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6 September 2019

Working with family violence in the alcohol and other drug treatment sector.

VAADA statement of principles Consultation draft.

360edge.

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Contents.

Background to the principles statement.

VAADA has commissioned 360Edge to work with the alcohol and other drug sector (referred to throughout this document as the AOD sector) to develop an initial draft set of principles to guide practice in working with service users who have alcohol and other drug use problems and involvement with family violence.

In Australia, harm minimisation is the overarching approach to alcohol and other drug policy. Harm minimisation has three key components: supply reduction, demand reduction and harm reduction. At a treatment level, alcohol and drug treatment services focus on demand and harm reduction. Treatment services aim to prevent and delay alcohol and other drug uptake, reduce harmful use and support people to recover. For people who use alcohol and other drugs, the goal is to reduce the risks and harms associated with use to the individual as well as minimise the social impacts.

Harm minimisation as a public health approach and harm reduction as an intervention strategy are central to the policy and treatment responses to substance use in Australia. This approach and subsequent interventions can be found outside of the alcohol and drug arena (e.g. harm minimisation as a response to sex work or harm reduction interventions for self-harm or gambling behaviours). However, the AOD sector is

unique in having this approach as its central operating mechanism.

The findings of the 2016 Victorian Royal Commission into Family Violence (Royal Commission) identified the need for improved integration between the family violence and the AOD sectors (1). However, there are differences between the frameworks and philosophies of the two sectors. For example, the theory that guides the work of the specialist family violence sector recognises gender inequality as the central causal factor of family violence, with perpetrators being predominantly male and the victims being female and/or children.

The AOD sector recognises that the relationship between alcohol and other drug use and family violence is complex. It is acknowledged that substance use may contribute to family violence. Within AOD services an opportunity exists to include a family violence lens in practice, identify and manage family violence risk and build connections with the specialist family violence sector. The AOD sector's predominant focus is reducing the harms associated with substance use, supporting individual recovery and facilitating responsive, evidence-based medical and pharmacological intervention where required.

A number of activities, including the introduction of the Specialist Family Violence Advisor Capacity Building Program, workforce planning and policy directions have started the process of improving the capacity of the AOD sector to respond effectively to service
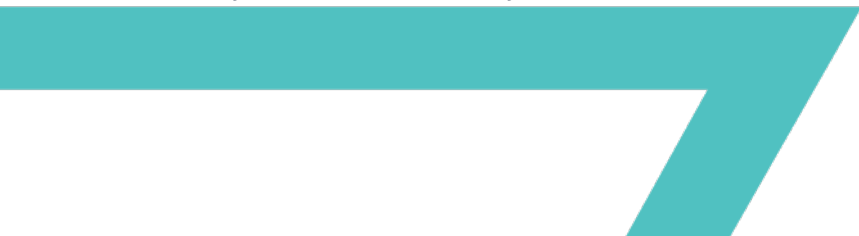
users with family violence involvement.[1] These changes have led to reflection and consideration of the principles underpinning the Victorian AOD sector's response to family violence(2). The sector needs clear principles to guide practice at the intersection of alcohol and other drug use and family violence and to work collaboratively and effectively with the specialist family violence sector.

The specialist family violence sector has two core components. One component is in providing interventions and support for women and children who experience family violence. The other is a behaviour change system for responding to men who use family violence. These services are referred to as "perpetrator interventions" with men's behaviour change program being the most common intervention type. In alcohol and drug services, division along gender lines is only available in specialist programs (women's residential rehabilitation services for example) and access to these programs is not determined by use or experience of family violence. However, people experiencing family violence are a priority group for access to Victorian AOD services.

Why the AOD sector needs a specific

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[1] For more details on reforms, policies and industry plans related to responding to family violence in Victoria, see the Family Safety Victoria website https://www.vic.gov.au/about-family-safety-victoria

response to family violence.

It is likely that a high proportion of people who use alcohol and other drug services have family violence involvement, either experiencing and/or using violence. (Most available data concern men who use family violence and women who experience family violence.) The Royal Commission into Family Violence heard that between 50 per cent and 90 per cent of women accessing mental health services and alcohol and other drug services had experienced child abuse or domestic violence (2). Among men attending alcohol and other drug treatment services, up to three-quarters have used emotional, physical or sexual violence towards their partner, and approximately 60 per cent have been physically or sexually violent toward their partner in the previous 12 months, based on international data (3). Technology-facilitated violence (e.g. tracking women's movements using GPS technology or accessing passwords to social media or messaging accounts and applications) by men receiving alcohol and other drug treatment is increasing (3).

The relationship between women's experience of violence and their alcohol and other drug use is complex and not well understood. Family violence may negatively impact alcohol and other drug treatment outcomes. The experience of family violence may trigger relapse to alcohol and other drug use during treatment (e.g. drinking alcohol to cope with violence) (4).

Alcohol and other drug services are likely to encounter family violence that is

not specifically gendered in nature than family violence services. This includes violence that is perpetrated between members of families and in intimate relationships such as adolescents towards parents or siblings, adult children towards parents, sibling to sibling violence, same-sex relationships, the use of family violence by women and so on. This is because AOD services cast a much wider net in terms of service eligibility as compared to family violence services. As such these services are much more likely to encounter instances of adolescent use of family violence of family violence in same-sex relationships.

Many specialist family violence services are alternatively designed to respond to gendered violence where services are targeted at women and children experiencing or recovering from family violence and separate programs for men who use violence. There are however innovative developments in Victoria in alternative methods of program delivery.[2]

The estimated prevalence of family violence among alcohol and other drug service users suggests that alcohol and other drug treatment provides a valuable opportunity to identify the problem, assess for the relationship between the two issues and intervene effectively.

The two sectors use different language and terminology and have differences in

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[2] The Victorian government has funded a range of therapeutic interventions demonstration programs for working with family violence including whole of family approaches and interventions for Aboriginal families: https://providers.dhhs.vic.gov.au/family-violence

the philosophies that underpin practice. The AOD sector uses language that is non-blaming and non-stigmatising and differentiates between the self and the behaviour of a person (e.g. person who uses alcohol as opposed to "alcoholic") The family violence sector uses language that is intended to emphasise responsibility for behaviour (e.g. perpetrator) and to highlight the serious nature and impact of family violence. [3] These differences are not insurmountable. Both perspectives are intended to create change and protect people who are potentially vulnerable. Arguably, both perspectives serve a different function and need not be mutually exclusive. Mutual respect and a

collaborative approach can allow both perspectives to co-exist and both aims to be achieved.

Other key differences between the sectors include the differences in the central operating philosophies, harm reduction in the AOD sector and gender inequality in the family violence sector. This can be understood when considering the history of the two sectors. The AOD sector was historically developed to work with men. Currently many workers and clients (67%) are men. Family violence responses were developed to respond to women and children. Over time interventions for men have become part of the work of the

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[3] For further information on how drug and alcohol issues were explored in the RCFV see Sophie Yates (2019): "An exercise in careful diplomacy": talking about alcohol, drugs and family violence, Policy Design and Practice, DOI: 10.1080/25741292.2019.1638697

sector although work with women and children and with men is largely separate.[4]

Finally, is the role of alcohol and other drugs in family violence. The family violence sector has been reluctant to centralise the role of substance use in family violence out of concern that it may distract from the central issue of gender inequality the primary cause of family violence. The AOD sector primary domain is in responding to issues related to substance use and in provide support and intervention to reduce the harms to the individual and others which may include reducing harms associated with family violence.[5]

Prevalence.

In Australia family violence is a major issue that has a huge economic, social and individual cost. The national prevalence of family violence cannot be overstated. The Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS) (5) estimated that, 17 per cent or 1.6 million women have experienced physical or sexual violence by a current or previous partner since the age of 15. For men, 6.1 per cent or 548,000 have also experienced this kind of violence. For people who have experienced emotional abuse by a current or previous partner since the age of 15 the prevalence rates are 23% or 2.2 million women and 16% or 1.4 million men.

[4] Ibid

[5] Ibid

In addition to these statistics, one woman was killed every nine days and one man every 29 days by a partner between 2014-15 and 2015-16 (5).

There are some groups in the population that are more vulnerable to experiencing family violence and greater harm from family violence. Children are a particularly vulnerable group. In 2016-17 there were 288 hospitalisations of children for abuse injuries perpetrated by a parent of other family member. 26,500 children aged 0-9 were assisted by specialist homelessness services due to family violence in 2017-18 (5). Other vulnerable groups include young women (18-34 years), older people, people with a disability, people with culturally and linguistically diverse backgrounds, LGBTI people, people living in regional and remote Australia and people from economically disadvantaged areas (5).

Indigenous Australians are also more vulnerable than non-Indigenous Australian. Adults in this population group are 32 times more likely to be hospitalised as a result of family violence. High rates of Indigenous people seeking support for homelessness services as a result of family violence and child protection involvement in Indigenous families at a rate 8 times as high as non-Indigenous families, also demonstrate the impact of this increased vulnerability (5).
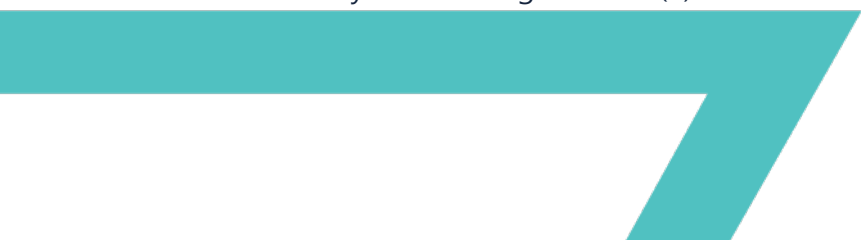
Understanding family violence.

The Australian approach

In Australia the dominant explanation for family violence is founded on the feminist model that understands family violence as a result of patriarchal structures and systems, rigid gender norms and gender inequality. Led by the women's liberation movement in the 1970's and 1980's, Australian policy has been grounded in this view since the 1980's (6). Since this time, interventions for people who use family violence, such as men's behaviour change programs, have been based largely on the Duluth model with more recent adaptations to include cognitive-behavioural approaches. The Duluth model is based on co-ordination and collaboration between agencies and works in tandem with the criminal justice system. It

applies a feminist perspective with an educational approach that involves awareness raising and challenging beliefs about masculinity and gendered power relations (7).

This approach has not always been universally accepted. Since the 1970's policy and research debates have disagreed about how to understand and respond to the issue. Points of contention have been about whether family violence is as a result of individual pathology and therefore best responded to with therapeutic intervention, or as a result of the socio-political system of patriarchy. Advocates of the latter looked to criminal justice responses and social education and social movement interventions (7, 8).

Responses to family violence have largely become more integrated,

incorporating social change advocacy, education, criminal justice interventions and therapeutic responses. However, the feminist model remains central in both policy and interventions to tackle the issue of family violence. This centrality has impacted the capacity of other ways of responding to family violence to gain traction. Increasingly there is a move toward a more nuanced understanding and approach that can hold multiple perspectives and understandings and allow for new responses in addressing the issue.

New and emerging ideas about thinking and responding to family violence

Jess Hill in her 2019 book *See what you made me do,* (9). seeks to understand why despite decades of efforts to reduce family violence or what she refers to as 'domestic abuse' the problem has not improved and solutions have not brought about change. Hill is particularly interested in what drives people, particularly men, to use violence against their partners and other family members. She argues that in places like Australia and others, this drive has been understood as an issue of gender inequality. Men use violence to maintain their power and privilege and are supported to do so by systemic patriarchal structures and norms (9).

Hill spoke to criminologist Michael Salter who is a researcher on men's violence towards women and children. Salter notes that in Australia the public discussion about men's violence has become increasingly narrow;

> *We've moved into a neoliberal feminist analysis of violence, which*

assumes that perpetrators have no depth; that they are all just surfaces that are written upon by tv and pornography and culture (p.161) (9).

The concern that Salter has about this approach is not in its ideology, rather that it is simply not working. Hill states that it was in fact Ellen Pence, co-designer of the Duluth model, as early as 1999, who argued that this approach was not consistent with the lived experience of both men and women. Research has shown that many of the men who use violence against their partners and family are not driven solely by power and control. Nor do they feel powerful or privileged in their lives (9).

The explanation is that patriarchy damages men too. Hill quotes violence prevention expert Professor Bob Pease's

sentiment that, '*gender inequality cannot capture the nuance, complexity and multidimensional nature of patriarchy*' (p.214) (9).

She goes on to explain that if combatting gender inequality alone was a solution to family violence, the expectation would be that family violence statistics across countries like Denmark, Finland, Iceland, Sweden and Norway; that have comparatively gender-equal societies; would be much lower than average. However, the number of women in these countries who have been subjected to physical or sexual violence from an intimate partner is around 30 per cent. This is higher than the European Union average of 22 per cent and Australia's rate of 25 per cent (9).
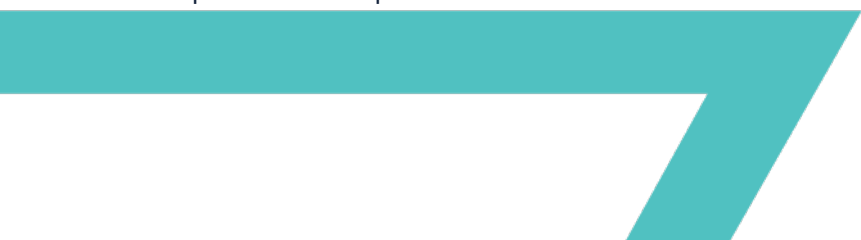
Hill explains that in the United States men's use of family violence is understood in the context of psychopathology. The propensity to use family violence is seen as a result of an individual's psychology caused by substance abuse, trauma, mental health issues and so on. The limitations of this approach is that it fails to recognise the wider historical, social and contextual factors that cause and maintain family violence.

In terms of psychology the book explores men's experiences of shame and entitlement. Shame, Hill says, is experienced by both men and women but that responses to shame are gendered. Shame for men is often as a result of their 'masculinity' being compromised. Patriarchy conditions both men and women into gendered expectations about feelings and

behaviours. Women are expected to be vulnerable, caring and nurturing; men to be powerful and in control. In intimate relationships it can be men's desire for intimacy and connection and their fear at the potential loss of this, that drives the violence towards their partners. They have been conditioned to revile these vulnerable emotions and can often find no way to express these needs and fear. This can lead them to use controlling and abusive behaviour to demand that they get these needs met and to supress their more 'feminine' feelings.

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Domestic abuse is, first and foremost, a tragedy for the victim. But it is also a tragedy for the perpetrator. Most abusive men were once tender little boys, vulnerable and shy, who just wanted to love and be loved p. 245 (9).
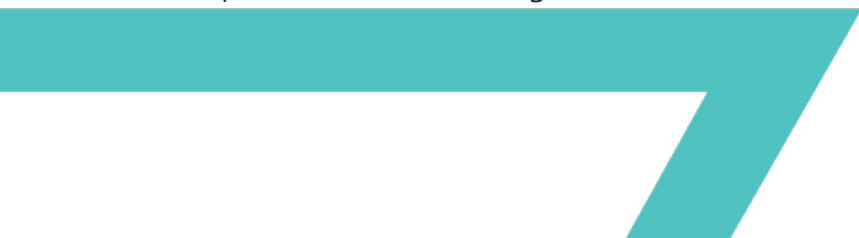
The feminist understanding of family violence as an expression of power and control can be confounding to some men who use family violence. Rather than feeling powerful these men describe feeling powerless, out of control and even perceive themselves as victims in their relationships (9).

Masculinity in the context of patriarchy is not the assumption that individual men feel powerful, it's that they feel entitled to power. Women also experience shame and humiliation but as patriarchy does not afford them the natural right to power they do not have the same expectations, the same sense of entitlement.

One of the most difficult tasks, Hill argues, is helping a man who is behaving in a way that is abusive to understand that he is actually acting from a position of entitlement. Responses that demonise men who use violence only exacerbate their sense of shame.

Violent men often don't understand where their violence comes from and don't know how to stop. Men who have engaged in violence and abuse towards women are often deeply ashamed of their conduct. It's unclear how further shaming will produce a change in their behaviour and it may inhibit them from seeking treatment and support p.246 (9).

Casting perpetrators out as 'irrevocably tainted' only compounds their shame, and potentially makes them all the more dangerous p.247(9).

Hill advocates for an understanding of people who use family violence that incorporates both gender and psychology. She argues for a public health approach to family violence that sets genuine targets for reducing the harms associated with it, such as a reduction in intimate partner homicides. Advocating for cultural change, whilst worthy, takes generations and should not be the central pillar for a plan of action to create real change now.

> *There's no question that damaging ideas around gender – and more specifically, patriarchy – are at the heart of domestic violence…. but to reconfigure attitudes and behaviour is the work of generations (p.533) (9).*

Hill highlights the commitment and funding delivered by the Victorian Government in addressing family violence which she states is unprecedented and not replicated anywhere else in Australia or globally (9).

She provides evidence of local and international community interventions that have demonstrated profound effectiveness in creating behaviour change in men who use violence. There are a number of common features across the programs she describes; they are community-led, they are genuinely collaborative, they view people who use violence as rational, thoughtful and as having the capacity for change and they make the safety of those who are

experiencing violence the absolute priority[6] (10).

Many of Hill's perspectives about family violence have been discussed by writer's, researchers, advocates and commentators previously. Often, however the complexity and differing perspectives are represented as opposing or competing points of view. The uniqueness of her work is that it is able to account for and concurrently represent multiple perspectives on the causes and sustaining factors of family violence, multiple opportunities for intervention and change without making these differences mutually exclusive or requiring one set of perspectives to be primary.

For the AOD sector this capacity represents an opportunity to respond to family violence with the same holistic, multi-lens perspective that it brings to responding to issues related to substance use. The AOD sector can learn much from incorporating a gendered understanding into its practice. It can concurrently contribute specialist expertise in responding to AOD issues and continue to consider how these two issues intersect and overlap. Research and evidence in this area is largely in its

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[6] Prioritising the safety of those who experience violence is core to the principles of many family violence organisation including No To Violence who focus their energies on working with men who use violence https://www.ntv.org.au/about-us/who-we-are/

infancy. [7]A broad, nuanced approach will enable the AOD sector to work collaboratively with the family violence sector to continue to develop interventions that will create the safest and most effective outcomes service users and their families.

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[7] For further information on the evidence for intervention for alcohol and other drugs and family violence see Lee, N., Jenner, L. & Alcohol Tobacco and Other Drug Association ACT (ATODA). (2017). *Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings*. Canberra: ATODA. Available at: www.atoda.org.au

Understanding family violence and alcohol and other drug use.

What we know

In Australia, alcohol is estimated to be involved in between 23 percent and 65 percent of all family violence incidents reported to police (10). Of assaults that occur in the home, alcohol or other substances were involved in around half of (50%, or 321,000) incidents (5). Half of the men in perpetrator intervention programs have abused alcohol, and approximately half of the men in alcohol and other drug treatment programs have used family violence against their intimate partner (8).

The relationship between substance use and family violence

It is clear from the statistics alone that there is a strong relationship between alcohol and other drug use. Over decades, the nature of this relationship has been contested. Substance use has been explained by researchers as a cause of family violence, that there is a correlation between the two and that is an excuse to justify and avoid responsibility for the use of family violence (10). However, based on current evidence it is clear that alcohol and drug use is strongly associated with an increase in the likelihood of family violence occurring and an increase in the risk of physical violence, injury and hospitalisation (11).

Alcohol and other drug use also increases the likelihood of experiencing family violence (11). Substance use can be used as a means of coping with family violence and associated issues. However, it can also reduce the person's capacity to keep themselves and others safe, increase feelings of shame and sense of responsibility for the violence, increase reluctance to seek help and in the case of police involvement, reduce the likelihood that the person using violence will be arrested or charged (12).

Reducing alcohol use through therapeutic responses or social health policies have been shown to reduce rates of family violence. FARE's submission to the Royal Commission outlined a number of strategies that their evaluation demonstrated reduced prevalence and severity of family violence. The recommendations included regulating availability of alcohol; developing a specific model of care to respond to alcohol related family violence; programs that target people who use violence; and education programs for young people (13). In responding to these issues a multidisciplinary and multi-agency approach that has the capacity to provide interventions directed at addressing issues related to substance use and family violence at an individual, societal, relationship and community level is needed (4).

The Victorian AOD sector: piecing together the puzzle

The report released by the Royal Commission stated that in considering population-level risk, violence-tolerant attitudes and gender inequality are the underlying causes of family violence. It

also acknowledges that individual risk factors need to be accounted for with regard to people who use family violence. In addition to attitudes and beliefs, reinforced by social norms and institutional structures, problematic substance use, mental illness and childhood exposure to violence are known risk factors for using family violence.

The 2019 AIHW report into the current state of family violence, reiterates this and in addition to reporting the factors that increase the risk of using family violence it also includes vulnerability factors that increase the likelihood of experiencing family violence:

> The causes of family violence are complex and include gender inequality and community attitudes towards women. Factors such as

intergenerational abuse and trauma, exposure to violence as a child, social and economic exclusion, financial pressures, drug and alcohol misuse and mental illness can also be associated with family violence. These factors can combine in complex ways to influence the risk of an individual perpetrating family violence or becoming a victim of such violence (p. 56) (5)

The Royal Commission report notes that not all people who have had these experiences will engage in this behaviour and so these factors cannot be considered a direct cause but they do help to understand how to best target interventions that tackle family violence. Finally, the report recommends that:

Because population-level and individual-level risk factors are interrelated, preventing family violence requires mutually reinforcing approaches at the population, community, institutional and individual levels (p.17) (6).

The AOD sector is well placed to both address individual level risk factors, to provide concurrent and complementary interventions alongside specialist family violence programs and to create pathways in and out of specialist programs. Alcohol and drug services are not intended to be a replacement for specialist family violence responses, nor should they be seen as a 'short cut' or alternative to specialist services (14).

It is relevant for the sector to also consider Hill's arguments about working with men's shame and supporting men to challenge the belief's that perpetuate behaviour that impacts their capacity to engage in meaningful and connected relationships with those around them.

She provides evidence of local and international community interventions that have demonstrated profound effectiveness in creating behaviour change in men who use violence. There are a number of common features across the programs she describes; they are community-led, they are genuinely collaborative, they view people who use violence as rational, thoughtful and as having the capacity for change and they make the safety of those who are experiencing violence the absolute priority (9).

The AOD sector can be heartened to see successful responses that reflect its own values and principles. The sector has the

opportunity to rise to the challenge of avoiding binary positions or simply adopting established approaches to family violence. The sector seeks to develop its own unique approach. This approach needs to account for the complex and interrelated factors that cause family violence. It should be based on existing and emerging knowledge and practice and work towards the potential to create real change and meet the needs and improve the lives of alcohol and other drug service users and their families.
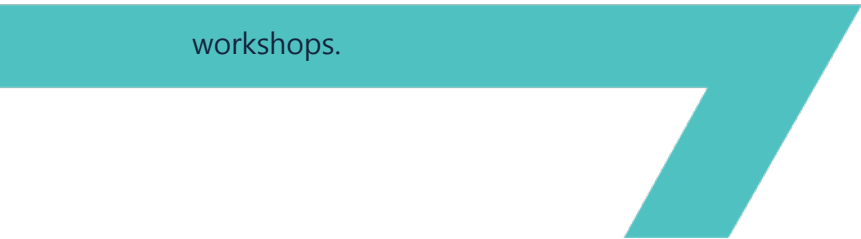
How these principles were developed.

Informing the principles.

In developing the principles for working with family violence in the AOD sector we undertook a review of the values, beliefs, frameworks and principles that guide work in

- The AOD sector

- The specialist family violence sector.

- Working with family violence in the AOD sector

We included principles and related materials in the specialist family violence sector that looked at the needs of specific and vulnerable population groups. The review of these principles informed the sector consultation workshops.

Existing principles from the AOD sector

We reviewed a range of international and Australian principles that underpin the delivery of alcohol and other drug treatment. (15-23) Many individual alcohol and other drug service providers in Victoria have their own principles that emphasise strategic or organisational priorities and directions. In Australia alcohol and other drug treatment principles are underpinned by harm minimisation and recovery-oriented practice frameworks. The central themes of these principles is to provide individualised, holistic and accessible care that recognises the importance of partnerships and collaboration between health service sectors, is responsive to diversity and informed by evidence.

These themes are demonstrated in the Victorian alcohol and drug treatment principles (18) and in the Victorian alcohol and other drug client charter (17). It is important that AOD/FV principles are aligned with and reflect the AOD treatment principles and AOD client charter.
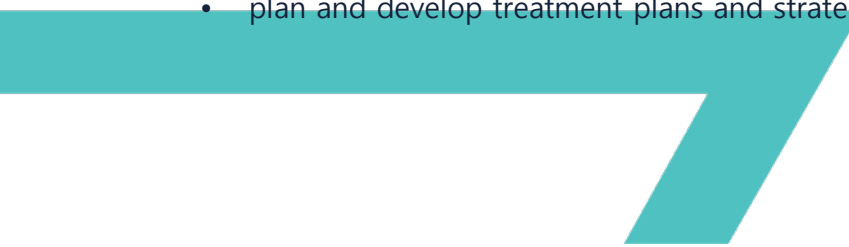
Victorian alcohol and drug treatment principles

1. Substance dependence is a complex but treatable condition that affects brain function and influences behaviour

2. Treatment is accessible

3. Treatment is person-centred

4. Treatment involves people who are significant to the client

5. Policy and practice is evidence informed

6. Treatment involves integrated and holistic care responses

7. The treatment system provides for continuity of care

8. Treatment includes a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery

9. The lived experience of alcohol and other drug users and their families is embedded at all levels of the alcohol and other drug treatment system

9. The lived experience of alcohol and other drug users and their families is embedded at all levels of the alcohol and other drug treatment system

11. Treatment is delivered by a suitably qualified and experienced workforce

Victorian alcohol and other drug client charter

The responsibilities of agencies providing alcohol and other drug services in Victoria are to:

- treat clients with respect, dignity and courtesy

- provide an accessible service that takes into account individual and cultural diversity

- plan and develop treatment plans and strategies in collaboration with clients

- achieve and maintain appropriate standards of proficiency and participate in ongoing professional review and development

- provide services in a safe environment and ensure that duty of care is maintained

- ensure client information is kept confidential unless disclosure is otherwise authorised

- provide adequate information to clients about organisational and independent complaints processes

- adhere to relevant professional and AOD codes of conduct and ethics

- comply with the *Victorian Charter of Human Rights.*

Existing principles from the family violence sector in Australia

There are national, state-based guidelines and practice frameworks that support and guide work in the specialist family violence sector. Some organisations also have their own documentation and guidelines. We reviewed a broad range of principles and frameworks from across Australia for the purpose of this report (2, 24-31). The central understanding of family violence in the specialist family violence sector is summed up in the Victorian Government's *Ending Family Violence: Victoria's Plan for Change* (32) that outlines the plan for delivering on the 227 recommendations that came out of the Royal Commission (1).

At its core, family violence is rooted in the inequality between women and men. This environment fosters discriminatory attitudes and behaviours that condone violence and allow it to occur. For this reason, addressing gender inequality and discrimination is at the heart of preventing family violence, and other forms of violence against women such as non-intimate partner sexual assault (32).

The principles for working with family violence are focused both on working with people experiencing family violence and those who are using family violence. In the specialist family violence sector, the principles for responding to people experiencing family violence will explicitly refer to women and children as they are the predominant recipients of family violence. The principles that focus on those people who use family violence will refer to men or 'perpetrators' and

the responses to this group are referred to as 'perpetrator interventions'.

There are a number of themes that are consistently found across all the principles. They centre on the protection and safety of women and children and engaging in responses that empower and strengthen women and children through respect, transparency (confidentiality) and responsive, respectful engagement. Most principles also recognise the need for a holistic, responsive, collaborative working relationships with other services and sectors. The following principles from the Victorian Government *Practice guidelines: women and children's family violence counselling and support programs* demonstrate a representative example of the principles that are used in the sector:

Victorian Government Practice guidelines: women and children's family violence counselling and support programs principles

- Family violence is a fundamental violation of human rights and unacceptable in any form.

- Physical or sexual violence within the family is a crime that warrants a strong and effective justice response.

- Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).

- The safety of women and children who have experienced, or are experiencing family violence, is of paramount consideration in any response.[8]

- The voices of women and children who have experienced violence must be heard and represented at all levels of decision making to help assist in reform.

- Men who use violence should be held accountable and challenged to take responsibility for their actions.

- Family violence affects the entire community and occurs in all areas of society, regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity, or religion. Responses to family violence must take into

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[8] To be consistent with the Children, Youth and Families Act 2005, Section 10. if there is a dilemma between the principle of child safety and that of the empowerment and safety of women, then the safety of children remains paramount due to their level of vulnerability.

account the needs and experiences of people from diverse backgrounds and communities. Family violence is not acceptable in any community or culture.

- Responses to family violence can be improved through the development of a multi-faceted approach in which responses are integrated and specifically designed to enhance the safety of women and children.
- Preventing family violence is the responsibility of the whole community and requires a shared understanding that family violence is unacceptable.

Working with people who use violence is a growing and emerging area of research and practice both in Australia and internationally. The position of "perpetrator intervention programs' is that "*all forms of violence are unacceptable and will not be tolerated; and men who use violence are responsible for their behaviour and can choose to not use violence*" (33). In Australia the principles that currently guide practice focus on themes such as holding people accountable for their use of violence, prioritising the safety of women and children, system integration and being responsive to culture and diversity. The following is a representative example of the principles used to guide practice with people who use violence from *Practice Standards for Perpetrator Intervention: Engaging and Responding to Men who are Perpetrators of Family and Domestic Violence* (33):

Practice Standards for Perpetrator Intervention: Engaging and Responding to Men who are Perpetrators of Family and Domestic Violence principles

1. Safety of women and children must be given the highest priority.

2. Victim safety and perpetrator accountability are best achieved through an integrated systems response that ensures that all relevant agencies work together.

3. Challenging family and domestic violence requires a sustained commitment to professional and evidence-based practice.

4. Perpetrators of family and domestic violence must be held accountable for their behaviour.

5. Programs should respond to the diverse needs of the participants and partners.

In addition to these principles, the minimum standards are informed by the following ethics. These are referred to throughout the minimum standards but are considered essential to the safe delivery of programs:

1. An important source of information about risk, safety and behaviour change is the man's current and/or former intimate partner/s.

2. The operation of men's behaviour change programs must occur in partnership with agencies and organisations in the community and be open and transparent with those agency partners.

3. Information sharing is critical for assessing, managing and monitoring risk and must be an ongoing feature of men's behaviour change practice.

4. A commitment to evidence-based practice including continual monitoring, review and evaluation is imperative for furthering the safety of women and children.

Dealing with diversity.

Family violence in Aboriginal communities

Aboriginal definitions of the nature and forms of family violence are broader and more encompassing that those used in the mainstream. The Victorian Indigenous Family Violence Taskforce defined family violence as: an issue focussed around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on–one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide (34).

In reviewing frameworks and policies that examine family violence in Aboriginal communities, contextual factors that contribute to the violence are emphasised. These factors are sometimes framed as contributing factors but are also referred to as causing family violence.[9] Some of these include dispossession from land and culture, racism, child removal policies and inherited grief and trauma (35).

[9] Causal factors include oppression, European invasion and dispossession, childhood violence and abuse, abusive styles of conflict resolution, violent family environment, high incarceration rates, economic disadvantage, poor health, lack of education, racism, single-parent families, substance and drug abuse, poor or inadequate housing, social isolation, loss of identity, sexual jealousy and pornography, lack of respect, loss of land and traditional culture, breakdown of kinship systems and stolen generations. https://www.creativespirits.info/aboriginalculture/people/domestic-and-family-violence#toc3

The following principles are taken from

the Aboriginal-led Victorian agreement

for responding to family violence (36):

Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families

Vision and Guiding Principles

Vision: Aboriginal people are culturally strong, safe and self-determining, with families

and communities living free from violence.

Guiding principles:

- Self-determination (Community-led, self-management and leadership)

- Collaboration and partnerships

- Strengths-based

- Cultural and trauma informed resilience and healing approaches

- Safety (Cultural, physical and community)

- Accountability, transparency and honesty of all parties

Family violence for LGBTI people

Current estimates suggest that family violence in LGBTI communities occur at about the same rate as in the heterosexual population, with lesbian women more likely to experience family violence. There is however, limited research into the prevalence and nature of family violence for LGBTI people (37). This is a result of a predominantly heteronormative framing of family violence that does not encompass non-binary (man/woman, masculine/feminine) understandings of the issue. A more inclusive recognition of the power dynamics in same-sex intimate partner relationships needs to be considered outside of the traditional assumption of men's power and privilege over women as the central cause of family violence.

There is also the need to recognise the invisibility, marginalisation and discrimination experienced by LGBTI people in considering efforts to address family violence in this population group (37). The Victorian Government commissioned the research paper, *Primary prevention of family violence against people from LGBTI communities* (37). It recommends the following principles for approaching prevention efforts:

Primary prevention of family violence against people from LGBTI communities guiding principles

- Engage and include LGBTI people in the planning, design and implementation of all prevention efforts.

- Address the structural drivers of violence against LGBTI people.

- Uphold and promote human rights.

- Be inclusive of the diversity of LGBTI people and communities in all universal prevention efforts.

- Adopt an intersectional approach that acknowledges and responds to the diversity and diverse needs within LGBTI communities

- Be specific about who prevention efforts are tailored for

- Ensure ongoing critical reflection, and reflective practice

- Be open to synergies with other fields of prevention work

- Identification and balancing of risks and benefits.

- Be evidence-based and evidence-building

Adolescent family violence

Adolescent family violence is a distinct form of violence that is largely inadequately addressed by the current legal and support system. The dynamics of adolescent violence are unique, and the needs of young people differ from adults, requiring a specialist response.

There is limited data to accurately measure the prevalence of adolescent family violence both in Australia and internationally. Much of the evidence comes from police data which likely underestimates actual prevalence. The Royal Commission estimated that approximately one in ten family violence police call outs were for adolescent violence in the home (38). Adolescent males are more likely to use family violence than adolescent females and women are more likely to experience this form of violence, particularly mothers.

However, there is research that suggest that young females are more likely to use family violence than females in the general population. The nature of this violence is more likely to be verbal abuse and destruction of property, rather than physical violence against a family member (38). This suggests that when it comes to adolescent family violence, a feminist, gendered analysis may not reveal the whole story.

Adolescent family violence can be best understood as occurring in a context of complex, interrelated factors. The key determinants for adolescent family violence, include the adolescent's family history of family violence, parenting style, family conflict and separation, adolescent and/or parental mental health and substance use, child abuse, physical punishment and behavioural disorders. Poverty, family stress, negative peer influence and lack of social

supports may also be contributory factors to family violence in this population group (39).

In 2014 the Victorian State Government developed a draft *Adolescent Family Violence Program service model* (39). The service model situates adolescent family violence within a number of inter-related systems:
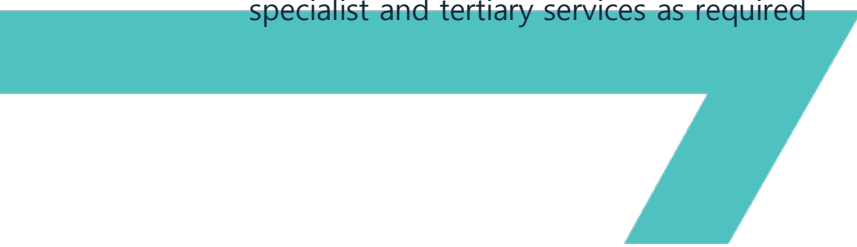
- A macrosystem, characterised by gender inequality and media violence influence
- An ecosystem, characterised by family stress, lack of social support, negative peer influence

- A microsystem, characterised by ineffective parenting styles, parental conflict or family violence
- Other factors, such as low attachment, mental health vulnerabilities, drug/alcohol misuse or childhood experiences of family violence (39).

The draft model proposes a number of service delivery principles for working with adolescent family violence (39):

Adolescent Family Violence Program service model service delivery principles

- family violence is unacceptable in any form and within any culture

- the usage of violence is a choice

- the safety of parents/carers and other family members who are experiencing family violence is paramount in any response

- families and communities can support young people who use family violence to take responsibility for their violence

- whilst parents/carers are not responsible for their child's usage of violence, they play an integral role in stopping it

- children's best interests are always paramount

- the safety, stability and development of the young person using violence is a primary focus of the response

- parents may need support to reach decisions and take actions that are in their children's best interests

- 'anger' and 'temper' are not the same constructs as violence and abuse (and should not be regarded as such)

- a secure primary attachment is critical for all children

- children's cultural, spiritual, gender and sexual identities must be respected and affirmed

- children thrive when they have strong, positive relationships with their family members and other significant people

- children's needs are met by a whole-of-system response, involving universal, specialist and tertiary services as required

- all adults share responsibility for working towards children's best interests.

Importantly, although not stated in the principles, research and practice guidance in responding to adolescent family violence recommends that criminal justice involvement should be used as a last resort (38).

Other vulnerable groups

As identified already in this report, Aboriginal people, LGBTI people and adolescents are not the only groups who are more vulnerable to experience greater

risks and harms associated with family violence. Other vulnerable groups include children, young women, people from culturally and linguistically diverse backgrounds, older people, people with mental illness, people with a disability,

homeless populations, people in regional and remote areas, male victims, people working in the sex industry and women exiting prison. We have focused on these population groups as a means of reflecting on the understandings and principles that guide practice in working with family violence with these groups.

These understanding offered unique, complex and diverse perspectives for the AOD sector to consider. It helps us be aware that there is no one way of viewing or responding to the issue of family violence. These learnings are intended to expand thinking beyond the limitations of existing frameworks and to design a set of principles that best reflect the values and principles of the sector and meet the needs of a diverse and complex group of alcohol and other drug service users.

Existing principles for working with family violence in the AOD sector in Australia.

In 2017 the Alcohol Tobacco and Other drug Association ACT (ATODA) released a set of principles for working with family violence in alcohol and other drug treatment settings as part of the *Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings* (40). This occurred in the context of the ACT *AOD Safer Families Program 2017-2021*. This guide and the companion materials were developed through a co-design process involving a multidisciplinary clinical and expert roundtable, which included clinicians from the ACT, NSW and Victoria with expertise in alcohol and other drug treatment and/or domestic and family violence; members with expertise in alcohol and other drug policy, research and evaluation; and consumer representatives.

These principles are built of the assumption that evidence informed, best practice alcohol and other drug treatment responses are already in place. The principles seek to build on that foundation when responding to family violence. The principles and practice guide recognise that alcohol and other drug use is a dynamic risk factor for experiencing or using family violence, and is amenable to change through evidence-based alcohol and other drug interventions that have demonstrated effectiveness in reducing the quantity and/or frequency of substance use (40).

Principles of Practice

- DFV is a violation of human rights and is unacceptable in any form, in any community and in any culture.

- The safety of service consumers, and children who have experienced or are experiencing DFV, is the priority.

- AOD use, while not a cause of DFV, is significantly associated with DFV.

- AOD services work collaboratively with other services to address DFV, including specialist DFV, men's behaviour change, and mental health sectors.

- AOD services are delivered within a trauma informed care paradigm; and above all do no harm to service consumers or their children.

- AOD services provide non-judgmental care to service consumers who use DFV, while communicating DFV in all forms is totally unacceptable and the service consumer is entirely responsible for their actions.

- DFV can impede AOD treatment outcomes, and must be considered in the context of AOD service delivery.

- The issue of DFV is raised with all consumers of AOD services, and risk assessment and treatment planning (including safety planning) is conducted when indicated. Harm reduction and stepped-care approaches are also used.

- AOD services consult with service consumers of their organisation to ensure that the information they receive is relevant, accurate and accessible.

- AOD services consult with service consumers to identify and overcome barriers to disclosure of DFV in the context of AOD support and treatment.

What the AOD sector can learn from the different approaches and principles.

Each of the examples presented in this document have principles that are common to all or most and principles that are unique. Many of the principles support accessible, holistic care responses that are person-centred and allow informed decision making and choice. Most recognise the importance of being culturally safe and responsive and accessible to diverse groups.

There are however, key differences in emphasis, priority and the philosophies and understandings that inform the principles. Principles from the family violence sector speak to holding men accountable for their use of violence and prioritising the needs and safety of women and children. The AOD sector also prioritises safety but it's understanding of the issue is not focused centrally on risk associated with family violence but rather on the risks and harms associated with substance use. LGBTI and Aboriginal perspectives emphasise the structural and socio-economic factors that influence family violence. Aboriginal and adolescent family violence principles are embedded in relational and community responses and understandings of family violence.

The AOD sector is invited to understand, learn from and reflect on the differences in understandings, approaches and principles. These differences are not representative of division but rather

opportunities to collaborate with services who have specialist knowledge in working with family violence and/or particular population groups.

The various principles have been developed to best represent and respond to the needs of the client group that the sector or organisation is designed to service. Just as the AOD sector has principles that guide their response to working with issues related to substance use, the sector is now considering what additional principles may need to be included to best respond to the occurrence of family violence in this context and with this particular client group.

The range of principles provide an expansive menu of potential considerations for the AOD sector in developing its own principles. These principles can be custom built to respond the specific needs of the people that use AOD services. The diversity also points to the reality that there is no single, unified or correct way of understanding and working with family violence.

The workshops.

Following initial consultations with VAADA and Family Safety Victoria, 360Edge undertook a review of the existing principles and related documents that guide family violence practice that held relevance for the AOD sector as summarised above. This review formed the basis of two initial workshops co-hosted by 360Edge and VAADA. The findings from these workshops have informed the development of the frameworks vision and principles outlined in this document.

Workshop 1

The first workshop was held with members of VAADA's AOD Family Violence (AODFV) network. This network serves as VAADA's go to point for consultation on integration of family violence practice in AOD settings.

Members of this network include Specialist Family Violence Advisors (phase 1 & 2); senior AOD clinicians; AOD middle and senior management. The focus of this workshop was to explore potential frameworks that underpin work in this space, develop a vision statement and consider existing principles for
working with alcohol and other drug use issues and family violence from a range of service delivery and special population perspectives.

Workshop 2

The second workshop was held with members of VAADA's Family Violence Project Advisory Committee, executives, service managers and other representatives. This workshop aimed to consolidate the findings and outcomes from workshop one. Workshop 2

participants were also asked to consider the terminology to describe and identify family violence and those who use and experience it in the context of alcohol and other drug services practice.

The workshops discussion and findings.

The review of the principles reveal that although there are commonalities across the sectors, there are significant differences in emphasis and approach. Alcohol and drug services emphasise accessible, inclusive, respectful and evidence-based care. Family violence services can also be found to rely on these principles but the understanding of these is quite different in each sector.

Alcohol and drug services look for ways to engage a population group that experiences stigma and marginalisation. It seeks to create hope that change is possible and looks for opportunities to support people with multiple and complex issues to get their support needs met. Alcohol and other drug services seek to provide a non-judgemental context for people to work toward self-identified goals at a pace and with supports that are right for them.

Family violence services focus on a population group that is made vulnerable by their experience of family violence. The focus is on reducing risk and improving safety for women and children. They believe in empowering women who have been made vulnerable through family violence. Men are engaged in services that challenge and

confront their behaviour as well as teaching strategies that can create behaviour change.

In examining the frameworks of diverse populations – aboriginal people, LGBTI people and adolescents - we see the emphasis on the factors that contribute to family violence. There is a strong focus on the context of people who use and experience violence. In addition to recognising patriarchy and individual choice as the primary drivers of family violence, additional complex and interrelated structural, social, cultural and individual factors play a role in why family violence occurs.

The primary purpose of alcohol and other drug treatment providers is to reduce the harms associated with substance use. Family violence is one of the key harms related to use. Alcohol and other drug treatment service providers support people to reduce and cease alcohol and/or drug use where this use is identified as problematic. As demonstrated in this the *Understanding family violence and alcohol and other drug use* section of this report a reduction in the use of alcohol in particular and other substances is strongly associated with reduction in family violence prevalence and harm.

It is undoubtedly important that alcohol and drug services increase their capacity to recognise and respond to family violence, to improve partnerships with family violence services and to be responsive to the needs of those affected by family violence who are not directly engaged in services (partners and ex-partners, children and other

vulnerable family members). Increased understanding of the impacts of gender inequality and how this contributes to family violence must also be understood. Training and workforce development strategies that improve this capacity will support improved responses to the issue.

The AOD sector are also in the unique position of engaging with people using and experiencing family violence who may not present to specialist family violence services or be involved in the criminal justice system. People come to alcohol and drug services primarily to address their substance use. In supporting people to do this, services reduce the likelihood of people using and experiencing family violence. Alcohol and other drug services are well placed to assess and intervene to respond to

risk and to help people understand the relationship between their alcohol and drug use and their use or experience of family violence.

It is important that alcohol and drug services retain at their core the principles that allow all people to seek help without judgement in an environment that is inclusive, safe and accessible. It is not enough to simply adopt the principles of the family violence sector as an adjunct to existing alcohol and other drug principles and practices. The review of the principles helps us to consider different understandings and approaches to thinking about and responding to family violence in the context of substance use. It helps us consider diversity and the varied and complex ways of understanding the causes and contributors to these issues and directs

us to practice that has the capacity to

deliver quality evidence-informed

practices to improve the lives of those

who access AOD services.

Working with family violence in the AOD sector.

Vision

The family violence vision statement

The Victorian AOD sector supports people to live in respectful, healthy relationships that

are free from violence and harm.

Principles

1. The complex relationship between alcohol and other drugs and family violence

2. Opportunity and responsibility in the AOD sector

3. Risk and safety

4. Accountability

5. Non-judgemental, non-colluding

6. Evidence-based practice

7. Harm reduction

8. Whole of person

9. Cultural safety

10. Workforce support

11. Collaboration and partnership

360edge.

Frameworks

| Harm reduction | Recovery-oriented | Medical Model | Feminist Framework | Inter-sectionality | Social Justice | Strength based and person-centred | Trauma informed | Culturally safe | Family inclusive | Child inclusive |

The frameworks.

What the frameworks mean.

The frameworks provide a clear understanding of what underpins the work, and how this informs interventions. The AOD sector needs to hold in mind the current frameworks that guide practice as well as important frameworks in understanding and working with family violence. These frameworks are not exhaustive, but rather have been identified by the AOD sector as pivotal in the context of practice at the intersection of family violence and substance use.

Harm reduction

Harm reduction describes the way the AOD sector delivers services within the Australian harm minimisation policy approach to drugs and alcohol. Harm reduction aims to address these issues by reducing the harmful effects of substances. Harm reduction considers the health, social and economic consequences of alcohol and other drug use on both the individual and the community as a whole. It includes interventions such as needle and syringe programs and medically supervised injecting centres.

People who use AOD services are provided with support and information in order to make an informed choice about engagement in risk situations.

In the context of family violence, the AOD sector recognise that one of the harms that may be associated with

substance use is family violence. The AOD sectors sees this framework as a cornerstone of the capacity to understand and intervene in a co-ordinated way when family violence is present in the context of substance use. The AOD sector considers harm reduction strategies such as safety planning for service users and their family members, reduction or cessation of use, pharmacotherapy, emotional regulation and capacity building amongst many others as practical interventions that support both people experiencing and using family violence to reduce harms for themselves and others.

Recovery-oriented

A recovery framework is an approach that recognises a person's individual journey to create a life that has meaning and purpose as defined by them. It recognises a pathway to ongoing personal growth and well-being by building on people's strength and enhancing their resilience. It supports people to address the issues associated with their substance use in a way that will enable them to reach their own goals. This may include reducing or ceasing use and includes pharmacotherapy and other medication interventions such as the use of anti-depressants.

The recovery framework promotes individual choice, agency and self-management. However, alcohol and other drug services also have a responsibility to mitigate risk and a duty of care to service users and their family members. In the context of family violence, service or program obligations

to respond to risk, need to be made clear to the service user.

Medical model

The AOD sector works closely with medical practitioners to comprehensively meet the care needs of service users. The medical framework is particularly relevant for withdrawal services and to support service users on pharmacotherapy. The Australian Medical Association recommends the use of diagnostic criteria to assess for severity of substance dependence. Their position is that that substance dependence is a serious health condition, associated with high mortality and disability including acquired brain injury. Those who are impacted should be treated like other patients with serious illness, and be offered the best available treatments and supports to recovery. [10] In considering family violence, the medical model or brain disease model of substance dependence has sometimes been viewed as a way for people to excuse their use of family violence by feminist groups and family violence advocates (41).

The medical framework incorporates responses to substance dependence that also address underlying causes, or exacerbating factors, such as social isolation, lack of early childhood interventions and support, exclusion, poverty, discrimination, criminalisation, poor education, inadequate health resources and mental health issues.

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[10] Australian Medical Association, Harmful substance use, dependence and behavioural addiction (Addiction) – 2017, https://ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017

These factors align with the factors that contribute to the likelihood of using or experiencing family violence.[11]

Feminist framework

A feminist framework of accounts for the reality that most of the people who use family violence are men and most of the people who experience family violence are women and children. This framework places family violence in the context of a society where male dominance is normalised and men feel entitled to use violence to maintain their privileged position. The systems and institutions embedded in society maintain this privilege and entitlement. Family violence is fundamentally about the abuse of power and use of controlling and coercive tactics that cause recipients of this behaviour to fear for their safety.

Alcohol and drug services recognise the importance of this framework in the understanding of family violence and as fundamental to creating social and cultural change. The AOD sector understands the need to challenge systems and norms that inhibit gender equality and maintain fixed expectations about masculinity and femininity that contribute to family violence.

The AOD sector recognises that this framework alone is unable to create the kind of immediate change that is needed to address the current rates and harms associated with family violence. The AOD sector also acknowledges that this framework alone does not adequately

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[11] Ibid.

explain the spectrum of family violence experiences in AOD services (such as adolescent family violence or family violence in same-sex relationships). The AOD sector look to concurrent frameworks of understanding the issue to develop practice that improves the safety and well-being of all those who use AOD services.

Intersectionality

Intersectionality identifies different overlapping aspects of social and political discrimination. It recognises individual attributes including gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, religion, age, geographic location or visa status, among others; and the intersection between them. Where multiple factors are at play there is an increased risk of

vulnerability. This may include barriers to services, risk of social isolation, and social and economic disadvantage. The AOD sector recognises that substance use and the stigma around substance use is often a barrier to services and may increase risk of social isolation and social and economic disadvantage.

Taking an intersectional approach means that organisations and services seek to recognise the barriers and seek to empower people through person-led approaches, accessible service and inclusive non-discriminatory practice (42).

The AOD sector is committed to understanding the complexity of factors that increase people's vulnerability to both use and experience family violence in the context of substance use. The AOD sector recognises that system

access and system responses are not equal for all. The AOD sector use this understanding to work compassionately with service users and to seek to offer services and supports that address barriers and improve service access and engagement.

Social justice

A social justice framework is underpinned by the belief that all people should have equal access to health, well-being, financial security, justice and opportunity. It recognises the structures of power and privilege that construct social engagement, government, policy and institutions and seeks to overcome barriers for those who do not have easy access to these structures and systems.

The AOD sector recognises that while family violence and problems with substance can be found across all spectrums of society, there are social, economic and cultural factors that can make people more vulnerable.[12]

Strength based and person-centred

A strength-based approach works to identify and enhance people's capacity to identify and use their existing resources and resilience. A strength-based approach does not focus on problems or pathology. It is person-centred and allows people to challenge the limitations that prevent them from achieving their own self-identified goals

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[12] Although Aboriginal people are only 2% of the Australian population in 2018 ABS statistics reveal that they make up 28% of our prison population. The most common offence/charge for Aboriginal and Torres Strait Islander prisoners was acts intended to cause injury. [Australian Bureau of Statistics. *Prisoners in Australia, 2018, Cat No 4517.0* (2018).]

and pathways. It encourages people to become the best version of themselves possible, rather than focusing on negative characteristics.

When thinking about family violence and substance use, the AOD sector seeks to avoiding labelling, shaming or marginalising people who access AOD services. The AOD sector work to support people to achieve their goals and make changes in their lives that are meaningful for them. The AOD sector support people who are experiencing family violence to recognise their efforts to protect themselves and others and to make changes to improve their lives. The AOD sector work with people who are using family violence to understand the relationship between their use of substances and violent behavior and how this may interfere in their goals for change. The AOD sector supports people

to identify the strengths, qualities and behaviours that can improve life satisfaction and well-being.

Trauma informed

A trauma informed approach acknowledges that experiences of harm and betrayal can affect people's capacity to build trust and feel safe. Trauma informed services respond by developing a context that provides physical, psychological and emotional safety for all people. It seeks to create opportunities to rebuild a sense of control and empowerment.

The AOD sector understands that people who use family violence may have also experienced trauma and require safe, compassionate service delivery.

Culturally safe

The Aboriginal community have been at the forefront of developing service systems that are culturally safe and responsive. People seeking support from services deserve to feel safe, respected and valued as individuals and for their cultural identity. Services need to provide support that is aware, respectful and appropriate to the cultural values and norms of the person, their family and community. Culturally safe practice is most effective when genuine community partnership relationships are developed and fostered.

A framework of cultural safety in alcohol and other drug services also accounts for the context in which family violence and substance use occur. It understands the potential challenges and marginalisation that can occur as a consequence of cultural differences. It acknowledges the specific harms associated with migrant, refugee and immigrant populations such as trauma and the threat of deportation. It acknowledges the impact of colonisation on Indigenous people and the unique needs of this population group in overcoming intergenerational oppression, exclusion and racism.

Family inclusive

A family inclusive approach recognises that people exist in the context of their families, friends and broader social networks. Family inclusive practice harnesses the support of others around the person accessing care. It also recognises that the family and other caring people may need support in their own right. Family inclusive practice is identifying and responding to this need, providing intervention or providing access to appropriate support.
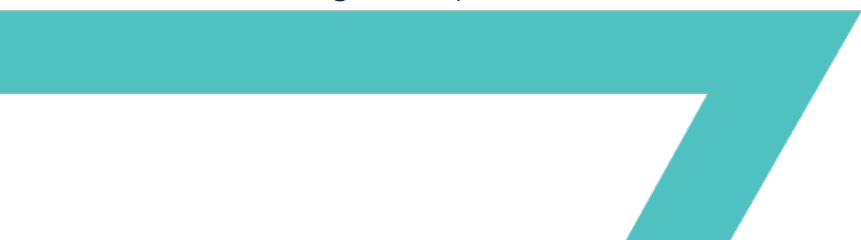
Although significant gains have been made in family inclusive practice in AOD services, the sector remains largely focused on individuals. The capacity to be responsive to families is particularly important in the context of family violence as the AOD sector needs to consider the potential risks to family members, regardless of their involvement in AOD services.

For alcohol and other drug services this may include thorough assessments and collaborative working relationships with specialist services as well as direct care for family members.

Child inclusive

A child inclusive approach understands that many people who use alcohol and other drug services and experience or use family violence are also parents.

Both alcohol and other drugs and family violence can impact a person's capacity to be the kind of parent they want to be for their children. Child inclusive practice identifies and provides support for people to overcome these challenges.

A child inclusive approach understands the vulnerability and invisibility of children in many alcohol and other drug services. It understands that the needs of children must be considered in providing care for service users. Alcohol and other drug services are uniquely placed to prevent harm to children and to ensure that intergenerational patterns of substance use, family violence and other factors that interfere with social and emotional health and well-being are interrupted.

Terminology.

The language used in the development of this project is important to represent the underlying philosophy that guides the work. The main finding with regard to terminology and language in the workshops was that the AOD sector is committed to using language that is inclusive, non-judgemental, and non-discriminatory. It labels the behaviour rather than the person.

However, there are times when using language such as 'perpetrator' and 'victim/survivor' are appropriate. Examples include when engaging with specialist family violence, criminal justice or other related services who use this language.

Family violence

The AOD sector uses the term family violence to describe all types of violence that occurs in the context of familial and kinship relationships. This broad term incorporates the spectrum of relationships in which violence occurs, as compared to the terms intimate partner or domestic violence. It includes the use or experience of family violence in any trusted or intimate family relationship including violence occurring in the context of same-sex relationships.

Family violence is the preferred term for Aboriginal and Torres Strait Islander experiences because it recognises the extended family, kinship networks and community relationships in which this violence can occur. In Aboriginal and Torres Strait Islander communities, this is also understood within a social and historical context of colonisation, dispossession and past policy failure.

The AOD sector recognises family violence as physical assault, sexual assault, verbal abuse, emotional abuse, financial abuse, technology-facilitated abuse, stalking, social abuse and spiritual abuse.

In considering the nature of family violence, the AOD sector also recognises that the use, supply and control of substances within the context of a familial or intimate relationship can be also used as a means of abuse. For example, people who use family violence in the context of their substance use may use or threaten to use a substance as a means of control or intimidation and as a warning of potential violence. The supply of substance may play are role in keeping someone in a violent relationship for fear of not being able to access substances. Threats to "out' a person's substance use to employers, child protection or other authorities is another example of how substance use can be used as a mechanism in the context of family violence.

Individual or person

The AOD sector will use individual or person to describe clients, service users, consumers, family members or other supportive relationships or workers who have experienced or used family violence in the AOD sector.

Person experiencing or who has experienced family violence

This gender-neutral term is the preferred language of the AOD sector, as it recognises that anyone can experience violence. In a similar way that someone in alcohol and other treatment might be

described as 'a person who uses drugs' rather than a drug user, this term labels the experience rather than the person. In this way, the use of family violence can be seen as a part of a person's lived experience rather than as a defining identity. It also recognises that people may both experience and use violence at different times or even concurrently.

For workers in the AOD sector, it is important to understand the terminology used by specialist family violence services. The term victim/survivor is the preferred term in that sector as it recognises that family violence is traumatic and has serious consequences for the emotional, physical and sexual health and well-being of those involved. The term survivor is used to acknowledge the strength and resilience that people have in being able to live with, and recover from, violence.

Person using or who has used family violence

This gender-neutral term is the preferred language of the AOD sector as it recognises that while the majority of family violence is committed by men, anyone can use family violence. It acknowledges that the term "perpetrator" is inappropriate in reference to adolescent use of violence. This description labels the behaviour rather than the person, acknowledging that their use of family violence does not define them, and that many of the people who use family violence have experienced their own trauma and difficulties in their lifetimes.

In specialist family violence services, the term perpetrator is commonly used to reinforce the serious nature of domestic,

family and sexual violence. The term describes all men who commit one or more identified acts of domestic or family violence against women and their children, or sexual violence against women, whether or not they have ever been arrested, charged with a crime, or had an intervention order issued against them. The AOD sector acknowledges the serious harm caused by family violence, while being committed to using inclusive, non-judgemental language that establishes hope and the capacity for change to cease the use of family violence and build healthy and respectful relationships.

The vision.

The AOD sector vision statement for working with family violence is an articulation of what the sector is trying to build and will serve as a touchstone for future actions.

The AOD family violence vision statement

The Victorian alcohol and other drug sector supports people to live in respectful, healthy relationships that are free from violence and harm.

The mission: The sector provides a non-judgemental, safe place for people to disclose their experiences and address issues of family violence. The sector commits to dynamic collaboration with other affiliated sectors to ensure people get the care they need.

The principles.

The principles are the set of statements based on values and beliefs that will be used as a foundation to guide organisational and clinical practice. They describe how AOD services will behave toward those who access AOD services based on the best interests of the individual.

The following principles are derived from the key themes that emerged from the workshops, the literature and research that informed this document and by the frameworks which underpin practice. They are drawn from the intersection of the principles that guide treatment in both the AOD and specialist family violence sectors. They are designed to begin the process of bringing about the vision of the AOD sector for responding

to the issue of family violence among service consumers.

These principles will inform the culture of responsibility in organisations, the processes and procedures that will guide practice, the interventions used to identify and intervene in family violence issues, and the supports that will be put in place for people using and experiencing family violence.

1. The AOD sector understands the complex relationship between alcohol and other drugs and family violence

The AOD sector acknowledges that the relationship between substance use and family violence is complex, nuanced and different in every scenario. The AOD sector recognises that substance use impacts the decision making and emotional regulation capacity of a person. This does not take away the person's responsibility for their behaviour.

The AOD sector understands that the use of alcohol and other drugs does not cause family violence but does increase the likelihood of violence occurring and exacerbates risks and harms. Alcohol and other drug services recognise that family violence can lead to poorer drug treatment outcomes and must be considered in the context of alcohol and other drug service delivery.

2. The AOD sector recognises the opportunity and responsibility of the sector

to respond to family violence

Alcohol and other drug services recognise the prevalence of family violence in the community and in AOD services and understand that family violence is a violation of human rights and unacceptable in any form. Alcohol and other drug services are committed to responding to this issue and providing caring, safe and effective service.

3. The AOD sector are committed to effective assessment and responses to issues concerning risk and safety

Alcohol and other drug services understand the risks associated with family violence and alcohol and other drug use, and prioritise the safety of service users and the children and family members of service users who have experienced, or are experiencing, family violence.

4. The AOD sector is committed to encouraging people who use violence to be accountable

Alcohol and other drug services work to encourage people who use family violence to become accountable for their behaviour. The AOD sector actively supports people who use family violence to acknowledge and take reponsibility for their use of violence and abuse and engage in actions that will create change. This change includes behaving in a safe and respectful way towards all

family members including former partners.

AOD services are also accountable for their role in the larger system to identify and keep people who use violence in view (the web of accountability), and to support pathways for them to enter into appropriate interventions for change. Alcohol and other drug services will actively prepare and participate in information-sharing requirements and proactively engage in systems and services who are responsible for increasing safety and protection for those experiencing family violence (such as police and child protection services).

5. The AOD sector provides service that is non-judgemental and non-colluding

Alcohol and other drug services provide respectful, non-judgemental service to all people experiencing or using family violence and enable them to access the supports they need. The AOD sector recognises that it is possible and necessary to provide effective interventions without accepting, colluding or minimising the harm and impact of family violence.

6. The AOD sector understands the need for practice to be evidence-based and informed

Alcohol and other drug services will be guided by the best available evidence and practice knowledge to work with co-occurring alcohol and other drug use and family violence issues . AOD services will endeavour to evaluate practice and

contribute to a growing body of knowledge and evidence in this area.

7. The AOD sector approach practice with a view to reducing harm

Alcohol and other drug services are committed to practices that have the potential to reduce harm. Evidence shows that providing interventions that reduce or cease alcohol and other drug use reduce harms associated with family violence. (43). The AOD sector recognises that in the context of family violence this harm may extend to include the family members of service users who are not directly engaged in AOD services. It recognises the self-determination of those affected by family violence.

8. The AOD sector understands that effective care to be responsive to whole of person needs

Alcohol and other drug services understand that rarely do alcohol and other drug issues or family violence occur in isolation. The AOD sector believes in a no-wrong door approach to service delivery. All people who access AOD services will be treated with dignity and respect and will be supported to receive the care they need within AOD services or in related specialist, health, mental health and community services. Treatment and support options will be provided in an open and transparent manner to ensure empowered person-led decision making for service users.

To achieve genuine whole of person care, services need to take a "no wrong door approach" that includes a multi-disciplinary approach and cross sector collaboration.

9. The AOD sector recognises that services need to be cultural safe

Alcohol and other drug services provide interventions that are culturally safe and are underpinned by trauma-informed practice framework. AOD services will work to provide agency and self-directed care wherever possible. AOD services will work collaboratively with partner agencies to ensure practice is culturally informed and appropriate for every person who also has co-occurring issues with family violence.

The AOD sector recognises Aboriginal people as Australia's First Peoples. The AOD sector understand that family violence is not a part of aboriginal culture. The AOD sector acknowledge the impact of colonisation and intergenerational trauma on the Aboriginal community. The AOD sector take a holistic approach to work with alcohol and other drug use and family violence and work collaboratively with local aboriginal services. The AOD sector looks to Aboriginal people and communities to inform practice in this space.

10. The AOD sector identifies ongoing workforce support as essential in responding effectively to family violence

Alcohol and other drug staff must be adequately trained, resourced and supported to assess, identify and provide support and intervention in response to family violence. The AOD sector are committed to ensuring that staff are assessed in their capacity to provide interventions and work only at the level they are skilled to do so.

11. The AOD sector will continue to develop and expand collaborative relationships and partnerships

Alcohol and other drug services work collaboratively with other services to address family violence, including, but not limited to, specialist family violence services, men's behaviour change services, the mental health sector and the criminal justice system. We are committed to the family violence information sharing scheme in ensuring effective assessment and risk management across services. The AOD sector respectfully acknowledge the specialist practice and philosophical frameworks of each sector. The AOD sector understands that these distinctions will sometimes result in differences in approach and method; but with the knowledge that both sectors are working toward improving the lives and well-being of those who engage in AOD services.
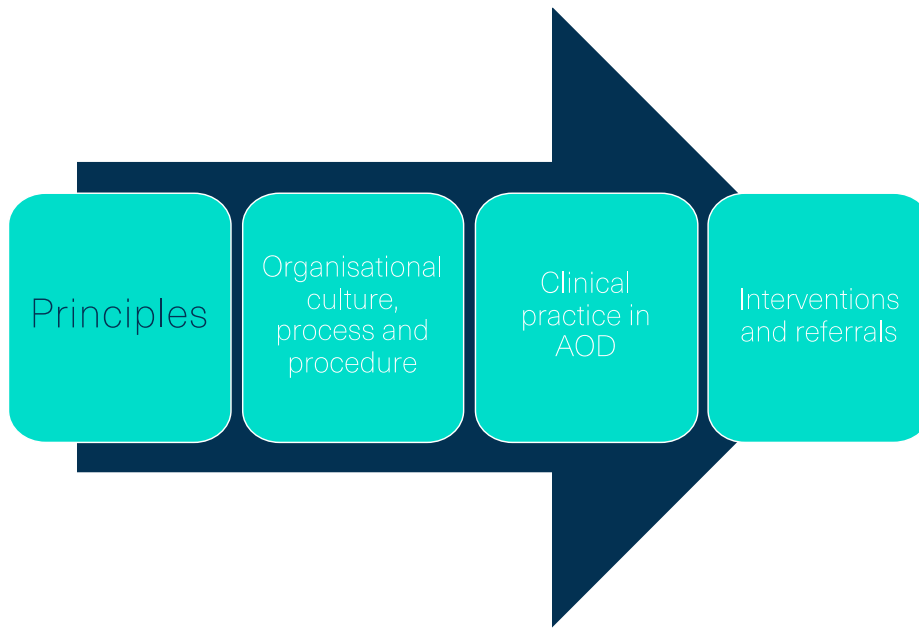
Principles

Organisational culture, process and procedure

Clinical practice in AOD

Interventions and referrals

Figure 1 Guiding practice in family violence for the AOD sector

Potential issues.

There is a risk that in recognising the complexity and multitude of perspectives that inform the AOD sector in their approach to responding to family violence, that moving forward will seem like an overwhelming task. To mitigate this, it is necessary that a clear process for creating change is developed and made available to the sector.

It is also important for services to recognising that changes are already occurring. Many alcohol and other drug services have already begun auditing their capacity to respond to family violence, implementing practice change to incorporate new information sharing procedures and engaging staff in workforce development and training opportunities, amongst a range of other activities.

The Royal Commission into Victoria's Mental Health System commenced on 22 February 2019 and the final report of the findings is due in October 2020. The findings and recommendations may impact the AOD sector and will need to be accounted for in the implementation of the principles outlined in this document.

VAADA is committed to working collaboratively with the AOD sector in the development and implementation of the principles for working with family violence. However, VAADA recognises that there is a potential risk if these are not universally accepted and implemented across all services.

Next steps.

Based on this report, VAADA will design a consultation process with the wider AOD sector as well as allied sectors to further refine the principles. VAADA will develop a timeline for finalisation of the principles and intended release date to the sector as well as other relevant stakeholders.

Other recommendations include:

- Developing or utilising a service audit tool for services to be able to assess and improve capacity to respond to family violence.

- Based on the audit, services to develop a target and timeline for improving capacity to respond to family violence

- Services to develop a strategy to improve capacity of the service and staff to respond to family violence

- Services to develop a change management plan to support staff

- Services to commit to ongoing evaluation and review of service capacity and implementation of new practice

- Development of specific alcohol and other drug training for responding to family violence in addition to existing training, professional development to address the identified need of the sector.

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