Victorian Alcohol & Drug Association

Submission to the Legislative Assembly Legal and Social Issues Committee

Inquiry into capturing data on adults who use domestic and family violence in Victoria

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VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and wellbeing is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

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About VAADA

The Victorian Alcohol & Drug Association (VAADA) is a member-based peak body representing organisations that support people who have alcohol and other drug (AOD) needs in Victoria. We work to prevent and reduce AOD-related harms in the Victorian community by ensuring the people experiencing those harms, and the organisations that support them, are well represented in policy design, program development and public discussion.

We do this by:

- Engaging in policy development
- Advocating for systemic change
- Speaking on issues identified by our members
- Providing system leadership
- Creating space for professional collaboration in the AOD sector
- Maximising opportunities to build professional capacity and capability
- Keeping our members and stakeholders informed about issues relevant to AOD
- Supporting evidence-based practice that reduces AOD-related harms and maintains the dignity of those who use AOD (and related) services.

Acknowledgement of Country

VAADA acknowledges First Peoples as the traditional owners of the land on which we reside and work. We pay respect to Elders past and present and acknowledge that First Peoples have never ceded sovereignty to country. VAADA supports Voice, Truth and Treaty.

Glossary

Adults who use family violence – is preferred terminology over 'perpetrators'. This is reflected throughout our submission. We note the title of the inquiry uses 'perpetrators' but opt to use our preferred terminology.

AOD Sector – for the purposes of this submission, the AOD sector refers to agencies and organisations funded to provide support, services and treatments for AOD use by either the Victorian or Federal governments. Private providers of AOD treatment are out-of-scope.

Children and Young People: Children and young people can directly experience DFV or witness DFV within their environments.

Domestic and Family Violence (DFV) – is defined under the Family Violence Protection Act 2008 (Victoria), as a pattern of behaviour in any relationship used by one individual to gain or maintain power and control over another. This includes intimate partnerships (current or former spouses and dating partners) as well as 'family-like' relationships and extended kinship connections. The abuse can manifest in various forms, which can include being:

- Physically or sexually abusive
- Emotionally or psychologically abusive
- Economically abusive
- Threatening
- Coercive
- In any other way controlling or dominating towards a family member that causes that family member to feel fear for the safety or wellbeing of that family member or another person

This definition acknowledges that an individuals' experiences of violence can be significantly influenced by their race, ethnicity, gender identity, sexual orientation, disability, age, socio-economic status, and immigration status.

The Family Violence Multi-Agency Risk Assessment and Management (MARAM) framework – is a mandatory risk assessment and management framework for domestic and family violence in Victoria.

Victorian Alcohol and Drug Collection (VADC) – is the data collection specification for all Victorian Alcohol and Other Drug treatment service providers. AOD providers are required to report from their client management systems to VADC.

Victorian Agency for Health Information (VAHI) – is Victoria's dedicated health data agency, tasked with monitoring and managing data from the state's healthcare system.

Part i: Literature review

The interrelation of Substance Use and Domestic & Family Violence Perpetration in Australia

The Alcohol and Other Drug (**AOD**) sector plays an important role in identifying, assessing, and responding to domestic and family violence. This submission consolidates Australian evidence on the intersection of AOD and Domestic and Family Violence (**DFV**) to inform policy development and service provision enhancements at a systems level.

A comprehensive understanding of the intersection of substance use and DFV is required to effectively address and mitigate its impacts on individuals experiencing and using DFV, and the broader community. VAADA advocates for the development of an integrated approach that enhances data collection systems and service delivery, ensuring that interventions are evidence-based and targeted to support those affected. This submission explores the challenges and opportunities within the current framework, proposing recommendations that align with the needs of the AOD sector as it works to address and mitigate all risk domains associated with the lived and living experience, which will ultimately improve outcomes for all Victorians.

With AOD, poor mental health (**MH**) is an important contributing factor to risk associated with DFV. Unfortunately, the co-occurrence of MH and AOD is the norm rather than the exception, heightening this risk. This impact is even more pronounced when intersectional identities are considered. For example, First Nations Peoples and LGBTQ+ persons with mental health complexities and substance use histories face additional stigmas and barriers in accessing support, which can escalate the risk and severity of DFV (Jones and Patel, 2022; Salter et al., 2021)

Critically, the impact of substance use on DFV cannot be separated from the influence of other systems and hardships, including mental health, poverty, the criminalisation of drug use, the prison system and others. For example, those with severe mental health disorders who also use substances are three to four times more likely to display violent behaviour (Lamsma et al., 2020).

Failure to respond to the complexity of these interrelated issues not only fails to provide appropriate supports or interventions for those at the intersection of substance use and DFV, they actively exacerbate the challenges individuals face. Data suggests that this is significantly heightened in populations experiencing disadvantage such as First Nations Australians and migrant and refugee communities. Addressing these complex issues requires a holistic approach that recognises substance use and DFV as interrelated complexities and takes into account the full range of a person's experience and the barriers they face.

The role of alcohol and drug use in DFV

The role of alcohol in incidents of DFV is well-documented. Studies consistently highlight the significant correlation between substance use and DFV. For instance, a large proportion of adults using DFV have a history of AOD use (Gilchrist, 2015; Gilchrist et al., 2019). Alcohol use is consistently identified in reports of the perpetration of DFV, with both the substance use of the person using violence, and the person experiencing violence increasing the risk of DFV (Choenni et al., 2017). Additionally, alcohol intoxication or withdrawal can further heighten this risk, often leading to more severe physical violence and injury (Sprunger, 2015; Coomber et al.,

2019). In Australia, approximately one-third of all violent incidents—including 41.8% of intimate partner (domestic violence) experiences, 13.1% of familial (family violence) experiences, and 45.1% of other violence cases—involved alcohol, significantly linking its consumption to increased rates of violence and injury (Curtis et al., 2019).

Research also consistently identifies a link between drug use and DFV. For example, research involving a nationally representative sample of married or cohabitating men indicated that those with a lifetime diagnosis of alcohol or substance use/dependence were almost two times more likely to perpetrate physical DFV compared to those without (Seabrook et al, 2020). Additionally, several studies highlight correlations between the perpetration of DFV and specific substances such as cocaine and alcohol (Artega et al, 2015, Chermack, et al 2008). These findings underscore the importance of considering the influence of prohibited substances on the perpetration of DFV, highlighting the need for comprehensive interventions that address substance use in the context of DFV.

Stigma

The stigmatisation of AOD use further complicates the complexity of DFV. Societal stigma often misidentifies people who use AOD with a broad brush of moral failing or lack of willpower. This neglects the intricate web of psychological, social, political and economic factors that contribute to substance use.

AOD stigma not only impedes individuals from seeking help but can also become weaponised by adults using DFV. It is not uncommon for adults using DFV to manipulate the stigma surrounding substance use to control, shame, or discredit people experiencing DFV to social services and support networks (Room, 2005). This dynamic is further illustrated by research confirming that survivors of DFV are more likely to have charges brought against those using DFV when they are perceived by law enforcement to be sober, highlighting the impact of stigma on justice and systemic support (Sutherland et al., 2016 cited in Evans, 2020 p. 12).

AOD stigma can undermine the credibility of the person experiencing DFV, isolating them from seeking help, and exacerbating the persisting violence (Laslett et al., 2015). AOD stigma impedes barriers to effective intervention and support for people experiencing DFV, emphasising the urgent need for a shift in public legislation, discourse and for services to adopt a more compassionate, nuanced approach to substance use in the context of DFV.

Children and young people

The impacts of DFV on children and young people are well-documented, particularly in cases involving parental AOD use and mental health (Isobe et al., 2020).

Studies examining the link between substance use and DFV, and the effects on children and young people consistently find detrimental effects on children and young people both directly and indirectly (Miller et al., 2016). Exposure to DFV can exacerbate the effects of behaviours associated with parental substance use and vice versa, leading to more severe emotional and psychological harms such as aggression, behavioural problems, depression, anxiety, post-traumatic stress, and complexities across the lifespan (Dawe, 2007; Rivas et al., 2021; Nonomura et al., 2023). Additionally, children and young people exposed to DFV are more likely to experience difficulties within relationships, hold unhealthy beliefs about family roles, and are at increased risk of experiencing and/or using violence themselves (Nonomura et al., 2023). In short, the presence of both substance use and DFV in a household creates a highly volatile

environment that significantly compromises the safety and development of children and young people (Miller et al., 2016).

In addition, Blakemore (2018) found that youth-perpetrated interpersonal violence often stems from substance use within domestic and family settings. This relationship is bidirectional: where drug use can precede and follow violent episodes (El-Bassel et al., 2005; Kilpatrick et al., 1997; Testa et al., 2003). The correlation between substance use and DFV and the impact on children and young people is significant and complex.

Data Challenges in the Context of the AOD Sector

The literature review highlights the intricate connections between substance use, DFV, and the broader socio-economic and psychological factors that need to be considered. However, these complexities present significant challenges in data collection within the AOD sector, particularly given the co-occurring and interrelated complexities described. The Victorian Auditor-General's Office (VAGO) report into Victoria's Alcohol and Other Drug Treatment Data highlights significant data issues within the AOD treatment sector (VAADA, 2022) including:

- The VADC is not achieving its intended benefits
- There was insufficient consultation with the sector in developing the VADC
- The data specifications were too complex for service providers
- The VADC data did not always reflect treatment providers' activities
- Treatment providers have incurred a substantial cost in maintaining the VADC

These findings underscore the multiple challenges faced by the AOD sector in collecting accurate and comprehensive data. Specifically, individuals experiencing both substance use and DFV often face multiple, overlapping complexities, such as mental health, socio-economic disadvantage, and systemic barriers. These co-occurring complexities complicate data collection efforts in several ways:

1. **Fragmented Data Systems:** Data related to substance use, DFV, and mental health are often collected by different agencies and services. Every AOD program has a different interfacing client management system (CMS), making it impossible for clients to move seamlessly through the AOD sector without having to undertake multiple, repetitive assessments. This fragmentation makes it difficult to embed person centered frameworks and to obtain a comprehensive picture of the individual's situation and the interrelated factors affecting them. The toll of this fragmentation sits with the individual, which can lead to systemic forced re-traumatisation and ongoing harm.
2. **Stigma and Underreporting**: The stigma associated with substance use and DFV can lead to significant underreporting. Individuals may be reluctant to disclose their substance use or experiences of violence due to fear of judgment or repercussions (interventions), resulting in incomplete or inaccurate data. Additionally, systemic barriers also play a role in treatment outcomes, when people who use substances are also unable to access support from a range of community service organisations at different times, due to the stigma associated with substance use.
3. **Intersectional Factors**: The intersectional nature involving race, gender, sexuality, and socio-economic status – requires nuanced data collection methods that can capture the diverse experiences of affected individuals. Traditional data collection methods fail to adequately account for these intersecting factors.

4. **Inability to Retrieve Data Easily:** Additionally, the inability to retrieve data easily has been noted in the VADC report, indicating that the system is not achieving its intended benefits.

Part ii: Review of data collection in Victoria

Context

The Alcohol and other Drug (AOD) sector in Victoria, funded through a mix of Drug Treatment Activity Units (DTAU) and episodes of care, serves as a critical entry point for individuals experiencing substance use complexities. With approximately 40,000 Victorians seeking help annually, the sector's role in identifying and responding to DFV within this cohort is paramount. This dual focus not only emphasises the sector's pivotal role at the intersection of substance use and DFV, but also the significance of having robust data collection systems through reporting tools like the Victorian Alcohol and Drug Collection (VADC). Managed by the Department of Health - Victorian Agency for Health Information (VAHI), the VADC now includes vital data points that enrich the foundation for informed service provision, policy development, and funding allocations. Such strategic data inclusion mirrors the sector's unwavering commitment to improving outcomes for individuals experiencing interrelated complexities, underlining the continuing importance of an integrated approach to data collection around substance use and DFV within Victoria.

Data Collection in Victoria: What is collected and how

MARAM Framework Integrations

The AOD sector is required to incorporate the Multi-Agency Risk Assessment and Management (MARAM) framework in daily systems and practice. This includes the use of MARAM risk assessment tools and active participation in the information sharing schemes (ISS) under the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS), both of which have data collection requirements.

The MARAM framework guides organisations in identifying, assessing, and managing DFV risk. The AOD sector's compliance with MARAM involves several key practices:

1. **Risk Assessment Tools**: Utilisation of MARAM risk assessment tools to consistently evaluate and manage dynamic DFV risk across all client interactions. These tools ensure that practitioners can identify risk factors, plan appropriate interventions, and support safety planning for individuals and families experiencing or using violence.
2. **Information Sharing Schemes (ISS)**: The majority of the AOD sector participates actively in the Responsibility 6, FVISS and CISS, which are essential components of the MARAM framework. These schemes facilitate the sharing of relevant information between prescribed entities to improve risk assessment and management. The key aspects of this participation include:
    - **Family Violence Information Sharing Scheme (FVISS)**: Allows for the sharing of information related to DFV risk among prescribed entities to better assess and manage that risk. The aim is to enhance the safety of people who experience DFV, while increasing accountability and visibility for adults who use DFV.
    - **Child Information Sharing Scheme (CISS)**: Facilitates the sharing of information about the safety and wellbeing of children. This ensures that children at risk of harm are identified and supported promptly.

Many organisations within the AOD sector are working on or have embedded ISS data collection processes to meet their obligations under these schemes. This includes:

1. **Embedding ISS Processes**: Many organisations have developed and implemented processes to collect and share information as required by FVISS and CISS. This ensures that the information is used effectively to protect individuals, families and communities.
2. **Use of Tools**: The adoption of specialised tools to meet data requirements and facilitate efficient information sharing. These tools help streamline the process, ensuring that relevant data is collected accurately and shared appropriately.
3. **Training and Support**: Providing training and support to practitioners to ensure they understand their roles and responsibilities under the MARAM framework and ISS. This training includes how to use the risk assessment tools and how to participate in information sharing effectively.

By incorporating these elements into daily practice, the AOD sector enhances its capacity to respond to DFV. The integration of MARAM, along with active participation in Responsibility 6, FVISS and CISS, ensures a more coordinated and effective approach to risk assessment and management, ultimately improving outcomes for individuals and families affected by DFV.

The Victorian Alcohol and Drug Collection (VADC)

The Victorian Alcohol and Drug Collection (**VADC**) is the data collection specification for all state funded AOD treatment providers in Victoria. The VADC mandates the collection of five key data points during Intake Assessment and Comprehensive Assessment episodes of care:

1. **Victim/Survivor:** Identification of individuals experiencing DFV.
2. **Adult Using Family Violence:** Identification of individuals using DFV.
3. **MARAM Risk Assessment:** Whether the MARAM (Multi-Agency Risk Assessment and Management) framework was used at any point during the episode of care.
4. **No Family Violence**
5. **Not able to be asked / identified or inadequately described**

Data collection occurs during both the intake and comprehensive assessments, where information is gathered directly from clients or their referrers. During these assessments, the AOD sector actively collects information related to people experiencing DFV.

Identification, screening, and assessment processes have been integrated into standardised assessment tools to ensure consistent and thorough data collection. Currently, these tools are being updated to facilitate similar identification, screening, and assessment for adults using DFV.

If a client is identified as either a person experiencing DFV or as an adult using DFV, this is specifically noted in a VADC data point. This information is then compiled through standardised reporting through the VADC. Additionally, the AOD sector documents whether the MARAM framework was applied during the assessment process.

How the data can be used

The data collected on DFV and adults using DFV is crucial for:

- Assessing the prevalence and nature of DFV within the AOD sector.
- Understanding and enhancing the AOD sector's identification, assessment, and response to DFV.
- Evaluating where there may be challenges or gaps within the service provision pathway that may require further learning and development.
- Informing service provision, policy development, and funding allocations.

Where data is stored and accessed

Collected data is stored in the VADC system, managed by the Victorian Agency for Health Information (**VAHI**). Access to this data is restricted; it is primarily available to authorised personnel within the AOD sector and related health and social services agencies. While organisations can request access to their data from VAHI to evaluate service provision, VAADA's membership reports that engaging with this system is challenging. Data is rarely, if ever, returned in a manner that supports evaluation and enhancements, significantly impeding services' ability to evaluate and improve outcomes based on data evaluation.

Concerning the prevalence of DFV recorded in VADC data, we have been able to access only summary data, with limited functional detail available. This limited access highlights a significant barrier in utilising vital data for service improvement, workforce development and strategic/resource planning. The complexity of the system and the challenges in accessing detailed, actionable data have been consistent concerns, impacting the sector's ability to utilise this crucial information for service improvement and enhance client outcomes.

Addressing these access barriers is vital to ensure that the AOD sector can fully leverage data for the evaluation, enhancement, and development of services that effectively meet the needs of individuals and communities who use substances and are additionally impacted by DFV.

Improving access to data, simplifying the data request process, and ensuring timely access to requests are crucial steps towards enabling the AOD sector to utilise this information for service improvement, policy development, and to support client outcomes. Addressing these challenges is essential for a comprehensive understanding and effective response to DFV within the AOD sector and beyond.

In lieu of current gaps in access to AOD data, VAADA has developed *VAADABase* to overcome these identified and continuing challenges. Partnering with Victorian AOD service providers and Latitude Network, the *VAADABase* project is in the early stages of initiation, with participating agencies sharing de-identified client data from across Victoria for sharing and interpretation. *VAADABase* aims to empower AOD services through a 'bottom-up' approach to data management and information sharing. While *VAADABase* is an exciting sector led innovation, it lacks integration with existing data management frameworks and is limited to participating agencies who are funding it. The opportunity to scale this up as an effective model for services to capture, share and interpret data should be explored further, as an alternative to current data management practices.

Part iii: Recommendations

Improving the mechanisms for capturing data on DFV and adults using DFV in Victoria through the VADC is vital for enhancing the AOD sector's response to DFV. By refining data collection processes, understanding the functional purpose of data collected, and ensuring the effective use of this data, the AOD sector can contribute significantly to the mitigation of risk from DFV in Victoria as well as improve understandings on how AOD use and DFV interrelate.

1. Authorise Peak Bodies to access de-identified data

Facilitate access to data collected for peak bodies including the AOD sector. Peak bodies can support their sector to more effectively access crucial data without financial penalty. This would allow peak bodies to play a central role in data collection, evaluation, and dissemination, enhancing a service provider capacity to identify trends, outcomes, and areas for improvement, while also supporting policy makers with regular advice on the policy context.

2. Implement Timelines and Accountability for Data Returns

In addition to VAGO's recommendations, establish a framework mandating specific timelines and accountability measures for the Victorian Agency for Health Information (VAHI) when returning requested data to peaks and agencies. This framework should include:

- **Clear Deadlines:** Set transparent, mandatory deadlines for VAHI to respond to data requests, ensuring that agencies have timely access to the information needed for evaluation and improvement efforts.
- **Accountability Mechanisms:** Introduce accountability measures for instances where deadlines are not met. This could involve escalation processes or oversight by an independent body to ensure compliance.
- **Feedback Loops:** Establish structured channels for agencies to provide feedback on the data and its utility, enabling continuous improvement of the data sharing process.

3. Review case management systems

Review case management systems and their operation in agencies in Victoria with a view to either mandate key metrics that must be included in a DFV case management system or develop and implement a standardised client management system.

The main challenge lies in the fact that each AOD treatment provider and assessing agency utilise different client management systems, which complicates the standardisation of processes. This could be a key factor in the ongoing concerns about VAHI, as the state's health data management custodian and its sharing of essential service user data back to agencies. This limitation impacts the ability of organisations working at the intersection of AOD and DFV to analyse and evaluate the prevalence and profiles of DFV. It also impacts the ability to ensure continuous improvement in our response across all risk domains.

4. Review DTAU

We advocate for a thorough review of the Drug Treatment Activity Units (DTAU) in alignment with VAADA's 2024/25 Pre-Budget Submission, aiming to remove or revise the DTAU to foster a systemic alignment with the sector's 'no wrong door' approach to service provision. The current rigidity imposed by DTAU limits flexibility in practice and system responses, especially in managing DVF risk. For instance, the prescriptive nature of DTAU's allotment of 8 or 15 hours for forensic counselling is in conflict with the MARAM framework's requirements for AOD sector participation in collaborative risk management meetings. This misalignment necessitates the use of crucial client contact hours for administrative compliance rather than client-centred care, placing undue pressure on the AOD workforce and service system. While this is one example, it is reflective of the application of the DTAU more broadly. A revised DTAU model should support workers in undertaking essential DFV work without compromising the quality of care and success of support. A review of the DTAU would promote a more integrated, flexible

approach that better meets the needs of individuals and families experiencing and using DFV, ultimately enhancing outcomes across the service sector and community.

To support these recommendations, VAADA will:

- **Continue its engagement and advocacy:** to push for policy changes and operational adjustments that facilitate better data access and utility.
- **Collaborate with Government:** Engage in constructive dialogue with government agencies, including the Department of Health and VAHI, to explore the feasibility of incorporating these recommendations as part of the Victorian Government's commitment to the development of an AOD Strategy in Victoria.
- **Work with its members:** to enhance practice within the AOD service system to assessing and responding to DFV risks.

5. VAADA's Involvement in the Development of the Victorian Mental Health Client Management System (CMS)

We advocate that VAADA be actively involved in the development of the new Victorian Mental Health CMS to ensure that the systems are aligned with the needs of the AOD sector and facilitate seamless data integration. The new CMS is planned to roll out to the AOD sector post-implementation within the Mental Health Locals, and as such, we have a valid interest in ensuring this system meets the needs of the AOD sector as part of an integrated system. VAADA has been advocating that the new CMS have robust data collection capabilities to record DFV prevalence and presentation, although engagement has been limited to date. VAADA will engage in constructive dialogue with government agencies, including the Department of Health and VAHI, to explore the feasibility of these recommendations and to co-design solutions that address the sector's data needs.

6. AOD Strategy Development

These recommendations must be included in the development of the Victorian AOD Strategy. This comprehensive approach will ensure that data collection and management improvements are integrated into a broader strategic framework, enhancing the sector's capacity to respond to substance use and interrelated complexities effectively. Additionally, the AOD strategy should incorporate an evaluation framework with key targets to assess progress and impact. Ultimately, these efforts aim to improve the health of the community we are here to support.

Conclusion

In conclusion, addressing the complex interplay between substance use and DFV requires a multifaceted approach that integrates improved data collection and management practices within the AOD sector. The challenges outlined in accessing and utilising data through the current VADC system underscore the necessity for systemic changes. These changes include waiving data request fees for peak bodies, implementing strict timelines and accountability for data returns, and standardising case management systems across agencies.

Additionally, a thorough review of the Drug Treatment Activity Units (DTAU) and active involvement of key stakeholders, such as VAADA, in the development of the new Victorian Mental Health Client Management System (CMS) are critical steps towards creating a more responsive and integrated service framework. This involvement will ensure that the new CMS effectively captures and manages data on DFV, mental health, and substance use, thereby enhancing service delivery and client outcomes.

To support these recommendations, VAADA is committed to robust engagement and advocacy efforts, leveraging the collective voice of its membership to push for necessary policy changes and systemic adjustments. By collaborating with government agencies, including the Department of Health and VAHI, VAADA will work to co-design solutions that address the sector's data needs, ensuring that improvements are aligned with the broader strategic framework.

Ultimately, these efforts fall within a much-needed, comprehensive AOD Strategy that incorporates an evaluation framework with key targets to assess progress and impact. This strategy will enhance the sector's capacity to respond to substance use and interrelated complexities effectively, ultimately improving the health and wellbeing of the Victorian community. Through these collaborative and strategic efforts, we can pave the way for a more integrated, accessible, and effective data management system that reduces harm across the complexities of service provision in our community.

References

AIHW (2024) *Factors associated with FDSV,* Australian Institute of Health and Welfare, Commonwealth of Australia. Retrieved from https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv

Arteaga, A. Lopex-Goni, J. J., Fernandez-Montalvo, J. (2015) 'Differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence', *Drug & Alcohol Dependence*, vol. 155.

Blakemore, T., Rak, L., Agllias, K., Mallett, X., & McCarthy, S. (2018) 'Crime and context: Understandings of youth perpetrated interpersonal violence among service providers in regional Australia', *Journal of Applied Youth Studies* vol. 2(5).

Chermack, S. T. Murray, R. L., Walton, M. A., Booth, B. A., Wryobeck, J., Blow, F. C. (2008) 'Partner aggression among men and women in substance use disorder treatment: Correlates of psychological and physical aggression and injury', *Drug and Alcohol Dependence*, vol. 98 (1-2).

Choenni, V., Hammink, A., & van de Mheen, D. (2017) 'Association Between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review', *Trauma, Violence, & Abuse* vol. 18(1), 37-50.

Clements, K. & Schumacher, J. A. (2010) 'Perceptual biases in social cognition as potential moderators of the relationship between alcohol and intimate partner violence: A review', *Aggression and Violent Behaviour*, 15(5).

Codella, E. (2018) *An Analysis of Violence Victimization, Substance Use, and Gender as Predictors of Violence Perpetration Among Adolescents* (Doctoral dissertation), Appalachian State University, North Carolina.

Conley Wright, A., Metcalfe, L., Heward-Belle, S., Collings, S. & Barrett, E. (2021) *Critical interpretive synthesis: Child protection involvement for families with domestic and family violence, alcohol and other drug issues, and mental health issues*, Australian National Research Organisation for Women's Safety (ANROWS).

Coomber, K., Mayshak, R., Liknaitzky, P., Curtis, A., Walker, A., Hyder, S., & Miller, P. (2021). The role of illicit drug use in family and domestic violence in Australia. *Journal of Interpersonal Violence* vol. 36(15-16).

Coomber, K., Mayshak, R., Liknaitzky, P., Curtis, A., Walker, A., Hyder, S., & Miller, P.G. (2019) 'The Role of Illicit Drug Use in Family and Domestic Violence in Australia', *Journal of Interpersonal Violence* vol. 36.

Curtis, A., Vandenberg, B., Mayshak, R., Coomber, K., Hyder, S., Walker, A., Liknaitzky, P., & Miller, P. (2019) 'Alcohol use in family, domestic and other violence: Findings from a cross-sectional survey of the Australian population', *Drug and Alcohol Review* vol. 18.

Dawe, S. (2007) *Drug use in the family: Impacts and implications for children,* Department of Health and Ageing, Commonwealth Government.

Hanson, R. F., Self-Brown, S., Fricker-Elhai, A., Kilpatrick, D. G., Saunders, B. E., & Resnick, H. (2006) 'Relations among parental substance use, violence exposure and mental health: the national survey of adolescents', *Addictive Behaviors* vol. 31(11).

Isobe, J., Healey, L. & Humphreys, C. (2020). A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance use. *Health and Social Care in the Community* vol. 28(5).

Jones, S., & Patel, T. (2022). Inaccessible and stigmatizing: LGBTQ+ youth perspectives of services and sexual violence. *Journal of LGBT Youth, 20*, 632 - 657.

Lamsma, J., Cahn, W., & Fazel, S. (2020) 'Use of illicit substances and violent behaviour in psychotic disorders: two nationwide case-control studies and meta-analyses', *Psychological Medicine* vol. 50(12).

Lander L, Howsare J, Byrne M. (2013) 'The impact of substance use disorders on families and children: from theory to practice', *Social Work in Public Health* vol. 28(3-4).

Meyer S, Burley J, Fitz-Gibbon K. (2022) 'Combining Group-based Interventions for Intimate Partner Violence Perpetrators With Comorbid Substance Use: An Australian Study of Cross-sector Practitioner Views', *Journal of Interpersonal Violence* vol. 37(9-10).

Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., Tonner, L., & Day, A. (2016). Alcohol/Drug-Involved Family Violence in Australia (ADIVA) Final Report, Australian Institute of Criminology.

Rivas-Rivero, E., & Bonilla-Algovia, E. (2022) 'Adverse childhood events and substance misuse in men who perpetrated intimate partner violence', *International Journal of Offender Therapy and Comparative Criminology* vol. 66(8).

Romero-Martínez, Á., Lila, M., & Moya-Albiol, L. (2019) 'Long-Term Drug Misuse Increases the Risk of Cognitive Dysfunctions in Intimate Partner Violence Perpetrators: Key Intervention Targets for Reducing Dropout and Reoffending', *International Journal of Environmental Research and Public Health* vol. 16.

Salter, M., Robinson, K., Ullman, J., Denson, N., Ovenden, G., Noonan, K., Bansel, P., & Huppatz, K. (2021). Gay, Bisexual, and Queer Men's Attitudes and Understandings of Intimate Partner Violence and Sexual Assault. Journal of Interpersonal Violence, 36(23-24), 11630-11657. https://doi.org/10.1177/0886260519898433

Scholes-Balog, K. E., Hemphill, S. A., Kremer, P., & Toumbourou, J. W. (2013) 'A longitudinal study of the reciprocal effects of alcohol use and interpersonal violence among Australian young people', *Journal of Youth and Adolescence* vol. 42.

Seabrook, R. C., Walsh, T. B., Tolman, R. M., Lee, S. J., Quyen Ngo, & Singh, V. (2020) 'Prescription Opioid Misuse and Intimate Partner Violence Perpetration among a Nationally Representative Sample of Young Men', *Substance Use & Misuse* vol. 55(14).

Southern, S., & Sullivan, R. D. (2021) 'Family violence in context: An intergenerational systemic model', *The Family Journal* vol. 29(3).

Spencer, C. M., Stith, S. M., & Cafferky, B. (2022) 'What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women', *Trauma, Violence, & Abuse* vol. 23(1).

Victorian Alcohol and Drug Association. (2022). Auditor-General identifies necessary changes to drug treatment data system [Press Release]. Retrieved from: https://www.vaada.org.au/wp-

content/uploads/2022/10/VAADA-Media-Release-Auditor-General-identifies-necessary-changes-to-drug-treatment-data-system-Oct-2022.pdf

Victorian Royal Commission into Family Violence. (2016). Final Report. State Government of Victoria. Retrieved from: http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf