ZONTA INTERNATIONAL DISTRICT 24 INC
BUILD A BETTER WORLD FOR WOMEN AND GIRLS

26 July 2026

To the Department of Social Security
Consultation on the Second National Plan Against Domestic Violence

Zonta International District 24 (NSW & ACT) has prepared a submission responding to Priorities 1, 2 and 4 of the Australian Government Consultation on the Second National Plan Against Domestic Violence.

While we acknowledge that many of our recommendations would be directed to State and Territory jurisdictions, we believe that the Australian Government through this consultation process, has the opportunity to sponsor and oversee a national approach. The Commonwealth government can work with the other jurisdictions to lead the harmonisation of best practice approaches to the support of victim survivors, the implementation of evidence-informed prevention and early intervention programs and the development of evidence-informed programs to modify the behaviour of those people who use violence against other people, not just in the area of domestic and family violence.

Zonta District 24 is one of 32 Zonta International Districts worldwide, each managed by an elected District Board. There are 23 Zonta clubs across NSW and the ACT. There are also nine Z-Clubs which are established in senior secondary schools and one Golden Z Club which is established in a university. There are approximately 430 members who are almost all active in their clubs.

Zonta Says NO to Gendered Violence is one of 4 core pillars of the work of Zonta International which was founded in 1919. It is one of the longest standing programs of ZI.

Yours sincerely

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ZONTA INTERNATIONAL DISTRICT 24 SUBMISSION TO THE AUSTRALIAN GOVERNMENT CONSULTATION ON THE SECOND NATIONAL PLAN AGAINST DOMESTIC VIOLENCE

PRIORITY AREA 1: VICTIM-SURVIVORS

1. What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?

A. Service Responses

Safety
The safety of victim-survivors must remain the highest priority.

Despite increased awareness and investment, the number of domestic violence homicides remains unacceptably high. This demonstrates that current systems have not had the capacity to significantly protect many women and children at risk.

When a victim contacts 1800RESPECT and is referred to a support service, they should receive a timely response. Every request for assistance should be answered, recorded and assessed for risk without delay. No victim should be placed on a waiting list when their safety may be at risk. Unfortunately, many services are under-resourced and unable to respond quickly because of staff shortages. This is unacceptable in a system designed to protect people facing immediate danger.

Governments should ensure that frontline domestic and family violence services are adequately staffed, including funding for relief staff to cover leave and vacancies. If workforce shortages persist, consideration should also be given to recognising domestic and family violence practitioners as a priority occupation within Australia's skilled migration program.

Response times should be regularly monitored, independently reviewed and publicly reported so governments and service providers can be held accountable.

Police Response
Police are often the first point of contact for victim-survivors, so their response is critical to both immediate safety and long-term protection. Police responses should be trauma-informed and supported by a nationally consistent risk assessment process.

We recommend adopting the Scottish DASH (Domestic Abuse, Stalking and Honour-Based Violence) risk assessment tool. It enables police to document a victim's concerns about their own safety and that of their children and pets, providing valuable information for future police investigations, bail decisions and court proceedings. Victims' views about their level of risk should be recorded comprehensively from the first report.

Many women are reluctant to report domestic and family violence because they fear it will escalate the abuse without providing greater protection. If governments encourage victim-survivors to report violence and coercive control, they must ensure police have the resources, training and authority to respond effectively.

Breaches of Apprehended Violence Orders (AVOs) and any further threats or acts of intimidation should receive an immediate police response. While police shortages are a reality in many jurisdictions, ensuring adequate staffing and specialist training is ultimately a government responsibility.

All police officers should receive consistent, evidence-based training on domestic and family violence, coercive control and victim safety. National minimum standards would help ensure that responses do not vary significantly between states and territories.

Regional and remote communities require particular attention. Domestic and family violence rates are often higher in country areas, where isolation, fewer support services, greater access to firearms, and long distances from police stations increase the risks for victim-survivors. These challenges are reflected in data from New South Wales and are likely to exist across Australia.

Governments should consider establishing specialist domestic and family violence police units to support regional and remote communities. These units could operate across defined geographic regions and provide specialist assistance to local police when responding to high-risk incidents.

There should also be a review of policing practices in regional and remote Australia to ensure they are fit for purpose. Recent domestic violence homicides, including those at Lake Cargelligo, have highlighted the need for stronger responses. Addressing these challenges will require national leadership and closer cooperation between the Commonwealth, states and territories to develop consistent, practical solutions that improve safety for victim-survivors, regardless of where they live.

Wellbeing
A victim-survivor's wellbeing depends on receiving consistent, coordinated support from the time they first seek help through to their long-term recovery. Victim-survivors should have access to wrap-around care that reduces the need to navigate multiple services or manage their own safety and that of their children. Support should be tailored to individual needs and continue from the first contact with a service, through court proceedings, and into the recovery period, including follow-up welfare checks.

Continuity of support is essential. When victim-survivors feel heard, involved in decisions about their care, and confident that they and their children are safe from the perpetrator, they are more likely to engage with services and begin to recover from trauma. Without this support, many remain isolated, overwhelmed and unable to move forward.

Healing
Healing begins when victim-survivors are safe, supported and able to regain control over their lives. This depends on effective protection from the perpetrator, access to secure housing, timely justice, and confidence that the future will be safer and more stable. Recovery is strengthened when victim-survivors have opportunities to rebuild their financial security, employment, family relationships and their children's wellbeing.

Family law decisions also have a significant impact on healing. Where children are required to have contact with a perpetrator against the wishes of the children or the non-offending parent, recovery may be delayed or undermined.

Victim-survivors should have access to independent advocacy, in addition to legal representation, to help them challenge court decisions where appropriate. The cost of appeals places this option beyond the reach of many families and deserves greater policy attention. Governments should also support long-term research into the outcomes of court-ordered parenting and custody arrangements so that future policy is informed by evidence.

Recovery
Long-term recovery is more likely when victim-survivors have:

- safe, secure and permanent housing
- ongoing protection from the perpetrator
- strong family, community and professional support
- confidence that their children are safe and thriving
- financial security and access to employment
- hope and realistic opportunities for the future.

Recovery is not a single event but a gradual process. Effective systems should support victim-survivors until they have achieved safety, stability and independence.

B. System Responses

Fragmentation and poor jurisdictional alignment
Australia's frontline domestic and family violence services have developed in different ways across states and territories, resulting in a fragmented system with varying levels of funding, capacity and service quality. Victim-survivors often struggle to navigate this complex network and can fall through gaps between services.

A more nationally coordinated approach is needed to establish consistent service standards, improve coordination between agencies, and ensure that every victim-survivor receives timely, high-quality support regardless of where they live.

Court Systems
For many victim-survivors, the court process is one of the most stressful parts of their experience. Long delays, crowded court lists and inconsistent outcomes across Australia often leave victims feeling that justice has not been achieved and that their safety is not the system's highest priority.

Australia needs a more consistent and specialised court response to domestic and family violence. Specialist family and domestic violence courts, such as those operating in parts of Victoria, provide opportunities for earlier intervention, including referrals to men's behaviour change programs and other support services. These models should be evaluated and, where effective, expanded nationally.

In many jurisdictions, particularly in New South Wales, domestic violence matters are heard in busy local courts where magistrates have limited time to deal with large numbers of cases. This limits opportunities to properly assess risk, monitor offender behaviour and consider appropriate interventions. Delays are often even greater in regional and remote areas.

The court process can be deeply traumatising for victim-survivors, both immediately after reporting violence and during family law proceedings following separation. Many women lose confidence in the system because cases can take months or even years to be resolved. Throughout the legal process, victim safety must remain the overriding consideration, particularly when decisions are made about bail, protection orders, parenting arrangements and the release of offenders.

Court advocacy services provide essential support and should be adequately funded. Without this assistance, many victim-survivors would struggle to navigate the legal system or continue with their cases.

The Australian Government should work with states and territories to strengthen the national court response to domestic and family violence. This includes supporting specialist courts, increasing the number of judges and magistrates to reduce delays, and promoting greater consistency in areas such as bail decisions, sentencing, protection orders and parenting arrangements.

Nationally consistent data should also be collected and published on court outcomes, sentencing patterns and domestic violence homicides. This would enable meaningful comparisons between jurisdictions and help identify gaps in the system, particularly in regional and remote communities where rates of domestic and family violence are often higher.

To strengthen national leadership and accountability, consideration should be given to establishing an independent National Domestic and Family Violence Commissioner. The Commissioner could monitor progress, report regularly to the Australian Parliament, publish national data, and assess whether governments are meeting their commitments under the National Plan.

2. What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

People are more likely to seek help when services are easy to find, respond quickly and provide coordinated support. Many victim-survivors delay seeking assistance because the system is difficult to navigate or they fear they will not be protected.

The key barriers and opportunities for improvement include:

- **Easy access to help.** Information and support should be simple to find and available immediately. Long wait times, unanswered phone calls and complex websites can discourage people from seeking help and, in some cases, place them at greater risk.

- **A fragmented service system.** Victim-survivors often need to deal with multiple agencies, including domestic violence services, Centrelink, health providers, counsellors, financial services and technology support. Better coordination and case management would reduce this burden.

- **Regional and remote communities.** Access to services is often limited outside metropolitan areas. Additional funding is needed to expand frontline domestic and family violence services, including outreach teams, travel assistance and emergency transport for women living in isolated communities. Australia's geography requires flexible service models that meet the needs of regional and remote areas.

- **Confidence in police responses.** Delays in police attendance, inconsistent responses and poor communication can discourage victim-survivors from seeking help. Greater investment in police numbers, specialist training and improved record-keeping would strengthen confidence in the system. Increasing the number of female officers and improving workforce diversity would also help build trust.

- **Language and cultural barriers.** People from culturally and linguistically diverse communities may face additional challenges accessing support. Community education, interpreters and culturally appropriate services are essential. Community and faith leaders also have an important role in challenging attitudes that deny or minimise domestic and family violence and in encouraging people to seek help.

- **Specialist police training.** Police should receive ongoing training in trauma-informed practice, coercive control, evidence collection and victim identification. Police officers who perpetrate domestic and family violence should be subject to rigorous investigation and accountability processes.

- **Home safety measures.** Victim-survivors need timely access to practical safety measures, including security upgrades such as window locks, security cameras and other home protection devices. Programs such as *Leaving Home Staying Home* should receive stable, long-term funding so that women are not left waiting for essential safety equipment.

- **Electronic monitoring of high-risk offenders.** Electronic monitoring should be considered more widely for high-risk perpetrators where appropriate. Governments should ensure sufficient resources are available to support these programs and publish information on their use and effectiveness to strengthen public confidence in domestic violence prevention.

PRIORITY AREA 2: PREVENTION AND EARLY INTERVENTION

What would make the biggest difference in preventing and ultimately ending violence? How can existing efforts to prevent violence be strengthened or built on at the individual, community, organisational, institutional and societal levels.

1) Introduce evidence-based parenting programs for at-risk families
Families most at risk of violent or coercive relationships benefit most from intensive, early support - starting in early childhood and even during pregnancy. This kind of help can prevent trauma ***before*** it begins. Public education alone cannot resolve deep, individual childhood trauma.

The Nurse-Family Partnership (NFP) program, developed by David Olds, is one of the most rigorously tested early-intervention programs in the world. Its evidence base comes from 45+ years of randomised controlled trials (RCTs), including long-term follow-ups into adolescence and adulthood. NFP is effective because it targets the root drivers of later violence, trauma, and disadvantage by:

- Building early attachment formation
- Supporting maternal mental health
- Improving health behaviours during pregnancy
- Interrupting intergenerational trauma pathways
- Reducing environmental and situational stressors
- Increasing parenting confidence and capability

International evidence supporting the implementation of NFP programs:

- 48% reduction in child abuse and neglect among families receiving NFP home visits
- 56% fewer emergency room visits for accidents and poisonings.
- 50% reduction in language delays at 21 months.
- 59% reduction in child arrests by age 15.
- Children had lower preventable-cause mortality (SIDS, injury, homicide).

The Australian Family Partnership Program (AFPP), adapted from Olds' NFP model for First Nations families, shows:

- Improved maternal wellbeing
- Better child health outcomes
- Support for family preservation during child protection involvement

Implementation requires the following programmatic actions:

- Scale universal access for at-risk first-time mothers. NFP should be available nationwide, with priority for communities experiencing high rates of violence, trauma, and disadvantage.
- Embed NFP within early-childhood and maternal health systems. Integration with midwifery, perinatal mental health, and child protection services strengthens impact.
- Invest in workforce development. NFP requires registered nurses trained in the model—critical for fidelity and outcomes.
- Support culturally adapted models. Continued investment in AFPP ensures culturally safe delivery for First Nations families.
- Position NFP as a core prevention strategy. NFP addresses trauma before it begins—reducing downstream costs in health, justice, and child protection.

Early-parenting programs and support systems must be universally available to families who need them. This is true prevention, not just early intervention.

2) Multi-strategy, multi-level approaches to public education campaigns
An important initiative would be a sustained, national public education campaign on domestic and family violence.

Australia has successfully changed public attitudes and behaviour through long-term campaigns on smoking, seatbelts, sun safety and COVID-19. Domestic and family violence requires the same level of national commitment. The campaign should be ongoing, evidence-informed and delivered across television, radio, print, digital and social media to reach all sections of the community.

Governments have announced significant funding for public education, but there is little public awareness of where this investment has gone or what outcomes it has achieved. Greater transparency is needed about how funds are spent, which organisations deliver campaigns, and how their effectiveness is measured. While community organisations play an important role, governments should lead a coordinated national effort that reflects the scale and seriousness of domestic and family violence.

3) Individual level: early identification and accountable change

- Screen and refer at first police contact and in primary care, Emergency Departments, alcohol and other drugs (AOD) and mental health services, using brief validated risk and needs tools.
- Fast-track entry to structured behaviour-change programs that integrate:
    - Cognitive behavioural therapy and motivational interviewing.
    - Substance use treatment when alcohol/drugs are involved.
    - Clear compliance monitoring and graduated sanctions for non-attendance.
- Set specific, time-bound goals (non-contact compliance, safe communication, relapse prevention) with regular progress checks.

4) Community level: normalise help-seeking and bystander action

- Expand men's groups and help lines; advertise widely (GP clinics, pharmacies, sports clubs, social media) with low-stigma messaging ("Get help to stop harm").
- Run proven bystander and norms programs through local clubs and youth orgs.
- Create simple community reporting/advice channels (confidential hotline, webchat) for friends/family to get guidance and safe options.

5) Organisational level: consistent pathways and accountability

- Police: adopt "first-contact referral and conditions" protocols: on-the-spot referral to programs; mandatory risk assessment; alcohol/drug testing where lawful and relevant to the offense.
- Health, AOD, and mental health services: routine intimate partner violence perpetration screening; warm handovers to behaviour-change and AOD services; information-sharing under clear privacy/safety rules.
- Workplaces and universities/TAFEs: policies, reporting lines, staff training; student-athlete and club leader education; consequences for breaches.

6) Institutional level: courts and corrections that interrupt harm early

- Introduce diversion at first proven offense (where safe and appropriate), modelled on drug courts:
    - Court-ordered men's behaviour changes with AOD modules.
    - Tight attendance tracking, judicial reviews, and swift, proportionate responses to non-compliance.
- Graduated, meaningful financial penalties tied to non-participation and repeat offending; earmark revenue to fund programs and survivor services.
- Post-separation monitoring for high-risk cases with technology and conditions that prioritize survivor safety.

7) Societal level: shift norms and sustain investment

- National education on coercive control and healthy relationships; clear "how to get help" pathways for both people at risk and people using violence.
- Fund multi-year program quality standards, accreditation, and outcome evaluation (including recidivism from multiple sources: courts, police, survivor reports, and self-report).
- Address intersectional needs (age, culture, region), co-designing with communities to improve engagement and outcomes.

8) Guardrails and quality standards

- Survivor safety first: parallel support for victim-survivors, safe information-sharing protocols, and risk-led decisions on diversion suitability.
- Program quality: accreditation, facilitator training, cultural safety, and fidelity monitoring.
- Do no harm: avoid punitive-only approaches without pathways to change; ensure fines and conditions are proportionate and linked to risk reduction, not poverty penalties.
- Continuous evaluation: iterate based on outcomes and independent reviews.

SPECIFIC INITIATIVES TO IMPLEMENT NOW

1. Build the evidence and track outcomes
    - Commission a national longitudinal study following cases from first police contact through court outcomes and post-separation, with sub-analyses by age, culture, and region; include refusals and non-cooperation as data points.
    - Require standardized recidivism metrics across programs (police/court records, survivor input, self-reports) and publish annual dashboards.

2. Primary prevention early childhood programs
3. Court-linked early diversion with teeth
    - At first offense: offer a tightly supervised, evidence-informed program (12–24 weeks) integrating Cognitive Behavioural Therapy, Motivational Interviewing, and AOD components as indicated.
    - Non-uptake or non-completion: apply substantial, escalating penalties and/or alternative sanctions; communicate the rationale—community cost, survivor harm, and future risk.
3. Alcohol and drug accountability
    - Where legally and clinically indicated, conduct AOD testing at arrest or first appearance; use results to tailor conditions (e.g., sobriety monitoring, treatment) and sentencing.
    - Pair testing with rapid access to AOD services; ensure proportional fines and judicial oversight to avoid net-widening harms.
4. Legislate on gambling advertising
    - Because of the known correlation between gambling and domestic violence, prohibit all online gambling inducements and inducement advertising; legislate comprehensive ban on all gambling advertising across all media phased in over three years; and eventually implement all 31 recommendations from the Murphy Review
5. Public education and accessible reporting
    - National campaign defining DV and coercive control, early warning signs, and safe help options.
    - Establish a dedicated advice/reporting line for concerned friends/family with clear triage and referral.
6. Tertiary education and training settings
    - Require prevention modules at universities and TAFEs; mobilize student media and clubs; partner with sports programs to run bystander and norms interventions.
    - Enforce transparent investigation processes and graduated sanctions.
7. Scale men's support and change programs
    - Increase funding for accredited men's behaviour change and support groups; expand hours, digital access, and rural reach.
    - Run sustained media to normalise early help-seeking; ensure quick, low-barrier intake and triage to the right mix of services (behaviour change, AOD, mental health).

PRIORITY AREA 4: PEOPLE WHO USE VIOLENCE

1. What would make the biggest difference in preventing and responding earlier to the use of violence?

Men's behaviour-change programs can help some perpetrators, but the core drivers of later violence often lie in early childhood trauma**,** intergenerational trauma, and racism. These issues are deeply rooted and do not respond well to standard behaviour-change approaches, which is why many programs fail. The problem is not only the behaviour, but also the underlying trauma.

People who perpetrate violence often carry profound damage and require highly specialised professional support, not generic programs.

1 Shift part of the system's focus onto stopping perpetration early. Keep strengthening survivor safety and support, and add earlier, accountable, evidence-based responses for people who use violence. Target the drivers (attitudes, substance use, mental health needs) and create clear, enforced pathways into behaviour change.

Why this focus:

- Substance use-informed perpetrator programs show promising reductions in use and re-assault when combined with accountability.
- Public health frameworks emphasise early detection, skill-building, and multi-level action.

2. A national review of Australia's judicial response to domestic and family violence should be an urgent priority. The current system is inconsistent across jurisdictions. Some states have specialist family courts while others do not. Courts are often overwhelmed, with long delays and limited time for magistrates to deal with domestic violence matters. These pressures reduce opportunities for early intervention.

3. Coercive control is ongoing, intentional repeated acts to hurt, scare or isolate someone to control them. Coercive control has been strongly linked to intimate partner homicide. The NSW Domestic Violence Death Review Team found that in 97% of intimate partner domestic violence homicides cases, the victim had experienced coercive and controlling behaviours before being killed. The implementation of coercive control legislation is urgently needed across Australia. While this is a state responsibility, there is a role for the Australian Government to ensure there is harmonisation and consistency across all jurisdictions.

4. Earlier intervention through the courts could help prevent future violence. Where appropriate, people who use violence should be referred to behaviour change programs, receive clear warnings about the consequences of escalating abuse, and be supported to change their behaviour before offending becomes more serious.

5. Bail decisions also need to be better informed by victim safety. We recommend adopting a nationally consistent risk assessment tool, such as Scotland's DASH (Domestic Abuse, Stalking and Honour-Based Violence) risk assessment. This structured questionnaire captures the victim's assessment of the risks to themselves, their children and their pets. Providing this information to police and courts would strengthen decisions about bail, protection orders and parenting arrangements. Many domestic violence homicides may have been prevented if victims' safety concerns had been more effectively assessed and considered.

6. Another priority is reforming the family law processes that determine children's custody and the division of assets after separation. The current adversarial model often enables perpetrators to continue coercive control by prolonging proceedings, discrediting victims, or falsely portraying themselves as the victim. This can result in significant financial hardship and ongoing psychological abuse for those who have already experienced violence.

7. The Australian Law Reform Commission should be tasked with identifying reforms that reduce trauma for victim-survivors, discourage the misuse of court processes, and enable matters to be resolved more quickly. Many women report that prolonged legal proceedings compound their trauma and leave them feeling trapped. Research also shows that a history of domestic and family violence is common among women who die by suicide, highlighting the serious consequences of systems that are slow, under-resourced and unable to provide timely protection.

8. Judicial reform will require significant investment and sustained political commitment. However, major national reforms such as Medicare and the National Disability Insurance Scheme demonstrate that governments can make long-term investments when there is sufficient leadership and public support.

9. Too often, reforms occur only after a domestic violence homicide. The changes to New South Wales bail laws following the murder of Molly Ticehurst illustrate this reactive approach.

10. Australia needs a national plan for judicial reform that sets clear priorities, establishes consistent standards across jurisdictions, and commits the resources needed to implement them. Without meaningful reform of policing, the courts and public education, the objectives of the current National Plan will remain difficult to achieve.