

# 2019 VAADA Service Providers Conference

Substance Use and Family Violence: Identifying & Understanding Substance Use Coercion for AOD Clinicians







# Substance Use & Family Violence: Identifying and Understanding Substance Use Coercion for AOD Clinicians

Stephen Herd, Turning Point, Specialist Family Violence Advisor, AOD stephen.herd@easternhealth.org.au

Marije Roos, VAADA, Family Violence Capability Project Lead mroos@vaada.org.au

Sue George, Odyssey House Victoria, Specialist Family Violence Advisor, AOD sgeorge@odyssey.org.au







### Outline

### <u>Acknowledgement</u>

#### Presentation

- Steve: Introduction, providing context, definitions
- Marije: Drilling down into behaviours and attitudes
- Sue: Examples of practice responses to victim survivors
- Based on Webinar October 2019, (SEARCH "turning point webinar")

### Self care

Please consider self-care needs

### Language

- Terms of victim survivor and perpetrator
- Gendered language





# **Definition of Family Violence**

Section 5 of the *Family Violence Protection Act* 2008 (Vic) defines Family Violence as:

behaviour towards a family member that is physically, emotionally, sexually, economically or psychologically abusive. It includes behaviour that is threatening, coercive, controlling, or dominating.

Also includes children witnessing any of these behaviours and/or experiencing the aftermath







- 1. ... is a **pattern** of behaviours in which someone seeks **power** and **control**, causing others to feel **threatened**, **worthless** or **fearful** (EDVOS, http://bit.ly/32zdSpU)
- 2. ... is when someone behaves abusively towards a **family member** as part of a **pattern of behaviour that controls** or dominates a person and causes them to **fear** for their own or others' safety and wellbeing. (Domestic Violence Victoria, http://bit.ly/2MvLTIE)
- 3. ... is a **pattern of behaviour** where one person tries to dominate and **control** the other (Relationships Australia, http://bit.ly/2qxwCbz).
- 4. ... is a behaviour by a **family member** that creates **fear** and **control** over their partner, ex-partner and/or other family members (*Victoria Police*, <a href="http://bit.ly/2BusBqq">http://bit.ly/2BusBqq</a>)
- 5. ... is a **pattern** of abusive and **controlling** behaviours ... within intimate relationships as well as between family members and is **rarely a one-off incident** (NTV, http://bit.ly/35Rlwhc)





# Family Violence Prevalence for People Seeking AOD Treatment

## Women's experience of family violence

- 40-80% of women in AOD treatment experience violence (NCETA, 2015)
- 67% women reported physical IPV in last 6 months (Rivera et al 2015)
- 31% of women using injectable drugs reported physical IPV in last year (Rivera et al 2015)
- 90% women attending methadone clinic have experienced IPV over lifetime (Rivera et al 2015)





# Family Violence Prevalence for People Seeking AOD Treatment

### Men's use of family violence

- 50-85% of men have used physical IPV in last year (Ryan et al 2016)
- 40% have used physical or sexual violence towards partner in last 12 months (ATODA, 2015)
- Up to 75% of men have used emotional, physical or sexual violence towards partner (ATODA, 2015)
- 34% men have been violent in the last 12 months (Gilchrist et al 2015)
- >50% male to female violence for alcoholic men (Stuart et al 2009)
- 90% of men used psychological aggression in last year (Ryan et al 2016)







# Summary of prevalence

- Figures vary significantly
- Contexts vary
- Types of violence vary
- Family violence is a common co-occurrence for people seeking AOD treatment







### **Power and Control Wheel**



DOMESTIC ABUSE INTERVENTION PROGRAMS 202 East Superior Street Dututh, Minnesota 55802 218-722-2781 www.theduluthmodel.org

https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf







# Red flags

RISK FACTORS: Victims who are experiencing any of the following are at increased risk of being killed or almost killed.

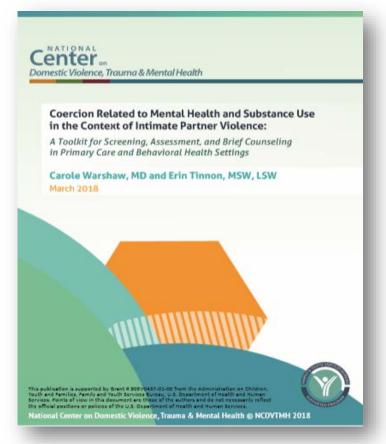


https://www.thelookout.org.au/sites/default/files/DVRCV-Red-Flags-Infographic-2017\_1.pdf





## **Definition of Coercion**



Substance Use Coercion
Abusive tactics targeted
towards a partner's substance
use as part of a broader
pattern of abuse and control

#### Consider

The use of substances to cope with the effects of family violence as an expression of victim survivor agency

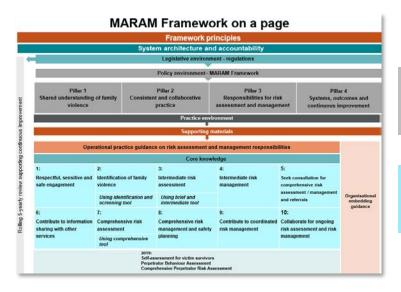
Warshaw, C., & Tinnon, E. (2018). Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings. Chicago: The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)







# MARAM positioning



MARAM Pillar 1
Shared Understanding of Family Violence

Responsibility 2
Identification of Family Violence





## Themes of IPV & Substance Use Coercion

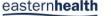


Uncovers themes of victim survivor and perpetrator behaviours associated with:

- Intoxication
- Withdrawal/addiction
- Impact on relationship
- Psychological vulnerability
- Power and control
- Survivor agency and resistance

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *International Journal of Drug Policy*, 65(2019), 8-23.



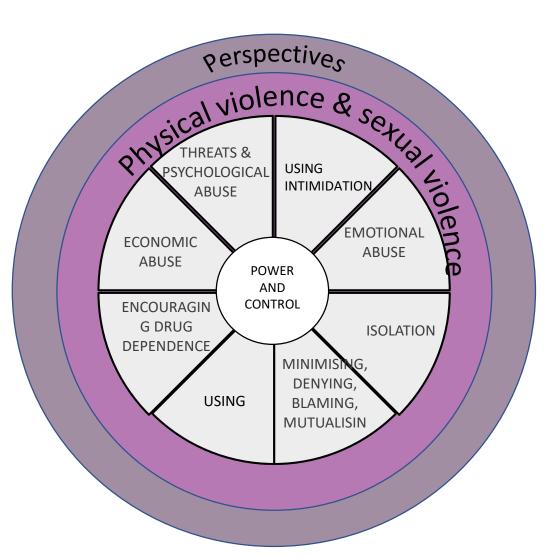




# Substance Use Coercion, how does it work and why?







### Physical abuse:

- Punishment for getting high/not getting high
- Control drug consumption; forcing withdrawal or facilitating overdoes
- Force to administer drugs with used injecting equipment
- Take control over her medication
- Spike her drinks

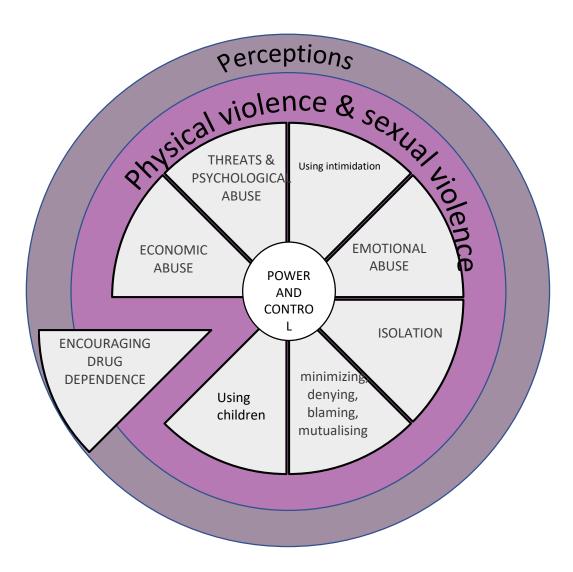
#### Sexual abuse:

- Forcing her into sex work
- Rape, including after she passed out
- The perpetrator normalises sexual violence and blames it on the substance







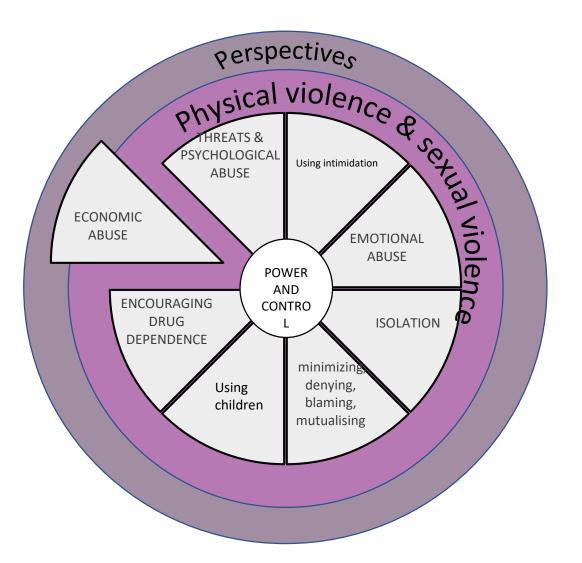


# **Encouraging Drug Dependence:**

- Introducing her to drugs,
- Buying drugs and coercing her to use
- Interfere with treatment
- Sabotage recovery





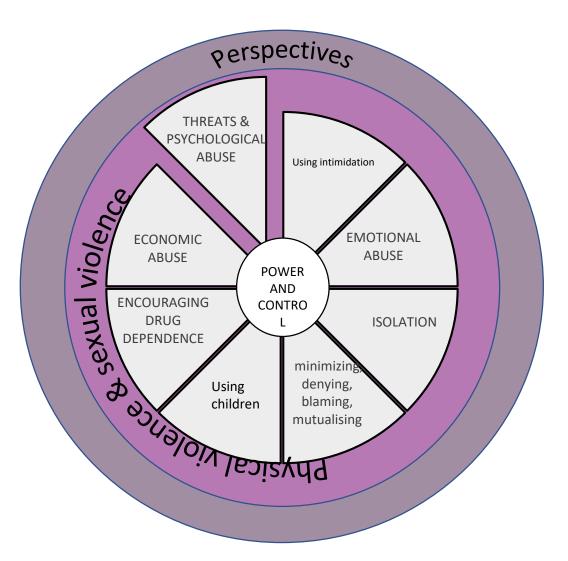


### **Economic Abuse:**

- Making or attempting to make her financially dependent,
- Taking her money,
- Forcing her to sell drugs,
- Force to engage in illegal acts





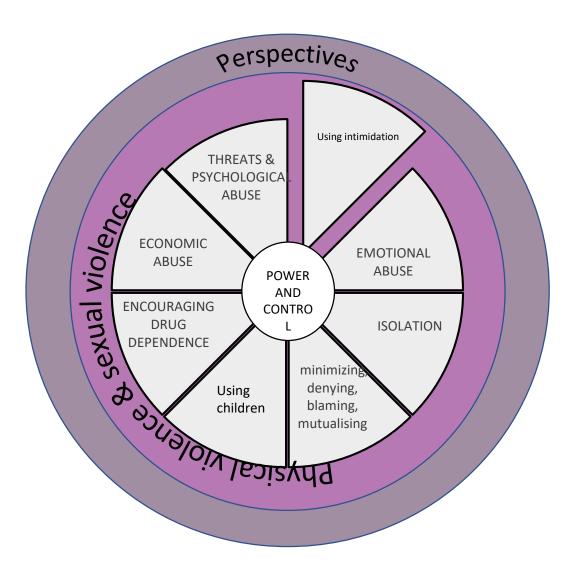


# Threats and Psychological Abuse:

- Threaten to hurt if she uses / not uses drugs
- Blackmailing and threatening to tell family, friends, employer, police, CP





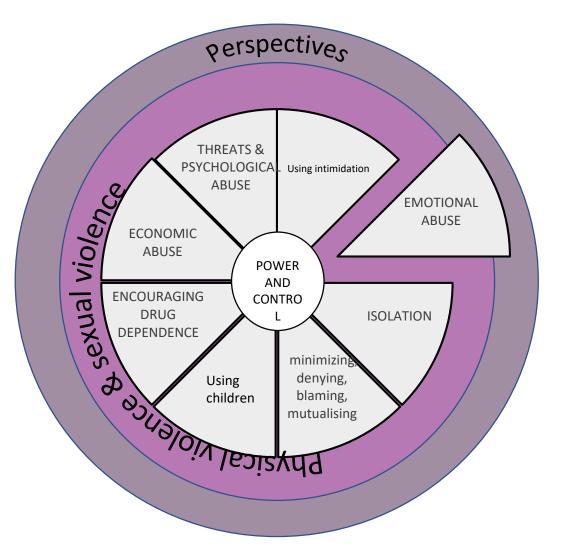


### Intimidation:

- Making her afraid by using looks, action,s and gestures
- Smashing things, destroying her property, abusing pets, displaying weapons
- Displaying substances







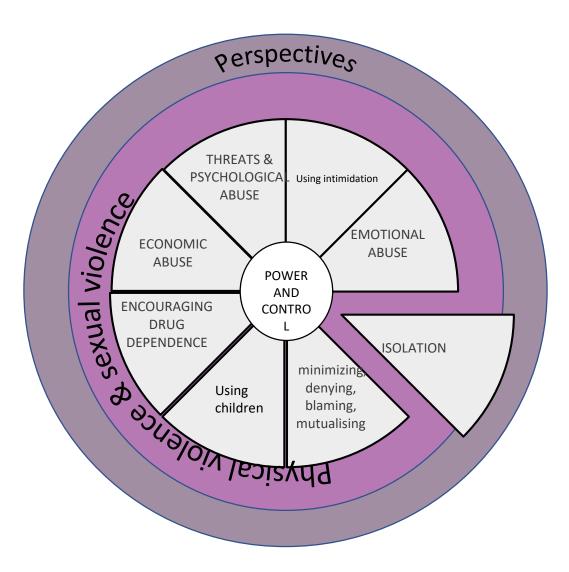
#### **Emotional Abuse:**

- Making her believe she has a drug issue, that she is addicted
- Making her think she is crazy, not able to think straight or able to make independent choices
- Humiliating her because of her drug use
- Undermine a her credibility.







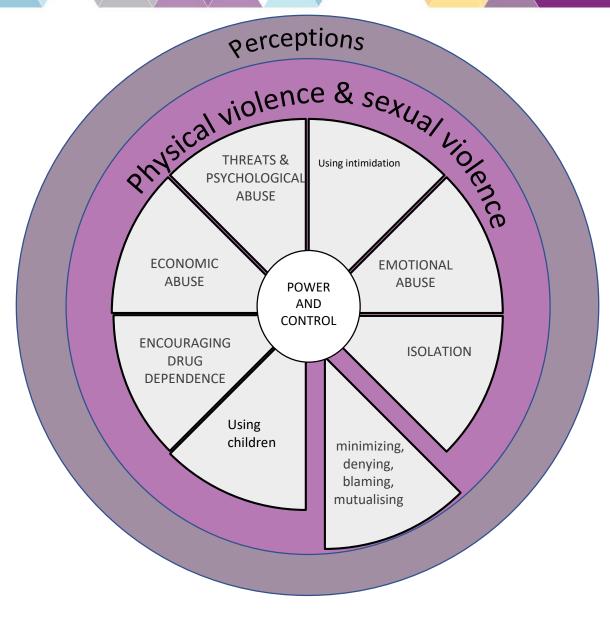


### **Isolation:**

- Use multiple layers of stigma
- Isolate from informal support systems
- Isolate from formal support systems



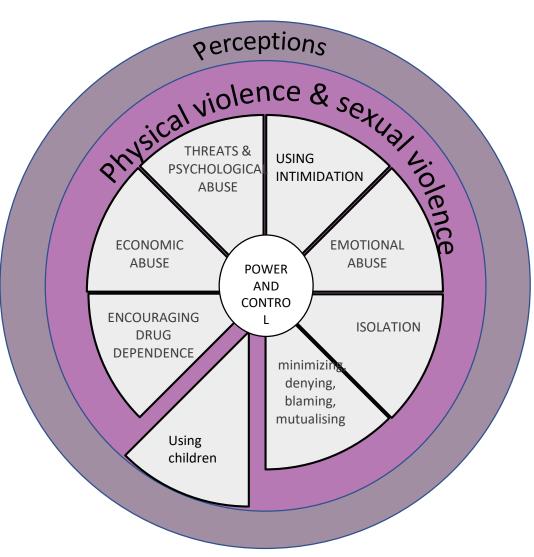




# Minimising, Denying & Blaming:

- Also mutualising and excusing
- Minimising concerns about substance use
- Shift responsibility for the abuse on her substance use
- Blame her for his substance use





- Telling her she is a bad mother because she uses substances
- Threatening to involve child protection
- Spiking drinks and tell child protection
- Spiking drinks so she passes out and sexually assault children
- Selling children's toys for drug money
- Using the families budget and leave no budget for adequate food, school assets, clothes, etc.
- Exposing children to harmful substance use
- Force children to dealing in order to feed the family





# Summary

Abusers actively undermine their partners' sanity, sobriety, and parenting

IPV & other trauma can have significant substance use and mental health effects

Abusers control treatment and medication & sabotages recovery

Impact on IPV
Survivors
& Their
Children

Abusers use these issues to control their partners and undermine their credibility and access to support

Effects of trauma increase risks; judgement and discrimination compound these risks

Responses may be survival strategies.

Symptoms may be responses to ongoing danger and coercive control.

©Warshaw-NCDVTMH 2013







# **Practice Implications**













### **Introducing the Topic with Clients**

"Sometimes, people who are being hurt by someone in their life or who have been hurt in the past, use alcohol or other drugs to help them cope or get through the day.

- Over-the counter, prescription, and other kinds of drugs and substances.
  - Q. "Does this sound like anything you might be experiencing?"







### **Questions About AOD usage & Substance Use Coercion**



- Have you ever tried to cut down on your drinking or drug use?
  - Q; Has your partner ever tried to stop you from cutting down?
  - Q: has your partner influenced your access to treatment?
- Have you ever been annoyed by someone criticizing your drinking or drug use?
  - Q; Has your partner used your drinking or drug use as a way to threaten you?

Have you ever felt guilty about your drinking or drug use?

- Q; Have you ever felt coerced into drinking, using drugs, or engaging in illegal activities or other behaviours you weren't okay with, or that compromised your integrity, , including sex work and then made to feel guilty?
- Does your partner use their Substance use to justify their abuse?









### Assessment for Family Violence | Substance Use History

- Important to consider: How or if their substance use might be related to; living with fear; isolation; entrapment; experiencing economic control; physical violence; sexual coercion; being stalked; dealing with injury-related disability; chronic pain; interpersonal betrayal; or trauma-related mental health symptoms?
- Example questions;
  - Q; "I wonder how using more than you want to might be related to living in fear or being told that you don't matter?"
  - Q; "I wonder how your struggle with overdosing might be related to feeling trapped and seeing no way out?"









### Responding to Disclosure as a practitioner

Knowing **how to respond** is critical for the Victim/survivors' safety, and can make it easier to ask questions in ways that let survivors know you are open to hearing and believing their experiences.

- You are not on your own!
  - Seek secondary consultation; Family Violence services; practice lead; supervisor and debriefing
- Collaborative Process
  - MARAM (Multi Agency Risk Assessment and Management) for risk assessment of family violence
  - Utilising FVISS & CISS information sharing schemes
- **Documentation** importance of keeping the perpetrator in view, and documenting patterns of coercion and control.





### **Perpetrator Tactics**



Survivors might be reluctant to engage in treatment knowing the perpetrator might use this against them in a custody battle.

- Stigma associated with substance use problems makes it less likely that survivors will be believed or seen as capable of parenting.
- Perpetrators may accuse their partners of "abandoning their children" if they seek inpatient or residential treatment.
- It might not be safe to leave their children.
- Q. Are you concerned about the care of your children whilst you are in treatment?









### **Safety Planning**

- Listen to the survivors expertise and understanding of their safety.
- Harm reduction strategies around risk for both Substance Use and Family Violence Safety Planning
- Leaving or ending an abusive relationship and managing safety while still being exposed to harm, can lead a victim/survivor to relapse; use more than they want; or compromise their ability to safety plan.
  - When providing referral information and resources consider how this can be done and kept safely









### **Case Notes & Documentation**

- Keep the perpetrator in view recording patterns of controlling behaviors.
- Noting the impact of the perpetrators behavior on victim/survivors including children.
- Language around victim blaming.
- Ensure case notes include an understanding of additional risk factors within the context of intersectionality
- Write notes understanding they may be subpoenaed or requested for Coroner's Court.











- It is never your fault when someone harms you if you are drinking or using regardless of what your partner or society tells you. Your use does not justify violence against you on any level. You deserve to be treated with dignity and respect.
  - Q; Have you been made to feel it is your fault when there is violence?





## Summary

- Substance use coercion is prevalent for those who seek treatment for AOD use
- Narratives and experiences are different for perpetrators and victim/survivors
- Substance use coercion is
  - abuse targeted towards a partners' substance use as part of a broader pattern of abuse and control
  - to undermine sanity, sobriety and parenting
  - to control medication and treatment
  - to sabotage recovery





- Recognising potential barriers to disclosure of substance use coercion and consider appropriate questions
- Use of MARAM risk assessment and FVISS/CISS to increase safety, through collaboration and shared understanding of family violence





### References

- Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *International Journal of Drug Policy, 65*(2019), 8-23.
- Warshaw, C., & Tinnon, E. (2018). Coercion Related to Mental Health and Substance
  Use in the Context of Intimate Partner Violence: A Toolkit for Screening,
  Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings.
  Chicago: The National Center on Domestic Violence, Trauma & Mental Health
  (NCDVTMH)

### Further reading

- Lee, N., & Jenner, L. (2017). Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings. Canberra: Alcohol, Tobacco and Other Drug Association ACT (ATODA).
- Family Safety Victoria (2018). Family Violence Multi-Agency Risk Assessment and Management Framework. Melbourne: Victorian Government
- White, M., Roche, A., Long, C., Nicholas, R., Gruenert, S., & Battams, S. (2013). Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence. Flinders University, Adelaide: National Centre for Education and Training on Addiction (NCETA).
- Yates, S. (2019). "An exercise in careful diplomacy": talking about alcohol, drugs and family violence, Policy Design and Practice. *Policy Design and Practice*, 2(3), 258-274.







### Resources

- Connect and Learn Webinar: "Identify and respond to domestic and family violence in the AOD sector" <a href="https://www.turningpoint.org.au/education/webinars/domestic-family-violence-AOD">https://www.turningpoint.org.au/education/webinars/domestic-family-violence-AOD</a>
- Evidence based risk factors, 'red flag' infographic
   https://www.thelookout.org.au/sites/default/files/DVRCV Red-Flags-Infographic-2017 1.pdf
- Power and Control Wheel
   <a href="https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf">https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf</a>
- Substance Use Power and Control Wheel for Women
   http://www.ncdsv.org/images/WomensSubAbusewheelNOSH
   ADING.pdf





# Time for Questions







# Thank you!



