

30 October 2025

**Submission lodged by upload**

House of Representatives Standing Committee on Health, Aged Care and Disability

## Inquiry into health impacts of alcohol and other drugs in Australia

Thank you for the opportunity to make a submission to the inquiry into health impacts of alcohol and other drugs in Australia. This submission is informed by, and consistent with, submissions made in recent consultation processes concerning intimate partner violence, abuse and mistreatment of older people, and sexual violence, which can be found at

<https://www.relationships.org.au/research/#advocacy>.

Relationships Australia's interest in this inquiry relates to:

- the prevalence of harmful use of alcohol and other drugs among our clients (including, but not only, clients who present with concerns about domestic and family violence)
- the prevalence of domestic, family and sexual violence among our clients
- our understanding of the impact of social determinants of health and intersectional disadvantage and circumstances of vulnerability among our clients
- our commitment to lifting from our clients, especially those experiencing multiple morbidities, the burden of navigating fragmented and siloed systems
- our commitment to prevention of harm, and
- our increasing involvement in delivering community-based mental health and social connection services and programs to meet needs that are unmet by specialist mental health services.

### The work of Relationships Australia

Relationships Australia is an Australian federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, cultural background, lifestyle choices, or economic circumstances. Relationships Australia provides services for victims and perpetrators of sexual violence, as well as for domestic, family and other interpersonal violence. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others.

Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. Our services include:

- individual, couples, and family counselling
- family law counselling, mediation and dispute resolution

- Specialised Family Violence Services
- Children’s Contact Services (services which provide supervised contact and changeovers for high risk families)
- post-separation services for parents and children
- services designed for men, including programs to support parenting capacities and resources, Men’s Behaviour Change Programs, and tailored programs such as the Respectful Relationships Program for Indigenous clients
- parenting capacity programs
- alcohol and other drugs services
- gambling help services
- mental health services and program, including suicide prevention, Headspace services, and Family Mental Health Support Services
- therapeutic and case management services to applicants for Redress Support Services, Forgotten Australians, Forced Adoption Support Services, Intercountry Adoptee Family Support Service, and Post Adoption Support Services
- a range of tailored services for older Australians, including senior relationship services, elder mediation, elder abuse case management and mediation, social connection services and mental health services in residential aged care on behalf of Primary Health Networks in South Australia, and
- employee assistance programs.

In 2023-2024, Relationships Australia member organisations:

- served more than 175,000 clients across more than 100 locations and 97 outreach locations
- employed 2,000 staff to offer more than 380 unique services/programs
- launched more than 25 new programs
- participated in over 29 research projects, and
- offered more than 27 articles and submissions, which reflected and amplified what we learn from clients and through research projects,<sup>1</sup> to support legislative and policy development, and continuous improvement and innovation in service delivery.

## Recommendations

**Recommendation 1** That services to help those affected by harmful use of alcohol and other drugs should be person-centred, trauma-informed, DFV-informed and, where applicable, child-centred.

**Recommendation 2** That services to help those affected by harmful use of alcohol and other drugs should be culturally safe.

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<sup>1</sup> Relationships Australia (2024) Annual Impact Report for Family Relationships Services Programs. Accessible at <https://www.relationships.org.au/wp-content/uploads/RA-Impact-Report-24-FINAL.pdf>

**Recommendation 3** That the Government implement the Metcalfe Review recommendations in totality, supported by funding to continue to provide integrated services to address harmful use of alcohol and other drugs, as well as case management and navigation support.

**Recommendation 4** That the Budget Process Rules be revised to not merely allow for, but instead to actively encourage, cross-portfolio offsets and downstream savings (or ‘second-round effects’) (including beyond the Forward Estimates and out years) to be taken into account when considering new policy proposals.

## Framing principles of this submission

### Principle 1 - Commitment to human rights and acknowledging the impacts of intersectionality

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all.

### Principle 2 – Accessible and inclusive services: fragmentation, geographic equity, digital divide

Relationships Australia is committed to universal accessibility of services, as well as inclusive and culturally safe services. Our clients (and staff) experience stigma, shame, marginalisation and exclusion arising from diverse circumstances and positionalities, including:

- ‘postcode injustice’ in accessing health, justice and other social services, as well as social, cultural, economic and political opportunities
- poverty and financial precarity
- harmful use of alcohol and other (illicit and prescription) drugs
- harmful gambling
- status as users of care and support
- disability and longstanding health restrictions (including poor mental health)
- being an adult informal carer for a child or other adult
- being a young person caring for a child or an adult
- intimate partner violence, abuse or neglect as an older person, and/or child maltreatment
- family separation
- housing insecurity and instability
- employment precarity, unemployment and under-employment
- having come from culturally and linguistically marginalised backgrounds (including people who have chosen to migrate and people who have sought refuge)

- digital exclusion
- effects of complex grief and trauma, intergenerational trauma, intersecting disadvantage and polyvictimisation
- being survivors of institutional abuse
- experiencing homelessness or housing precarity, and
- identification as members of the LGBTIQ+ communities.

Inclusive and universally accessible services are an imperative of human rights because none of these circumstances, experiences and positionalities exists at the level of an individual or family. They become barriers to full enjoyment of human rights and full participation in economic, cultural, political, and social life through the operation of broader systemic and structural factors including:

- legal, political and bureaucratic frameworks
- beliefs and expectations that are reflected in decision-making structures (such as legislatures, courts and tribunals, and regulators)
- policy settings that inform programme administration, and
- biases or prejudices that persist across society and that are reflected in arts, culture, media and entertainment.

Relationships Australia is committed to promoting universally accessible and inclusive services, including by advocating for:

- reducing complexity of the law and its supporting processes
- reducing fragmentation and, where it is unavoidable, removing the burden of navigating systems from those whom they are intended to serve and support
- ensuring high quality and evidence-based service delivery, accompanied by robust accountability mechanisms, and
- reducing barriers to access arising from financial or economic disadvantage, as well as other positionalities and circumstances that create barriers to accessing services, such as stigma and shame.

### *Fragmentation*

Almost every submission from Relationships Australia National Office across multiple jurisdictions and policy areas identifies fragmentation as one of the principal barriers preventing delivery of the right services to the right people at the right time and at the right dosage. In our advocacy across multiple social, legal and economic policy areas, we identify the unwillingness, or inability, of Australian governments to lift the burden of fragmentation from the shoulders of those least equipped to bear it – service users – by improving intra- and inter-governmental collaboration. In family relationships policy areas (including gendered violence), services to older adults, mental health services, and children’s services, siloes within and between governments persist, despite overwhelming evidence that fragmentation causes its own harm, compounding the harms and trauma which lead service users to seek help. Forcing service users to shoulder the burden of fragmentation is the opposite of trauma-informed or person centred practice, and undermines human rights.

Our commitment to accessibility therefore underpins our advocacy for systems and processes that lift from the shoulders of those least equipped to bear them the burdens of fragmented, siloed, complex and duplicative laws, policies, programmes, and administering entities. Clients experiencing multiple morbidities and intersectionalities could benefit from case management and navigation support, made available at the earliest point of contact.

Effective case management requires more than communicating and planning with multiple service systems to ensure provision of appropriate services. Case management must ensure that services are tailored and sequenced to best address their strengths and needs, and to empower victim survivors in exercising their agency. Therefore, successful case management depends on its integration with proven interventions and available community services, operating as an organising structure alongside clinical services.

Relationships Australia organisations collaborate with local and peak body organisations to deliver a spectrum of prevention, early and tertiary programs with older people, adults, young people and children. Often, a complex suite of supports (including drug and alcohol services, family support programs, mental health services, gambling services, and housing) is needed by people affected by family violence and other relationship challenges.

#### *Postcode injustice – towards geographic equity*

Relationships Australia works in regional, rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres. Our member organisations also report significant difficulties in recruiting and retaining qualified and experienced practitioners in outer suburban and regional locations.

#### *Digital exclusion*

Digital exclusion continues to be a barrier to help seeking. Factors driving digital exclusion include:

- physical location (including urban and suburban ‘black spots’)
- cost
- apprehensions and lack of confidence around data security and the prevalence of scam activity, and
- technical expertise and/or the ability to access that.<sup>2</sup>

It is important to be aware that, in coercive controlling relationships, digital exclusion may also arise from the person engaging in coercive control ensuring that they have access to and control of devices, apps and other means of communication used by the person most in need of protection, as well as control over the content that the latter person can access and send. This can occur with or without the knowledge and free consent of a person in need of protection.

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<sup>2</sup> Noting that digital exclusion disproportionately affects people experiencing circumstances of vulnerability. See Thomas et al, 2023.

### Principle 3: Person-centred and relational services

Centring lived experience (including through co-design) in policy and service design supports the development of policy, legislation and services that uphold human rights – especially human rights of individuals and groups who have traditionally been marginalised and excluded from policy discourse, or been the ‘objects’ of such discourse. In addition, centring lived experience can enhance the transparency and public accountability in policy and programme development, and the efficiency of government services, by supporting the delivery of outcomes that are valued by service users, not just administrators.

Relationships Australia **recommends** that services to help those affected by harmful use of alcohol and other drugs should be person-centred, trauma-informed, DFV-informed and, where applicable, child-centred. (*Recommendation 1*)

### Principle 4: Prevention is key to disrupting harmful behaviours

Intergenerational patterns, as well as early indicators of risk, of engaging in harmful behaviours must be disrupted to achieve major strategic goals including ending gender based violence, impaired participation in employment and education, and other barriers to accessing social determinants of health.

### Principle 5 – An expanded understanding of diverse ways of being and knowing

Relationships Australia is committed to working with Aboriginal and Torres Strait Islander people, families and communities. Relationships Australia is also committed to enhancing the cultural responsiveness of our services to other culturally and linguistically marginalised individuals, families and communities. Our commitment to human rights necessarily includes a commitment to respecting epistemologies beyond conventional Western ways of being, thinking and doing.

Of acute importance is a commitment to respecting epistemologies and experiences of Aboriginal and Torres Strait Islander people as foundational to policy and programme development, as well as service delivery. Connection to Country, and the context-specific experiences of kinship, for example, do not countenance the hyper-individualism that pervades Western assumptions about distribution of resources and obligations between the Western nation-state and individuals, and among individuals. Centring the epistemologies and experiences of Aboriginal and Torres Strait Islander people is a necessary (although not of course sufficient) step in achieving the targets in the National Agreement on Closing the Gap, as well as preventing entry into poverty, ameliorating its effects, and hastening transitions out of poverty.

Cost, literacy, language, bureaucratic hurdles and lack of confidence in cultural safety can all impede the access of Aboriginal and Torres Strait Islander people to ‘White’ systems. Further, policies made in the context of urbanised clients often do not translate well to the situation of First Nations people living in remote areas. Well-founded distrust of government agencies in matters relating to children is also a significant barrier. Additionally, many of our clients suffer

from intergenerational and complex trauma. In some communities, violence has been normalised.

Relationships Australia supports leadership by Aboriginal Community Controlled Organisations. This does not excuse mainstream services, such as Relationships Australia, from the obligation to offer culturally safe services. Accordingly, in our submission to the Productivity Commission's current inquiry into enhancing productivity in the care and support economy,<sup>3</sup> we have recommended that all service providers, whether or not they partner with ACCOs and ACCHOs, ensure that their services, service outlets and workers are culturally safe, so that First Nations people have choice about whether to go to an ACCO service or another service, and are culturally safe regardless of their choice (see Recommendation 11 of that submission).

Relationships Australia **recommends** that services to help those affected by harmful use of alcohol and other drugs should be culturally safe. (**Recommendation 2**)

### Principle 6 - Commitment to promoting social connection and addressing loneliness as a serious public health risk

Research literature indicates associations between loneliness and harmful use of alcohol and other drugs<sup>4</sup> (although more research is needed to clarify causal pathways).<sup>5</sup>

Policy, regulatory and service interventions that strengthen connections and reduce loneliness and isolation are the most promising and feasible avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society. For example, social support has emerged as one of the strongest protective factors identified in studies of abuse of older adults:

*....Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.*<sup>6</sup>

Loneliness is a complex social problem and a public health concern. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these, and is often caused by experiences of exclusion due to structural and systemic social realities that form obstacles to participation in social, economic, cultural and political life. As a public health concern (Heinrich & Gullone, 2006; Holt-Lunstad et al, 2015; Mance, 2018), loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and an increased risk of heart disease (Valtorta, 2016). Loneliness is a precursor to poorer mental health outcomes, including increased suicidality (Calati et al, 2019;

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<sup>3</sup> The Productivity Commission is currently focusing on aged care, disability and veterans' services: Productivity Commission, 2025.

<sup>4</sup> See, eg, Herchenroeder et al, 2022; Johar et al, 2025; Wakabayashi et al, 2022.

<sup>5</sup> Wootton et al, 2021.

<sup>6</sup> See Dean, CFCA 51, 20, Box 7, citing the United States of America population study described in Acierno et al, 2017; citing also Hamby et al, 2016; Pillemer et al, 2016.

McClelland et al, 2020; Mushtaq, 2014).<sup>7</sup> Relationships Australia is a foundation member of the Ending Loneliness Together network<sup>8</sup> and has, since 2013, been the custodian of Neighbours Every Day,<sup>9</sup> the primary purpose of which is to equip and empower individuals to build sustainable, respectful relationships with those around them. It is an evidence-based campaign aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation.

## Principle 7 – Intergenerational stewardship and equity

Fairness to future generations should not be viewed through a reductionist fiscal lens. Relationships Australia takes seriously obligations of stewardship for future generations, which transcend the national balance sheet and require us to invest in social infrastructure (tangible and intangible). This includes fit for purpose human rights infrastructure and meaningful investment in prevention of harmful behaviours.

## Response to Terms of Reference

### Overview

Across Relationships Australia’s diverse suite of services, our practitioners observe individuals and families affected by harmful use of alcohol and other drugs (including illicit and prescription drugs). They need frictionless access to a range of services to achieve their therapeutic goals and set in place a robust and resilient foundation for ongoing safety and wellbeing. Service delivery, funding and compliance arrangements remain fragmented, imposing unnecessary and unsafe barriers to much-needed multi-disciplinary and place-based services.

Through our Family Relationships Centres, funded by the Attorney-General’s Department, and other service outlets, we aim to lift the burdens of fragmentation from service users by delivering multi-disciplinary wraparound services, including case management and navigation. Family Relationships Centres are proven to be effective and efficient (Metcalf Review, 2024), and could readily be expanded to provide more integrated responses to clients experiencing alcohol and other drug issues alongside their relationship challenges.

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<sup>7</sup> The campaign Ending Loneliness Together has released a guide that explains how community organisations can use validated scales to measure loneliness:

[https://endingloneliness.com.au/wpcontent/uploads/2021/08/AGuidetoMeasuring-Loneliness-for-Community-Organisations\\_Ending-LonelinessTogether.pdf](https://endingloneliness.com.au/wpcontent/uploads/2021/08/AGuidetoMeasuring-Loneliness-for-Community-Organisations_Ending-LonelinessTogether.pdf)

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<sup>9</sup> Neighbours Every Day is an evidence-based campaign, evaluated by the Australian National University, aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation. With adequate resourcing, we are confident that Neighbours Every Day could be scaled to reach a greater number of Australians, in all communities and at all stages of the life course. For recent international endorsement of Neighbours Every Day as an evidence-based intervention for loneliness, see: WHO, 2025.

Relationships Australia **recommends** that the Government implement the Metcalfe Review recommendations in totality, supported by funding to continue to provide integrated services to address harmful use of alcohol and other drugs, as well as case management and navigation support. (**Recommendation 3**)

## Harmful use of alcohol and other drugs among our clients

### *Snapshot – Relationships Australia South Australia*

People experiencing family breakdown often have a constellation of problems including family violence, harmful gambling, and risky alcohol or other drug use that have negative and often long-term harmful impacts. All Relationships Australia South Australia (RASA) services use the Detection Of Overall Risk Screen (DOORS)<sup>10</sup>, a simple, practical, and flexible three-part framework supporting professionals to comprehensively identify, map, and respond to safety and well-being risks. This approach ensures there is a consistent and holistic approach across all RASA services that has helped us build effective cross program collaboration as well as service wide procedures for responding to safety risks.

In 2023/24, RASA's clinical services were accessed by 20,863 clients. DOORS screening highlighted the challenges clients face upon intake to service. Almost 1 in 5 (17%) clients across RASA felt that they wanted or needed to cut down on their use of alcohol and/or other drugs. Other analyses indicated almost 1 in 4 (24.3%) young people in RASA's *Tailored Learning Service*, supporting young people at risk of disengaging from school, disclosed having used alcohol or drugs more than they meant to in the past 12 months (N=313). And, of men entering RASA's *Reset2Respect*, the South Australian Magistrates Court Abuse Prevention Program, almost 1 in 2 (47%) indicated they recently engaged in risky AOD use and needed 'mental health/AOD/gambling' support in the last 2 years (46%) (N=201).

As screening underscores the critical role the broader service system plays in detecting alcohol and other drug concerns, effective client support depends on strong collaboration with specialist alcohol and other drug services to ensure comprehensive, coordinated care.

### *Snapshot - Relationships Australia Tasmania*

Relationships Australia Tasmania works with families across the state, where harmful alcohol and other drug use is a common intersecting issue alongside family and domestic violence, abuse and mistreatment of older adults, mental health challenges, and child wellbeing concerns.

Risk screening data from 2017/2018 to the present is consistent with that of other members of the Relationships Australia Federation, and with the broader literature base.

Relationships Australia Tasmania has aggregated data from the DOORS tool completed by clients engaged in both early intervention programs (My DOORS) and post-separation programs

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<sup>10</sup> Family Law DOORS was originally commissioned by the Attorney-General's Department in 2010, and has been periodically validated: see McIntosh & Ralfs, 2012; McIntosh et al, 2016; Wells et al, 2018; McIntosh et al, 2021.

(Family Law DOORS). Data from 2017/2018 to the present highlights how these risks present within our services and offers a longitudinal perspective on how harmful alcohol and other drug use presents across different client groups.

Harmful use of alcohol is consistently reported at higher rates than other drug use across both My DOORS and Family Law DOORS programs. Clients are more likely to identify concerns about the alcohol and drug use of a partner or family member than their own use, highlighting the ripple effects of harmful alcohol and other drug use on families. The prevalence of alcohol and other drugs concerns is notably higher among clients engaged in Family Law DOORS, reflecting the elevated risks present in families experiencing separation, conflict, and parenting disputes. While alcohol is the most frequently reported issue, drug misuse remains a significant but less common concern. These patterns underscore the ongoing impact of harmful drug and alcohol use across diverse client groups and reinforce the need for integrated responses.

## My DOORS

Choose a Location	All Locations
Select a Financial Year or display records for all time	Show all financial years

Total respondents	6,349
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Alcohol and Drug Use	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Total
Drunk/used more than meant (self)	391 (6%)	340 (5%)	460 (7%)	484 (8%)	1675 (26%)
Felt needed to cut down (self)	357 (6%)	302 (5%)	398 (6%)	412 (6%)	1469 (23%)
Someone else worried about drinking/drug use (self)	198 (3%)	165 (3%)	221 (3%)	245 (4%)	829 (13%)
Worried about drinking/use of ex-partner/other parent	185 (3%)	129 (2%)	162 (3%)	236 (4%)	712 (11%)
	<b>Avg. (4%)</b>	<b>Avg. (4%)</b>	<b>Avg. (5%)</b>	<b>Avg. (5%)</b>	<b>Avg. (18%)</b>

Family Violence	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Total
Police called, criminal charge laid or criminal justice involvement due to behaviour of partner, ex-partner or other parent	252 (4%)	180 (3%)	241 (4%)	273 (4%)	946 (15%)
Police called, criminal charge laid or criminal justice involvement due to own behaviour	157 (2%)	120 (2%)	180 (3%)	197 (3%)	654 (10%)
Intervention order currently protecting from partner, ex-partner or other parent	119 (2%)	77 (1%)	108 (2%)	135 (2%)	439 (7%)
Intervention order currently protecting someone else from self	84 (1%)	64 (1%)	105 (2%)	112 (2%)	365 (6%)
	<b>Avg. (2%)</b>	<b>Avg. (2%)</b>	<b>Avg. (2%)</b>	<b>Avg. (3%)</b>	<b>Avg. (9%)</b>

## Family Law DOORS

Second selection to compare					
Choose a Location	All Locations				
Select a Financial Year or display records for all time	Show all financial years				
<b>Total respondents</b>	<b>8,033</b>				
Alcohol and Drug Use	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Total
Drunk/used more than meant (self)	185 (15%)	155 (12%)	226 (18%)	236 (19%)	802 (63%)
Felt needed to cut down (self)	208 (16%)	159 (12%)	230 (18%)	233 (18%)	830 (65%)
Someone else worried about drinking/drug use (self)	64 (5%)	57 (4%)	64 (5%)	79 (6%)	264 (21%)
Worried about drinking/use of ex-partner/other parent	608 (48%)	453 (36%)	652 (51%)	697 (55%)	2410 (189%)
	<b>Avg. (21%)</b>	<b>Avg. (16%)</b>	<b>Avg. (23%)</b>	<b>Avg. (24%)</b>	<b>Avg. (85%)</b>
Family Violence	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Total
Police called, criminal charge laid or criminal justice involvement due to behaviour of partner, ex-partner or other parent	666 (52%)	504 (40%)	679 (53%)	739 (58%)	2588 (203%)
Police called, criminal charge laid or criminal justice involvement due to own behaviour	369 (29%)	242 (19%)	347 (27%)	381 (30%)	1339 (105%)
Intervention order currently protecting from partner, ex-partner or other parent	218 (17%)	160 (13%)	244 (19%)	276 (22%)	898 (71%)
Intervention order currently protecting someone else from self	153 (12%)	106 (8%)	179 (14%)	182 (14%)	620 (49%)
	<b>Avg. (28%)</b>	<b>Avg. (20%)</b>	<b>Avg. (28%)</b>	<b>Avg. (31%)</b>	<b>Avg. (107%)</b>

### Domestic, family and sexual violence among our clients

Domestic and family violence remains a serious and highly prevalent problem among Relationships Australia clients. A national study of family dispute resolution (‘FDR’) outcomes conducted by Relationships Australia involved approximately 1700 participants, of whom nearly a quarter (23%) presented with high levels of psychological distress, and 68% reported experiencing at least one form of abuse, with verbal abuse being the most common (64%).<sup>11</sup> A large proportion (72%) of parenting participants in the Study also reported significant child exposure to verbal conflict between parents, including yelling, insulting and swearing.<sup>12</sup> These findings accord with broader research findings demonstrating that DFV is endemic to families who seek professional assistance when they are separating or separated (Kaspiew et al, 2015). Further, practice observation and research consistently demonstrates that DFV is not a discrete phenomenon, but is generally accompanied by a constellation of interacting challenges

<sup>11</sup> See Heard & Bickerdike, 2021a; Heard & Bickerdike, 2021b; Heard, Bickerdike & Lee, 2021.

<sup>12</sup> The *Family Law Act 1975* recognises that such exposure is a form of family violence in its own right, of which children are direct victims, reflecting increased understanding of the impact of DFV on children, as well as reflecting increased acknowledgement of children as rights bearers: see *Family Law Act 1975* (Cth), subsections 4AB(3) and 4AB(4); see also the Australian Child Maltreatment Study, especially Higgins, Mathews et al, 2023; Hameed, 2019.

including harmful use of alcohol and other drugs, mental health challenges and personality disorders.<sup>13</sup>

This means not only that DFV is core business for Relationships Australia, but that it is an ethical imperative to identify and respond to DFV, supporting victim survivors and perpetrators. Relationships Australia member organisations are funded to provide specialist services for families experiencing DFV, such as Children’s Contact Services and Parenting Orders Programs (funded by the Commonwealth Attorney-General’s Department) and the Specialised Family Violence Service (funded by the Department of Social Services).

Like general practitioners, service providers like Relationships Australia are often first points of contact by people seeking help when they are worried about, or feel unsafe in, their relationships. DFV may not be identified by our clients as their primary concern; clients may instead approach us through our alcohol and other drugs, gambling help or mental health services. However, through use of screening tools such as DOORS,<sup>14</sup> and as relationships of trust are built, DFV is often disclosed.

Similarly, abuse, neglect and mistreatment of older adults shares with intimate partner violence the characteristic of being accompanied by multiple other health, relationships and wellbeing challenges. The report by the Australian Institute of Family Studies into the nature and prevalence of abuse and neglect of older people indicated the following risk factors for experiencing and perpetrating abuse and neglect of older people:

- family separation
- conflictual family dynamics
- misuse of alcohol (particular association to perpetrating sexual abuse of an older person)
- financial hardship (particular association to perpetrating financial abuse of an older person)
- physical ill-health (particular association to perpetrating neglect of an older person), and
- mental ill-health.<sup>15</sup>

### Meeting diverse needs in a fragmented funding and jurisdictional landscape

The drivers of gender-based violence, intimate partner violence, abuse and neglect of older people, and child maltreatment are each multi-factorial;<sup>16</sup> so too must be the mechanisms by which we seek to prevent them and meet the needs of those affected. Only governments can solve these issues because, at the most fundamental level, they are innate artefacts of our federated system.

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<sup>13</sup> See Family Law Council, 2015, 2016.

<sup>14</sup> McIntosh & Ralfs, 2012; McIntosh, Wells & Lee, 2016; Wells et al, 2018.

<sup>15</sup> Qu et al, 2021.

<sup>16</sup> See, eg, Rapid Review, 2024; Qu et al, 2021; Higgins et al, 2023 (and other research from the Australian Child Maltreatment Study, accessible at <https://www.acms.au/>).

Accordingly, Relationships Australia advocates for reforms that lift from the shoulders of those least equipped to bear them the financial, emotional and logistical burdens of fragmented, siloed, complex and duplicative laws, policies, programmes, and administering entities. The complex multiple morbidities and intersectionalities experienced by many of our clients<sup>17</sup> can limit their capacity to navigate the multiple services and agencies with which they are brought into contact. For example, in considering the service response needs of women experiencing or escaping ‘domestic financial abuse’ in the United States of America, Canada and the UK, Glenn cautioned that policy makers, service providers and financial institutions need to have an:

*...[u]nderstanding that system complexity and lack of cognitive bandwidth means many survivors can't or don't access the limited support available ...and should be working to simplify systems and processes and improve access to resources.<sup>18</sup>*

Outsourcing management of fragmentation to people needing services is neither person-centred nor trauma-informed.

#### *Clients seek multiple services to navigate key transitions*

Chronically under-funded service providers of diverse disciplines work hard to develop networks and collaborations to ameliorate the impact of silos on our clients. For example, research about clients considering or experiencing family separation shows that:

- people experiencing physical violence in relationships use at least four wellbeing or family law services before or during separation (Kaspiew et al, 2015), and
- separating and separated parents accessed an average of eight different services when finalising parenting disputes under the Family Law Act. (Carson et al, 2018)

Our practice experience is consistent with these findings.

#### *Harmful use of alcohol and other drugs among separating families*

Services to assist with reducing harmful use of alcohol and other drugs are an important piece of the service delivery patchwork for people caught up in the family law system. The 2018 AIFS report about the experience of children and young people in the family law system observed that:

*It is worth noting that 50% of parents reported that they held safety concerns for themselves and/or their children as a result of ongoing contact with the other parent. The main issues of concern were: emotional abuse (64%), mental health issues (61%), violent or dangerous behaviour (32%) and alcohol or substance abuse (21%). (p 21)*

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<sup>17</sup> See, eg, ALRC, 2018, Discussion Paper 86 (esp Chapters 1 and 4); Family Law Council reports, 2015 and 2016.

<sup>18</sup> Glenn, 2019, p 53.

### *Harmful use of alcohol and other drugs prior to filicide*

ANROWS has identified alcohol and other drug services as being part of service interactions prior to filicides:<sup>19</sup>

*More filicide offenders were identified as having AOD issues (55%, n = 54) than those who were not (45%, n = 45; see Table 7), with the most common form of AOD issues involving illicit and/or prescription drugs<sup>20</sup> (52% of those with AOD issues, n = 28), followed by issues with both alcohol and other drugs (37% of those with AOD issues, n = 20). Lower rates were observed for issues with alcohol alone (11% of those with AOD issues, n = 6).*

*Overall, this means 26 per cent of filicide offenders had issues with alcohol and 48 per cent had issues with illicit and/or prescription drugs. Findings from national and international filicide studies suggest rates of offenders with AOD issues can vary between 3 and 30 per cent (Brown, Bricknell, et al., 2019; Brown, Lyneham, et al., 2019; Dixon et al., 2014; Hatters Friedman et al., 2005; Kauppi et al., 2010)....*

*In terms of the type of AOD issues, a higher proportion of female filicide offenders had issues involving illicit and/or prescription drugs (69% of 13 female offenders, n = 9) compared to male filicide offenders (46% of 41 male offenders, n = 19). Male filicide offenders more commonly had both alcohol and other drug issues (41% of 41 male offenders, n = 17) compared to female filicide offenders (23% of 13 female offenders, n = 3).<sup>21</sup>*

Alarming, the ANROWS report also noted that

*There were very few (13%, n = 11) cases of DFV context filicide where prior contact with alcohol and other drug services was evident (see Table 17), despite 55 per cent of filicide offenders being identified as having AOD issues. Of the cases that did involve prior contact with AOD services, 45 per cent had the last contact less than 3 months prior to the filicide (n = 5).*

### *Multi-disciplinary hubs – a solution to endemic fragmentation*

The evidence base consistently demonstrates the necessity, for people experiencing DFV, of being able to access an array of relevant services with as little ‘friction’ as possible.<sup>22</sup> Further, people experiencing, or at risk of experiencing, relationship breakdown seek and need a range of multi-disciplinary services, including to address harmful use of alcohol and other drugs, intergenerational trauma, harmful gambling, and mental ill-health. There are multiple examples

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<sup>19</sup> Blackmore & McLachlan, 2024; see, especially, pp 18, 45, 57.

<sup>20</sup> For most filicide offenders with an illicit and/or prescription drug issue this related to illicit drugs (96%).

<sup>21</sup> Blackmore & McLachlan, 2024, p 57.

<sup>22</sup> See, eg, Hester, 2011.

demonstrating the benefits and effectiveness of wraparound services for people experiencing concurrent service needs to support effective outcomes.<sup>23</sup>

Accordingly, Relationships Australia recommended in 2018 that the Government implement Proposals 4-1 to 4-4 made by the Australian Law Reform Commission in Discussion Paper 86 (see also Proposal 8-2), which offered Government a comprehensive and well-evidenced model for families hubs providing wraparound services. Such hubs would build on the highly efficient and effective Family Relationships Centres, which have been delivering place-based and outreach services to families now for nearly 20 years. The precise form of individual hubs would be adapted to local needs, and could be a combination of ‘bricks and mortar’, online and hybrid.

Similar recommendations have been made by the Joint Select Committee on Australia’s Family Law System, the Social Policy and Legal Affairs Committee of the House of Representatives, and most recently in the Metcalfe Review, publicly released in September 2024. Key finding 4 of that Review was that

*There is a clear need for greater flexibility in program design, delivery, and administration.*

To enable that, and achieve other objectives of a person-centred, effective and efficient family relationships services program, Mr Metcalfe recommended that services be delivered through hubs (Recommendation 4 of the Metcalfe Review).

Relationships Australia has recommended that Mr Metcalfe’s recommendations be implemented in their totality, to realise the full potential of multi-disciplinary service centres that lift, as far as possible, the burden of fragmentation from families and individuals experiencing a range of issues that affect their ability to build and maintain safe and healthy relationships. The Attorney-General is currently considering the Metcalfe recommendations.

In 2025, the Productivity Commission has approached its task of inquiring into the productivity of the care and support economy with

*...a lens to reforms that will enhance the connections between care sectors and break through the current siloed approach to government decision-making. The fragmented nature of the care economy was a common theme through our engagement. The care economy must be able to respond to our increasingly complex and overlapping care needs, often spanning multiple sectors.<sup>24</sup>*

Multiple inquiries and reviews have all found that people experiencing family law, family violence and relationship challenges are adversely impacted by service fragmentation. Despite different compositions, these inquiries and reviews all make similar recommendations. It is well past time for Government to stop commissioning reviews and start implementing

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<sup>23</sup> For example, see Mundy, 2024, p 92, Box 5.2.

<sup>24</sup> Productivity Commission Interim Report, p 7.

recommendations which enjoy broad support and which would improve the day to day experience of people caught in these intersecting health, law and justice systems. Hence, **Recommendation 3** of this submission.

## Harm prevention

Harm prevention anchors the achievement of Government health and social policy commitments and priorities. It is also a necessary prerequisite of Australia's long-term economic success, boosting labour market and education participation while also lowering expenditure on health and social services. Prevention is therefore key to intergenerational stewardship and equity. In turn, universally accessible services are a prerequisite of effective prevention. Universally accessible services provide a 'soft', approachable and non-stigmatising entry into services. We know that cost and stigma can be insurmountable obstacles, deterring people from help-seeking for a wide range of health and social issues, including harmful use of alcohol and other drugs, harmful gambling, child maltreatment, and abuse and mistreatment of older adults.

### *Accessible alcohol and other drug services and the prevention of gender-based violence*

The Rapid Review of Prevention Approaches and the annual statutory report of the Domestic, Family and Sexual Violence Commission informed the deliberations of the National Cabinet in late 2024. Both reports observed that harmful use of alcohol and other drugs (Rapid Review, p 106, DFSV Commission report, p 6) has associations with domestic, family and sexual violence, including in exacerbating the intensity of violence. Both further observed that commercial interests in these and other industries (including mainstream media) have long been able to profit from loose regulatory frameworks. (see, eg, Rapid Review, pp 10, 12, 24, 43, 80, 105ff; DFSV Commission report, pp 6, 86)

Relationships Australia would add that commercial interests have also reaped the benefit of a lack of universally accessible, person-centred services to help people reduce harmful and risky behaviours related to the consumption of alcohol and other drugs. **Recommendation 1** of this submission would, if implemented, ameliorate this.

### *Government process obstacles to prevention*

It is important to draw attention to unnecessary barriers to prevention, that are constructs of how government does business, and which should be reformed to create an environment in which harm prevention measures could be successful and sustainable.

We have strongly endorsed recognition by the Productivity Commission that benefits of prevention 'fall across sectors and levels of government, and over extended timeframes.'<sup>25</sup> Accordingly, Relationships Australia has recommended that the National Prevention Investment

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<sup>25</sup> Productivity Commission Interim Report, p 1.

Framework proposed by the Productivity Commission should explicitly include support for universally accessible services that operate among the general population.<sup>26</sup>

Relationships Australia also agrees with the Productivity Commission that

*...siloes within government, short-term budget and election cycles, and limited evaluations of preventive policies all pose barriers to government funding of prevention. (Interim Report, p 51)*

These are concerns which Relationships Australia has consistently raised with Government over the past decade. Relationships Australia **recommends** that the Budget Process Rules be revised to not merely allow for, but instead to actively encourage, cross-portfolio offsets and downstream savings (or 'second-round effects') (including beyond the Forward Estimates and out years) to be taken into account when considering new policy proposals.

**(Recommendation 4).**<sup>27</sup>

## Conclusion

We again thank you for the opportunity to engage with this Inquiry, and would be happy to discuss further the contents of this submission if this would be of assistance. I can be contacted directly at [ntebbey@relationships.org.au](mailto:ntebbey@relationships.org.au) . Alternatively, you can contact Dr Susan Cochrane, National Policy Manager, at [scochrane@relationships.org.au](mailto:scochrane@relationships.org.au) .

Yours sincerely



Nick Tebbey  
National Executive Officer

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<sup>26</sup> See Recommendation 12 of Relationships Australia's submission commenting on *Delivering quality care more efficiently*, accessible at <https://www.relationships.org.au/wp-content/uploads/Delivering-quality-care-more-efficiently.intrpt100925FINALdocx.pdf>

<sup>27</sup> This is also Recommendation 13 of Relationships Australia's submission commenting on *Delivering quality care more efficiently*.

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