



Consultation on the Second Action Plan (National Plan to End Violence against Women & Children 2022–2032)

Brave Foundation Submission
July 2026

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Introduction

Brave Foundation (Brave) is Australia's only national organisation dedicated to supporting young parent-led families. We provide support to young parents at a critical transition point to help them build strong foundations for themselves and their children. Evidence shows that our work empowers young parents to build confidence, strengthen family connections and achieve long-term stability through tailored support, connection to community and practical resources. Founded and led by lived experience, Brave remains deeply grounded in the living experiences of young parents, supporting our advancement as a trusted Centre of Excellence for Young Parents.

It is imperative that in the Second Action Plan, young parents and their children are prioritised to remain safe, unified and supported. As the only national organisation working directly and specifically with young parents, Brave can support consultations with young parents to design a framework that could work towards to lower incidents of family and domestic violence (FDV) for young parents.

For the purpose of this submission, it is important to note that Brave refers to young parents who engage in its Supporting Expecting and Parenting Teens (SEPT) program as 'participants' and the professional staff who support them as 'mentors'. These terms were decided on in consultation with young parents.

Key Recommendations:

Recommendation #1: Young Parents (25 and under) are identified as a priority cohort for the Second Action Plan.

Recommendation #2: Resources are allocated which enable meaningful consultation with young parents to be conducted, and the co-production of programs and policies that both prevent FDV and support those who have experience of FDV.

Recommendation #3: Alongside the Second Action Plan for the Safe and Support National Framework, this Second Action Plan must commit to significant changes to the child protection system to ensure young parents experiencing FDV can meaningfully engage with all services, without fear of having their children removed, and with knowledge that they will be supported to remain a safely unified family.

Recommendation #4: Invest in providing young parents (a cohort disproportionately at risk of FDV) with quality, early support, providing an opportunity to intervene earlier and improve the outcomes of both parent and child.

Recommendation #5: Increase access to family violence training for all practitioners supporting young parents.

Recommendation #6: Increase investment for existing FDV services to increase capacity, support practitioners and ensure each young parent is receiving the best possible support at the right time.

Recommendation #7: Improve education on FDV (importantly including coercive control) and Respectful Relationships curriculum for young people earlier in education settings, created with young people.

Recommendation #8: Allow young parents under the age of 18 to access the Leaving Violence Payment.

Recommendation #9: Provide the Leaving Violence Payment, even if the perpetrator leaves the home voluntarily and without an order.

Recommendation #10: The design and conduct of intervention order proceedings move beyond traditional adversarial courtroom practices and adopt victim-centred, trauma-informed approaches. Court environments should be structured to reduce the risk of re-traumatisation, support victim-survivors to participate safely, and ensure that the pursuit of justice does not come at the expense of their wellbeing.

Recommendation #11: Specific FDV training should be mandatory for police and judicial officers who work with victims seeking intervention orders. The training should include a focus on supporting young parents and include ongoing monitoring to ensure consistent and effective implementation.

Recommendation #12: Investments to support young parents should also carefully consider and support young fathers.

Investment is needed to inform policy & programs developed to support young parents at risk of or experiencing FDV

The evidence, which is articulated below, clearly outlines the rationale behind Brave's recommendation for young parents to be recognised as a priority cohort in the Second Action Plan. Young parents are particularly vulnerable to the impacts of FDV, with consequences that affect the parents, and the wellbeing and future outcomes of their young family. At the same time, young parenthood, often increases touchpoints with various services, creating a unique opportunity for early support and intergenerational change to help more young families thrive.

Within the timeframe provided by the DSS Engage process, Brave was unable to meaningfully engage young parents in the development of this submission, in a way that is reciprocal and consistent with our Model of Lived Experience. Longer consultation periods are needed, together with dedicated funding to support planning, scaffolding for individual support and appropriate honorariums for lived experience expertise.

Recommendation #1: Young Parents (25 and under) are identified as a priority cohort for the Second Action Plan.

Recommendation #2: Resources are allocated which enable meaningful consultation with young parents to be conducted, and the co-production of programs and policies that both prevent FDV and support those who have experience of FDV.

Responding to the evidence

Evidence shows that young parents (under the age of 20) experience poorer outcomes than both their peers and older parents across a range of indicators, including a higher likelihood of past or current experiences of FDV. As stated in the ANROWS consultation paper, 'being a young parent under the age of 21 may be 'one of the clearest risk factors' for intimate partner violence (IPV), highlighting the critical need to support young and first-time parents'.

Among Brave's SEPT participants, an average of 20% disclose current experiences of FDV, while 46% report having experienced FDV at some point in their lifetime. These figures are likely to underestimate the true extent of FDV among this cohort, as they capture only those participants who recognised or disclosed their experiences.

A recent report by the Brisbane Youth Service, found that 63% of their cohort of young parents had previously experienced FDV and 18% were currently experiencing IPV – nearly double the rate of peers the same age who are not parents.

A AIFS practitioner resource highlights that young women aged 18-24 years are more likely to experience FDV during pregnancy. The resource identifies early support as critical to improving outcomes; 'Pregnancy and early parenthood are opportune times for early intervention as women are more likely to have contact with health and other professionals. There is a 'window of opportunity' to ensure the safety and wellbeing of two generations.

Many compounding factors make it difficult for young parents to leave, disclose or recognise harmful relationships which can and should be addressed.

Fear of statutory services

Mentors reflect that many participants do not share information about their relationships until trust is established, due to fear of child protection intervention. Concerns are heightened for those who have had their own out-of-home-care experience.

Evidence supports young parents' fears of being reported to child protection services due to FDV. A New South Wales study found that domestic violence was the second most common reason for a pre-natal report to child protection, with police identified as the most frequent reporters of cases of domestic violence to child protection authorities¹.

The Child Right's Report 2017 by the National Children's Commissioner highlighted the fear many young parents experience that disclosing FDV will result in intervention by child protection authorities and potential removal of their children². Despite being published nearly a decade ago, the findings continue to reflect the experiences of young parents today. Unfortunately, child protection involvement following FDV disclosure does not always result in timely, appropriate or quality support for the young parent and their family. Brave mentors shared that the onus remains on the parent (often the mother) to navigate FDV services, many of which are at capacity. As a result, the young parents have the dual pressure of ensuring their own safety and the safety of their children, while fearing the possibility of their children being removed from their care.

Fear of statutory intervention can delay access to both FDV services, and maternal and child health care services. It is of particular concern given evidence that engagement with health services, especially during pregnancy, can be a transformative pathway to supportive systems for those who need it. When young parents avoid accessing fundamental health services due to concerns of child protection involvement, critical opportunities for early support for young parents is lost.

Recommendation #3: Alongside the Second Action Plan for the Safe and Support National Framework, this Second Action Plan must commit to significant changes to the child protection system to ensure young parents experiencing FDV can meaningfully engage with all services, without fear of having their children removed, and with knowledge that they will be supported to remain a safely unified family.

Needing to build rapport before disclosure

Mentors have shared they can identify risk factors in discussions with participants which often lead to discussions about healthy relationships and identifying FDV as a potential issue.

¹ [What happens after a child protection report during pregnancy? Using administrative data to explore 12-month outcomes](#)

² [The rights and needs of young parents and their children \(2017\)](#)

A key finding from an evaluation of Brave's SEPT program by the Peter Underwood Centre was the importance of a mentor who was 'consistent, non-judgmental and dependable'. This relational security was often a precondition for engagement with services, willingness to seek help, and openness to change³.

This underscores the need for long-term, trauma-informed wrap-around that enables young parents to safely identify and disclose FDV.

Recommendation #4: Invest in providing young parents (a cohort disproportionately at risk of FDV) with quality, early support, providing an opportunity to intervene earlier and improve the outcomes of both parent and child.

Not wanting to engage with a FDV service in the first instance

Mentors reported that some participants were reluctant to access specialist FDV service immediately after the disclosure of FDV. There are several reasons for this. Firstly, the participant may be coming to terms with the recognition and acknowledgement that they are experiencing FDV. Shame and stigma can make accessing FDV specific supports feel uncomfortable or overwhelming.

This highlights a critical need for organisations working with at-risk cohorts, such as Brave's work with young parents, to have access to specialist training and professional development to support individuals experiencing FDV, particularly when they are not yet ready to engage with specialist services. While Brave is not a crisis service, it can play a vital intermediary role when participants experience crisis while engaged with the program. With appropriate training and capability building, Brave can provide intermediate support and encourage participants to engage with specialist FDV services when they are ready.

While free introductory family violence training is widely available, access to advanced and specialist training is often limited to specific professions or funded programs, creating a gap in workforce capability. Many community service workers, such as Brave mentors, are unable to access this specialised training, however, regularly support individuals affected by FDV.

Greater investment is needed to provide specialist family violence training at no cost for roles working with at-risk cohorts across the sector, including housing, homelessness, mental health, disability, alcohol and drugs, and community services. Equitable access would strengthen workforce confidence and capability, improve responses to victim-survivors, and support a more integrated and effective family violence service system.

Secondly, some participants have reported previous experiences with FDV services. While many spoke positively about the support received, many also recognised the significant pressure these services are under and the challenges this creates in meeting growing demand. As a result, some participants reflected feeling like a 'number' rather than an individual, while others perceived FDV practitioners to be stretch and experiencing burn out.

Recommendation #5: Increase access to family violence training for all practitioners supporting young parents.

Recommendation #6: Increase investment for existing FDV services to increase capacity, support practitioners and ensure each young parent is receiving the best possible support at the right time.

³ Lang, M., Thomas, J., Byard, Z., and Crellin, T., (2026). Relational support in practice: The Supporting Expecting and Parenting Teens program (SEPT). University of Tasmania, Peter Underwood Centre. DOI: <https://doi.org/10.25959/31441342>

Lack of education on FDV

Mentors also highlighted that participants are not always aware that what they are experiencing constitutes FDV. Many young parents have limited awareness of coercive control or financial abuse. In some instances, they may not recognise physical violence is unacceptable because similar behaviours were normalised during their childhood. In some cases, mentors noted that a perpetrator may lack understanding of the harm caused by their behaviour against their partner.

This highlights the importance for more and earlier education in schools, to support young people in identifying harmful and unsafe behaviours in relationships. Education about FDV, including coercive control, needs to be consistent, co-created with young people, and tailored to their needs and experiences to ensure it is accessible, relevant and effective. It is apparent that the current Respectful Relationships curriculum needs to be urgently reviewed and continue to be reviewed annually to respond to emerging harms.

Recommendation #7: Improve education on FDV (importantly including coercive control) and Respectful Relationships curriculum for young people earlier in education settings, created with young people.

Being ‘stuck’ in FDV situations

Brave mentors also described how participants often felt unable to leave violent relationships because doing so could leave them without secure housing or the financial means to provide for their child. As a result, participants frequently described feeling trapped in their relationship and broader circumstances.

Unsurprisingly, these challenges are further exacerbated by the housing crisis, which is experienced disproportionately by young people and compounded by additional financial and caring responsibilities of young parenthood. For young parents experiencing FDV, the prospect of fleeing violence is accompanied with fears of homelessness, housing instability and an inability to provide for their family. This highlights the need for more housing options for families escaping violence, as well as more investment in housing models with wrap around supports such as the [Lady Musgrave Trust](#) model in Queensland. These integrated models can provide young parents with stability and longer-term support needed to rebuild their lives and improve the trajectory of their family.

There are two immediate improvements would support young parents who feel unable to leave unsafe relationships and circumstances:

Recommendation #8: Allow young parents under the age of 18 to access the Leaving Violence Payment.

Recommendation #9: Provide the Leaving Violence Payment, even if the perpetrator leaves the home voluntarily and without an order.

The process of getting an intervention order can be challenging & taxing

Brave mentors have supported participants through the process of obtaining an intervention order and have observed that the experience is both logistically and emotionally challenging for young parents. Participants' experience with police and courts often vary dependent on the professionals involved, highlighting a need for more therapeutic and trauma-informed responses across systems. Training should be provided for all professionals working within these systems to ensure they can respond appropriately to the needs of individuals experiencing FDV and whose circumstances have escalated to the point of requiring legal protection.

It is important to acknowledge that not all young parents have strong support networks of family, friends, or community who can provide guidance and reassurance when navigating unfamiliar and overwhelming legal processes. For many victim-survivors' interactions with police and the legal system

can be intimidating, with some reporting that they feel like ‘witnesses’ or disbelieved. These experiences reinforce the need for trauma-informed and victim-centred environments to create environments where victims feel safe and supported to openly disclose their experiences.

Recommendation #10: The design and conduct of intervention order proceedings should move beyond traditional adversarial courtroom practices and adopt victim-centred, trauma-informed approaches. Court environments should be structured to reduce the risk of re-traumatisation, support victim-survivors to participate safely, and ensure that the pursuit of justice does not come at the expense of their wellbeing.

Recommendation #11: Specific FDV training should be mandatory for police and judicial officers who work with victims seeking intervention orders. The training should include a focus on supporting young parents and include ongoing monitoring to ensure consistent and effective implementation.

Investment in Young Dads

Healthy parenting from father figures can be a protective factor against future use of violence. In the Ten to Men cohort study, men who grew up with positive father figures who expressed affection were 48% less likely to become perpetrators of family violence in adulthood⁴.

Whilst the investment in supporting fathers has rightfully increased, young fathers continue to miss out on services and support. Brave's Young Dads program is one of few programs in Australia co-designed and specifically delivered to young fathers under the age of 25. Young fathers are a cohort with distinct needs requiring tailored policy and program responses. Providing opportunities for positive social connection, emotional development and access to constructive role models can strengthen protective factors for young fathers and their families and reduce vulnerability to harmful influences. For example, the ANROWS consultation paper found *‘that boys and young men often disengage from the manosphere when they gain access to supportive relationships and more positive role models. This suggests protective factors include fostering early social connection, emotional literacy, and inclusive environments that meet needs for belonging while offering constructive, non-misogynistic alternatives.’* Programs like Brave's Young Dads program can provide the opportunity for early social connection for young fathers, who are currently comprised primarily of Gen Z and increasingly Gen Alpha – both cohorts are particularly vulnerable to manosphere values and content.

Importantly, men also require wrap-around support when they are victims of family, domestic and/or sexual violence (FDSV). Brave mentors spoke of little to no support services available for young fathers with these experiences, exacerbating feelings of shame.

Recommendation #12: Investments to support young parents should also carefully consider and support young fathers.

Need for culturally appropriate choices for First Nations young parents

Young parents with First Nations backgrounds appreciate having the choice of a 'mainstream' service and/or an Aboriginal Community-Controlled Organisation (ACCO). As with any service supporting specific communities, programs and policies need to be developed with young parents and continuously improved with their input.

First Nations young parents require culturally safe, trauma informed supports that are grounded in self-determination and community connection. Many continue to experience ongoing impacts of intergenerational trauma, colonisation, racism, and distrust of services. Effective support responses must recognise and build on the strengths and resilience of First Nations young parents and value

⁴ [Ten to Men | Australian Institute of Family Studies](#)

cultural identity as protective. Supports should empower young parents to heal and create safe nurturing environments for them and their children to thrive.

Need for culturally appropriate choices for Culturally & Linguistically Diverse young parents

Similarly to above, CALD parents value choice when it comes to service providers. Young parents from CALD backgrounds often require safe, culturally responsive, and accessible supports. Many experience additional barriers including language, limited knowledge of available services, social isolation, migration related stress, visa status concerns, and fear of judgement within their own communities. Access to interpreters and culturally competent practitioners and services are required to understand the impact of trauma on themselves and their children. Early intervention is critical, and effective responses recognise the intersection of culture, family, migration experiences to ensure young parents feel empowered, respected, and supported to make decisions that prioritise their safety and wellbeing.

Conclusion

It's important to recognise that the poorer outcomes experienced by young parents, including the elevated risk of FDV, are driven by structural factors rather than young parenthood itself. Evidence, supported by Brave's experience working alongside young parents, shows that becoming a parent at a young age can be a pivotal turning point. When appropriate support is provided as early as possible, young parents can achieve a positive trajectory for themselves and their children. Births to mothers 19 and under plateaued between 2021 and 2024, decreasing at a much slower rate than previous years. This cohort warrants specific attention as targeted early support can not only achieve positive outcomes for the parent and their children but also create opportunities for intergenerational change.

Brave also wants to reiterate that input from young parents with living experience is a critical missing piece to this consultation due to the timing and resource available. As explored at lengths in this submission, evidence clearly demonstrates that young parents are disproportionately impacted by FDV. To ensure the best possible outcomes for young parent led families, and to reduce the prevalence and severity of FDV, there needs to be meaningful and resourced opportunity to participate.