

SUBMISSION

Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

PREPARED BY THE FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION (FARE)

About FARE

The Foundation for Alcohol Research and Education (FARE) is a not-for-profit organisation with a vision for an Australia free from alcohol harms – where communities are healthy and well and where laws, policies and programs are fair, equitable and just.

Every day, people across Australia are negatively impacted by alcohol, through injury, violence, mental ill-health, chronic disease, family violence and disadvantage. Far too many Australians die because of alcohol.

We work collaboratively to build the capacity of people wanting to create change, raise community awareness of alcohol harms, advocate for policy change aimed at preventing alcohol-related harms and increase accountability of companies that fuel harm.

Working with local communities, people with lived experience of alcohol harm, values-aligned organisations, health professionals, researchers and governments across the nation, we are improving the health and wellbeing of everyone in Australia.

To learn more about us and our work visit www.fare.org.au.

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Executive Summary

Domestic, family and sexual violence (DfSV) remains one of Australia's most significant social and public health challenges. The National Plan to End Violence against Women and Children 2022–2032 (National Plan) commits governments to action across prevention, early intervention, response, and recovery and healing. Alcohol does not cause violence and never excuses the behaviour of a person who uses violence. However, a substantial and growing evidence base shows that alcohol can increase the frequency, severity and impacts of violence. The Second Action Plan must address this preventable and previously underdeveloped area of national policy.

Alcohol is a common feature in many experiences of DfSV. Up to 65 per cent of police-reported family violence incidents involve alcohol.¹ Alcohol-related intimate partner violence is more likely to result in physical injury than incidents not involving alcohol,² and women who experience sexual violence frequently identify alcohol or other substances as contributing factors.³ Behind these statistics are victim-survivors, children, families and communities experiencing harms that can become more unpredictable and dangerous when alcohol is involved.

The National Plan recognised the need for coordinated, whole-of-society action, yet alcohol policy and violence prevention policy continue to operate largely in parallel. The First Action Plan 2023–2027 contains only one reference to alcohol, through a list of related national strategies, and does not establish a substantive action on alcohol-related violence. The Second Action Plan should close this gap by recognising alcohol-related harm as a cross-cutting issue that intersects with gender inequality and contributes to the conditions in which violence occurs.

Since the National Plan was released in 2022, the policy and evidence landscape has continued to develop. Rapid online alcohol sales and delivery have expanded, evidence about alcohol marketing and availability has strengthened, the South Australian Royal Commission into Domestic, Family and Sexual Violence has recommended alcohol reforms, and National Cabinet has committed to reviewing alcohol laws and their impacts on victim-survivors. The Second Action Plan is the mechanism for translating these developments into coordinated national action.

The Second Action Plan should assign clear ministerial and agency responsibility for this action and identify the funding, milestones, jurisdictional responsibilities and indicators required for implementation. Progress should be independently evaluated and publicly reported each year. Governance should include appropriately remunerated participation by victim-survivors, First Nations leaders, specialist DfSV and AOD services, public health experts and researchers. Governments need to also recognise the inherent conflict of interest between the commercial objectives of the alcohol industry and public health goals aimed at reducing alcohol-related harm and violence. Alcohol industry organisations should not be involved in the design, governance or evaluation of actions intended to reduce alcohol-related harms. Any consultation with industry should occur separately through established government processes and be subject to transparent conflict-of-interest safeguards.

¹ Mr Patrick Noonan, Annabel Taylor, Jackie Burke, 2017, *Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions*, ANROWS, https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/02/19024408/Alcohol_Consumption_Report_Compass-FINAL.pdf

² AIHW, 2016, *Family, domestic and sexual violence*, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

³ AIHW, 2022, *Family, domestic and sexual violence*, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

Recommendations

1. Strengthen regulation of alcohol availability, marketing, online sales and rapid delivery;
2. Build the capability of DFSV, AOD, health and allied health workforces to identify and respond to alcohol-related violence;
3. Fund integrated DFSV and AOD service and perpetrator-intervention models;
4. Invest in culturally safe, community-led prevention, early-intervention and healing initiatives;
5. Establish nationally consistent data collection and reporting on alcohol-related DFSV; and
6. Introduce transparent governance and conflict-of-interest safeguards for alcohol industry engagement

Intended Outcomes

This action should deliver:

- reductions in the frequency and severity of alcohol-related DFSV;
- safer alcohol policy and regulatory settings;
- earlier identification of risk and access to support;
- more coordinated and accessible service responses;
- stronger perpetrator accountability; and
- improved safety, recovery and wellbeing for victim-survivors, children and families.

Implementing the *National Framework for Action to Prevent Alcohol-Related Family Violence*

The Second Action Plan should establish a dedicated national action to prevent and reduce alcohol-related DFSV through coordinated regulatory reform, population-level prevention, integrated service responses, and recovery and healing.

Central to this approach should be implementation of the *National Framework for Action to Prevent Alcohol-Related Family Violence* (The Framework). Commissioned and funded by the federal Department of Health, Disability and Ageing, the Framework provides Government with an evidence-informed roadmap for reducing alcohol-related harms across systems and settings. Developed through consultation with experts, practitioners and people with lived experience, the Framework sets out nationally consistent actions that will complement existing commitments under the *National Plan to End Violence against Women and Children 2022-2032*. Embedding its priority actions in the Second Action Plan would strengthen policy coherence across health, justice, education, community services and alcohol and other drug systems, while creating a clear basis for shared accountability and investment.

Recommendation

1. Implement the *National Framework for Action to Prevent Alcohol-Related Family Violence* and operate across all four domains of the National Plan: prevention, early intervention, response, and recovery and healing.

Metrics and Outcomes

For the Second Action Plan to deliver meaningful and lasting reductions in violence against women and children, it must be accompanied by clear and transparent metrics for success.

Despite alcohol being involved in a substantial proportion of family violence incidents, governments still have a limited understanding of how alcohol-related DFSV is changing over time and whether policy responses are working. Data on alcohol involvement is collected inconsistently across jurisdictions and is rarely integrated across police, health, emergency department, child protection, specialist DFSV and AOD services. The result is that governments cannot accurately identify emerging risks or assess the impact of reforms. Establishing a nationally consistent approach to monitoring alcohol-related DFSV would better support evidence-based decision-making and strengthen accountability for the implementation of existing government commitments.

Existing data sources provide a strong foundation for this work. Police reporting data, the Personal Safety Survey (PSS), ABS collections, health and emergency services datasets and information collected by specialist DFSV and AOD services each provide valuable insights into different dimensions of violence and harm. The challenge is not simply collecting more data but making better use of the information already available and strengthening areas where significant gaps remain. Greater consistency in data collection and better data linkage will improve visibility of alcohol-related harms across systems to provide a more accurate picture of progress.

Recommendations

2. Include alcohol-related DFSV indicators in monitoring and evaluation frameworks.
3. Publish public progress reporting against the implementation and outcomes of the Second Action Plan within the Domestic, Family and Sexual Violence Commission's Yearly Report to Government
4. Support the expansion of existing data collections and data linkage capabilities.

Children and Young People

Children are often experiencing alcohol-related DFSV in the home, but systems focus on the adults and overlook children's own experiences and recovery needs. Exposure to alcohol-related violence or harms associated with others' drinking at high-risk levels can shape a child's sense of security, with impacts extending well beyond the immediate incident.

One of the greatest opportunities to improve safety, wellbeing and long-term outcomes for children and young people is through early identification and intervention. Children experiencing harm in the home frequently come into contact with schools, health services, community organisations and other universal services. These settings are well placed to recognise signs of harm and connect children with support, as well as have the potential to identify children who are at risk of alcohol-related DFSV, or alcohol-misuse in their homes.

Children and families must also feel safe and supported to openly engage with support services in the

first place. Fear of judgement can discourage disclosure and make it difficult to reach out for help, particularly when alcohol and other drugs are involved. When children and young people worry they will be blamed or misunderstood, they may delay seeking support until issues have escalated and the impacts become more severe. The need for culturally safe and trauma-informed supports is even greater for cohorts of children and young people who experience both higher rates of violence and additional barriers to access.⁴ This includes First Nations children and young people, children and young people with disability, LGBTQIA+ children and young people, children and young people in out-of-home care, and children and young people in rural and regional communities. For many, past experiences of discrimination and services that do not meet their needs can make seeking assistance feel risky rather than reassuring.

Interventions with children, particularly boys, are often viewed through a future-perpetration lens, with behaviours interpreted as indicators of future violence rather than potential responses to experiences of trauma. What is overlooked is that children and young people who display harmful behaviours may likely themselves be victim-survivors of violence in the home. The *Victorian Royal Commission into Family Violence*⁵ found that over half of adolescent aggressors of family violence had prior contact with police as a witness or victim-survivor of family violence, or with courts as a protected person on a family violence intervention order. Responses to harmful behaviours among children and young people must remain grounded in child-centred and trauma-informed practice, particularly where those behaviours reflect experiences of violence and trauma. Programs such as The Man Cave do exactly that through creating psychologically safe spaces for young boys to challenge problematic gender stereotypes without judgement.

Children and young people have an important role to play in preventing future violence, but they cannot be expected to lead change while their own experiences of violence remain unaddressed. Recovery must come first. Access to long-term therapeutic and peer supports creates the foundation for young people to participate in prevention efforts and build healthy, respectful relationships. It is vital that these supports be accessible to children and young people seeking help independently, with a parent or caregiver, or while in out-of-home care.

The Barnahus Model⁶

The Barnahus model demonstrates how integrated, child-centred responses can improve outcomes for children affected by violence and abuse. Now being implemented in 28 countries, Barnahus brings child protection, police, justice, medical and therapeutic services together in a single child-friendly setting. Rather than navigating multiple agencies and repeatedly retelling traumatic experiences, children receive coordinated support through a multidisciplinary response centred on their wellbeing. The model addresses many of the challenges identified in Australian inquiries into child abuse and family violence, including poor information sharing between services and children's experiences of not being listened to during investigations and service responses. Evidence suggests that Barnahus-style

⁴ Olivia Octoman, Martine Hawkes, Fernando Lima, Melissa O'donnell, Carol Orr, Fiona Arney, Tim Moore, Sally Robinson, Kylie Valentine, Amy Marshall, Jala Burton, Chris Brebner, 2022, *The nature and extent of domestic and family violence exposure for children and young people with disability*, ANROWS, https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2022/09/29084219/RP.20.06-Robinson-RR1-Nature_Extent-DFV-YP-wDisability.2.pdf; Hoang T. Phan, Vincent Y.F. He, Sarah Clifford, Warren Jackson, Steven Guthridge, 2024, *Prevalence of exposure to domestic and family violence among Aboriginal and non-Aboriginal children in the Northern Territory of Australia*, <https://www.sciencedirect.com/science/article/pii/S0190740924004006>; Madlin Gison, Ghassan Kasseh, Alice Lloyd and Benn McCann, 2020, *There's No Safe Place at Home: Domestic and family violence affecting LGBTIQ+ people*, Equality Australia and the Centre for Family Research and Evaluation, <https://equalityaustralia.org.au/resources/theres-no-safe-place-at-home-report/>

⁵ *Royal Commission into Family Violence*, 2015, <https://www.vic.gov.au/about-royal-commission-family-violence>

⁶ [About Barnahus – Barnahus Network](#)

approaches are preferred by children,⁷ caregivers⁸ and practitioners,⁹ likely due to the demonstrated efficiencies in investigations and responses. Cost-benefit analysis of Barnahus in Latvia showed a positive social return on investment (SROI) over twenty years.¹⁰ As the Second Action Plan seeks to improve outcomes for children and young people affected by DFSV, piloting and evaluating a Barnahus-style approach in Australia would strengthen support for children experiencing overlapping harms.

Recommendations

5. Promote non-stigmatising and unshaming approaches to early intervention, such as Man-Cave style programs.
6. Pilot and evaluate integrated multidisciplinary responses for children experiencing violence and overlapping harms, including Barnahus-style models.
7. Support workforce development across universal services to improve identification of and responses to children exposed to domestic, family and sexual violence and alcohol-related harm.

Public Health Approach to Gender-Based Violence

Women are at an increased risk of both experiencing violence from an intimate partner during pregnancy, and poor birth outcomes are often associated with domestic and family violence experiences during pregnancy.¹¹ At the same time, pregnancy often results in increased contact with health professionals through antenatal care and maternal and child health services. These interactions are important opportunities to identify and respond to DFSV and alcohol-related harm. However, the relationship between alcohol and violence is often misunderstood within allied health systems. Alcohol use during pregnancy may be an indicator of multiple and overlapping harms. For some, alcohol use can be a coping mechanism in response to fear or trauma, while in other circumstances, women may be pressured into drinking and forced into environments where alcohol consumption is normalised. Without appropriate training, healthcare professionals may focus solely on alcohol consumption itself while overlooking the violence that sits behind it. Australia already has an established foundation for building workforce capability through the Centre of Research Excellence Safer Families' *The Readiness Program*,¹² which supports primary care providers to recognise, respond to, refer, and record domestic and family violence using trauma-informed approaches. The Second Action Plan should expand existing training content to include alcohol-related harms during pregnancy. Training should build awareness of Fetal Alcohol Spectrum Disorder (FASD) and support practitioners to have conversations about alcohol, violence and pregnancy in ways that are non-stigmatising.

Alongside workforce development, a national public education campaign is needed to improve understanding of the relationship between alcohol and gender-based violence. The success of FARE's

⁷ Lynne Conroy, Dr. Zoe Hobson, Rachael Parker & Tim Read, 2018, *The Lighthouse: London's Child House Initial Evaluation Report*, MOPAC Evidence and Insight, https://www.london.gov.uk/sites/default/files/childhouse_jan19_report.pdf

⁸ Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Lee, H., Johnson, J., Ronis, S., & Expert contributors, 2021, *Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review*. Child abuse & neglect, <https://doi.org/10.1016/j.chiabu.2020.104828>

⁹ Lavoie, J., Mitchell, M., Warrington, C., Hill, L., Yates, P., 2024, *Exploring Justice Tensions in the Barnahus Model*, https://doi.org/10.1007/978-3-031-53233-7_3

¹⁰ OECD, 2023, *Towards a Child-friendly Justice System in Latvia: Implementing the Barnahus model*, <https://doi.org/10.1787/83ab7bf5-en>; Lavoie, J., Mitchell, M., Warrington, C., Hill, L., Yates, P., 2024, *Exploring Justice Tensions in the Barnahus Model*, https://doi.org/10.1007/978-3-031-53233-7_3

¹¹ Monica Campo, 2015, *Domestic and family violence in pregnancy and early parenthood*, Australian Institute of Family Studies, <https://aifs.gov.au/resources/policy-and-practice-papers/domestic-and-family-violence-pregnancy-and-early-parenthood>

¹² [The Readiness Program — Safer Families Centre](#)

*Every Moment Matters*¹³ campaign demonstrates that carefully designed public messaging can influence behaviour without stigmatising individuals. The campaign successfully increased understanding of alcohol-related harm during pregnancy and resulted in measurable reductions in alcohol consumption among pregnant women. Lessons from *Every Moment Matters* could inform the development of a national campaign that increases community understanding of the complex relationship between alcohol and gender-based violence, focusing on how alcohol can amplify the impacts of DFSV. Similar approaches, such as *He's Coming Home*¹⁴ by Women's Aid in the United Kingdom effectively highlighted the heightened risks women experience around major sporting events and in doing so challenged the normalisation of alcohol-related violence within the home. A similar national campaign in Australia would complement existing prevention initiatives by increasing recognition of alcohol-related risk factors and supporting earlier help-seeking.

Recommendations

8. Establish a national public awareness campaign on the intersections between alcohol and gender-based violence, drawing on the successful behaviour change approaches used in *Every Moment Matters* and comparable international campaigns.

9. Expand existing workforce development initiatives, including the Readiness Program, to strengthen allied health capabilities in identifying and responding to the intersections of alcohol use, pregnancy, FASD and DFSV.

Systemic Prevention

Regulatory systems play an important role in shaping the environments in which violence occurs and the extent to which preventable harms are addressed. As governments seek to reduce the prevalence and impacts of DFSV, alcohol-regulation represents an important but underutilised prevention lever.

State and Territories committed to implement Recommendation 17 of the *Rapid Review of Prevention Approaches* in 2024 through National Cabinet process. There is sufficient evidence nationally that demonstrates current regulatory settings do not effectively reduce alcohol-related harms and support victim-survivor safety. A consistent harm minimisation approach recognises that governments have a responsibility to reduce preventable harms through evidence-based regulation and public policy interventions.

Alcohol marketing and sponsorship demand stronger regulatory attention. Sport, in particular, has long been associated with alcohol consumption through sponsorship and broadcasting that reinforces drinking as an expected part of sporting participation and spectatorship. At the same time, evidence suggests that major sporting events are associated with increases in domestic and family violence incidents.¹⁵ The Second Action Plan should recognise sport as an important prevention setting and support action across sporting codes, clubs, media partners, and venues to reduce the normalisation of alcohol consumption.

Australia's regulatory framework has not kept pace with the rapid expansion of online alcohol sales and

¹³ [Every Moment Matters - National FASD Awareness Program | FARE](#)

¹⁴ [Women's Aid - He's Coming Home](#)

¹⁵ Melissa Cunningham & Chloe Booker, 2018, '*One of our biggest nights*': Police brace for spike in family violence, *The Age*, <https://www.theage.com.au/sport/afl/one-of-our-biggest-nights-police-brace-for-spike-in-family-violence-20180927-p506ax.html>; M Livingston, 2018, *The association between State of Origin and assaults in two Australian states*, Latrobe University, CAPR, FARE, <https://fare.org.au/wp-content/uploads/The-association-between-State-of-Origin-and-assaults-in-two-Australian-states-noEM.pdf>

delivery.¹⁶ The increasing availability and immediacy of rapid alcohol delivery to the home is associated with higher-risk alcohol consumption and alcohol-related harms.¹⁷ In the context of DFSV, these platforms can increase the availability of alcohol within homes where violence is occurring, exacerbating harm and reducing opportunities for intervention. Evidence from NSW indicates that extended takeaway alcohol trading hours were associated with increases in reported domestic violence assaults.¹⁸ Pre-existing regulations are no longer fit for purpose.

National Cabinet requires a Commonwealth accountability mechanism that ensures commitments made are met in a timeline that meets community expectations to reducing violence.

Recommendation

10. Include implementation of Recommendation 17 of the Rapid Review as a dedicated action within the Second Action Plan with clear accountability linked to Commonwealth funding arrangements. This would;

- a. Make harm minimisation the paramount objective of liquor legislation.
- b. Establish a framework for the regulation of alcohol marketing.
- c. Introduce a two-hour safety pause between order and delivery of alcohol.
- d. Restrict alcohol deliveries to between 10am – 10pm.

Responsive Systems

As recognised in Victoria's *Alcohol and Other Drugs Strategy 2025-2035*, alcohol-related DFSV frequently sits at the intersection of violence, trauma, substance use, housing insecurity, child and family wellbeing concerns, mental health challenges, disability, migration status and experiences of racism and discrimination. Hence, people experiencing alcohol-related DFSV often interact with multiple systems simultaneously. However, DFSV services are not usually equipped to respond to substance misuse, while AOD services may lack specialist expertise in risk assessment and safety planning. Funding fragmentation often doesn't allow for cross-sector collaboration. The result is that victim-survivors are expected to navigate multiple systems at the point they most need support.

Stronger coordination across DFSV, AOD, health, housing and justice systems is essential to creating genuinely responsive service pathways. To better align with Australia's 'no wrong door' approach, systems must be capable of recognising and responding to the complexity of people's circumstances, regardless of where they first seek help.

In some cases, system responses can inadvertently contribute to further harm, largely due to systems being unresponsive to the different roles alcohol plays within DFSV contexts. Victim-survivors may use alcohol as a coping mechanism in response to trauma, while a perpetrators' alcohol use could be part of patterns of coercive control, or their violence is minimised because alcohol is treated as the primary problem. When systems fail to distinguish between these dynamics, victim-survivors can be misidentified, stigmatised or denied appropriate support. Women become reluctant to disclose alcohol use if they fear they will be

¹⁶ [Online-sale-delivery-and-advertising-of-alcohol-in-Australia—behaviour-attitudes-and-support-for-change-3.pdf](#)

¹⁷ Brownbill A, Carah N, Pettigrew S, 2025, *Online sale, delivery and advertising of alcohol in Australia – behaviour, attitudes and support for change*, Foundation for Alcohol Research and Education, The University of Queensland, The George Institute for Global Health.

¹⁸ Joanna JJ Wang, Thomas Fung, Suzanne Poynton, 2022, *Takeaway alcohol sales and violent crime: the implications of extended trading hours*, NSW Bureau of Crime Statistics and Research, <https://bocsar.nsw.gov.au/research-evaluations/2022/cjb247-pagesummary-takeaway-alcohol-sales-and-violent-crime.html>

disbelieved or misunderstood as contributing to the violence. Further, families may avoid seeking help because they fear alcohol use will automatically be equated with unsafe parenting. Such experiences can undermine trust in services and reduce engagement with support at precisely the time when intervention is most needed. Systems need to be enabled to recognise the different roles alcohol plays in experiences of DFSV.

The Second Action Plan needs to support the expansion and evaluation of integrated models that address violence and alcohol-related harm concurrently, rather than treating them as separate issues. Best-practice models demonstrate that coordinated approaches can improve outcomes by recognising the relationship between substance use and violence while still importantly maintaining a strong focus on victim-survivor safety and perpetrator accountability.

The DRIVE Project (United Kingdom)

The Drive Project¹⁹ works with high-risk, high-harm perpetrators of domestic violence through a collaborative service model that combines behaviour change and active risk management. Local multi-agency panels bring together police, family violence specialists, child protection, housing, mental health and AOD services to share information and coordinate interventions. This means practitioners are working from a shared understanding of what is happening for the individual in whole-of-life context. AOD services act as core partners in situations where alcohol or other drug use is identified as escalating risky behaviours or creating barriers to engagement.

Dedicated support is provided to victim-survivors in parallel with perpetrator intervention, helping with safety planning and providing ongoing support. Where children are involved, child protection and family services play an active role in coordinating safety and wellbeing outcomes.

Independent evaluation found substantial reductions in physical abuse, sexual abuse, stalking, harassment and controlling behaviours among participating perpetrators, with evidence that these improvements were sustained beyond program completion. Longer-term follow-up has also indicated reductions in repeat offending and fewer perpetrators cycling back through the system.

For Australia, Drive offers an important example of what genuinely integrated response can look like. Such a model demonstrates how better outcomes can be achieved when systems work together to address alcohol-related DFSV.

Case Study: *Walk the Talk*

Walk the Talk, developed by Women's Community Shelters (WCS), is an evidence-based prevention initiative that equips young people with the skills and confidence to identify unhealthy relationship dynamics.²⁰ Since 2019, more than 23,000 students have engaged in inclusive, interactive workshops addressing DFSV, harmful behaviours, consent, and gender stereotypes.

This model embeds classroom learning in real-world contexts through a year-long service-learning partnership with local women's shelters, transforming knowledge into sustained behavioural change. Students have generated more than \$290,000 in value for local communities through volunteering and fundraising, reinforcing community connections and collective responsibility for prevention.²¹ Shelter staff report improved community engagement and stronger local networks that enhance their ability to respond to women and children experiencing violence.

¹⁹ [The Drive Project - The Drive Partnership](#)

²⁰ Women's Community Shelters, 2025, *Walk The Talk Impact Update*, https://www.wcswalkthetalk.org.au/_files/ugd/8d0f4d_9f3e5f0d6f2648e48bf2102eccc40c29.pdf

²¹ Ibid.

Independent evaluation demonstrates positive outcomes, including multiple disclosures of abuse leading to timely intervention, students actively supporting peers and family in unsafe situations, and increased male allyship, with young men challenging harmful stereotypes and gender norms. Students showed significant improvements in their recognition of healthy and unhealthy relationship dynamics, as well as awareness of local support services. Out of the over 6,000 students that participated in 2025, 97% rated the program as very good or excellent, and 100% said they would recommend it to others.²²

Walk the Talk offers a scalable, evidence-based model capable of national rollout. A Commonwealth-funded pilot reaching up to 100,000 students annually could deliver measurable cultural change and long-term reductions in violence prevalence.

Recommendations

11. Embed funding incentives that support cross-sector collaboration between DFSV, AOD and related services, with clear performance measures and reporting requirements.
12. Invest in the evaluation and scaling of evidence-based integrated interventions, including funding WCS Walk the Talk program to be a federal program
13. Investigate opportunities to pilot and evaluate the Drive project model in Australia.

Conclusion

The Second Action Plan must recognise alcohol-related harm as a cross-cutting policy issue that requires a coordinated, whole-of-government response to its role in exacerbating domestic, family and sexual violence. This requires formal recognition that responsibility cannot sit within a single portfolio or policy system. Effective implementation will depend on clear cross-portfolio carriage and sustained collaboration across governments and the alcohol regulation, health, justice, policing, housing, child and family services, and domestic, family and sexual violence sectors.

Embedding shared responsibility, clearly defined accountabilities and mechanisms for coordination within the Second Action Plan will help ensure that alcohol-related harm is addressed consistently across prevention, early intervention, response and recovery. Implementing the recommendations outlined in this submission will strengthen system-wide prevention, close gaps between policy areas and support safer, more coordinated outcomes for victim-survivors, children and families.

²² Ibid.