

Submission for Consultation on the National Plan to End Violence against Women and Children 2022 –2032

Gateway Health

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Gateway Health

Gateway Health is a not-for-profit company limited by guarantee and a registered Community Health Service under the Health Services Act 1988 (Vic). We deliver services from our facilities in Wodonga, Wangaratta, Shepparton and Myrtleford and through outreach delivery to communities across North East Victoria.

Guided by a strong commitment to health promotion, prevention and service provision for people who may experience health inequities. Gateway Health provides a broad range of health, wellbeing and community support services to people across the lifespan. Our services support individuals, families and communities experiencing diverse health and wellbeing challenges in our regional and rural catchment.

Gateway Health is a partner agency within The Orange Door Ovens Murray and delivers specialist family violence programs operating as Risk Assessment Entities (RAEs), alongside a range of non-family violence specialist services operating as Information Sharing Entities (ISEs) under Victoria's Multi-Agency Risk Assessment and Management (MARAM) Framework.

The services provided by Gateway Health include, but is not limited to, alcohol and other drugs (AOD) services, mental health and wellbeing programs, carer supports, parenting and family supports, family violence victim / survivors case management and men's behaviour change program, aged care assessment, headspace, medical clinics and allied health services.

Family Drug Support Program

The Family Drug Support Program (FDS) sits alongside the AOD programs in Gateway Health and provides information, support and counselling for family members concerned about, or impacted by, a loved one's substance use. FDS supports around 60 families each year within the Ovens Murray region.

Over recent years, the profile of referrals has shifted significantly. Whereas parents of adolescents previously represented most referrals, the program now predominantly supports older parents, most often mothers, who are supporting adult children with co-occurring needs alongside their substance use.

In 2024-2025 the FDS program reported¹:

- 64% of referrals were older parents supporting adult children.
- 40% of clients aged over 60 years.
- Most of these older parents, predominantly women, were experiencing family violence from their adult children.

¹ Phillips, A. and Evans, J (2025) Annual Report 2024-2025 Family Drug Support Program, Gateway Health, available on request

- Family violence behaviours documented include: intimidation, coercive threats to harm self or others, threats with weapons, financial abuse, isolation from other family and friends, property damage, and physical violence.

These experiences form the basis of this submission.

Executive Summary

Australia has made significant progress in recognising and responding to intimate partner violence and in understanding the impacts of family violence on children. However, a serious and largely overlooked form of violence continues to affect women later in life: violence perpetrated by adult children against their mothers.

Drawing on Gateway Health's experience delivering AOD services and the FDS Program across North East Victoria, this submission highlights a significant policy, research and service gap in non-intimate partner family violence.

Many of the women engaging with our services experience ongoing intimidation, coercive control, financial abuse, property damage, threats and physical violence from their adult children. These women often continue to provide substantial emotional, practical and financial care to the person causing them harm. Their experiences sit outside existing service responses, which remain primarily informed by the evidence-base of intimate partner violence prevention, identification and response approaches.

As a result, many women experiencing adult family violence remain invisible within service systems, face barriers to accessing support, and encounter responses that fail to adequately recognise or address their risk.

Gateway Health submits that the Second Action Plan presents an important opportunity to strengthen the National Plan by recognising Adult Family Violence as a distinct form of family violence, and committing to addressing the policy, research and practice gaps that disproportionately impacts on women's experience of family violence later in their life course.

Priority Area 1: Victim/Survivors of violence against women and children and other forms of gender-based violence

Women experiencing violence from an adult child may not identify themselves as victims of family violence. They may frame their experiences through the language of caregiving, mental health concerns, addiction, or parenting responsibility.

Many women supported by our service describe an ongoing dilemma of allowing an adult child to remain in the family home despite significant safety concerns, or face the prospect of their child becoming homeless. Others provide care for grandchildren and fear that disclosure of violence may affect family arrangements or child placements.

Clients regularly report feeling blamed, judged or held responsible for the behaviour of their adult children. Rather than being recognised as victim-survivors requiring support and protection, they are frequently characterised as "enabling" their adult child's behaviour.

A strength of Victoria's family violence response has been the promotion of shared language in identifying family violence and promoting consistent responses across the service sectors.² However, a predominant focus on intimate partner violence within policy and practice continues to leave older women's experiences of family violence under-recognised and inadequately addressed.

For this reason, Gateway Health has adopted the term Adult Family Violence³ to accurately reflect this form of family violence. Adult Family Violence can be defined as one adult using family violence against other adults within a non-intimate, familial relationship. This presents most commonly as an adult son using violence against his mother.⁴

Intersection with Elder Abuse Frameworks

Within the policy environment there is often a conflation of family violence that impacts on women later in life with elder abuse. This miscategorisation obscures the risks of adult family violence and further entrenches the invisibility of older women's experiences within the service sector.

In our FDS service the women reporting their experiences of adult family violence range in age from their early 40's to their late 80's. They identify themselves as providing emotional and practical care for their adult child. Even when there is a relationship of interdependent caring responsibilities between older parents and adult children, elder abuse frameworks are not sufficient to prevent, assess or respond to the significant harm caused by adult family violence.⁵

Older women experiencing Adult Family Violence do not fit within the frameworks for intimate partner violence, adolescents using violence in the home, or elder abuse.

Priority Area 5: System integration and workforce

The Intersection of Substance Use, Mental Health and Adult Family Violence

International research reports consistent findings into characteristics of perpetrators of adult family violence homicides and their relationships with the victims.^{6 7}

- Perpetrator mental health diagnosis or symptoms
- Perpetrator use of substances

² Victorian Government. 2021. MARAM Practice Guides: Foundation Knowledge Guide. <https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide>

³ Benbow, S. M., Bhattacharyya, S., & Kingston, P. (2018). What's in a name? Family violence involving older adults. *The journal of adult protection*, 20(5-6), 187-192.

⁴ Benbow, S. M., Bhattacharyya, S., & Kingston, P. (2023). Adult family violence coming out of the shadows. *The Journal of Adult Protection*, 25(2), 91–99. <https://doi.org/10.1108/JAP-11-2022-0029>

⁵ Bows, H., Pullerits, M., & Quinn-Walker, N. (2025). Perpetrators of domestic abuse against older adults—a rapid evidence assessment. *Aggression and Violent Behavior*, 82, 102056.

⁶ Bracewell, K., Jones, C., Haines-Delmont, A., Craig, E., Duxbury, J., & Chantler, K. (2022). Beyond intimate partner relationships: utilising domestic homicide reviews to prevent adult family domestic homicide. *Journal of Gender-Based Violence*, 6(3), 535–550. <https://doi.org/10.1332/239868021X16316184865237>

⁷ Bows, H., Pullerits, M., & Quinn-Walker, N. (2025). Perpetrators of domestic abuse against older adults – a rapid evidence assessment. *Aggression and Violent Behavior*, 82, Article 102056. <https://doi.org/10.1016/j.avb.2025.102056>

- A dynamic of care. Financial, emotional and practical support from victim to perpetrator, or an interdependent care relationship
- Living together or in close geographic proximity

While the family violence sector may view adult family violence and the experiences of older women as a more peripheral issue compared to their core work with intimate partner violence, it is the AOD and mental health sectors, and aligned carer support services, who may be better placed to recognise and provide initial response to presentations of adult family violence. These services are more likely to be engaging with the adults using violence and have contact with the victim-survivors presenting as carers and supporters of their adult children.

Many women supporting adult children living with substance use and/or mental health challenges report that services hold them responsible for keeping their adult children engaged with supports, by providing transport, housing, medication management and other emotional and practical supports. Yet they are too often excluded from ongoing care planning, and the opportunity to be screened for family violence, under rigid adherence to client autonomy and privacy.⁸

Inadequate Risk Assessment of Victims/Survivors

Even when identifying the presence of Adult Family Violence, risk assessment with existing tools can underestimate the risks of significant harm and lethality for victims of adult family violence. These evidence-based risk factors were derived from research into intimate partner violence and homicide pathways, and many of the indicators that would identify escalating or imminent family violence risk are not applicable to victim-survivors experiencing family violence from adult children.⁹

Parricide, the killing of a parent, was the second most frequent type of family violence homicide in 2024-2025 in Australia, representing 21% of the family violence homicides that year.¹⁰ While the overall homicide rate and the intimate partner homicide rate have decreased over many decades, the parricide rate has remained relatively stable and is therefore increasing as a proportion of all family violence homicides in Australia.¹¹

There is a risk in continuing to see Adult Family Violence, and the possibility of lethal outcomes for older women, as tangential in the national conversation to end violence against women and children. If we continue to view the lethal outcome of parricide as a rare and unpredictable tragedy, we are missing an opportunity to build up an evidence-base for prevention, risk assessment and response options, equivalent to the resources developed and being refined to prevent and respond to intimate partner violence.

⁸ Miles, C., Condry, R., & Windsor, E. (2023). Parricide, Mental Illness, and Parental Proximity: The Gendered Contexts of Parricide in England and Wales. *Violence against Women*, 29(2), 87–111. <https://doi.org/10.1177/10778012221077127>

⁹ <https://www.anrows.org.au/publication/national-risk-assessment-principles-for-domestic-and-family-violence/read-quick-reference-guide/>

¹⁰ Bricknell S & Miles H 2026. *Homicide in Australia 2024–25*. Statistical Report no. 58. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/sr78236>

¹¹ Bricknell S & Miles H 2025. *Parricide in Australia: Findings from the National Homicide Monitoring Program*. Statistical Bulletin no. 48. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/sb77987>

Recommendations

Gateway Health recommends that the Second Action Plan:

1. Recognise Adult Family Violence within National Policy Frameworks

Explicitly acknowledge violence perpetrated by adult children against parents as a form of family violence, distinct from elder abuse or intimate partner violence, requiring dedicated policy attention, prevention strategies and service response.

2. Invest in Research and Data Collection

Improve national understanding of the prevalence, risk factors, escalation pathways and homicide prevention opportunities associated with Adult Family Violence.

3. Strengthen Risk Assessment Approaches

Develop evidence-informed risk assessment tools and practice guidance that better identify and respond to risks associated with adult family violence, particularly where caregiving relationships exist.

4. Expand Specialist Workforce Training

Provide targeted training across family violence, alcohol and other drug, mental health, disability, ageing and carer support sectors to improve identification, risk assessment and response.

5. Improve Housing and Support Options

Recognise that providing affordable housing for single adults with co-occurring needs is an Adult Family Violence prevention and risk reduction response. This alongside access to appropriate mental health, disability and AOD treatment options support recovery and reduce the burden of care and increase safety for older mothers.

6. Enhance Support for Family Members and Carers

Increase funding for specialist family support programs that provide counselling, advocacy, therapeutic support, education and navigation assistance for family members experiencing adult family violence.

7. Strengthen Perpetrator Accountability

Develop intervention pathways that improve accountability for people using Adult Family Violence against parents and other family members, while addressing the intersecting impacts of homelessness, mental health, disability and substance use concerns.