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

Acknowledgement

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/2MvLTlE)

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, http://bit.ly/2BusBqq)

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/35RIwhC)
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

[Diagram of the Power and Control Wheel, showing various methods of power and control such as physical violence, sexual violence, using coercion and threats, using economic abuse, using male privilege, using intimidation, using emotional abuse, using isolation, minimizing, denying, and blaming, and using children.

Red flags

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

- **Controlling behaviours**
  - Where are you?
  - Answer me
  - Who are you with??!
  - What are you doing?

- **Escalation of violence**
  - Threats to kill victim

- **Recent separation**
  - Strangulation or attempts to strangle

- **Stalking**
  - Harms or threatens to harm or kill children

- **Jealous, obsessive behaviour**

- **Access to, or use of weapons**

- **Perpetrator threatens or attempts to commit suicide**

- **Perpetrator drug or alcohol misuse**

- **Sexual assault**

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

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

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, actions, 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 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
Using Children:

• 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 control treatment and medication & sabotages recovery

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

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

Responses may be survival strategies. Symptoms may be responses to ongoing danger and coercive control.

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

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

Impact on IPV Survivors & Their Children

©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.
Providing Information with statements such as ...

• **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


Further reading

Resources

• Connect and Learn Webinar :”Identify and respond to domestic and family violence in the AOD sector”

• Evidence based risk factors, ‘red flag’ infographic

• Power and Control Wheel

• Substance Use Power and Control Wheel for Women
  http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf
Time for Questions
Thank you!