SAFE+EQUAL

Standing strong against family violence

Understanding support for children and young people within specialist family violence services in Victoria

A sector snapshot

February 2026

This report was updated in July 2026

Acknowledgement of Traditional Owners

Acknowledgement of Aboriginal and Torres Strait Islander Peoples

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. 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, community and culture.

Recognition of Victim Survivors

Safe and Equal recognises the strength and resilience of adults, children and young people who have experienced family violence and recognise that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who did not survive and acknowledge friends and family members who have lost loved ones to this preventable and far-reaching issue.

Participant thanks

Safe and Equal would like to thank the organisations listed at Appendix 1 who generously gave their time and expertise as part of this project. Gathering a picture of statewide trends and issues is a complex process, and this project would not have been possible without the time, dedication and transparency of these specialist family violence services. We also want to recognise the strength of commitment to addressing children and young people's unique experiences of family violence that was clearly visible across all the services interviewed. Many of the organisations interviewed proactively sought philanthropic or other funding to address gaps in support or develop specific programs or interventions for children and young people or have done their utmost to ensure that the voices and needs of children and young people are visible and addressed without specific funding.

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.

Our work prioritises the safety of all people experiencing, recovering from or at risk of 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.

We believe in and work towards a world where people are not only safe and free from family and gender-based violence but are respected for who they are and thriving in their lives.

Key Contact: Jelena Djurdjevic, Executive Director – Response, Policy and Evidence

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Introduction

Children and young people (CYP)[1] experiencing family violence make up a significant proportion of those needing help and support from Victoria's specialist family violence services. As the peak body for specialist family violence services, recognising the important and unique role that specialist family violence services play in supporting this often under-supported cohort, Safe and Equal commissioned a project to understand how their member services[2] are currently supporting children and young people living with family violence as victim survivors in their own right, and to identify where there are gaps in service provision.

The project has found that within their operating context and landscape, specialist family violence services across Victoria are deeply committed to supporting children and young people experiencing family violence. Services are creative and flexible in their work to become more child-centred, and are using compassion, creativity and evidence-informed practice to support children and young people.

Alongside this, the unique and specific needs of infants, toddlers, preschoolers, primary and secondary school aged children, as well as young people aged 18 – 24 need to be better understood and explicitly articulated, and service delivery models and approaches need to be specifically designed for these distinct cohorts in a way that recognises the uniqueness of their experiences and needs. These new service approaches should complement the adult service system but not necessarily be designed with the constraints and parameters of the adult service system.

Project scope

The project's focus was on mapping current initiatives to support children and young people across Safe and Equal's membership.

The project scope did not include intake or referral pathways, including The Orange Door, and is not intended as a determinant to better understand overall demand data or systemic need for services for children and young people.

[1] For the purposes of this project and unless otherwise specified, 'children and young people' refers to those aged 0 - 18. Primarily these were CYP who were seeking support alongside a protective parent (usually their mother), although some focus on unaccompanied minors was included.
[2] 1-hour semi-structured interviews were held online with 32 member services who delivered family violence case management, refuge and/or therapeutic support to CYP (including one Aboriginal Community Controlled Organisation).

What are the core service offerings for children and young people within the adult-focused service system?

The current service offerings for CYP across the specialist family violence sector are relatively diverse in their scope and approach, which means that the type and level of support that is provided is often highly dependent on where a child or young person lives (or is able to be safely located, in a refuge context)[3].

Across the state, the type of support that is usually offered to address the needs of children and young people falls into four main categories:

1. **Direct engagement with the protective parent** (most often the mother) to support the development of case plans that speak to the needs and experiences of the whole family.

2. **Direct engagement with children and young people** to support more effective risk assessment and case management (although this is only possible where there is a level of trust between the worker and the child, where the child is physically present or able to speak on the phone, where the child is developmentally able to safely engage in a conversation and where the protective parent consents). This engagement is often sporadic or one-off rather than structured and ongoing through a client's journey through the service system.

3. **Provision of support to a child or young person independently of the protective parent**, most often in the form of a short- or longer-term individual or group based therapeutic intervention.

4. **Provision of dyadic support** (most commonly with the protective parent and the child) to ensure the parent/carer can understand their child's needs in a family violence context and most effectively protect and care for the child/young person.

The needs of CYP

There is in Victoria and nationally an emerging evidence base that tells us what CYP – particularly young people – need to support them during their experience of family violence, and to recover from and ultimately go on to thrive after their experiences of family violence. This project did not explicitly seek to understand the presenting

[3] In the main, these differences are a result of a lack of clear standards, funding and resource limitations and workforce related issues (around recruitment, skill/capability and skill and confidence).

needs of CYP broadly or from the perspective of specialist family violence services, however discussions with member services has indicated that:

- Just like adults living with family violence, the needs and experiences of CYP are becoming increasingly complex, in part because of the long-term impacts of the COVID-19 pandemic.

- Intimate partner/dating violence, family violence between their parents/carers, family of origin violence for LGBTIQA+ CYP[4], CYP from multicultural and/or faith-based communities, and kinship/community violence for Aboriginal and Torres Strait Islander CYP are all forms of family violence that CYP are seeking support for.

- There is an increasing number of CYP with neurodiversity (most commonly autism and ADHD) as well as parents with neurodiversity who are seeking family violence support and are therefore playing a larger role in ensuring access to NDIS support for their clients.

Key findings and themes

When looking across all specialist family violence service types in Victoria (refuge, case management and therapeutic), several common themes emerged:

1. **The majority of services completed a MARAM** for every CYP as part of a family unit and just over half of these said that they did this via direct engagement with the CYP where:

    - It is developmentally appropriate
    - The needs of the individual child are significant enough to require it
    - The children are able to be physically present
    - They have time and capacity

2. **Particular age groups (children over the age of 14, and young people aged 16 – 25) are less likely than others to receive support**, either because they are not physically present with the protective parent or because they don't fit clearly within any one single service system (e.g. housing, youth services, family services).

[4] Current risk and case management approaches do not adequately consider different relationship models (e.g. polyamorous relationships), what the uniqueness of family of origin violence for CYP means for risk assessment and management, and the specific forms of violence that the LGBTQIA+ community can experience/use.

3. **The nature of dyadic work is a unique feature of specialist family violence service provision** to CYP and was a commonly utilised approach across both therapeutic and case management work. Unlike other modalities (which usually focus on the provision of support to an individual), dyadic work seeks to strengthen attachment and focuses on the relationship between the protective parent and child, a necessary priority in a family violence context where perpetration usually seeks to disrupt this bond.

4. **Outreach to connect with the parents of children of younger ages was relatively common** (for example through maternal child health services, playgroups and kindergartens), and at times this work would also include direct engagement with the child (if developmentally appropriate).

5. **DFFH regional offices can be an important enabler**; many services rely on regional offices for guidance, navigation of systemic barriers, and risk management support. Where these relationships are collaborative and strategic, they can strengthen service access and safety for CYP. However, the consistency of guidance and support offered by these regional offices differed significantly across the state.

6. **The workforce supporting CYP is primarily social work or equivalent qualified** (similar to the workforce supporting adults), however there were a significant proportion of organisations whose staff working with CYP also held therapeutic and/or child development qualifications.

7. **Approximately one fifth of organisations have a dedicated CYP specialist in their organisation**, responsible for working directly with CYP, offering secondary consultation to practitioners and supporting the procedural and policy shifts required at an organisational level. Services reported that in order to meet targets and manage demand and waitlist, at times these staff were re-allocated to support adults.

8. **Other specialist roles were useful in ensuring CYP have appropriate, tailored support** including the Disability Practice Lead roles, roles focused on LGBTIQA+ safety and inclusion and the Child Protection and family violence partnership roles (although services consistently noted this was a significantly underutilised role which needed urgent review).

Specialist family violence practice that underpins work across case management, refuge and therapeutic supports

Services highlighted that supporting CYP living with family violence often means working with the non-offending parent because the safety, wellbeing, and capacity to

parent are directly connected to a child's recovery. Perpetrators frequently and deliberately target the parent/child bond, using tactics that undermine confidence, isolate, and disrupt the ability to care for and connect with children. Many services indicated that working with the parent around child/ren's needs is often the safest and most effective starting point. It helps repair the parent/child bond but also builds the confidence and skills of the parent to continue to be protective, as well as to better understand the needs of children in the context of their experience/s of family violence.

In an Aboriginal Community Controlled Organisation (ACCO) context, working directly with the mother (as the protective parent) first was highlighted as crucial in order to build the trust of the Aboriginal mother to even allow the service to speak to her children given the significant historical discrimination, racism and abuse that Aboriginal women and children have experienced through a range of state institutions. This dyadic work is a key feature of support for children and young people experiencing family violence.

Dyadic work does not replace the importance of individual work with CYP. However, it is nearly always a necessary part of the support required to enable CYP to recover from family violence and thrive and is often the only type of support available to support pre-verbal children.

Refuge providers are readily able to work directly with CYP

At any given time more than half of a refuge's clients are likely to be children, most commonly under the age of 12. Because CYP are such a significant proportion of refuge clients in Victoria, most refuges are therefore highly adept at having a strong and embedded focus on CYP as a core part of their service model. Refuges offered a range of support to CYP including:

- Direct day to day, practical support and care for CYP
- Provision of age-appropriate spaces (such as art rooms, games rooms or sensory rooms)
- Child and youth specific material aid
- Play groups
- Small group activities (craft, games etc)
- Support around school engagement and homework
- Support for CYP to engage in 'normal' leisure time during school holidays and on weekends
- Education around staying safe online and safe gaming
- Creation of child-friendly refuge environments

In addition, refuges often provide support immediately post birth where babies are born while the mother is in refuge, or support around reunification where there had previously been child protection involvement or the children had been removed.

Services have a commitment to supporting unaccompanied minors. Despite high risk and limited fit-for-purpose options, services do not turn young people away and seek to provide them with case-by-case, flexible responses.

Therapeutic supports are consistently offered but vary in structure, nature and impact across the state

Across all types of specialist family violence services, almost every service had some degree of therapeutic offering for CYP including:

- 1:1 counselling for individual children or young people (in-reach and outreach)
- Dyadic support for the protective parent and her child/ren to improve the parent/child relationship
- Formal group work programs with set durations and clearly defined outcomes
- Informal group work support (such as art or music therapy programs, or sensory gardening)
- The use of animals, from more formal and structured equine therapy programs to the presence of a therapy dog on site
- Common therapeutic modalities used to support CYP included art therapy, music therapy and play therapy (used in both a group and 1:1 context)

Across the state therapeutic services are offered to all age groups, however there are slightly more interventions for children under 5. Services indicated that it was most common for children under 14 to engage in group-based interventions.

In recognition of the importance of focusing on attachment and the parent/child relationship, approximately one fifth of services that offered therapeutic interventions for CYP had specifically designed therapeutic interventions that worked to rebuild or strengthen the parent/child attachment and relationship, and a small number of services worked within a broader family therapeutic model.

Of note is that the term 'therapeutic' is used broadly and somewhat inconsistently across the state. Approaches ranging from structured group work programs to 1:1 counselling to single session 'classes' were all defined as 'therapeutic' by services; indeed, the language of 'therapeutic' was also used to describe *any* work that was done by a practitioner who held therapeutic qualifications. While a range of different therapeutic service offerings are useful, a lack of shared language, consistent frameworks and evidence-based approaches in this space poses a challenge for the

ways in which therapeutic modalities are more consistently and explicitly designed, delivered and evaluated for impact.

A more consistent approach to supporting unaccompanied minors is needed and services need stronger support and guidance about how to interpret relevant legislation

Case management and refuge services were almost equally as likely as each other to engage with an unaccompanied minor seeking support. While all services indicated these types of requests for support are relatively rare (under 20 CYP each year)[5], this should not be interpreted as demand data at a systemic level.

Services recognised that unaccompanied minors are often at high risk of significant harm not only from the individual or family context they are escaping, but from other predatory men who target young women (and young people generally). Given this risk, the involvement of DFFH regional offices and a co-case management approach (at times 24/7) with other services (including Child Protection) was the preferred service response.

There are currently only a small number of tailored services across the state providing support to unaccompanied minors as their primary focus, with evaluations showing efficacy and successful outcomes and impact in working with unaccompanied minors.

Given the legislative parameters set out in the *Children, Youth and Families Act* (2005), services were generally not comfortable providing support to young people aged under 16 without the consent of a parent or guardian[6]. A very small handful of services (usually those who worked in the youth sector or employed a youth worker) indicated that they would be willing to work with an unaccompanied minor of 15 or 16 years of age, but support for CYP under the age of 15 was generally perceived to be the core remit of Child Protection.

[5] This may be for a range of reasons, including a lack of knowledge or awareness, or because CYP have a sense that these are 'adult' services and not specifically designed for them. A small number of services indicated that in the last 6 – 12 months they had seen a small increase in the number of unaccompanied minors seeking support from them, which they felt was a small but positive shift.

[6] In Victoria, CYP are recognised as capable of making independent decisions and seeking support in certain circumstances, particularly when they are assessed as having sufficient maturity and understanding to do so. The *Children, Youth and Families Act 2005 (Vic)* (CYFA) does not set a specific age at which children or young people can independently access support. Instead, the Act is grounded in the 'best interests of the child' principle (Section 10 of the CYF Act), which prioritises a child's safety, stability, and developmental needs, and requires that their views and wishes be given meaningful consideration in accordance with their age and maturity.

CYP's needs as part of after-hours crisis support are not adequately addressed

Because of the nature of the after-hours crisis support model and the nature of family violence crisis itself, it was often not appropriate or feasible to provide direct support to CYP as part of an after-hours crisis response. A small handful of services sent out an adult and a child-specific practitioner to the client (most often at a police station or a motel) to ensure that the needs of the CYP were kept in view, but in the main the support offered to CYP at this point in time could be considered akin to 'family violence and trauma informed childcare'[7] (e.g. a family violence practitioner spending time with the children to keep them safe and entertained while the protective parent had a shower, rested or spoke to the police), supported by the provision of material aid for CYP (clothing, books, nappies etc).

MARAM has enabled a stronger focus on CYP

The implementation of MARAM and the requirement that CYP should have their own individual MARAM has significantly increased the focus on the safety, risks to and needs of CYP within the specialist family violence service sector. Of the 91 interventions identified through this project that support CYP, 63 of these indicated that they engage directly with CYP to complete a MARAM, even before the dedicated MARAM CYP has been released.

While MARAM assessments are still undertaken inconsistently with (directly) or for (via the protective parent) CYP, the vast majority of services indicated that they will undertake a MARAM assessment directly with CYP where:

- It is developmentally appropriate
- The needs of the individual child are significant enough to require it
- The children are able to be physically present
- They have time and capacity

However, there is not yet a specialist provider who indicated that *all* their staff confidently undertake MARAM assessments directly with the range of CYP who are connected with their service (where developmentally appropriate).

With the release of the MARAM CYP there are opportunities to strengthen practice and responses to CYP through dedicated resourcing and capability development.

[7] This terminology is not intended to minimise the skill and experience of the professionals engaging in this work, it is simply to explain the realities of the functions that these workers perform in a crisis after hours context.

Barriers that need to be addressed to enable more effective support for CYP experiencing family violence

Services identified a range of structural and individual barriers that are impacting on their ability to provide the support that they believe CYP need.

Cultural, legal and systemic barriers

- CYP experiencing family violence often face the same barriers to support that adults do (for example, a lack of available safe and appropriate housing or being insufficiently 'in crisis' to warrant an immediate service).

- State data guidance that CYP should be counted as part of a family unit rather than as individuals, or as part of longer-term service provision undermines the 'in their own right' policy framing.

- Inconsistent understanding of and guidance around the application of the Children Youth and Families Act 2005 (Vic) to provide direct support to young people, independent of their parents or without parental consent.[8]

- The relatively widely held perception that specialist family violence services are unable or unwilling to work with families or individuals who want to stay with their partners or maintain contact with the abusive family member.

- A lack of detailed standards or statewide requirements that speak specifically to the knowledge, skills or capabilities needed to work with CYP (across case management and therapeutic support) in a family violence context.

- Work with CYP requires specific skills across a range of therapeutic modalities, in case management and in child development (across a range of developmental ages and stages), and the size of the workforce who has these skills and deep family violence expertise is very small.

[8] In Victoria, CYP are recognised as capable of making independent decisions and seeking support in certain circumstances, particularly when they are assessed as having sufficient maturity and understanding to do so. The *Children, Youth and Families Act 2005 (Vic)* (CYFA) does not set a specific age at which children or young people can independently access support. Instead, the Act is grounded in the 'best interests of the child' principle (Section 10 of the CYF Act), which prioritises a child's safety, stability, and developmental needs, and requires that their views and wishes be given meaningful consideration in accordance with their age and maturity.

- The current workforce is underconfident in applying their family violence skills to engaging with children and young people, and there are limited pathways and education opportunities for the future workforce to build these important skills.

- Due to a lack of system capacity (within and beyond the specialist FV service system), services are holding on to clients for longer than they are funded or resourced, simply because there is nowhere safe or appropriate for them to go for housing or broader support.

- Other services systems themselves are often barriers to supporting direct engagement with CYP by specialist family violence services. For example, schools will often only talk to the parent rather than directly to the child or young person (or their case manager), particularly in relation to complex and high-risk issues such as family violence.

Individual and service level barriers

- CYP may not be emotionally ready (or developmentally able) to identify their experiences as family violence, may explicitly reject a 'family violence response', or not feel confident to articulate the kind of support they need.

- Re-centring autonomy, control and choice back with the victim survivor as a core element of effective family violence service provision is often doubly challenging for CYP who often have radically more constrained choices and control than the adults in their lives (both legislatively and practically).

- Case management guidelines used by specialist family violence services have been designed for adults and are not easily adaptable to CYP.

- The needs or wants of the child and the protective parent can be in conflict - for example in situations where a child wants to return to the abusive parent's home and not stay in refuge or be housed with the protective parent.

- The ability of the offending parent to 'veto' the support provided to CYP under parenting agreements (both legal and informal).

- The need for significantly increased time investment to build trust and rapport with CYP in order to undertake risk and needs assessment and safety planning and engage them in support.

- CYP are often not able to attend face to face appointments during working hours as they are at school or childcare.

- Without an already established relationship, alternative contact methods like phone-based or online engagement are often inappropriate, ineffective, or even potentially harmful

In addition to the above barriers – which apply across nearly all services, and across the whole Victorian community – there are also a range of population group specific barriers that children and young people from multicultural and/or faith-based backgrounds, who are LGBTIQA+, have a disability and who are neurodivergent face.

Understanding the resourcing context that services operate within

Despite significant increases in investment in specialist family violence service provision, dedicated funding for the specialist family violence sector (and to support CYP specifically) continues to be fragmented, and the sector is overly reliant on relatively short-term or insecure funding sources to increase their capacity:

- Only 13 organisations interviewed were specifically funded for therapeutic work to support CYP, with a further 4 funded to deliver interventions to address Adolescent Family Violence in the Home (AFVITH).

- There is only a very small amount of federal funding for CYP focused work in Victoria which was concentrated in a relatively small number of services, typically the larger or religious based organisations.

- There are a small number of organisations who receive national funding for a small portion of their CYP focused work.

- Philanthropic support specifically for the design and evaluation of new innovations to support CYP is limited in Victoria.

- A number of services - refuges in particular - indicated that they often received donations to support CYP specifically.

- Of the services interviewed, at least 16 indicated that they sought philanthropic funding or in-kind donations to support CYP through their service.

Brokerage and dedicated funding streams are also frequently used by services to support CYP:

- Nearly two thirds of services utilised separate Flexible Support Packages for adults and CYP.

- A smaller number of services indicated that they also had access to regionally specific brokerage funding or brokerage funding from other policy areas (e.g. housing) that was used to support CYP living with family violence.

- Children in Refuge funding was also frequently utilised as a resource including the ability to use this funding flexibly to support CYP need such as: funding towards in-reach counselling; family mediation; to contribute towards a specialist children's role; to enable the provision of therapeutic support; the purchase of physical and material resources for CYP; and professional development for staff.

Additional and sustainable funding is required to ensure specialist family violence services are equipped to effectively support children and young people of all ages.

Future directions

The impactful and creative work that is already underway could be further developed and expanded if there was statewide, evidence informed guidance on best practice case management, refuge support and therapeutic interventions for CYP living with or escaping from family violence (independently or as part of a family unit).

Dedicated CYP practice lead roles (or other similar child focused roles) are not a panacea for the work that is required to build a service system that is better able to support the needs of CYP experiencing family violence as victim survivors in their own right. However, services consistently indicated that these roles are an impactful and not an overly resource intensive way to address critical skill gaps and lead cultural and organisational change across services.

Efforts to build the capability of the workforce to work directly with CYP must go beyond mandatory qualifications and individual training, and should include on the job practice, coaching, supervision and support. It is also critical that there's a focus on creating authorising organisational environments that encourage and actively facilitate practitioner confidence and capacity at all levels, and which have the requisite policies, procedures and supports in place to proactively enable effective supports for CYP no matter the experience of the practitioner.

Further work is needed to build the evidence base (including academic research, practitioner expertise, and lived experience of children and young people as well as the adults who care for them), on the ideal duration for different therapeutic

interventions and the range of therapeutic models. This includes piloting and evaluation to better determine effectiveness and impact in a family violence context and inform clearer guidance for service providers to support stronger consistency across the state.

A system-wide shift toward more consistent, evidence-informed, child-centred practice for CYP experiencing family violence, supported by clear governance, accountability and a transparent understanding of service demand and cost is needed. This should include maturing the policy and practice architecture that underpins support for CYP, working alongside MARAM CYP to a shared articulation of effective case management, therapeutic interventions, recovery pathways, and developmental needs.

There should also be a focus on deepening collaboration, capability and integration across the broader service ecosystem. This requires more intentional cross-sector relationships—between specialist family violence services, integrated family services, child and youth services, statewide child-focused supports, and services responding to child abuse and sexual assault—to better reflect the co-occurrence of risks and the holistic needs of CYP. Enhanced mechanisms for shared learning, programmatic consistency, co-design, and collective advocacy would help reduce fragmentation and enable a more unified system response.

This work cannot be undertaken without a dedicated focus on building a more confident, CYP focused specialist family violence workforce through sustained skill development and supportive organisational change processes.

The development and release of MARAM CYP needs to have adequate accompanying investment and resourcing for implementation across the specialist family violence and broader workforces as a key foundation for system improvement.

Conclusion

By and large, specialist family violence services are actively working to change their service models – within current policy and funding capacity – to better support CYP. Services are working independently and at times together to develop therapeutic offerings and service models and make small but meaningful changes to their organisations to ensure that children and young people's voices are heard and needs are met.

Alongside this, there is further work to do – at a practice, service and system level – both within and outside specialist family violence services to ensure that children and young people have access to appropriate, timely and supportive responses.

Given children and young people often have voices that are not heard – or at times heard but not listened to – across a range of facets of their lives, it will be critical to ensure that any service level and system reform to address the needs of CYP actively involves children and young people of all ages, in all their diversity, to ensure that any changes are guided by their lived experience, and meet their unique and diverse needs.

Appendix 1: Participating organisations

Thank you to the following organisations who so generously gave their time and expertise to inform this project.

1. Annie North
2. Australian Muslim Women's Centre for Human Rights
3. Berry Street
4. Centre Against Violence
5. Centre for Non-Violence
6. Djirra
7. Drummond Street Services
8. Emerge Women and Children's Support Network
9. FVREE
10. GenWest
11. Georgina Martina
12. Gippsland Lakes Complete Health
13. Good Samaritan Inn
14. Good Shepherd Australia New Zealand
15. Juno
16. Kara Family Violence Service
17. Mallee Sexual Assault Unit Inc / Mallee Domestic Violence Services
18. McAuley Community Services for Women
19. Melbourne City Mission
20. Meli
21. Quantum Support Services
22. Refuge Victoria
23. Safe Steps
24. Salvation Army
25. Sexual Assault and Family Violence Centre
26. Switchboard Victoria
27. Thorne Harbour Health
28. VincentCare Community
29. Wayss
30. Wellsprings for Women
31. WRISC Family Violence Support
32. YANA Family Violence Service