NCETA
National Centre for Education and Training on Addiction

AOD Workforce Responses to Family, Domestic and Sexual Violence

A Desktop Review of Workforce Practice Supports in Australia

October 2026

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About the National Centre for Education and Training on Addiction

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. Our purpose is to conduct and disseminate world-class research that advances knowledge, innovation, and evidence-based practice to minimise harms associated with alcohol and other drug use.

Our core business is the promotion of workforce development principles, research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in the community; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations. NCETA is based at the Flinders Health and Medical Research Institute (FHMRI) in South Australia and is a collaboration between Flinders University and the Australian Government Department of Health, Disability and Ageing.

Contact us

National Centre for Education and Training on Addiction (NCETA)



08 8201 7535
GPO Box 2100, Adelaide SA 5001
nceta@flinders.edu.au
www.nceta@flinders.edu.au
nceta@facebook
nceta-flinders
@ncetaFlinders
@nceta.bsky.social

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List of Abbreviations

AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco and Other Drugs
DV	Domestic Violence
FDSV	Family, Domestic, and Sexual Violence
FDV	Family and Domestic Violence
FV	Family Violence
LLE	Lived and Living Experience
NCETA	National Centre for Education and Training on Addiction
PHN	Primary Health Network
SV	Sexual Violence
VET	Vocational Education and Training

Executive Summary

This report outlines the results of a desktop review of family, domestic and sexual violence (FDSV) supports available to upskill the Alcohol and Other Drugs (AOD) workforce, including AOD-specific FDSV practice supports, general FDSV supports, and VET products.

Aims

The aims of the present report are to identify:

1) **AOD-specific practice supports** available to upskill the AOD workforce to support clients experiencing FDSV.
2) **General supports** available to upskill the AOD workforce to support clients experiencing FDSV.
3) **AOD vocational education and training (VET) products** available to upskill the AOD workforce to support clients experiencing FDSV. This aim was included as National AOD workforce survey data indicate that more than half of client service workers hold one or more AOD VET training products (1).
4) The **implications** of the available practice supports and opportunities for upskilling the AOD workforce to support clients experiencing FDSV.

Methods

An online desktop review of publicly available FDSV supports was undertaken between 30 March and 13 May 2026. The approach was exploratory and focused on identifying AOD-specific practice supports and general supports. Information was extracted on support characteristics (e.g., support type, description of content) and selected content areas relevant to AOD practice (e.g., guidance on referral pathways and working with people who use violence). We also reviewed the four AOD VET products relevant to FDSV: the Certificate IV in Alcohol and Other Drugs, the Diploma of Alcohol and Other Drugs, the Alcohol and Other Drugs Co-existing Needs Skill Set, and the Alcohol and Other Drugs Skill Set. The Skill Sets are short training programs each comprising four core units of competency that develop skills for a particular task, role or industry need. For the AOD VET products, information was extracted to identify units with FDSV content (focus or referenced) and status (core or elective).

Key Findings

1) AOD-Specific Practice Supports (n=19)

Training and resources

- AOD-specific FDSV resources were diverse, including webinars, practice guides, a capability tool, a scope of practice, guidelines, a literature review, a community of practice and a capability building initiative designed to support workforce capability.

- Resources were identified in most Australian states and territories and were developed by a range of government and non-government organisations operating at both national and state/territory levels.
- Around half the identified resources (n = 9) were published from 2020 onwards.
- Four resources contained substantial or direct content about working with 'people who use violence'.

2) General Supports (n=51)

General FDSV Workforce Training and Resources (n=42)

- A range of general FDSV workforce training and resources were identified (n=42), including training (n=26), practice guidance (n=6) and supplementary resource libraries (n=10).
- Most resources focused on foundational FDSV workforce capability, including recognising and responding to violence, risk assessment, safety planning and referral.
- Several training providers (n=9) offered courses focused on working with 'people who use violence', with most of these specifically addressing men who use violence (n=6).

System Frameworks, Referral Pathways and Workforce Initiatives (n=9)

- All Australian jurisdictions (n=8) had government-developed FDSV system frameworks and referral pathways that aimed to support coordinated responses to FDSV.
- These frameworks provide structured guidance on risk assessment, information sharing, coordinated responses and referral processes across service systems.
- One national government-funded FDSV pilot workforce initiative, delivered across 12 participating Primary Health Networks, was identified.

3) AOD VET Products (n=4)

- References to FDSV were identified within titles and descriptions of units in three of the four nationally endorsed AOD VET products: the Certificate IV in Alcohol and Other Drugs, the Diploma of Alcohol and Other Drugs, and the Alcohol and Other Drugs Co-existing Needs Skill Set.
- No FDSV-related content was identified in the Alcohol and Other Drugs Skill Set.
- Two units were specifically dedicated to FDSV: CHCDFV001 Recognise and respond appropriately to domestic and family violence (Certificate IV in Alcohol and Other Drugs) and CHCDFV006 Counsel clients affected by domestic and family violence (Diploma of Alcohol and Other Drugs).
- Both dedicated FDSV units were electives rather than core requirements, meaning both the Certificate IV and Diploma can be completed without undertaking a dedicated FDSV unit.

4) Implications for Upskilling the AOD Workforce

- The review identified a fragmented landscape for **AOD-specific practice support,** with no nationally consistent, mandatory core FDSV capability expectations or coordinated training pathways for the AOD workforce.
- **General supports,** including workforce training and resources, may help support AOD workers; however, they were generally developed for broader workforces (e.g., health and human services professionals) or specialist FDSV organisations and did not explicitly address the intersection of AOD use and FDSV.
- **General supports**, including system frameworks and referral pathways, provide important infrastructure for coordinated responses to FDSV; however, guidance specific to AOD practice was generally limited.
- Existing nationally endorsed **AOD VET product units** could be built upon to support the development of a nationally recognised FDSV training pathway for the AOD workforce.

Limitations

This review was based on publicly available information identified through targeted desktop searches and, as a result, may not represent an exhaustive inventory of all FDSV-related practice supports, workforce development initiatives and VET training products relevant to the AOD workforce. The review focused on identifying and describing available supports and did not assess their uptake, implementation or effectiveness. As such, further research is needed to understand how identified supports are used in practice and which approaches are most effective in supporting the AOD workforce to respond to FDSV.

Conclusion

This review identified a growing body of AOD-specific practice supports, alongside a broad range of general supports and AOD VET products relevant to FDSV. However, the AOD-specific practice support landscape remains fragmented, with no nationally consistent core FDSV capability expectations or coordinated training pathways identified. General supports provide an important foundation for recognising, responding to and referring FDSV, but may require contextualisation for AOD practice.

The findings highlight opportunities for future research and workforce development, including:

- **Understanding workforce capability** by examining FDSV knowledge, confidence, learning needs, organisational support and implementation of existing practice supports across the Australian AOD workforce.
- **Establishing nationally consistent workforce capability expectations** to define the core FDSV knowledge, skills and capabilities required across the Australian AOD workforce.
- **Embedding FDSV capability within AOD VET products** by incorporating FDSV content as a core requirement to support more consistent exposure to FDSV knowledge and skills.

- **Developing and implementing FDSV capability initiatives** for the AOD workforce, including coordinated training pathways, contextualised practice guidance, and expanded resources for working with people who use violence.
- **Evaluating FDSV initiatives** to develop the AOD workforce**,** to determine their impact on workforce capability, organisational practice and continuous quality improvement across the AOD sector.

Background

Family, Domestic and Sexual Violence (FDSV) is an umbrella term that refers to a broad range of violent and abusive behaviours, including physical, emotional, financial, and sexual violence, that cause fear, harm, intimidation, or control (2). These behaviours can occur within family and intimate relationships, as well as in non-familial and non-intimate settings (2). FDSV is a significant health and welfare concern, primarily affecting women and children. However, it can occur across all demographic and socioeconomic groups (2). Australian Bureau of Statistics (ABS) data reveal that an estimated 41% of Australians (8 million) aged 15+ have experienced some form of violence, while 1 in 4 (23% or 2.3 million) women and 1 in 14 (7.3% or 693,000) men have experienced intimate partner violence (3).

Research has identified an intersection between alcohol and other drug (AOD) use and FDSV, with AOD use associated with both perpetration and victimisation (4-6). Patterns of substance use may occur before or after experiences of violence, and both misuse and cessation have been identified as risk factors for FDSV (4-6). The co-occurrence of AOD use and FDSV highlights the relevance of FDSV to the AOD sector, and the need for an FDSV-informed AOD workforce. Australian literature exploring the relationship between AOD and FDSV is largely focussed on AOD treatment settings. It indicates that AOD services commonly engage with individuals affected by violence, including both victim-survivors and people who use violence (7).

FDSV continues to result in significant and ongoing harm. In 2024-25, one woman was killed by an intimate partner every 11 days, and one man every 26 days, highlighting the severity of the issue and reinforcing the importance of strong and coordinated workforce responses across the health and community services sector (8). The AOD sector is an important point of contact for the identification of, and appropriate response to, FDSV. Given the co-occurrence of FDSV and AOD, the sector is also well placed to contribute to reducing the harms associated with FDSV. However, fulfilling this role requires workers to be equipped with the core competencies needed to recognise, respond to and refer both victim-survivors and people who use violence. A 2019-20 national survey of the Australian AOD workforce revealed that around half (52%) of respondents identified training gaps in working with clients with current/past experience of family violence and identified family violence as a priority area for further professional development (1). This confirmed the findings of an earlier review of AOD treatment practice that highlighted gaps in workforce training, confidence, knowledge and skills and organisational support for addressing and responding to family and domestic violence (7).

The importance of the FDSV-related capability of the AOD workforce was noted in the Australian Government's rapid review of evidence-based approaches to prevent gender-based violence, *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*, which aimed to extend the work of the *National Plan to End Violence Against Women and Children 2022-2032* (9). The rapid review included a recommendation (11a) for the Commonwealth, state and territory governments to strengthen workforce capability across the health system by equipping and resourcing services, including AOD services, to identify FDSV and respond appropriately through safe practice, referral, and accountability pathways (10). This recommendation and prior evidence of workforce gaps underscore the need to examine FDSV-related workforce development opportunities for the AOD sector.

Terminology

Terminology relating to family, domestic and sexual violence (FDSV) varies across Australian jurisdictions, services, policies and research contexts (11). Terms such as *domestic violence (DV)*, *family violence (FV), sexual violence (SV), domestic and family violence (DFV)*, *family and domestic violence (FDV)*, *domestic, family and sexual violence (DFSV)*, and *family, domestic, and sexual violence (FDSV)* may be used across resources, reflecting differences in scope, population and context.

In this report, family, domestic and sexual violence (FDSV) is used as an umbrella term to reflect the breadth of behaviours, relationships and settings described across the resources reviewed. However, individual resources vary in scope and may focus on specific forms of violence (e.g., DV, FV, or FDV), with further detail on each resource's focus provided in the appendices, using the same acronyms as the original sources. The term *victim-survivor* is used to acknowledge diverse lived experiences of violence (11-13). The term *people who use violence* is used where appropriate to describe those who perpetrate harm, while *perpetrator* is retained where it appears in resource titles, policies, or reporting contexts that use this terminology (11, 12).

Purpose and Key Questions

Purpose: To identify available resources and training to upskill the AOD workforce in FDSV, including the ways workers can identify, respond to and refer FDSV safely and appropriately (i.e. practice supports).

Key Questions:

1. What **AOD-specific practice supports** are available to upskill the AOD workforce to support clients experiencing FDSV?

2. What **general supports** are available to upskill the AOD workforce to support clients experiencing FDSV?

3. What **AOD VET products** are available to upskill the AOD workforce to support clients experiencing FDSV?

4. What are the **implications** of this desktop review for upskilling the AOD workforce to support clients experiencing FDSV?

Method

Design

A desktop review was conducted to collate and synthesise publicly available Australian FDSV practice supports relevant to upskilling the AOD workforce. The review aimed to identify AOD-specific FDSV practice supports, general FDSV supports, and AOD VET products relevant to identifying, responding to, supporting and referring clients experiencing FDSV safely and appropriately. For the purposes of this review, *practice supports* were broadly defined as FDSV-related training, educational resources, practice guidance, referral pathways, system frameworks, and other tools intended to support workforce capability. *Supporting clients experiencing FDSV* encompasses recognising FDSV, responding appropriately, facilitating referrals to specialist and related services, and supporting ongoing care where relevant.

For the purposes of this review, referral frameworks, pathways and systems refer to processes and mechanisms that support connections to specialist FDSV services and other related supports, rather than referral to AOD services. The review examined both AOD-specific and general FDSV practice supports. The term *general supports* refers to supports developed for broad health, community service, and human service workforces that are not specifically targeted to the AOD workforce.

This review is limited to publicly available and accessible practice supports available as at May 2026, including resources currently available, scheduled for future delivery (e.g. training sessions), and those that can be accessed or delivered upon request (e.g., tailored training). This was supplemented by discussion at meetings of the National Centre for Education and Training on Addiction (NCETA) Workforce Reference Group (WRG) (April 2026) and the State and Territory AOD Peaks Network (June 2026).

Search Strategy

A targeted desktop search strategy was used, primarily using the Google search engine to identify relevant resources and to search within key Australian government websites, peak bodies, research organisations, training providers, and specialist FDSV and AOD service websites. Searches were conducted between 30 March 2026 and 13 May 2026.

Searches were guided by key concepts relating to FDSV, workforce training and capability, referral pathways, risk management frameworks, safety planning and AOD practice. Searches were conducted iteratively, with additional resources identified through reviewing reference lists and linked materials. This approach was exploratory and aimed to identify a broad range of relevant resources rather than provide an exhaustive catalogue. The full list of search terms is provided in Appendix A.

A review of AOD VET products was also undertaken using Training.gov.au. This was included to capture the extent to which FDSV is embedded within formal AOD training pathways, alongside publicly available training and resources. For each AOD VET product, units of competency were reviewed to identify references to FDSV (e.g. keyword searches for “violence”) within unit descriptions, performance criteria and knowledge evidence.

Analysis

For the purposes of this review, practice supports were categorised as either AOD-specific practice supports or general supports. AOD-specific practice supports included those developed specifically for AOD workers or services, those addressing the intersection of AOD and FDSV, or those providing guidance relevant to AOD practice. General supports included those developed to support workforce capability and professional practice across broad health, community service, and human service workforces, where they were not specifically tailored to AOD practice. Resources intended solely for victim-survivors, people who use violence, family members, or the general community were excluded.

For each included practice support, information was extracted on the developing organisation, including organisation type (government or non-government), the organisation level (state/territory or national), practice support name, practice support type, target audience, publication year (where available), and a description of the practice support. Practice support type classifications (e.g., training, webinar, guideline) were based on how they were described by the developing organisation. Additional information was also extracted from AOD-specific practice supports and general supports (training supports) regarding the inclusion of substantial or explicit content relating to working with people who use violence. For AOD-specific practice supports only, information was also extracted on whether resources included specific guidance on referral pathways, processes, or connecting clients with specialist services. For general supports (frameworks and referral pathways), information was also extracted on whether the AOD sector was referenced within the framework. Practice support descriptions were extracted directly from the supports where available or, where no description was provided, developed by the researcher based on the stated purpose, intended audience and content of the practice support. Extracted data were used to describe and compare the characteristics of identified practice supports.

For AOD VET products, the following four training products were reviewed for content related to FDSV:

- Alcohol and Other Drugs Skill Set (CHCSS00093) (14)
- Alcohol and Other Drugs Co-existing Needs Skill Set (CHCSS00092) (15)
- Certificate IV in Alcohol and Other Drugs (CHC43215) (16)
- Diploma of Alcohol and Other Drugs (CHC53215) (17)

The two Skill Sets comprise four core units of competency designed to address specific workforce needs and are not Australian Qualifications Framework (AQF) qualifications. Accordingly, the term training products is used throughout this report to refer collectively to the two Skill Sets and the two qualifications.

Units identified as containing FDSV-related content were reviewed to determine if they were core or elective, whether FDSV was the primary focus of the unit or referenced within broader topics, and the nature of FDSV content. This information was used to compare the inclusion of FDSV across training products and develop summary descriptions of FDSV-related knowledge that may be obtained through each training product (Table 1 and Appendix E).

Findings

In total, 70 practice supports were identified through the review, including AOD-specific (n = 19) and general (n = 51). Practice supports were identified across both national and state/territory contexts, although the jurisdictional origins of some were not always clearly specified. Publication dates were available for 23 of the practice supports included in the review (excluding jurisdictional system-level frameworks, training and resource libraries). These practice supports were published between 2012 and 2026, with the majority (n = 15) published from 2020 onwards. Additionally, four AOD VET products were reviewed, of which three included units containing references to FDSV. Dedicated FDSV units (n = 2) were identified, both of which were offered as electives.

Practice support types are presented descriptively to illustrate the range of supports identified through the review and should not be interpreted as reflecting the relative effectiveness of different support formats. The review did not assess the uptake, implementation, effectiveness, or impact of different support formats (e.g., webinars, practice guides, training opportunities).

The findings are presented across three key areas: (1) AOD-specific practice supports, (2) general supports, and (3) AOD VET products relevant to upskilling the AOD workforce to support clients experiencing FDSV.

AOD-Specific Practice Supports

Training and Resources

AOD-specific practice supports (n = 19) included webinars (n = 9), practice guides (n = 4), a capability tool (n = 1), a capability building initiative (n = 1), a scope of practice document (n = 1), a literature review (n = 1), guidelines (n = 1) and a community of practice (n = 1). Most identified resources were recent, with nine published from 2020 onwards, eight from 2012 to 2020, and two unknown. For a full list of AOD-specific practice supports and their publication years, see Appendix B.

Availability and geographic distribution

Most AOD-specific practice supports were publicly accessible to workers across Australia (n = 18), with only one identified as being implemented through a state-based capability-building initiative. Practice support development was more commonly led by state or territory organisations (n = 13), often by AOD peak bodies, with fewer developed at a national level (n = 6). Despite being developed within specific jurisdictions, most practice supports appeared applicable across Australian settings, with jurisdiction-specific content generally limited to implementation-focused components such as legislation, referral pathways, information-sharing mechanisms, risk assessment frameworks, and local service-system arrangements, rather than core practice content. For example, the Queensland-based webinar by Insight *AOD and DFV with Victim Survivors* (18) referenced Queensland's Common Risk and Safety Framework (19), a jurisdiction-specific framework used to support DFV risk assessment and response. However,

the broader content relating to risk identification, victim-survivor safety, and referral practices was generally applicable across jurisdictions.

Types and focus of training and resources

The AOD-specific practice supports identified through this review were developed to support FDSV capability within AOD practice and comprised a range of distinct types (See Appendix B), including:

- **Webinars (n = 9)** which provided insights into the intersection of AOD use and FDSV, including theoretical perspectives, practice considerations, recognition and identification of FDSV, risk and safety considerations, referral pathways, the complexities of working with co-occurring needs, and findings from the Queensland Domestic and Family Violence Death Review and Advisory Board (18, 20-27). Two webinars focused on considerations and resources for working with people who use violence (25, 26).
- **Practice guides (n = 4)** developed by organisations in several Australian jurisdictions collectively provide practical guidance to support AOD workers and organisations in recognising and responding to FDSV, including safe engagement with clients, implementation of FDSV policies and procedures and referral pathways (28-31). One practice guide was specifically designed for AOD practitioners to work safely and effectively with clients who use violence (30).
- **Capability tool (n = 1)**, developed through an Australian Capital Territory initiative but designed for use by specialist AOD services to assess their current responses to service consumers experiencing or using FDSV and planning for future service improvements (32).
- **Capability building initiative (n = 1)**, a Western Australian cross-sector initiative incorporating workforce training, organisational development, and a capability review tool to strengthen service responses to the intersection between AOD and FDSV (33).
- **Scope of practice document (n = 1)**, outlining the roles, responsibilities, and practice boundaries of AOD workers when engaging with people experiencing or using FDSV, supporting safe and appropriate practice (34).
- **Literature review (n = 1)**, examining the relationships between AOD use and FDSV in the context of AOD treatment settings (7).
- **Guidelines (n = 1),** developed by a national research organisation for the Victorian sexual assault and AOD workforce, supporting practitioners to recognise and respond to co-occurring sexual assault trauma and substance use (35).
- **Community of Practice (n = 1),** a Victorian AOD workforce network for knowledge sharing, professional development and family violence practice support (36).

Several (n = 11) practice supports included guidance on supporting clients and responding to FDSV, including referral processes and collaboration with specialist services (18, 21, 24-31, 35). Referral guidance commonly involved directing workers to existing jurisdictional risk assessment and referral systems, as well as facilitating connections with relevant specialist services. Across the identified practice supports, four specifically included content related to working with people who use violence (25, 26, 30, 34).

Overall, webinars were the most common AOD-specific practice support identified. While a capability building initiative was identified (33), no structured training programs, formal frameworks, or system-level AOD-specific practice supports were identified through this review.

General Supports

Training and Resources

General training and resource supports included a mix of training (n = 26), written practice guidance through guidelines (n = 3), frameworks (n = 1), and codes of practice (n = 2) as well as supplementary resource libraries (n = 10). For a full list of identified resources, see Appendix C.

Training

A total of 26 training providers offering general training were identified through this desktop review (see Appendix C.1 for the full list of identified training providers).

These training opportunities varied in delivery, structure and content. They were primarily designed for workers across multiple service sectors, including community and social services, primary care, and frontline support services, as well as specialist FDSV workforces, rather than specifically for AOD workers. In terms of delivery:

- **Training opportunities were predominantly online/e-learning** (n = 12), in-person (n = 3) and hybrid formats where both online and in-person variations were available (n = 9). Delivery format was unspecified for courses offered by two training providers.
- **Training was delivered by a diverse mix of provider types**, including a nationally funded program (Lifeline's DV-alert (37)), specialist FDSV service providers (e.g., Safe + Equal (formerly Domestic Violence Victoria), No to Violence), FDSV workforce development and training organisations (e.g., Australian Institute of Social Relations), practice-model specific training (e.g., Safe & Together Institute), and government agencies (e.g., Queensland Government – Department of Families, Seniors, Disability Services and Child Safety). Broader health and social service organisations (e.g., Sexual Health Quarters, Settlement Services International) also contributed to the delivery of training.

In terms of structure:

- **Training was most commonly delivered as individual FDSV-focused courses**, typically offered as standalone sessions rather than as part of structured programs made up of multiple linked sessions.
- **Some organisations offer multiple FDSV training opportunities;** however, these were typically delivered as separate standalone courses rather than as a sequenced learning pathway or program. For example, DVassist offers a range of standalone training opportunities covering topics including domestic and family violence, coercive control, supporting children and young people, and trauma-informed practice (38, 39).
- **Lifeline Australia's 'DV-alert' was identified as a key FDSV training program in Australia** (40). Federally funded and delivered through a structured range of training options, it provides both foundational and targeted training, including core workshops

and additional components that can be completed individually or as part of a broader learning pathway, designed to support a wide range of frontline workers (e.g., health, allied health, and community service sectors) to recognise and respond to FDSV and make appropriate referrals (37).

In terms of content:

- **Across training opportunities, courses typically focused on foundational FDSV workforce capability**. In particular, this included recognising indicators of violence, responding safely to disclosures and facilitating referral to specialist services.
- **A number of training providers (n = 9) offered courses focused on working with people who use violence.** Of these, six were specifically focused on men who use violence, while three referred more broadly to working with people who use violence.

Overall, general FDSV training relevant to AOD practice is widely available online. However, training was generally designed for broad workforces and service systems rather than specifically for AOD workers. Information about available training opportunities was dispersed across multiple providers and platforms, and participation was largely voluntary. No single coordinated national training pathway for the broader human services workforce was identified.

Resources (guidance, guidelines, frameworks and standards)

A total of six general resource supports were identified, including guidelines (n = 3), codes of practice (n = 2) and a framework (n = 1) relevant to AOD practice (see Appendix C.2 for the full list of identified resources). These resources are primarily designed for practitioners working within FDSV services as well as professionals across a broad range of sectors who may engage with clients experiencing FDSV, rather than for AOD services specifically.

- **Guidelines** (e.g., the *RACGP White Book* (41)) provide practical, frontline-oriented guidance to support practitioners in recognising indicators of violence, undertaking safe enquiry and responding to disclosures.
- **Codes of practice** (e.g., Safe + Equal's *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors* (42)) set out sector-level principles, service standards and expectations to guide high-quality, victim-survivor centred service delivery.
- The identified **framework** (Legal Aid Queensland's *Domestic and Family Violence Best Practice Framework for Legal and Non-Legal Practitioners* (43)) outlines the overarching principles and approaches to support informed and safe practitioner responses to FDSV.

Together, these resources offer foundational guidance for safe, evidence-informed and victim-survivor centred practice, including safe enquiry, immediate response considerations, referral pathways and service delivery standards. While these standards shape expectations across general FDSV service systems, AOD services are not the intended audience.

Resource libraries

A total of 10 resource libraries were identified (see Appendix C.3 for the full list of identified resource libraries). These comprise online repositories of curated materials, including videos, webinars, fact sheets, toolkits and links to further information, rather than a static list of recommended readings. Examples include the 1800RESPECT "Professionals" resource hub

(44), the Women's Safety Services SA "Information for Workers" resource collection (45), and Safe + Equal's "Working in Family Violence" resource collection (46). These all provide access to a broad range of information and guidance across FDSV practice.

These resource libraries support information-sharing and self-directed learning, rather than structured skill development. They enable practitioners to access topic-specific information, refresh knowledge, and explore areas of practice including responding to disclosures, inclusive practice and working with specific population groups (e.g., Aboriginal and Torres Strait Islander clients, people with disability, or culturally and linguistically diverse communities).

System-Level Frameworks, Referral Pathways and Workforce Initiatives

In addition to training and resources, the review identified broader frameworks, referral pathways and workforce initiatives within the general supports category. These included jurisdictional FDSV frameworks and referral pathways, as well as a national pilot initiative aimed at strengthening workforce capability and service responses to FDSV. These forms of support were not identified within the AOD-specific practice supports reviewed.

Jurisdictional FDSV frameworks and referral pathways

Each Australian jurisdiction had its own government-developed system-level frameworks and referral pathways relating to identifying, responding to, and referring FDSV (n = 8). For a full list of identified systems, see Appendix D.

Across jurisdictions, these frameworks are designed to operate across multiple service sectors, including health, community and human services. They establish shared approaches to identifying risk and coordinating responses and provide a consistent structural foundation for FDSV responses at a system level. In all jurisdictional frameworks, AOD services are mentioned in some capacity, highlighting the intersections between AOD and FDSV.

National FDSV workforce pilot initiative

One national pilot initiative, known as the *Supporting Primary Care Sector Responses to Family, Domestic and Sexual Violence Pilot*, was identified as being delivered across multiple Primary Health Networks (PHNs; n = 12) and jurisdictions (n = 8) (47).[1] This national initiative forms part of the Australian Government's National Plan to End Violence against Women and Children 2022-2032 and is run by the Australian Government Department of Health and Aged Care in collaboration with the selected PHNs to strengthen primary care responses to FDSV (47).

The initiative, which commenced in 2022, is implemented locally across PHN regions through a range of coordinated activities designed to build workforce capability and strengthen service responses (47). These include workforce training, development of referral pathways, coordination of local services, and support for service navigation through link worker roles. While

[1] This initiative is delivered across 12 participating PHNs nationally, including ACT PHN (Capital Health Network), Adelaide PHN (with Country SA PHN), Brisbane South PHN (QLD), Central and Eastern Sydney PHN (NSW), Hunter New England and Central Coast PHN (NSW), Nepean Blue Mountains PHN (NSW), Northern Territory (NT) PHN, North Western Melbourne PHN (VIC), Perth South PHN (WA Primary Health Alliance), Tasmania PHN (Primary Health Tasmania) and Western Victoria PHN (VIC) (48).

these activities may vary across PHNs, they share a common aim of improving the capacity of primary care providers to recognise, respond to and refer cases of FDSV.

While the initiative is not developed specifically for AOD services, it may be relevant to AOD practice in contexts where AOD services interact with primary care or participate in shared referral pathways supported by PHNs.

AOD VET Products

Table 1 summarises the extent and nature of FDSV-related content identified within titles and descriptions of the four nationally endorsed AOD VET products reviewed. These comprised the Certificate IV, Diploma and two Skill Sets, which package selected VET units to address specific workforce needs without constituting a full qualification. FDSV-related content was identified in three of the four training products, although much of this content was embedded within broader topics. Two units were specifically dedicated to FDSV (CHCDFV001 *Recognise and respond appropriately to domestic and family violence* and CHCDFV006 *Counsel clients affected by domestic and family violence*). However, both were elective rather than core units.

Table 1. FDSV-related content in selected AOD VET products

Training product type	Name	Dedicated FDSV Unit Identified	Extent of FDSV Content	Indicative FDSV Knowledge*
Skill Set	Alcohol and Other Drugs Skill Set (14)	No	None: No explicit FDSV-related content identified.	No explicit FDSV knowledge.
Skill Set	Alcohol and Other Drugs Co-existing Needs Skill Set (15)	No	Limited: FV content embedded within a core unit addressing co-existing needs.	Basic awareness of FDSV and AOD as co-occurring issues.
Certificate	Certificate IV in Alcohol and Other Drugs (16)	Yes (elective)	Moderate: FDSV content embedded within one core units, together with a dedicated elective unit focused on recognising and responding to DFV.	Basic awareness of FDSV and AOD intersections in assessment, crisis response and case management.
Diploma	Diploma of Alcohol and Other Drugs (17)	Yes (elective)	Most extensive: FDSV content embedded across two core units, with a dedicated elective unit focused on counselling clients affected by DFV.	Increased awareness of FDSV-AOD intersections, trauma and complexity in client presentations.

** Expected FDSV knowledge reflects the authors' interpretation of the knowledge addressed by the identified curriculum content and is not a measure of assessed competency or workforce capability.*

Note. Extent of FDSV content reflects the degree to which FDSV was explicitly incorporated within training product units. *None* indicates no explicit FDSV content identified; *Limited* indicates isolated or indirect references to FDSV within broader content areas; *Moderate* indicates FDSV content included across multiple units and/or through an elective unit; and *Most extensive* indicates FDSV content incorporated across multiple core units, including dedicated FDSV-focused content.

The inclusion of FDSV content varied considerably across the training products reviewed. FDSV-related content was identified in three of the four training products, although the extent of coverage ranged from isolated references within broader content areas to integration across multiple units. The Diploma of Alcohol and Other Drugs (17) appeared to provide the most comprehensive inclusion of FDSV-related content, while no explicit FDSV content was identified within the Alcohol and Other Drug Skill Set (14).

Across training product types, FDSV content was more commonly embedded within broader units relating to co-existing needs, trauma-informed care, crisis response and case management than delivered through dedicated FDSV-focused units. Dedicated FDSV units were uncommon, with only two identified across the reviewed training products. Both were offered as electives rather than core units and were only available within the Certificate IV in Alcohol and Other Drugs (16) and the Diploma of Alcohol and Other Drugs (17). For a full summary of identified units containing FDSV-related content, see Appendix E.

Discussion and Conclusion

Interpreting the Findings

This desktop review identified a range of AOD-specific practice supports, general supports, and AOD VET products relevant to upskilling the AOD workforce about supporting clients experiencing or impacted by FDSV. However, together these findings highlight limitations in the current practice support landscape and opportunities to strengthen workforce capability.

The AOD-Specific Practice Support Landscape

The review identified a diverse range of supports that directly address the intersection of AOD and FDSV. **Their key value lies in providing context-specific guidance that translates FDSV knowledge into AOD practice settings.** These supports explicitly link FDSV to AOD service delivery and reflect the types of scenarios and client presentations encountered in practice. As a result, they reduce the need for AOD workers to interpret general FDSV guidance and instead offer more directly applicable approaches to recognising and responding to FDSV within AOD practice.

This is particularly important given that general supports may not consistently address the relevance of FDSV within AOD practice or provide sufficient guidance on responding to co-occurring substance use and FDSV. **AOD-specific practice supports help bridge this gap** by reinforcing the relevance of FDSV to AOD work, supporting responses to complex client presentations, and providing guidance tailored to AOD service contexts.

The inclusion of guidance related to supporting and referring clients experiencing FDSV further reinforces the relevance of FDSV to AOD practice and may assist workers to navigate existing service systems. However, the extent to which this guidance is incorporated into organisational policies, procedures and routine practice remains unclear. **This may contribute to variation in how FDSV is recognised, managed and referred within AOD services.**

Although practice support development primarily occurred at the state and territory level, **many practice supports appeared transferable across jurisdictions**, with jurisdiction-specific content generally limited to implementation-focused elements such as risk assessment frameworks and local service-system arrangements. Notably, almost half of the identified practice supports were developed since 2020, indicating that much of this AOD-specific practice support development has occurred in recent years. Practice supports were developed by a range of organisations across jurisdictions, resulting in a diverse practice support landscape. As a result, practice supports are distributed across different organisations' websites, platforms and professional networks, creating a dispersed and fragmented landscape. Consequently, awareness, promotion and uptake of practice supports may vary across organisations and jurisdictions. This suggests opportunities to strengthen the coordination, visibility and accessibility of AOD-specific practice supports nationally.

Gaps in Supporting AOD Practice from Prevention Through to Response

Collectively, the findings highlight several gaps in how the AOD workforce is currently supported to contribute from prevention through to response. Key gaps identified through the review include:

- AOD-specific FDSV practice supports are fragmented across jurisdictions and vary in format.
- A lack of nationally consistent expectations regarding core FDSV capabilities required for AOD practice.
- An absence of coordinated training pathways to support the development and maintenance of FDSV capability within AOD practice, including mechanisms to ensure consistent exposure to FDSV content through relevant AOD VET products.
- Limited training and practice guidance for working with people who use violence.

While some frameworks and guiding documents exist, such as jurisdictional scope of practice or principles developed by peak AOD bodies, these are not consistently embedded across the broader AOD workforce in Australia. **As a result, there is no nationally consistent articulation of the core FDSV knowledge, skills, and capabilities expected of AOD workers.** While jurisdiction-specific guidance is needed to reflect differences in legislation, risk assessment frameworks, information sharing arrangements, and referral pathways, there may be value in establishing a shared set of foundational FDSV capabilities for AOD practice. This could support a more coordinated approach to workforce development while allowing adaptation to local service systems and requirements. Such capabilities could draw on existing FDSV frameworks and be strengthened through critical review and/or co-design with people with lived and living experience (LLE) of both FDSV and AOD.

The findings suggest that opportunities for structured AOD-specific FDSV training remain limited. While learning opportunities (e.g., webinars) are available across the sector, **no publicly available AOD-specific training programs or coordinated workforce development pathways were identified through this review.** These opportunities are generally dispersed across platforms and resource collections rather than delivered through structured training pathways. While this allows workers to select learning opportunities relevant to their needs, access may depend on individual awareness and initiative, resulting in variable engagement across the workforce. This highlights opportunities to strengthen AOD-specific FDSV workforce development through the development of more coordinated training pathways. Existing AOD VET products, together with other workforce development initiatives, may provide a foundation to support the co-design, adaptation and delivery of AOD-specific FDSV training.

Given that **dedicated FDSV units within the AOD VET qualifications reviewed are currently elective**, there may also be value in considering whether FDSV training should be incorporated as a core requirement. This could provide a mechanism for more consistent exposure to foundational FDSV knowledge and skills among workers.

A further gap relates to supporting AOD workers to work with people who use violence. Given Recommendation 11a's emphasis on responses to both victim-survivors and people who use violence, the findings suggest that this area may be less developed within the current AOD-

specific FDSV practice supports landscape (10). Existing guidance is comparatively limited and largely focused on men who use violence, which may constrain workforce capability in responding to the diverse ways in which violence presents within AOD services. **This highlights an opportunity to further develop training and practice guidance that supports AOD workers to recognise, respond to and refer people who use violence.**

An opportunity also exists to leverage the substantial body of general FDSV practice supports already available across Australia. While these practice supports may help address workforce capability needs within AOD settings, they are not designed to reflect the specific contexts, client presentations, and service delivery challenges encountered in AOD practice. Their uptake may therefore depend on AOD workers recognising FDSV as part of their scope of practice and engaging with relevant practice supports. Adapting and contextualising existing general supports for AOD settings may represent an approach to strengthening workforce capability while complementing existing AOD-specific practice supports.

The Role of General Supports for AOD Practice

General supports may provide an important foundation for FDSV capability relevant to AOD practice. These include training and resources, a workforce initiative, and jurisdictional frameworks, each of which may contribute to strengthening responses to FDSV.

General FDSV training and resources are, by definition, not designed specifically for AOD settings or practice. As a result, their usefulness depends on the extent to which AOD workers engage with and apply them within their own practice contexts. Where the connection between AOD and FDSV is not made explicit, there is a risk that general FDSV training and resources will not be perceived as relevant, **potentially leading to variable engagement and missed opportunities to build capability in responding to co-occurring AOD use and FDSV.** Consequently, AOD workforce capability may be supported primarily through broader workforce training and resources, rather than through practice supports designed specifically for the intersection of AOD use and FDSV.

Similarly, jurisdictional frameworks for risk assessment, information sharing, and referral provide an important foundation for supporting responses to FDSV. These frameworks support coordinated responses and establish shared processes and terminology across service systems. While the AOD sector is recognised within these frameworks, guidance tailored specifically to AOD practice is generally limited. As a result, **the extent to which these frameworks support AOD workers may depend on how they are implemented within local service systems and embedded within organisational policies and procedures.**

The *Supporting Primary Care Sector Responses to Family, Domestic and Sexual Violence Pilot* initiative demonstrates an approach to strengthening workforce capability and coordination of FDSV recognition, response and referral across service systems (48). However, its focus is on general and primary care, rather than AOD services, and implementation is pilot-based and time-limited. The extent to which AOD services are included in this initiative is likely to vary across PHNs and jurisdictions. While this PHN initiative may contribute to broader system coordination and connectivity, **it is not designed as an AOD-specific workforce development pathway and is therefore likely to have only indirect relevance to AOD practice.**

Taken together, these findings suggest that general FDSV practice supports alone provide an important foundation for workforce capability, but may be insufficient on their own to ensure that AOD workers are consistently equipped with the knowledge and skills required to effectively support clients experiencing FDSV.

AOD VET products

Given that 54% of AOD client service workers have completed one or more AOD VET products (1), VET represents an important mechanism for developing workforce capability in relation to FDSV. While FDSV-related content was identified within the titles and descriptions of nationally endorsed AOD VET products, much of this content is embedded within broader units covering topics such as co-existing needs, trauma-informed care, crisis response and case management. In contrast, dedicated FDSV units are available only through two elective units. This finding is consistent with a desktop review undertaken by the South Australian Royal Commission into Domestic, Family and Sexual Violence, which found that, within the nationally registered community services training package, family and domestic violence units 'are rarely included as core units within the community services qualifications and are also often not included as electives' (49, p.235).

As a result, exposure to FDSV-specific knowledge and skills may vary depending on the VET product undertaken and elective unit selection. Existing AOD VET products may therefore provide a foundation for workforce development but may not ensure consistent exposure to dedicated FDSV training across the workforce. Making FDSV content a core requirement, rather than relying on elective selection, would reduce variation in exposure and provide a mechanism for embedding FDSV capability within routine workforce preparation.

At the same time, the review suggests that the existing nationally endorsed curriculum provides a foundation on which future FDSV training could be built. Rather than developing entirely new content, the existing dedicated FDSV units, together with units addressing trauma-informed care, co-existing needs, crisis response and case management, could inform the development of a nationally recognised FDSV training pathway for the AOD workforce.

Limitations

This review has several limitations to take into consideration while interpreting results. Searches were targeted, exploratory and bounded by the selected search terms, Google search engine and timing of the search. As a result, the review may not represent an exhaustive inventory of all available FDSV practice supports in Australia. The review also relied on publicly available information and may not have captured unpublished, internally available, or emerging or restricted access practice supports, professional networks, workforce development initiatives or VET products.

While this review identified a range of approaches for supporting and referring cases of FDSV, it was not possible to determine, through a desktop review alone, how these approaches are operationalised within individual AOD services or the extent to which they are routinely used in practice. Some organisations may have their own policies, procedures or referral pathways that

were not publicly identifiable. Additionally, this review did not assess resource uptake, implementation or effectiveness and therefore cannot determine the relative impact of different practice supports on workforce knowledge, skills, attitudes or confidence. The findings should therefore not be interpreted as indicating that particular practice supports or practice support types are more effective than others. Further research and evaluation are needed to understand which approaches are most effective in supporting the AOD workforce to respond to FDSV.

Conclusion

This desktop review examined the availability of FDSV practice supports relevant to AOD settings and practice. The findings identified a growing body of AOD-specific FDSV practice supports developed by national organisations, state and territory AOD peak bodies, and specialist services, alongside a diverse range of general FDSV practice supports. AOD-specific practice supports provide valuable, contextually relevant guidance that explicitly links FDSV to AOD practice and supports workers to navigate complex, co-occurring client needs. Despite this, the resource landscape remains fragmented, with practice supports dispersed across organisations, jurisdictions and platforms.

Future opportunities to build FDSV knowledge and skills within the AOD workforce include:

- **Understanding workforce capability** by examining FDSV knowledge, confidence, learning needs, organisational support and implementation of existing practice supports across the Australian AOD workforce.
- **Establishing nationally consistent workforce capability expectations** to define the core FDSV knowledge, skills and capabilities required across the Australian AOD workforce.
- **Embedding FDSV capability within AOD VET products** by incorporating FDSV content as a core requirement to support more consistent exposure to FDSV knowledge and skills.
- **Developing and implementing FDSV capability initiatives** for the AOD workforce, including coordinated training pathways, contextualised practice guidance, and expanded resources for working with people who use violence.
- **Evaluating FDSV initiatives to develop the AOD workforce**, to determine their impact on workforce capability, organisational practice and continuous quality improvement across the AOD sector.

Strengthening workforce capability through these measures has the potential to improve the consistency of FDSV responses across the Australian AOD sector, while also enhancing worker confidence, job satisfaction and engagement when supporting clients, which are critical factors in sustaining a skilled and responsive workforce.

Appendices

Appendix A: Search terms

Search terms were used flexibly and in combination and included the following keywords, synonyms, and related variants:

- Family, domestic and sexual violence OR FDSV
- Family violence OR FV
- Domestic violence OR DV
- Domestic, family and sexual violence OR DFSV
- Alcohol and other drugs OR AOD
- Workforce
- Workforce capability
- Training
- Practice guides OR practice guidance OR practical guide
- Risk frameworks
- Referral pathways
- Safety planning

Appendix B: AOD-specific practice supports

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
Alcohol Tobacco and Other Drug Association ACT (ATODA) (non-government)	State/Territory (ACT)	*Domestic and Family Violence Capability Assessment Tool: for Alcohol and Other Drug Settings* (32)	Capability Tool	The DFVCAT is a benchmarking tool designed to assist AOD services to assess their current responses to AOD service consumers who experience or use DFV, and plan for future improvements.	2017
Alcohol Tobacco and Other Drug Association ACT (ATODA) (non-government)	State/Territory (ACT)	*Practice Guide: Responding to Domestic and Family Violence in Alcohol and Other Drug Settings* † (29)	Practice Guide	Developed for the ATOD sector to assist programs and organisations to work effectively with service consumers who experience or use DFV. Intended to guide practice with all AOD service consumers, including people of all genders who experience or use DFV, couples and families.	2017
Alcohol Tobacco and Other Drug Association ACT (ATODA) (non-government)	State/Territory (ACT)	*Scope of Practice: Working with Service Consumers in Alcohol and Other Drug Settings Who Experience or Use Domestic and Family Violence** (34)	Scope of Practice	Clarifies the roles, responsibilities, activities and decision-making capacities of the AOD workforce as it relates to responding to DFV. It can help AOD workers, programs and organisations to ensure that responses to DFV are safe and effective, and reflect the appropriate skills, qualifications and training of the workforce.	2017
ANROWS (Presented by Cathy Humphreys,	National	*Working with Complexity* (20)	Webinar	Explores the co-occurrence of DFV, mental health and AOD, and considers	2020

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
Julieann Cork, Anne Tidyman and Lora McNamara) (non-government)				implications for responding to complex client needs.	
Australian Government – Australian Institute of Family Studies (government)	National	*Establishing the connection: Guidelines for practitioners and clinicians in the sexual assault and alcohol and other drug sectors* † (35)	Guidelines	Developed to build the capacity of workers in the sexual assault and alcohol and other drug (AOD) sectors in Victoria to support shared clients who experience both sexual assault trauma and substance use issues.	2016
Engender Equality (non-government)	State/Territory (TAS)	*AOD Workers Guide to Domestic and Family Violence* † (28)	Practice Guide	Provides basic information to assist AOD workers in working with clients who may be experiencing DFV.	2024
Insight (Qld) (Presented by Dr Kathleen Baird) (government)	State/Territory (QLD)	*Domestic violence and AOD: Findings from the Queensland Death and Homicide Review Board* (22)	Webinar	Presents findings from the first Queensland Domestic and Family Violence Death Review and Advisory Board, including insights relating to AOD use and DFV.	2018
Insight (Qld) (Presented by Dr Richelle Mayshak, Dr Ashlee Curtis, Dr David Skvarc, & Travis Harries) (government)	State/Territory (QLD)	*The role of substance use in family and domestic violence* (23)	Webinar	Webinar exploring the relationship between substance use and FDV, including risk factors, typologies, treatment approaches, and practice implications.	2021
Insight (Qld) (Presented by	State/Territory (QLD)	*Understanding the Intersection of AOD Use in the Context of DFV:*	Webinar	Explores the intersection of DFV/AOD/MH, including theory and practice, as well as	2025

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
Lillian Flanagan and Dr Brian Sullivan) (government)		*What Theory Tells Us About Practice* † (21)		the basics of what is DFV and how it presents.	
Insight (Qld) (Presented by Lillian Flanagan and Dr Brian Sullivan) (government)	State/Territory (QLD)	*AOD and DFV with Victim Survivors* † (18)	Webinar	Focuses on the intersection between DFV and AOD for victim survivors, with particular attention to practice considerations, assessment tools, risk, referrals and safety.	2026
National Centre for Education and Training on Addiction (NCETA) (non-government)	National	*Can I ask...? An alcohol and drug clinician's guide to addressing family and domestic violence* † (31)	Practice Guide	Explores the relationship between AOD and FDV, with a focus on identifying how the AOD sector can better support clients who have co-occurring AOD and FDV issues, and minimise associated harms experienced by their children.	2013
National Centre for Education and Training on Addiction (NCETA) (non-government)	National	*Breaking the Silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia* (7)	Literature Review	Examines the relationships between AOD use and FDV within AOD treatment settings.	2012
Network of Alcohol and Other Drug Agencies (NADA) (non-government)	State/Territory (NSW)	*Engaging men who perpetrate domestic and family violence in the alcohol and other drugs treatment context** † (30)	Practice guide	Aims to support practitioners working in the AOD sector to work safely and effectively with clients who perpetrate DFV. Provides starting points on how to have safe and non-collusive conversations with clients	2021

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
				who cause DFV, minimise collusion with the attitudes, belief systems and narratives that perpetrators adopt to justify and give themselves permission to use DFV, and discuss referral to appropriate, specialised DFV services.	
Network of Alcohol and Other Drug Agencies (NADA) (non-government)	State/Territory (NSW)	*Family and domestic violence* † (24)	Webinar	Supports AOD workers to develop and build upon their skills to best assist victims/survivors experiencing DFV. Additionally, outlines good practice responses that identify risk and build safety and support making appropriate referrals.	2020
South Australian Network of Drug and Alcohol Services (SANDAS) (Presented by No to Violence) (non-government)	State/Territory (SA)	*SA AOD CoP Seminar Series Resources for people who use violence** † (25)	Webinar	Provides insights and practice considerations for working with people who use violence within AOD contexts, including service perspectives and sector discussion.	2026
Turning Point (non-government)	National	*Connect & Learn: As an AOD clinician, what do I need to consider about working with clients who may be using family violence?** † (26)	Webinar	Explores the clinical interaction with adult people who use violence, what accountability and visibility look like as an obligation and in practice, and the benefits of collaboration to manage risk and to increase safety for victim survivors. Highlights the importance of centring victim	

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
				survivors in practice, while promoting curiosity as a means for a clinician to explore risk.	
Turning Point (non-government)	National	*Connect & Learn: Domestic and family violence in the AOD sector* † (27)	Webinar	Explores the essential skills and knowledge to identify family violence, distinguish family violence from other kinds of relationship and safety issues and refer to the most appropriate service for safety and support while working with people with alcohol and other drug use.	2018
Victorian Alcohol and Drug Association (VAADA) (non-government)	State/Territory (VIC)	*Family Violence Community of Practice (36)*	Community of Practice	An active network of clinicians, decision makers and community leaders working within the AOD sector, who are keen to learn from and with each other. COP members receive regular updates on MARAM resourcing, education and employment opportunities, information packs, and invites to events (e.g., webinars) designed around key work-based challenges and skill-sharing.	Unknown
Western Australian Network of Alcohol & other Drug Agencies (WANADA), Centre for	State/Territory (WA)	*Intersecting family and domestic violence and alcohol and other drug capability building initiative* (33, 50)	Capability building initiative (including training and a capability tool)	Provides a cross-sector capability initiative designed to strengthen workforce capability and organisational responses to intersecting AOD use and FDV. The initiative includes workforce training, organisational development activities and a capability tool to support service	Unknown

Developing Organisation	Organisation Level	Resource / Tool Name	Type	Description	Year of Publication
Women's Safety and Wellbeing (CWSW), and Stopping Family Violence (SFV) (all non-government)				improvement across the AOD and FDSV sectors.	

Note: * indicates resources that include specific content on working with people who use violence in practice. † indicates resources that include specific guidance on referral pathways, processes, or connecting clients with specialist services.

Appendix C.1: General supports: Training

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
Australian Institute of Social Relations (non-government)	State/Territory (SA)	*Short Courses: Family Violence** (51)	Training Mode: In-person & Online	Provides a range of training courses on family violence aimed at upskilling staff. These courses focus on screening, safety planning, responding to perpetrators of family violence and working with men who perpetrate violence.	Professionals who work within the FDSV sector
BeConscious (non-government)	State/Territory (QLD)	*Vortex of Violence Training: A Trauma-Informed Model for Practice with Survivors of Domestic Violence* (52)	Training Mode: In-person & Online	Provides trauma-informed training including application of the Vortex of Violence model and approaches to trauma-informed engagement.	Practitioners working with victim-survivors of DV
Blueknot (non-government)	National	*Using a Therapeutic Lens when working with Domestic and Family Violence* (53)	Training Mode: Online	Provides trauma-informed training including understanding trauma and its effects on wellbeing, behaviour and relationships.	Professionals who work with individuals and families impacted by FDSV
Central Australian Women's Legal Service (CAWLS) (non-government)	State/Territory (NT)	*Upcoming Training* (54)	Training Mode: In-person	Provides training on identifying and responding to FDSV, including foundational, advanced and extended courses tailored to the Central Australia context.	Individuals working in Central Australia
Domestic Abuse Resource and Training Institute (DART Institute	State/Territory (WA)	*Our Training Programs** (55)	Training Mode: In-person & Online	Provides various training courses on FDV including working with people who use violence, documentation and supervision in practice, and foundational	Professionals who work within the FDSV sector

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
Australia Inc.) (non-government)				and specialist training for practitioners. Also provides a training course about working with men who use violence.	
DVassist (non-government)	State/Territory (WA)	*Training and Professional Development* (38, 39)	Training Mode: Online & In-person	Provides various training courses on FDV, including trauma-informed practice, responding to victim-survivors, risk assessment and safety planning, and supporting young people impacted by FDV.	Professionals who work in the FDSV sector in regional, rural, and remote Western Australia
Emerging Minds (non-government)	National	*Family and domestic violence (FDV) learning pathway* (56)	Training Mode: Online	Provides training for practitioners on FDV, including child-focused impacts, child-aware practice and culturally informed approaches.	Practitioners working within the FDSV sector
Insight (Qld) (government)	State/Territory (QLD)	*WORKING WITH FAMILIES - Domestic and family violence training for all Qld workers* (57)	Training Mode: eLearning	Includes two eLearning packages, namely the "Queensland domestic and family violence common risk and safety framework online training modules", and the "Domestic and family violence training modules on coercive control and legislative change".	All community services agencies who may come into contact with people experiencing DFV
Insight (Qld) (government)	State/Territory (QLD)	*WORKING WITH FAMILIES - Domestic and family violence training for Queensland Health staff** (58)	Training Mode: eLearning	Includes two eLearning modules, namely the "Introduction to DFV for Queensland Health staff", and "Clinical response to DFV".	Staff employed with Queensland Health
Lifeline Australia (non-government)	National	*DV-Alert** (37)	Training program	Provides a range of training modules for frontline workers to recognise and respond to domestic and family	Frontline workers

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
			Mode: In-person & Online	violence, including identifying risk and supporting referral to appropriate services. Also offers a workshop on working with men who use violence.	
No to Violence (non-government)	National	*Training and professional development** (59)	Training Mode: Online	Provides a range of training courses for family violence practitioners, including content on responding to people who use violence and application of frameworks such as MARAM. Also offers a training course based around MARAM for adults using FV.	Family violence practitioners
NSW Government (Ageing & Disability Commission) (government)	State/Territory (NSW)	*Training* (60)	Training Mode: Online eLearning	Provides modules on FDSV including recognising and responding to abuse, risk assessment and referral, with a focus on older women and people with a disability.	Professionals who support people impacted by FDSV
Phoenix Support & Advocacy Service Inc (non-government)	State/Territory (WA)	*Training* (61)	Training Mode: In-person & Online	Provides training based on the Safe and Together Model to explore the impact of DV on the family unit, perpetrator behaviours, and the intersection of DV with other factors such as mental health and substance abuse. Additionally, they provide tailored training packages to suit organisations' needs.	Community services sector in WA and nationally
Prevent. Assist. Respond.	State/Territory (NT)	*Training Modules* (62)	Training Mode: In-	Provides training on FDSV, focusing on improving response strategies and	Frontline workers in the NT

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
Training: PARt (non-government)			person & Online	building practical skills for victim-survivors.	
Queensland Government (Department of Families, Seniors, Disability Services & Child Safety) (government)	State/Territory (QLD)	*DFV training* (63)	Training Mode: Online eLearning	Provides online training modules focused on DFV and coercive control, including recognising patterns of behaviour and understanding legal and support responses.	Government agencies, non-government organisations and community groups in Queensland
Resisting Collusion (non-government)	National	*Training** (64, 65)	Training Mode: Online	Provides training to upskill teams in effectively working with men who use IPV.	Family violence and social services workers
Safe & Together Institute (non-government)	National	*Safe & Together Model Training* (66)	Training Mode: In-person & Live Remote	Provides training based on the Safe and Together Model to support DV-informed practice, including introductory, core and online courses for practitioners.	Professionals who work within the FDSV sector
Safe + Equal (non-government)	State/Territory (VIC)	*Training courses and events* (67)	Training Mode: Online	Provides a range of training courses to support knowledge and skills in preventing and responding to family violence.	Professionals who may identify family violence is occurring
Safer Families Centre	State/Territory (VIC)	*E-Learning modules** (68)	Training Mode:	Provides training for primary care workers to recognise and respond to	Primary care workers

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
			Online eLearning	family and domestic violence through nationally available eLearning modules.	
Settlement Services International (SSI) (non-government)	National	*Domestic, family and sexual violence e-learning courses* (69)	Training Mode: Online eLearning	Provides training on FDSV, including trauma-informed, culturally responsive and person-centred approaches to recognising, responding and referring.	Community workers, faith and community leaders, and support practitioners
Sexual Health Quarters (non-government)	State/Territory (WA)	*Understanding Reproductive Coercion and Abuse: Specialist FDV sector training to recognise, respond and refer clients* (70)	Training Mode: Online Webinar & eLearning	Provides advanced professional education on working with clients who are experiencing reproductive coercion and abuse.	FDV workers
SICURA: Education, Training & Support for DV Intervention Professionals (non-government)	State/Territory (QLD)	*Education & Training** (71)	Training Mode: Unknown	Provides a range of education and training for delivering safe and evidence-informed domestic and family violence interventions.	Practitioners working with individuals affected by FDV
Stopping Family Violence (SFV) (non-government)	State/Territory (WA)	*Training & Events** (72)	Training Mode: In-person	Provides a range of training programs on FV, including introductory, advanced and tailored training for practitioners, as well as working with children and young people.	Professionals who work within the FDSV sector in WA

Developing Organisation	Organisation Level	Training Name	Support Type	Description	Target Audience
White Ribbon Australia (non-government)	National	*Workplace Training* (73)	Training Mode: Unknown	Provides training courses including DFV Awareness Training and Advanced DFV Response Training.	Staff working within the FDSV sector
Women's Safety Services SA (WSSSA) (non-government)	State/Territory (SA)	*DFV Training* (74)	Training Mode: In-person & Online	Provides a range of training options for individuals and teams on domestic and family violence, including coercive control, risk management and workforce wellbeing, delivered in person and online.	Practitioners working with women and families
Women's Safety Services of Central Australia (WoSSCA) (non-government)	State/Territory (NT)	*Workshops* (75)	Training Mode: In-person	Provides workshops on FDSV, including coercive control and trauma-informed practice, with options for tailored delivery.	Individuals working in Central Australia and remote communities

Note: * indicates resources that include specific content on working with people who use violence.

Appendix C.2: General supports: Guidelines, frameworks and codes of practice

Developing Organisation	Organisational Level	Name	Support Type	Description	Target Audience	Year of Publication
Domestic Violence New South Wales (DVNSW) (non-government)	State/Territory (NSW)	*Good Practice Guidelines for the Specialist Domestic and Family Violence Sector in NSW* (76)	Guidelines	Outlines principles, standards, and practice guidelines to support effective service delivery.	Specialist FDSV service workers	2022
Queensland Government (government)	State/Territory (QLD)	*Domestic and Family Violence Services: Practice Principles, Standards and Guidance* (77)	Guidelines	Outlines principles, standards, and expectations for safe and evidence-informed service and practice.	FDV service workers in Queensland	2020
The Royal Australian College of General Practitioners (RACGP) (non-government)	National	*Abuse and violence: working with our patients in general practice (the White Book)* (41)	Guidelines	A handbook which provides guidance on recognising and responding to FDSV, including indicators, safe enquiry and referral pathways.	General Practitioners	2022
Legal Aid Queensland (government)	State/Territory (QLD)	*Domestic and Family Violence Best Practice Framework for Legal and Non-Legal Practitioners* (43)	Framework	Provides a framework to support legal and non-legal practitioners in responding to disclosures of DFV.	Legal and non-legal practitioners in Queensland	2020
Centre for Women's Safety and Wellbeing (non-government)	State/Territory (WA)	*Code of Practice for Specialist Family and Domestic Violence Services for Victim Survivors in Western Australia* (78)	Code of Practice	Establishes the standards, indicators, and guiding principles required for services to uphold the rights, dignity, and safety of victim-survivors, while	Specialist FDSV service workers in WA	2025

				promoting the accountability of those who use violence.		
Safe + Equal (non-government)	State/Territory (VIC)	*Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors* (42)	Code of Practice	Outlines principles and standards to guide consistent, quality service provision for victim-survivors accessing specialist FV services in Victoria.	FV service workers in Victoria	2020

Appendix C.3: General supports: Resource libraries

Developing Organisation	Organisation Level	Name	Support Type	Description	Target Audience
1800RESPECT (government)	National	*Professionals* (44)	Resource Library	Provides links to various topics with further information including responding to FDSV, inclusive practice, resources and tools, articles, and webinars.	Professionals who support people impacted by FDSV
Ageing & Disability Commission (NSW Government) (government)	State/Territory (NSW)	*Domestic, Family and Sexual Violence (DFSV) of Older Women and Women with Disability Resources* (79)	Resource Library	Provides various resources including factsheets, reflective practice resources, guides, and summary booklets to upskill frontline workers to raise awareness and understanding to better prevent, identify and respond to FDSV of older women and women with disabilities.	Frontline workers
Australia's National Research Organisation for Women's Safety (ANROWS) (non-government)	National	*Knowledge translation & exchange* (80)	Resource Library	Provides a library of webinars focused on domestic and family violence and intimate partner violence, including guidance on responding to violence, strengthening practice and improving service responses.	Professionals who support people impacted by FDSV
National Centre for Action on Child Sexual Abuse (non-government)	National	*Strengthening primary health care responses* (81)	Resource Library	Includes resources such as webinars, practice tools, and reports about responding to sexual violence and child sexual abuse.	Primary care sector

Developing Organisation	Organisation Level	Name	Support Type	Description	Target Audience
No to Violence (non-government)	National	*Sector resources* (82)	Resource Library	Includes various resources such as referral pathways, webinars and presentations to support their members in developing skills in identifying and responding to men's use of FDV and delivering best practice interventions.	Family violence practitioners
Queensland Centre for Domestic and Family Violence Research (QCDFVR) (non-government)	State/Territory (QLD)	*Our Resources* (83)	Resource Library	Offers a range of pre-recorded webinars, seminars, roundtables, factsheets and podcasts to ensure contemporary FDSV research findings are accessible.	Professionals who work within the FDSV sector
Queensland Government - Queensland Health (government)	State/Territory (QLD)	*Domestic and family violence resources for health professionals* (84)	Resource Library	Offers a series of videos to develop an understanding and response to DFV.	Healthcare workers
Relationships Australia (non-government)	National	*Search Archive* (85)	Resource Library	Offers webinars focused on working with people in prison who are survivors of child sexual abuse and providing services to male victims of domestic and family violence.	Professionals who support people impacted by FDSV
Safe + Equal (non-government)	State/Territory (VIC)	*Working in Family Violence* (46)	Resource Library	Includes an array of resources including information, advice and guidance to address FV in the community.	Family violence practitioners

Developing Organisation	Organisation Level	Name	Support Type	Description	Target Audience
Women's Safety Services SA (WSSSA) (non-government)	State/Territory (SA)	*Information for Workers* (45)	Resource Library	Provides links to various topics with further information including how to make a referral, as well as various client groups.	People who work within the FDSV sector

Appendix D: General supports: System-level frameworks and referral pathways

Jurisdiction	Framework/Tool Name	Type	Description	References AOD sector (Yes/No)
Australian Capital Territory	*ACT Domestic and Family Violence Risk Assessment Framework* (86)	Risk assessment framework and referral system	Outlines a common approach to understanding DFV. It builds a shared understanding of the nature of DFV and provides a common language for describing it. It also establishes a common approach to screening, assessing and managing DFV risk.	Yes
New South Wales	*Safer Pathway* (87)	Integrated response framework	Provides a coordinated multi-agency response to DFV, including risk assessment using the Domestic Violence Safety Assessment Tool (DVSAT) and information sharing through Safety Action Meetings (SAMs).	Yes
Northern Territory	*Domestic and Family Violence Risk Assessment and Management Framework (RAMF)* (88)	Risk assessment tool and risk management framework	Provides a consistent, evidence-based approach to identifying, assessing, responding to, referring and managing DFV risk.	Yes
Queensland	*Common Risk and Safety Framework (CRASF)* (19)	Risk assessment tool and safety framework	A framework including a series of tools designed to support the identification, assessment and management of DFV.	Yes
South Australia	*Family Safety Framework (FSF)* (89)	High-risk assessment and coordination framework	An interagency framework to support coordinated identification and response to high-risk FDV cases via information sharing and multi-agency safety responses.	Yes
Tasmania	*Safe at Home* (90)	Integrated referral and risk response system	An integrated response to identifying, referring and responding to FV as well as information sharing and legal and support services across various sectors.	Yes

Victoria	*MARAM - Multi-Agency Risk Assessment and Management Framework* (91)	Risk assessment and management framework	Provides a framework for identifying, assessing and managing FV risk, and supports consistent information sharing and coordinated responses across services.	Yes
Western Australia	*The Common Risk Assessment and Risk Management Framework (CRARMF)* (92)	Risk assessment tool and risk management framework	Provides support for identifying, assessing and managing FDV risk and supporting information sharing and referral across service systems.	Yes

Appendix E: FDSV-related content in AOD VET products

Course	Units containing FDSV-related content	Core or elective unit	Notes on FDSV coverage
Skill Sets			
Alcohol and Other Drugs Skill Set - CHCSS00093 (14)	*None identified*	N/A	These units focus on AOD context, assessment, intervention, and treatment planning. No explicit mention of violence or FDSV in unit titles/content.
Alcohol and Other Drugs Co-existing Needs Skill Set - CHCSS00092 (15)	*CHCCCS004 Assess co-existing needs* (93)	Core	Explicit mention of family violence within knowledge evidence (as an interrelated client issue alongside AOD, mental health, homelessness, etc.).
Certificates			
Certificate IV in Alcohol and Other Drugs - CHC43215 (16)	*CHCCCS004 Assess co-existing needs* (93)	Core	As above; Explicit mention of family violence within knowledge evidence (as an interrelated client issue alongside AOD, mental health, homelessness, etc.).
	CHCCCS009 Facilitate responsible behaviour (94)	Elective	FDSV is not explicitly mentioned. However, principles of responding to human behaviour relating to violence, aggression and suicide are included.
	CHCCCS019 Recognise and respond to crisis situations (95)	Elective	Explicit reference to domestic and family violence as a type of crisis situation. Focuses on recognising and responding to high-risk scenarios (e.g. abuse, threats, self-harm) within legal, ethical, and organisational frameworks.
	CHCCSM012 Coordinate complex case requirements (96)	Elective	Includes explicit reference to family and domestic violence as part of duty of care responsibilities; focuses on recognising and managing risk within complex case management and service coordination contexts.
	CHCDFV001 Recognise and respond appropriately to domestic and family violence (97)	Elective	Dedicated FDSV unit providing explicit skills in recognising, assessing, and responding to domestic and family violence, including safety planning, risk management, and referral.

	CHCFAM003 Support people to improve relationships (98)	Elective	Includes explicit reference to domestic and family violence as a factor influencing relationships and family functioning; focuses on awareness within a broader strengths-based and relationship context.
	CHCFAM010 Provide intervention support to families (99)	Elective	Explicit inclusion of domestic and family violence with a focus on recognising risk, ensuring safety, and supporting intervention and referral within family intervention practice.
	CHCGRP003 Plan, facilitate and review psycho-educational groups (100)	Elective	Explicit reference to domestic and family violence in screening processes; focuses on recognising risk and managing participation and referral.
	CHCPRT025 Identify and report children and young people at risk (101)	Elective	Explicit inclusion of domestic violence as a child risk indicator; focuses on identification and mandatory reporting.
	CHCSOH013 Work with people experiencing or at risk of homelessness (102)	Elective	Explicit inclusion of domestic and family violence as a risk factor for homelessness; focuses on identification, safety assessment, and referral rather than DFV-specific intervention.
Diploma			
Diploma of Alcohol and Other Drugs - CHC53215 (17)	*CHCCCS004 Assess co-existing needs* (93)	Core	As above; explicit mention of family violence within knowledge evidence (as an interrelated client issue alongside AOD, mental health, homelessness, etc.).
	CHCMHS007 Work effectively in trauma informed care (103)	Core	As above; indirect coverage through trauma-informed care; includes understanding the impacts of interpersonal violence and promoting safe, non-traumatising practice.
	CHCCSL001 Establish and confirm the counselling relationship (104)	Elective	Explicit mention of domestic and family violence in the context of knowledge of types of issues that clients may present in a counselling setting, the extent to which these fall within the counselling scope of practice and options for referral.
	CHCDFV006 Counsel clients affected by	Elective	Dedicated domestic and family violence counselling unit providing specialised counselling skills, including safety assessment, behaviour change, and client support in domestic and family violence contexts.

	domestic and family violence (105)		
	CHCMHS010 Implement recovery-oriented approaches to complexity (106)	Elective	Includes family violence as a complexity factor linked to mental health; focuses on integrated understanding and service coordination.
	CHCMHS013 Implement trauma informed care (107)	Elective	Reference to interpersonal violence through trauma-informed care. Addresses the impacts and dynamics of interpersonal violence, including its relationship to trauma, with a focus on understanding, safe practice, and supporting recovery.

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