victim survivors, such as case management, counselling, legal support, safety planning, and other forms of assistance.

Services reflected on the factors shaping both duration and intensity, noting that while some cases involved sustained engagement, others were disrupted by limited contact. One service area reported that '*a number of [victim survivors] referred by [the Orange Door] in particular are uncontactable or non-responsive after initial engagement, bringing down the service hours count*.' Another commented that '*complexity is increasing, hence length of support is increasing, impacting service hours*.' On average, practitioners provided 24 hours of direct support to victim survivors per week[21]. The number of service hours provided to victim survivors sits within broader capacity pressures and should be understood alongside systemic limitations. Referral demand and practitioner caseloads have risen, which requires staff to allocate their available

[21] Average service delivery hours per support period, divided by average length of support period and multiplied by average caseload. Individual services provided averages of their service data, which have been averaged across responses. As a result, conclusions drawn from these figures may not be fully representative across all services and/or staff experiences.

time across a larger number of victim survivors. Staffing levels have remained relatively unchanged, while the number of vacancies has increased, reducing the workforce available to deliver services. The complexity in family violence presentations and associated risk levels have also risen, placing greater demand on practitioner's time and decision-making. Collectively, these conditions limit service hours available to victim survivors and may reflect crisis-focused support based on available capacity, rather than organisations preferred way of operating.

Waitlists and Active Hold

Of the 36 services delivering case management, 15 maintain a waitlist or active hold following a referral, while 21 do not utilise an active hold or waitlist function.

In services without a waitlist (n=21), allocation is shaped by the '*small size of [the] team*', with some noting they are '*unable [to] operate a waitlist / active hold function*' when the '*team consists of 1 FTE and has no additional capacity*'. Referrals are accepted only when immediate capacity exists, with allocation based on assessed risk or urgency and often occurring in real time. Where allocation is not possible, services communicate '*upfront*' with the referring agency and do not retain the referral, placing responsibility for alternative pathways on the referring agency. While facilitated referrals may involve another specialist service to provide support for victim survivors on waitlists, the data does not consistently clarify whether self-referring victim survivors are supported to navigate the system or required to do so unsupported.

Some services acknowledged the gap in support if victim survivors are unable to immediately access case management in qualitative data. As one noted that, due to capacity constraints, '*very limited interim support is provided to a small number of [victim survivors] to stabilise their situation. When [victim survivors] are assessed as stable and are waiting for case management support focused on long-term goals and family violence recovery during the healing phase, [they] rely on [victim survivors] to contact [them] if [victim survivors] enter a crisis while on the waiting list*'. Another service area described the development of a dedicated role to triage and assess victim survivors on the waitlist, reflecting an effort to maintain visibility and responsiveness in the context of unmet demand.

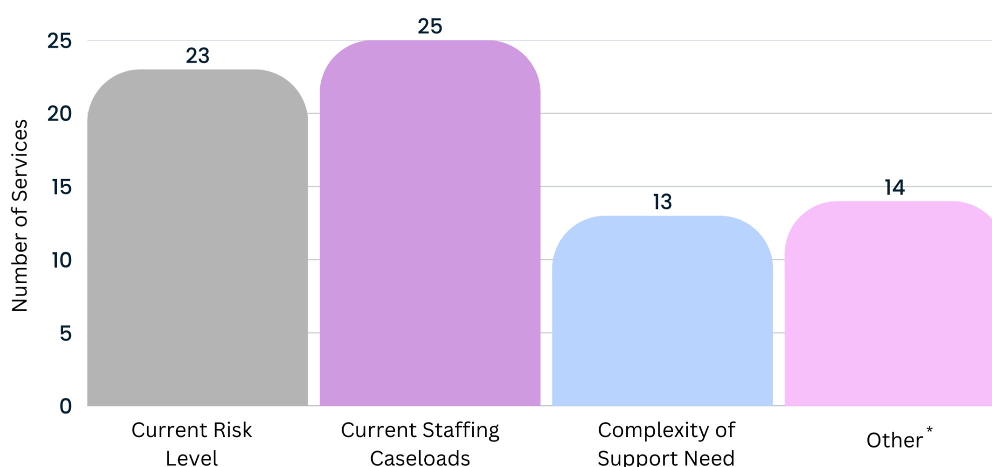
Of the services maintaining a waitlist or active hold (n=15), all reported providing interim support, typically weekly or fortnightly check-ins based on risk, and access to resources. One service noted that '*contact is made regularly with [victim survivors] to check in on risk level and safety and any immediate needs are met via the support provided*.' Several services[22] capped their waitlists during the reporting period, citing staff leave, holidays, and resource constraints. These pressures coincided with a peak

[22] Numerical data withheld due to small sample size and confidentiality considerations.

in demand, consistent with seasonal fluctuations in family violence risk[23]. During these periods, services navigate reduced workforce availability while responding to increased urgency and complexity in referrals. Some described redirecting referrals to external agencies when immediate needs arose, reflecting broader system-level challenges and under resourcing to meet demand.

Across all services providing case management, risk level remains a primary consideration on how long a victim survivor waits for allocation, combined with capacity and funding restraints (as per Figure 15, below).

Figure 15: Number of services reporting factors affecting wait times for victim survivors to receive services, 1 October 2024 and 31 March 2025 (n=36).



*Includes involvement of other systems such as Child Protection and those who do not hold a waitlist.

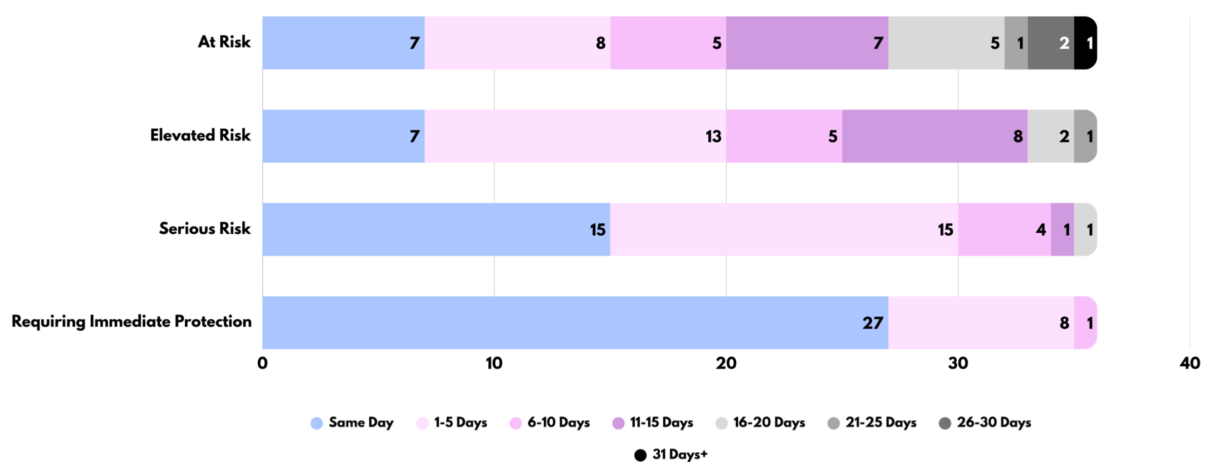
Non-allocation periods, whether or not a waitlist is maintained, remain a sector concern. Most services reported formal agreements with The Orange Door, however, outside these pathways, how victim survivors are supported during delays can be unclear. Some services offer interim support, though details on frequency, scope, and risk management vary. As one service noted, '*if another agency is already involved, we request that they continue to support the [victim survivor] and monitor risk until our service is able to allocate. Unfortunately, we often find that once a referral is made to us, the referring agency tends to close their support period prematurely, leaving the [victim survivor] without necessary interim support during a critical time.*' This variation highlights the need for clearer guidance and resourcing to ensure continuity across referral pathways.

[23] Australian National University. (2023). "We all have a role to play": addressing family and domestic violence over the holidays. https://reporter.anu.edu.au/all-stories/addressing-family-and-domestic-violence-over-the-holidays

Wait Times Experienced by Victim Survivors[24]

While victim survivors assessed as requiring immediate protection are prioritised, delays were still reported across multiple services. In most services who offer case management services, victim survivors across all risk categories were typically allocated within five days, according to reported averages. Figure 16 shows a breakdown of average wait times by the risk profile of victim survivors, inclusive of both adult and children and young people.

Figure 16: Average wait times by risk profile of victim survivors, inclusive of both adult and children and young people, 1 October 2024 and 31 March 2025 (n=36).



Services have a strong commitment to prioritising urgent safety needs, with victim survivors assessed as being at 'serious risk requiring immediate protection' typically assigned a case manager immediately. Some services reported that victim survivors may still experience wait times between one to 10 days, reflecting demand and resourcing challenges. Thirty-three per cent of services reported that victim survivors who were assessed as being at 'serious risk' may experience wait times up to five days before being assigned to case management, and 18 per cent reported that victim survivors may wait between six to 30 days.

Currently services triage victim survivors based on assessed risk, and capacity constraints mean that victim survivors assessed as presenting with lower levels of risk are more likely to experience delays before receiving case management. Delays in access to case management can have compounding impacts for victim survivors (adults, children and young people). Without timely support, opportunities to stabilise circumstances, strengthen protective factors, and promote recovery may be delayed. For children and young people, missed opportunities for early intervention can affect

[24] These figures reflect service-level averages and may not capture the variability in actual wait times experienced by individual victim survivors, which can be influenced by referral timing, workforce availability, and triage procedures.

development, wellbeing, increase exposure to ongoing risk, and risk leaving children without support.

Risk experienced by victim survivors is dynamic and may escalate without early intervention, even for those initially assessed as low risk[25]. During waitlist periods, some services noted that victim survivors are left to manage their own safety while navigating complex systems with limited support. For example, one service noted, '*we offer self-referred [victim survivors] the option to connect with other appropriate services they can contact if they experience urgent needs during the waiting period*.' Such measures reflect a commitment to safety within constrained capacity, and they also expose systemic gaps that shift the burden of risk management onto victim survivors. Another noted, '*the wait time is at odds with the levels of brokerage funding to pay for [early engagement], particularly for the highest risk*,' highlighting that despite funding intended for early engagement, capacity prevents timely support with, even with high-risk victim survivors. Increased funding is needed for services to be able to respond adequately and earlier to victim survivors.

Refuge Providers

Victim Survivors and households

Between 1 October 2024 and 31 March 2025, 21 services reported providing refuge responses for victim survivors and families. During this period, a total of 671 referrals were received across these services, reflecting sustained demand for refuge. Across the six-month reporting period, 349 households were accommodated and supported, comprising 373 adult victim survivors and 431 children and young people victim survivors. All victim survivors on the refuge waitlist are assessed as being at serious risk and requiring immediate protection. Of the households who were not accommodated during the reporting period may reflect a range of outcomes; this includes a lack of suitable options, declined placements, or securing alternative accommodation arrangements. While the data does not capture the specific reasons why support was not secured, it is likely that limited capacity contributed to some of these outcomes. This underscores that demand for refuge support continues to significantly outstrip available capacity.

Organisations reported capacity to accommodate and support households through a range of refuge models, including up to 125 households in core and cluster settings, 49 households in crisis accommodation properties, and 24 households within dispersed model refuges at any one time. The higher reported capacity in core and cluster

[25] It is noted that MARAM risk levels assess the level of risk posed by a person using violence to a victim survivor, not whether family violence is present. An assessment of 'low risk' does not imply low presence or likelihood of violence, but rather a low assessed risk of escalation or lethality. Serious risk indicators may still be present even when the risk of lethality is low.

settings reflects current Victorian policy directions, which favour self-contained units with co-located support as a safer and more adaptable model for families, particularly victim survivors with children and complex needs[26]. Crisis accommodation properties and dispersed model refuges operate with lower capacity and reduced support intensity and are more commonly used in response to immediate risk, geographic dispersion, or limitations in local service options[27].

Length of Stay

Between 1 October 2024 and 31 March 2025, refuge providers reported that victim survivors with permanent residency or citizenship remained in refuge for an average of 84 days (approximately 3 months), with some services indicating average stays exceeding 9 months. In contrast, victim survivors who are not permanent residents (e.g. temporary visa holders, refugees, and asylum seekers) had an average length of stay of 130 days (over 4 months), with two services reporting averages as high as 365 days.

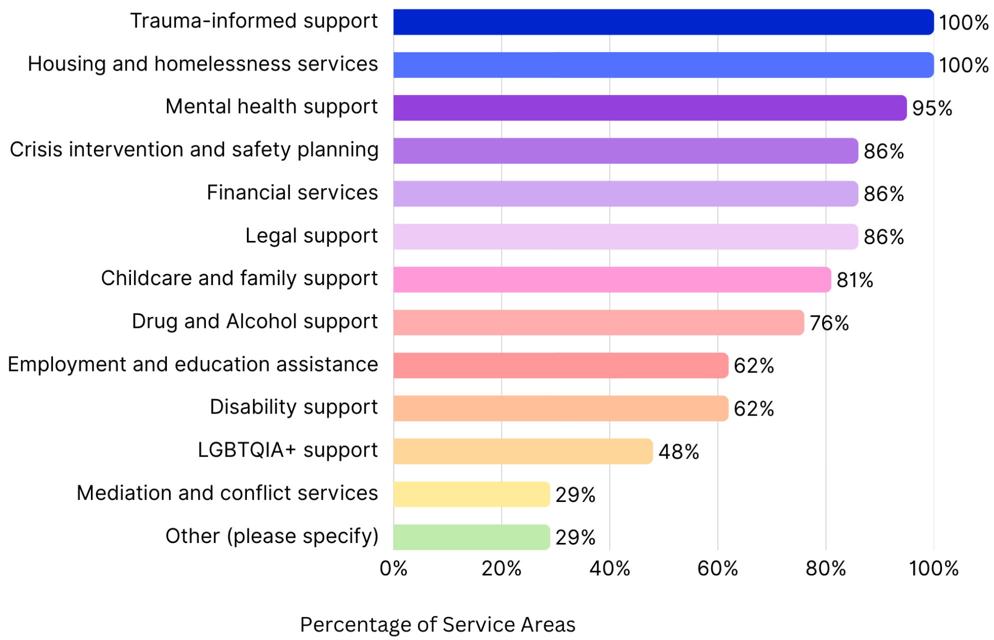
Victim survivors who are not permanent residents continue to experience barriers to long term safety and recovery, including exclusion from income support, limited access to transitional housing and legal services, and uncertainty surrounding visa status. Many are ineligible for mainstream housing programs and face delays in resolving migration and family law matters, which restrict safe exit options. These constraints contribute to low turnover and prolonged refuge occupancy, placing sustained pressure on services and increasing the risk of homelessness where exit pathways remain unavailable or unsafe.

Refuge Practice and Victim Survivor Needs

Refuge is a site of intensive and accountable practice. Figure 17 below highlights the breadth of service capability required by refuge teams to respond to the intersecting needs of victim survivors. The work involves engaging with multiple areas of expertise, often simultaneously, and demands a high level of responsiveness across therapeutic, legal, housing, financial, and support systems. Teams work across housing, legal systems, financial support, therapeutic care, and child and family needs, while coordinating with external services. Among services that offer refuge, 71.4 per cent reported daily coordination with external agencies.

[26] Victorian Government (2021). Family Violence Refuge Redevelopment Program. Retrieved from https://www.vic.gov.au/family-violence-refuge-redevelopment-program
[27] Safe and Equal (2022). Understanding Refuge Models. Retrieved from https://safeandequal.org.au/working-in-family-violence/refuge-models/

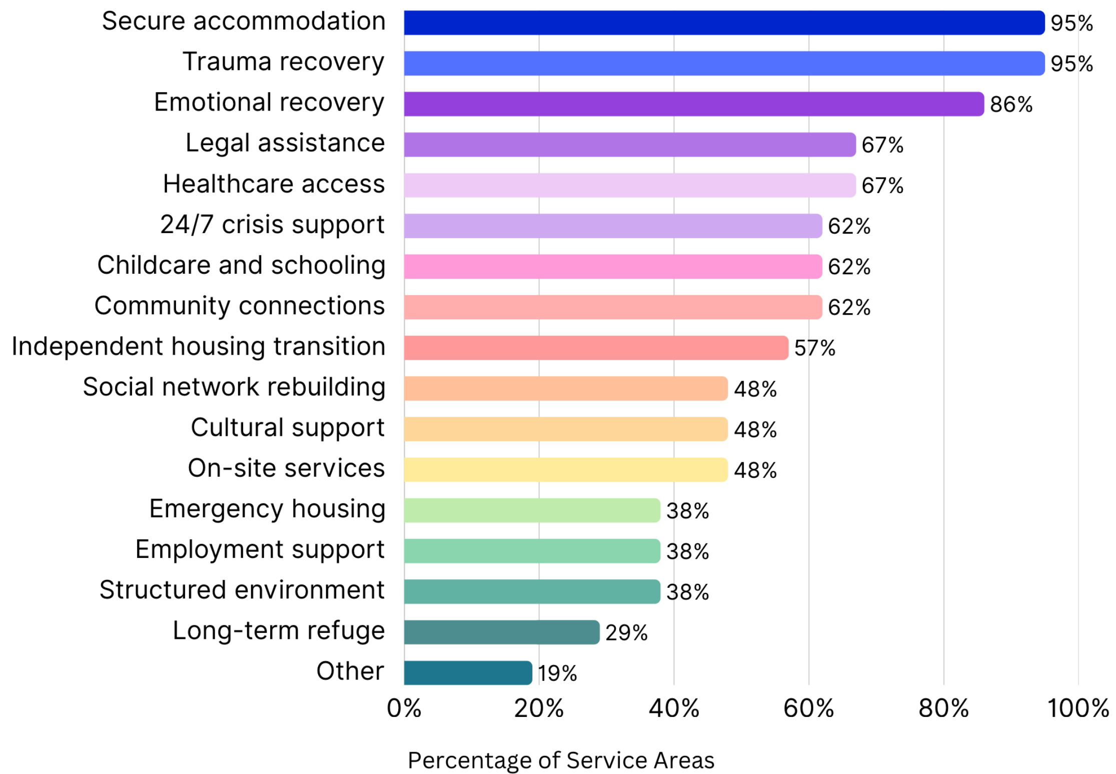
Figure 17: Percentage of services reporting expertise areas required in refuge practice, 1 October 2024 and 31 March 2025 (n=21).



The need for intersectional service capability reinforces the need for sustained investment. Refuge teams require specialist training, policy and systems literacy, and organisational support that reflects the scope and urgency of their role. Without adequate resourcing, services are forced to operate within constrained parameters, limiting their ability to support victim survivors through both immediate crisis and longer-term recovery.

As displayed in Figure 18 below, the most frequently reported needs presented by victim survivors in refuge were secure accommodation (95.2%), trauma recovery (95.2%), emotional recovery (85.7%), legal assistance (66.7%), and healthcare access (66.7%).

Figure 18: Percentage of services reporting on the primary needs presented by victim survivors staying in refuge, 1 October 2024 and 31 March 2025 (n=21).



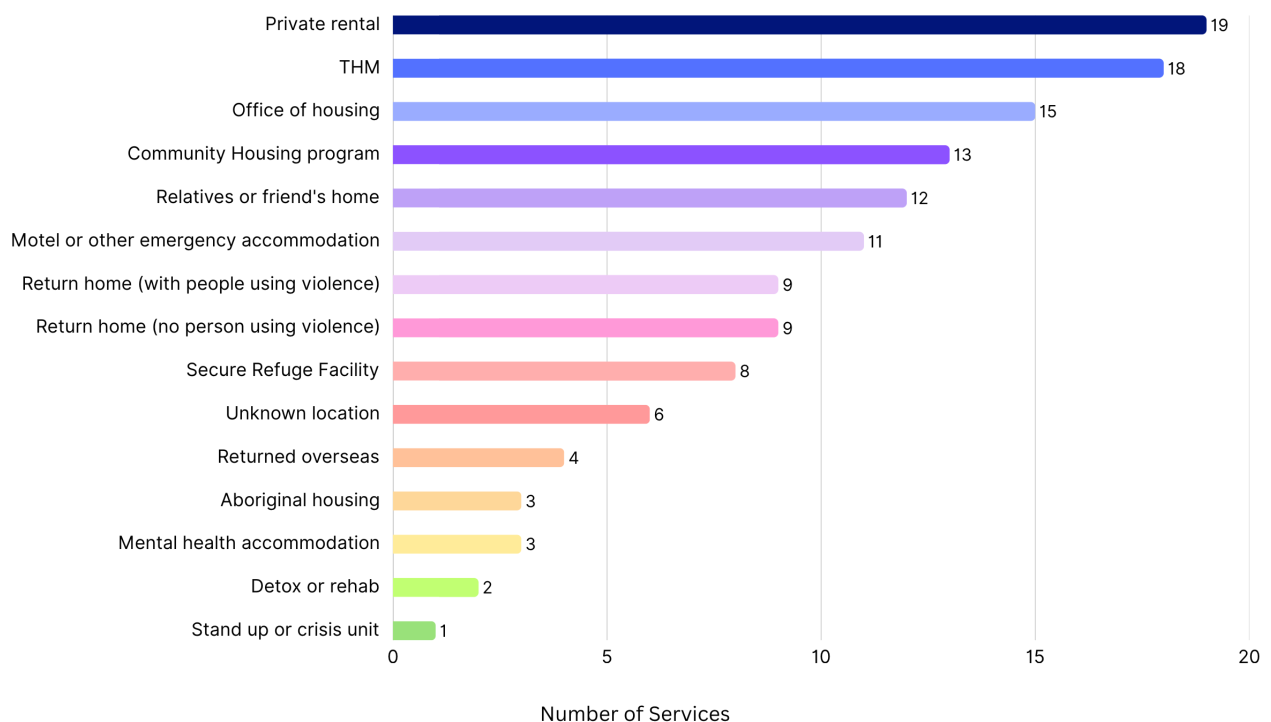
These needs align closely with the expertise areas identified by services as essential to refuge practice, particularly trauma-informed support, legal support, crisis intervention, mental health, and housing and homelessness services. The overlap reinforces the scope of capability required within refuge teams, where staff must respond to immediate safety concerns while sustaining longer-term recovery and system navigation. It also underscores the embeddedness of refuge within broader service systems, and the need for policy and funding settings that reflect the intensity and complexity of refuge work.

Post-Refuge

Services were asked to indicate the types of exit locations accessed by victim survivors after leaving refuge during the reporting period. Almost all refuge services (90.5%) reported that they had at least one victim survivor exit to a private rental. Transitional housing and Office of Housing placements were also commonly selected, reported by 86 per cent and 71.4 per cent, respectively. Some services identified exits into community housing, while others reported that victim survivors moved in with relatives or friends. Nine refuges indicated that at least one victim survivor had returned to live with the person using violence, highlighting ongoing gaps in safe housing options and the limitations of current exit pathways.

While private rental, transitional housing and Office of Housing placements were reported by most services, the data illustrates how many services recorded at least one exit to each location. This data does not reflect the number of victim survivors who exited to each housing type, or the duration of their stay. The data presented in Figure 19 below is only indicative of where victim survivors exited to during the reporting period.

Figure 19: Number of services reporting exit locations of victim survivors after leaving refuge, 1 October 2024 and 31 March 2025 (n=21).



Post-exit Support

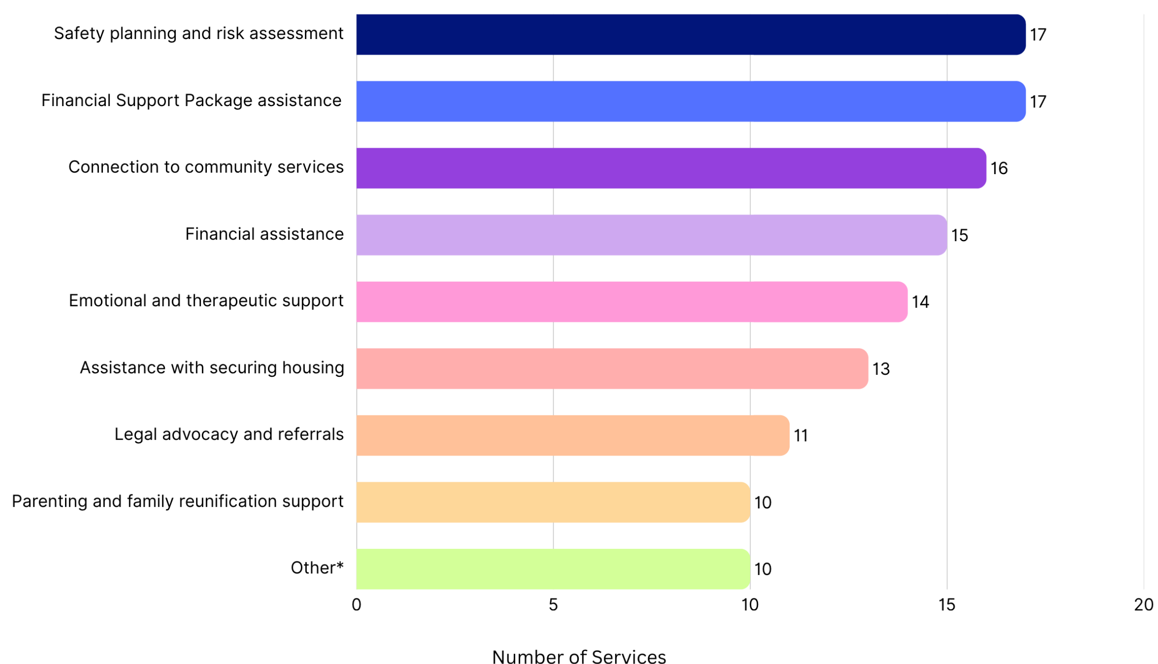
Post-exit support refers to services and case management provided to victim survivors after leaving refuge. These services support transition to independent living or alternative accommodations and may include risk management, safety planning, advocacy, referrals, and assistance with longer-term needs like housing, mental health, and financial stability.

To better reflect the layered nature of service delivery, this year's survey introduced a new data point focused on post-exit support. The intent was to illustrate the complexity of support provided to victim survivors by refuge providers and to acknowledge that service engagement often continues across multiple phases of recovery and risk. Findings show that safety planning and risk assessment, alongside assistance with financial support packages, were the most frequently reported support types following refuge exit. These reflect the continued need for structured safety

responses and practical assistance that enables victim survivors to navigate post-exit risks and needs.

The data also demonstrates that support in this phase is wide ranging and multidimensional, with all listed activities reported at high levels, including connection to community, emotional and therapeutic support, housing assistance and legal advocacy and referrals (displayed in Figure 20 below). This data underscores the non-linear and multi-dimensional nature of recovery and risk mitigation post-exit. Victim survivors continue to engage with multiple systems, and the support they receive must remain responsive to that complexity.

Figure 20: Number of services reporting support activities during post-exit refuge support, 1 October 2024 and 31 March 2025 (n=20).



*Includes employment and education support and personal safety initiative

Length of engagement with post-exit from refuge support is shaped by what each victim survivor needs and how they navigate their circumstances, risk and readiness influence duration and intensity of support. A victim survivor's self-determined needs influence engagement, with one service noting that a '*[victim survivor's] level of risk and ability to self-manage*' affects support needs, and another observing that a '*[victim survivor] determines how much they engage due to their self perceived needs*.' Where a victim survivor may have limited '*capacity and ability to navigate systems alone*' extended guidance is often necessary, and when extended engagement builds '*victim survivor confidence and preparation*', particularly in '*independent living*.' Support often continues for longer when '*[victim survivors] have higher emotional support needs*' and

engagement typically lasts until '*completion of case plan goals*,' which varies depending on progress across safety, housing and wellbeing.

System-level factors also influence how long victim survivors remain engaged with post-exit supports; delays in coordination and referral processes can interrupt continuity. Services described instances of '*awaiting another service to pick up the referral*,' challenges '*in service coordination with external services*' and delays in '*services responding to the warm referrals*.' The model of post-exit support was described as '*short term*' and typically capped at '*no more than 4 weeks*', in line with funding expectation. However, services often provide support beyond this indicative cap, including support up to a year, particularly in cases involving transitional housing or a re-presentation to services. This illustrates how program resourcing and organisational capacity, rather than a victim survivor's ongoing needs, often determine the length of engagement, with services continuing to operate in a constrained resource environment that doesn't match victim survivor needs.

Children and Young People Victim Survivors

In 2023, at the Victorian Government's completion of all 227 recommendations from the RCFV, a report from the Family Violence Reform Implementation Monitor marked a formal recognition that children and young people who experience family violence must be understood as victim survivors in their own right, rather than as adjuncts to adult experiences[28]. However, funding and service design remain insufficiently aligned with the complexity of children and young peoples lived experiences, with case management often under-resourced despite its critical function in supporting families beyond the limits of crisis intervention.

In this year's survey, 80.5 per cent of services that provide case management (n=36) reported that they do not have a dedicated individual or team working specifically with children and young people. Of the 19.5 per cent of services who reported having a dedicated individual or team to work specifically with children and young people, just over half indicated that they receive funding specifically for this individual or team to work with children and young people during this period.

[28] Victorian Government (2023). Royal Commission into Family Violence: Implementation Monitor Final Report. Retrieved from https://www.vic.gov.au/family-violence-royal-commission

Figure 21: Percentage of case management services with a dedicated team or individual to work with children and young people

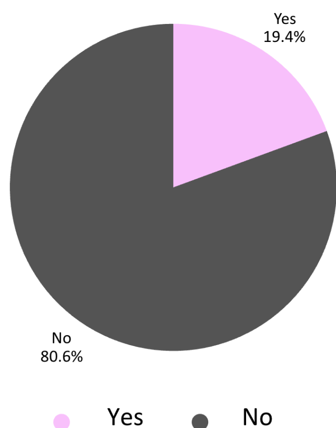
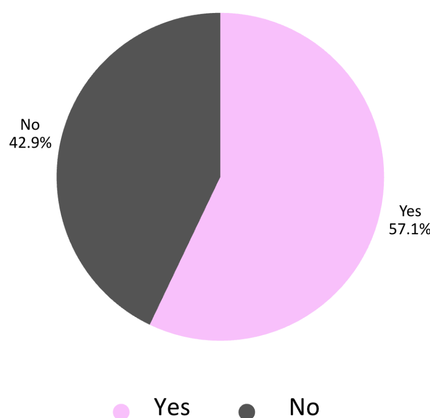


Figure 22: Percentage of case management services that receives funding to have a dedicated team of individual



These findings reflect the structural limitations that services continue to navigate. While policy frameworks increasingly recognise children and young people as victim survivors in their own right, this recognition is not consistently supported by funding or workforce arrangements. Services described a '*significant gap in the skills and knowledge of the wider [Family Violence Case Management] team to be able to respond to children & [young people] as victim survivors in their own right*,' and noted that '*there is still a significant gap in our capacity to work 1:1 with children & [young people] and ensuring that their needs are met*.'

Efforts to build internal capability were evident among responses, with services stating they '*have invested significant time and funding into upskilling all case management practitioners to engage and support children and [young people] as Victim survivors in their own right*' as this '*has been identified as a long-standing gap within the service response*.' However, these efforts are not sustainable without adequate resourcing and '*improved resourcing to support children and [young people] … is dependent on accessibility of funding to support additional practitioner resourcing and professional development*.' Services noted that '*dedicated funding for a Children's specialist practitioner within [family violence case management] would significantly boost [their] capacity to work directly with Children & [Young People]*.'

In contrast to case management, services offering refuge support (n=21) were more likely to have a dedicated individual or team specifically focused on supporting children and young people. Most of these services, 66.7 per cent, reported having a designated role or team responsible to work with children and young people. Of those, 78.6 per cent indicated they receive specific funding to support it, with almost all services identifying that this was funded by the Children in Refuge funding stream.

Figure 23: Percentage of refuge services with a dedicated team or individual to work with children and young people (n=21)

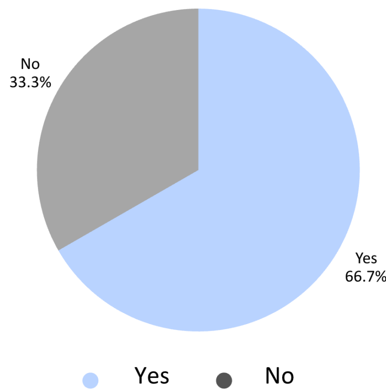
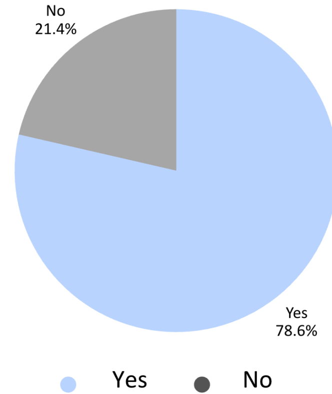


Figure 24: Percentage of refuge services that receives funding to have a dedicated team of individual (n=14)



This Funding enables services to respond directly to the needs of children and young people, not only through safe housing but through relational support, therapeutic engagement, and assistance in navigating the trauma of family violence. This work was described as '*a critical aspect of working with the family towards recovery*,' and as a '*vital part of [the] work*,' with practitioners consistently working within a child-focused lens. However, services made clear that this work remains precariously resourced. Funding was described as '*low level lapsing*,' insufficient to cover a full-time practitioner, despite the fact that they '*support more children than adults, yet funding for children is limited*.'

Across responses, services called for sustained and dedicated investment, including the need for '*dedicated supports for children and young people who have experienced family violence*,' alongside concerns about the lack of access to occupational therapists and counsellors with relevant training. The current funding model was described as inadequate, with services stating that '*children in refuge funding needs to be made ongoing to support the direct needs of children in refuge*,' and a need for '*more funding for work specifically for children*.' The lack of dedicated and stable funding continues to limit how children and young people are recognised and supported as victim survivors in their own right, '*which impacts their ability to access supports and services as individuals*.' This work, services argued, '*needs a dedicated funding and support model*.'

A Specialist Informed System

Secondary Consultations

Under Responsibility 5 of the MARAM Framework, secondary consultations allow professionals from allied sectors to seek guidance, support, or collaboration from specialist family violence services when family violence is suspected or assessed as present. This process helps determine risk levels, informs ongoing risk assessment, and supports safety planning through structured professional judgment and information sharing. These professionals include healthcare workers, social workers, law enforcement officers, educators, child protection workers, and housing and community service providers, all of whom seek expert guidance to ensure informed and collaborative responses to family violence risk.

Forty-five services, accounting for 91.8 per cent, reported that they provide secondary consultations as part of their practice. Across those who recorded the hours spent on secondary consultations during the reporting period (n=28), it was reported that case managers spent an average of 8.5 hours a week providing secondary consultations. This equates to approximately 31 per cent of case managers' total time being spent on secondary consultations[29], highlighting the significant investment in cross-agency collaboration and support needed to meet the needs of victim-survivors.

This ongoing function of specialist family violence services highlights their critical role in cross systems stewardship, capacity and capability building.

Co-case Management

Co-case management involves service providers working collaboratively together to support a victim survivor to ensure their various needs are met through coordinated efforts. Thirty-nine services, accounting for 79.6 per cent, reported that their service engaged in co-case management during the reporting period.

Co-case management was described by services as a '*common practice for [the] case management program, especially when a number of complexities are present for [victim survivors].*' It was reported to be '*integral for [victim survivors] wellbeing and recovery,*' as it is a way to collaborate with '*other specialist services*' to address intersecting needs that are experienced by victim survivors. Services reported that co-case management is '*particularly useful with CALD [victim survivors]*' and is a practice that is '*common [when] working with Aboriginal families*' as it encourages supports for families to be implemented '*holistically and to manage different aspects*

[29] Estimated percentage of time spent on secondary consultations was calculated by multiplying the average number of hours spent on secondary consultations per week by the average number of weeks a case is open. This was then divided by the combined total of average casework hours and secondary consultation hours.

of the work.' Services stated that a co-case management approach assists in developing '*strategies for [the] team to support [victim survivors] and ensure [their services] were providing the same messages*,' especially when developing risk and safety plans. While services indicated that good execution of co-case management can be significantly beneficial for practice and victim survivor experiences, it '*requires both parties to share information and carefully allocate tasks*,' which does not always occur equally across organisations.

The function of co-case management in the system response continues to be under-resourced and unaccounted for through dedicated resourcing to maximise its impact and reach.

Victim Survivor Feedback to Services

Services were asked to report on feedback they received from victim survivors between 1 October 2024 and 31 March 2025. Understanding how victim survivors experience and navigate the family violence system provides critical insight into the accessibility, responsiveness and safety of support services. Most services shared feedback based on their interactions with victim survivors and through formal channels that provide opportunities for input.

Family violence affects many aspects of victim survivors' lives, including emotional, psychological, spiritual, financial, physical, sexual and reproductive health and wellbeing[30][31]. Specialist family violence services are equipped to respond to this complexity through expert and tailored approaches that recognise risk and the multifaceted impacts of family violence

Services summarised feedback from victim survivors that described their experiences as '*overwhelmingly positive*' and expressed being '*grateful for supports*.' Positive interactions were often linked to '*communication quality and the quality of the service provided*,' with respectful engagement and clear information contributing to a sense of safety and trust. Feedback provided to services by victim survivors recognised inclusive and culturally responsive approaches, with comments noting support '*in respect to cultural safety and language*' and describing '*support in a LGBTIQ+ service was affirming*.' These statements reflect the value placed on services that work in culturally safe ways.

Services reported that victim survivors relayed feeling '*heard* and '*validated*,' which contributed to a sense of safety, dignity and trust in the support received. Victim survivors also reported their engagement with services as leading to '*increased*

[30] Australian Institute of Health and Welfare (2019). Family, domestic and sexual violence in Australia: continuing the national story. Cat. no. FDV 3. Canberra: AIHW
[31] Commonwealth of Australia (2022). National Plan to End Violence against Women and Children 2022–2032. Canberra: Department of Social Services.

confidence in enacting safety plans and navigating the service system,' reflecting improved capacity to take action and access further support. Longer-term outcomes were also reported, including support that helped victim survivors '*re-establish their identity*,' '*strengthen their relationship with their children*,' and '*learn strategies to manage the trauma related to their experience*.' These examples illustrate how service responses extended beyond immediate crisis intervention to support recovery, connection and longer-term wellbeing.

While services conveyed many positive impacts as described by victim survivors, they also shared critical reflections from victim survivors about the challenges they faced when seeking support. These insights point to systemic pressures and resource limitations that can affect accessibility and responsiveness.

Difficulties with timely access were among the most common concerns. Victim survivors spoke of '*long wait times*' and described 'waitlists as challenging.' Services noted that delays were often '*unsatisfactory for victim survivors*,' and that unclear communication around availability contributed to their frustration. Services also noted that victim survivors were sometimes unclear about what support was available or how long it would take.,

Housing and length of refuge support were frequently raised in service feedback. Victim survivors expressed concern about '*a lack of housing options and support to get housing*,' and recommended that '*refuge should be longer than the suggested 6–8 weeks*.' Services also reported that victim survivors expressed '*frustration with the lengthy waiting list*,' particularly among those '*seeking prioritisation for housing support and public housing advocacy*'. Services also relayed '*negative feedback from CALD victim survivors who are not happy with the location from refuge*,' highlighting concerns about the absence of '*cultural connections*.' Victim survivors emphasised the need to be able to maintain connection to community and identity throughout their recovery.

Some victim survivors were '*happy with the services provided* but felt '*it would have been more beneficial for recovery without the funded timelines*.' This reflects a broader recognition that '*recovery is not linear and each individual requires different supports*,' and that rigid service structures may not always align with the pace or nature of recovery.

Conclusion

This year's survey reached another milestone, in terms of highest to date participation numbers. This year's survey also incorporated several modifications, including an extended reporting period, workforce insights with a wellbeing focus, a sector-wide data dictionary to support consistent responses, and more targeted questions tailored to different service programs. These modifications aimed to strengthen the breadth of information captured, providing a more comprehensive understanding of the specialist family violence sector and the pressures faced by services when responding to demand.

Services reported high referral volumes, alongside an increase in caseloads and vacancy rates compared to the 2024 report. This pressure on the sector results in ongoing challenges, as meeting the needs of victim survivors is prioritised. Staff retention has emerged as a significant concern, with many services noting that workload, increased intensity of work and system fatigue were key factors affecting wellbeing and retention in the specialist family violence sector.

Demand pressures were further intensified by the increasing complexity and severity of family violence experiences, with many victim survivors seeking assistance while experiencing high levels of risk at intake and in the context of system barriers. In this landscape, services are prioritising the highest-risk cases to ensure urgent needs are met. This means the system continues to operate with missed opportunities for early intervention and to support longer term recovery and healing.

Across all services there was a consistent call for greater attention and investment in responses for children and young people as victim survivors in their own right. Without dedicated funding and tailored service models, children and young people affected by family violence risk being overlooked or absorbed into adult-centric interventions that do not fully address their needs. Addressing this systemic gap is essential to a holistic response to family violence, that recognises children and young people's unique experiences.

Overall, the findings highlight that rising demand and increasing complexity continue to exceed service capacity. Addressing this requires sustained government investment in the specialist family violence sector so that services can: strengthen culturally safe responses; respond effectively to risk; intervene earlier; increase capacity to respond to the unique needs of children and young people; support long-term recovery; and better balance workforce needs with service delivery needs.