

ATODA

Alcohol Tobacco & Other Drug
Association ACT



Scope of Practice:
for Working with Service
Consumers in Alcohol and
Other Drug Settings who
Experience or Use Domestic
and Family Violence

Version 1 - December 2017

We acknowledge the Traditional Custodians of the lands and waters of Australia and we pay our respects to the Elders past and present.

The *Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings who Experience or Use Domestic and Family Violence* was developed as part of the AOD Safer Families Program, an aspect of the ACT Government's broader Safer Families initiative, with funding provided through ACT Health.

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About the *Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings who Experience or Use Domestic and Family Violence*

Harmful alcohol and other drug (AOD) use is acknowledged to be associated with, and a risk factor for, experiencing and/or using domestic and family violence (DFV). Harmful or severe AOD use is a criteria for accessing specialist AOD services. Consequently, it is warranted to implement a universal standardised approach to responding to DFV in these specialist settings. Ultimately, the goal is to improve the health, wellbeing and safety of AOD service consumers, their families and communities, including by reducing the frequency and severity of DFV amongst this population.

Purpose

The Scope of Practice clarifies the roles, responsibilities, activities and decision making capacities of the AOD workforce as it relates to responding to domestic and family violence (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.

Intended audience

The Scope of Practice has been written specifically for the specialist AOD workforce, and programs/ organisations.

Settings

The Scope of Practice can be applied to diverse AOD practice settings, ranging from harm reduction to longer term residential and community-based programs.

Methods

The Scope of Practice was developed through a co-design process involving extensive consultation with the specialist AOD services; service consumers; and expert stakeholders in the ATOD, DFV, and behaviour change sectors from the ACT, New South Wales and Victoria (see Appendix A for acknowledgements and a description of the co-design process).

This Scope of Practice was developed as part of the ACT AOD Safer Families Program.

Companion materials

The Scope of Practice can be used in conjunction with two other resources to help guide AOD practice when working with AOD service consumers experiencing or using DFV:

- *Domestic and Family Violence Capability Assessment Tool: for Alcohol and Other Drug Settings (DFVCAT)*
- *Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings*

These documents and further information are available from www.atoda.org.au.

Abbreviations

ACT	Australian Capital Territory
AHPRA	Australian Health Practitioner Regulation Agency
AOD	Alcohol and other drug
ATOD	Alcohol, tobacco and other drug
ATODA	Alcohol, Tobacco and Other Drug Association ACT
DFV	Domestic and Family Violence
DFVCAT	Domestic and Family Violence Capability Assessment Tool
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Non-Government Organisation
US(A)	United States (of America)

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The alcohol and other drug workforce

Alcohol and other drug (AOD) workforce profile

Specialist AOD workers' central role involves preventing and responding to a broad spectrum of AOD-related harms. The AOD workforce is drawn from diverse occupational fields such as nursing, psychology, social work, counselling, general practice, specialist medical, pharmacy, psychiatry, allied health, education and those with lived experience.

Nationally, the largest occupational groups in the sector are 'generalist AOD workers' (40% of the non-government organisation [NGO] sector workforce) and nurses (31% of specialist workers in government services).⁽¹⁾ In the ACT, the main occupational groups (across both NGO and government services) are AOD workers (clinical) at 40.7%, nurses at 13.6% and AOD workers (non-clinical) at 10.7%.⁽²⁾

The ACT and Victoria have a minimum qualification strategy for AOD workers; they must hold either a tertiary qualification in health, social or behavioural science with a set minimum level of AOD specific training; or an AOD-specific qualification such as a Certificate IV in Alcohol and Other Drug Work.^(a)

Roles and responsibilities

AOD workers collaborate in various responses and care planning activities with service consumers whose support needs are becoming increasingly complex. AOD workers require not only strongly developed skills in AOD practice, but must also

possess skills in responding safely and effectively to a range of related issues including mental health, trauma, cognitive impairment, child protection, domestic and family violence (DFV), and those resulting from the social determinants of health such as homelessness, family and financial stress.

AOD workers provide support and treatment that is trauma and gender informed, family sensitive, and responsive to service consumer diversity including Aboriginal and/or Torres Strait Islander people, lesbian, gay, bisexual, transgender and intersex (LGBTI) people, culturally and linguistically diverse people, younger and older people.

Challenges to developing a scope of practice related to DFV in AOD settings

To date, a scope of practice for AOD workers in the area of DFV has not been developed. Key challenges in developing such a document include the following:

- The AOD field involves a diverse range of roles, requiring differing levels of knowledge and skills. On a national basis, these roles have not been uniformly described and mapped to sets of capabilities required to undertake them.⁽³⁾ Despite this, there is practice wisdom on which to develop a scope of practice for this relatively new practice area of DFV as it becomes a focus for the ATOD sector.
- AOD workers with professional qualifications, including those registered with the Australian Health Practitioner Regulation Agency (AHPRA), are required to work within the scope of practice for their particular discipline;

a. Qualification requirements of ACT and Victorian qualification strategies:

1. A qualification in ATOD or addiction studies which is equivalent to, or above, the Australian Qualifications Framework Certificate IV in Alcohol and Other Drugs (CHC43215).

OR

2. A health, social, or behavioural science related tertiary (university) qualification plus the 'Alcohol and Other Drug Skill Set':
 - CHCAOD001 Work in an alcohol and other drugs context
 - CHCAOD004 Assess needs of clients with AOD issues
 - CHCAOD006 Provide interventions for people with AOD issues
 - CHCAOD009 Develop and review individual AOD treatment plans

AND

3. A First Aid qualification equivalent to the following units:
 - HLTAID001 Provide cardiopulmonary resuscitation
 - HLTAID002 Provide basic emergency life support
 - HLTAID003 Provide first aid

whereas AOD workers without professional qualifications lack this discipline-specific guidance.

- In contrast to other countries such as the USA, there is no requirement in Australia for credentialing AOD workers according to educational attainment, training and experience that allows for clear delineation of activities aligned to each practice license.
- Evidence for effective DFV responses in AOD settings is emerging, and as more is known, the scope of practice will require regular revision to align with advances in the knowledge base.

Despite these issues, this Scope of Practice can provide guidance to organisations and individuals on safe and effective practice with AOD service consumers who use or experience DFV.

Defining a Scope of Practice

What is a scope of practice?

A scope of practice is a document that refers to the roles, responsibilities, activities and decision-making capacities that workers are trained, capable and authorised to perform in a given context.

Purpose of the DFV Scope of Practice for AOD settings

The DFV Scope of Practice has been developed to assist AOD services to plan safe and effective responses to DFV among AOD service consumers.

A scope of practice framework is usually developed by a regulating board to proscribe practice in a particular profession, for example nursing, medicine, psychology, and social work. This Scope of Practice document holds no such authority; however, it will instead provide guidance for AOD services and individual AOD workers on how to work safely and effectively in the area of DFV within the context of their particular AOD setting and focus of the service provided.

Program-wide Scope of Practice

The scope of practice for a whole program/organisation will be influenced by the setting of the AOD program/organisation, the main focus of intervention (e.g. peer based harm reduction, residential rehabilitation program), staff qualifications and skills mix, organisational policy, and the needs of service consumers.

A tool to benchmark and plan DFV responses in AOD settings has also been produced, titled the *Domestic and Family Violence Capability Assessment Tool (DFVCAT): for Alcohol and Other Drug Settings*. The DFVCAT describes five levels of AOD service capacity when responding to DFV; ranging from DFV Aware to DFV Integrated Care. The DFVCAT can, among other things, help a program/organisation assess and plan for an appropriate scope of practice. The DFVCAT provides

detail about relevant activities for each level of DFV responsiveness, which is summarised in Figure 1.

In considering a program/organisation wide scope of practice in DFV, programs/organisations need to ensure that the physical environment is suitable for the planned response and that that staff members with appropriate training and competencies are available to provide the planned response. Opportunities should be provided for new and existing staff members to acquire skills in DFV during their employment. It is recommended that AOD services develop a whole-of-workforce training needs analysis in relation to DFV and a detailed training plan.

The main activities carried out by workers in specialist AOD settings, and workers who may conduct those activities are described in this section.

All staff require training in DFV and ongoing support and supervision that is appropriate for their service setting, role and experience.

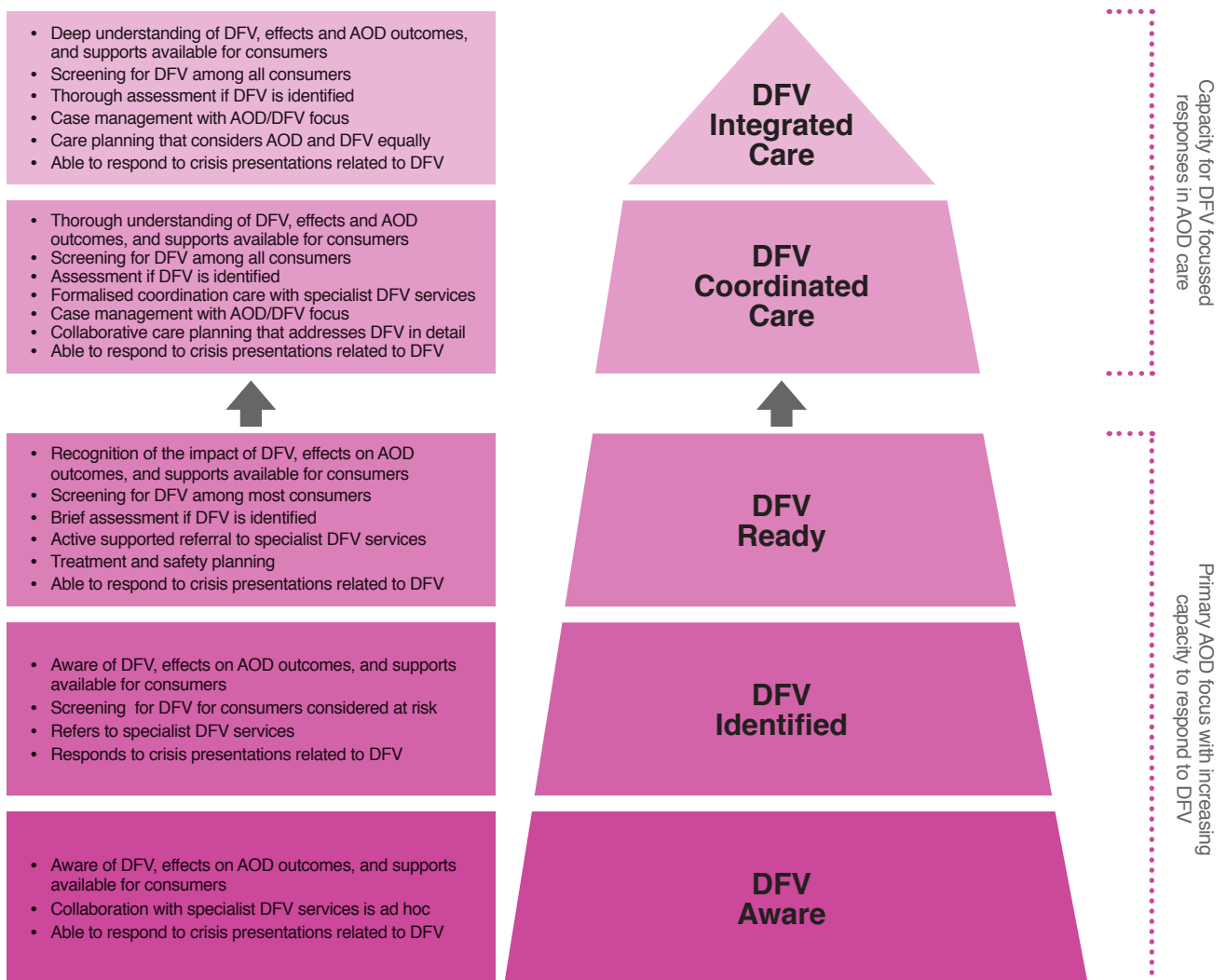


Figure 1. Program-wide Scope of Practice

Universal approach to DFV

All staff members should receive foundation training in DFV, including the relationship between DFV and AOD, and how best to support service consumers who experience DFV including crisis management and safety planning.

With appropriate training, it is likely that workers without relevant qualifications,^(b) workers who possess vocational qualifications in AOD, and workers with professional qualifications could provide education to service consumers on different forms of DFV, the relationship between AOD and DFV, provide appropriate support to increase safety, and refer service consumers to relevant support services (e.g. DFV specialist sector).

Screening for DFV

In programs/organisations where screening for DFV is conducted, staff require training to enable them to ask service consumers sensitively about DFV, and how to take the next steps if DFV is identified.

With appropriate training, it is likely that workers without relevant qualifications and workers with vocational qualifications in AOD could screen for DFV using careful questioning (e.g. “Do you feel safe at home”?).

With appropriate training, it is likely that vocationally trained AOD workers with demonstrated experience and competence in DFV responses and workers with professional qualifications could conduct screening with validated screening tools.

Safety planning

When DFV is detected, staff require training to enable them to conduct a safety plan with service consumers that also addresses the safety of children.

With appropriate training, it is likely that workers without relevant qualifications and workers with vocational qualifications in AOD could collaborate with service consumers to develop a basic safety plan.

With appropriate training, it is likely that vocationally trained AOD workers with demonstrated experience and competence in DFV responses and those with professional qualifications could develop a more sophisticated, detailed and individualised safety plan in collaboration with service consumers.

Assessment of DFV

Assessment of DFV beyond screening, including care planning that considers DFV and AOD risk as mutual factors for triggering relapse, should only be conducted by adequately trained staff. In particular, assessment of service consumers who use DFV can be complex and AOD staff who are used to advocating for their clients are at risk of inadvertently colluding with the service consumer to shift blame for their behaviour from the service consumer to the partner who is the victim of DFV. This conflicts with recommended practices intended to rest total responsibility with the person who uses DFV.

With appropriate and sufficient training and ongoing supervision in DFV, it is likely that vocationally trained AOD workers with demonstrated experience and competence in DFV responses, and those with professional qualifications who also have substantial experience in AOD, could conduct an assessment for DFV. This would contain sufficient information to allow the development of an AOD treatment plan that addresses the service consumer’s needs in relation to DFV and the impact of both AOD and DFV on treatment outcomes.

^b This could include, for example, people employed in administrative or other roles who may have contact with people experiencing DFV crises. These people may have qualifications related to their position (e.g. finance, business etc) but do not have, and are not required to have, qualifications as described in the ACT and Victorian AOD Qualification Strategies.

DFV specific support and interventions

In programs/organisations where case management with an AOD/DFV focus is offered, or programs/organisations with DFV specific content, the program/organisation is responsible for ensuring staff members have sufficient education, training and the required capabilities to perform this specialised work. Research evidence (mainly originating in the US) reporting outcomes from integrated interventions for AOD service consumers that included a DFV focus (experiencing or using DFV) were delivered by highly skilled and trained therapists (usually at post-graduate master's level), so it is essential that only trained staff deliver co-ordinated, collaborative and integrated AOD and DFV care.

Competencies in the DFV area, including evidence based interventions with people who experience DFV and people who use DFV, couples, families, and children who have witnessed DFV may be achieved through tertiary study, in-service training and ongoing supervision, completion of a professional development program, or by gaining direct experience from working in the DFV field.

With appropriate and specialised training and ongoing supervision, it is likely that AOD workers with a professional qualification and adequate experience, skills and competencies could deliver specialist care with a coordinated or integrated AOD/DFV focus.

Individual Scope of Practice

The scope of practice for the whole program/organisation is important; however, equally important is the scope of practice of each individual AOD worker within the program/organisation. An individual's scope of practice will align with their education and training, qualifications, skills, and competence in addressing DFV among AOD service consumers.

Individual AOD workers should self-assess their knowledge, skills, confidence and competence in each area of practice required by the program/organisation in regard to DFV. Staff members may develop an individualised training plan, which could be reviewed during supervision sessions. Individuals may need to increase their knowledge, skills or competence in the area of DFV to practice safely and skilfully in the area.

Working with AOD service consumers who experience DFV

The following practice points have been recommended for working with service consumers who have experienced DFV:⁽⁴⁾

1. Maintain confidentiality, except in cases where mandatory reporting is required (e.g. imminent risk of danger to the consumer or children)
2. Believe the service consumer
3. Offer choices and work together to increase safety
4. Maintain a non-judgemental attitude
5. Align with the service consumer's readiness to address DFV and do not push the person to take steps they are not ready to take
6. Develop skills in questioning about DFV with every service consumer
7. Keep accurate, concise and up-to-date service consumer records in relation to incidents of DFV as the record may be used for legal purposes
8. Develop skills in assessing for risk of harm from DFV
9. Develop skills in safety planning
10. Develop skills in effective referral strategies

Working with AOD service consumers who use DFV

A list of capabilities for working with male AOD service consumers who use DFV were developed in the United Kingdom.⁽⁵⁾ The Capabilities could potentially apply to working with consumers of both genders who use DFV and include:

1. Knowledge of the prevalence of DFV among AOD services consumers, the link between AOD and DFV, types of DFV, and how people who use violence may minimise or justify using violence
2. Interpersonal skills including ensuring responsibility rests with the person who uses DFV, therapeutic optimism that change is possible, expressing empathy without collusion, maintaining a non-judgemental attitude
3. Role legitimacy that asking about DFV is an acceptable pursuit for an AOD worker
4. Awareness of signs of use of violence, including being alert for DFV in day to day practice and knowing the 'red flags' for DFV
5. Facilitating disclosure, by fostering a therapeutic relationship, normalising questioning about use of violence, reflecting on own feelings about DFV, using probing questioning to elicit crucial information
6. Gathering information on specific risks, with the safety of the partner and children as first priority, conducting a risk assessment, and risk management planning
7. Knowing what to do with disclosure, including AOD team work and working with external agencies, knowing when to involve police and child protective services, knowing pathways for people who use violence and making effective referral for people who use violence and their partners and children
8. Continuing to work with the service consumer after disclosure, including maintaining optimism and re-establishing 'common ground' such as therapeutic alliance and continuing goal focussed AOD treatment
9. Committing to ongoing professional development in the area of DFV, including training and supervision

An example of a self-assessment in the main domains of DFV work within an AOD environment is shown in Table 1.

Table 1: Example self-assessment questions

Activity	Appraisal 0 = not required 1 = not at all developed 2 = slightly developed 3 = somewhat developed 4 = developed 5 = highly developed
Knowledge of the relationship between AOD and DFV	
Training plan:	
Knowledge of educating service consumers in types of DFV and the relationship between AOD and DFV	
Training plan:	
Knowledge of how to raise the issue of DFV sensitively	
Training plan:	
Knowledge of informal DFV screening questions	
Training plan:	
Knowledge of DFV validated screening tools and procedures	
Training plan:	
Knowledge of referral options and resources for service consumers	
Training plan:	
Knowledge of safety planning	
Training plan:	
Knowledge of conducting assessment for DFV in the context of AOD	
Training plan:	

Activity	Appraisal
Knowledge of treatment planning for AOD and DFV	
Training plan:	
Knowledge of developing collaborative working relationships with the DFV sector	
Training plan:	
Knowledge of case management for service consumers with DFV involvement	
Training plan:	
Knowledge of integrated interventions (AOD and DFV) for service consumers who experience DFV	
Training plan:	
Knowledge of interventions for the children of service consumers who witness DFV	
Training plan:	
Knowledge of issues regarding Aboriginal and/or Torres Strait Islander service consumers who experience or use DFV	
Training plan:	
Knowledge of issues regarding lesbian, gay, bisexual, transgender and intersex (LGBTI) service consumers who experience or use violence	
Training plan:	
Knowledge of issues regarding culturally and linguistically diverse service consumers who experience or use DFV	
Training plan:	

Appendix A:

Co-design Process and Acknowledgements

Co-design Process

The Scope of Practice was produced as part of the *AOD Safer Families Program* which aims to prevent and respond to DFV by establishing new coordinated/integrated AOD and DFV interventions within the specialist AOD service system, while concurrently enhancing the universal capacity of the service system including services, workforce and service consumers, to respond well to DFV.^(c)

The Scope of Practice was developed through a co-design process involving extensive consultation with the specialist AOD services; service consumers; and expert stakeholders in the ATOD, DFV, and behaviour change sectors. This included a sector forum to receive feedback on the draft Scope of Practice and endorsement of a final Scope of Practice on 9 November 2017

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We would also like to acknowledge the many individuals, families and communities also impacted by harmful alcohol and other drug (AOD) use.

The following Australian-first resources were produced as part of the ACT *AOD Safer Families Program* which aims to prevent and respond to DFV by establishing new coordinated/integrated AOD and DFV interventions within the specialist AOD service system, while concurrently enhancing the universal capacity of the service system including services, workforce and service consumers, to respond well to DFV:

- *Domestic and Family Violence Capability Assessment Tool: for AOD Settings*;
- *Scope of Practice: for Working with Service Consumers in AOD Settings who Experience or Use DFV* (this document);
- *Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings*

Funded by ACT Health, and coordinated by the Alcohol Tobacco and Other Drug Association ACT with clinical consultancy from 360Edge, the co-design process to develop these materials was rigorous and comprehensive involving AOD and DFV stakeholders, clinicians, consumer representatives, funders and policy workers. Information is provided below on the many contributors in 2017 to the AOD Safer Families Program.^(c)

^c For a full description of the co-design process and acknowledgements see Alcohol Tobacco and Other Drug Association ACT (ATODA). (2017). ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework. Canberra: ATODA. Available online at www.atoda.org.au.

Specialist ACT AOD Services

- Alcohol and Drug Services, ACT Health
- Alcohol and Other Drug Services, CatholicCare Canberra & Goulburn
- Alcohol Tobacco and Other Drug Association ACT
- Canberra Alliance for Harm Minimisation and Advocacy
- Canberra Recovery Services, The Salvation Army
- Directions Health Services
- Karralika Programs Inc.
- Toora Women Inc.

ACT Domestic and Family Violence Sector Stakeholders

- Jo Wood, Coordinator-General for Family Safety
- Members of the Domestic Violence Prevention Council and the Women's Services Network including:
 - Domestic Violence Crisis Service
 - Everyman
 - Office of the Coordinator-General for Family Safety
 - Women's Centre for Health Matters
 - Women's Health Service, ACT Health.

Ministers

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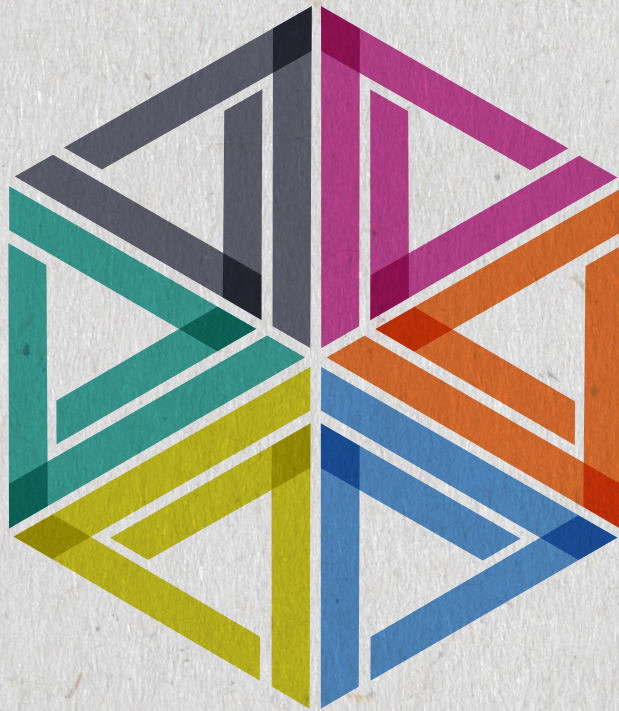
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