Identification and risk management of experiences of family violence

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Introduction

What are we covering?
• Family Violence essentials - Steve
• Focus on victim survivors - Sue
• Focus on perpetrators - Steve

Gendered Language
• Use of victim survivor, perpetrator.
• Acknowledge majority of victims are women, and majority of perpetrators are male

Types of relational family violence
• Focus on Intimate Partner Violence
• Acknowledge adolescent violence, adult child, elder abuse, sibling, same sex, indigenous

Self care
Introduction

Where are we starting?

• Identify and respond to FV in AOD – Turning Point, 2018

• Substance use and FV – Turning Point, 2019

• Responding to Family Violence During COVID-19 - WHIN, 2020
  Go to www.eventbrite.com.au and search for the title

• MARAM Practice Guides
Break Out Question

• In pairs ...
• What do you think the greatest challenges are in working with Family Violence within an AOD setting?
Power and control wheel and Evidence based risk factors

MARAM: Evidence Based Risk Factors

Perpetrator behaviours
- Controlling behaviours
- Access to weapons
- Use of weapon in most recent event
  - Has ever harmed or threatened to harm victim or family members
  - Has ever tried to strangle or choke the victim
  - Has ever threatened to kill victim
  - Has ever harmed or threatened to harm or kill pets or other animals
  - Has ever threatened or tried to self-harm or commit suicide
- Stalking of victim
- Sexual assault of victim
- Previous or current breach of court orders/Intervention Order
  - History of family violence
  - History of violent behaviour (not family violence)
  - Obsession/jealous behaviour towards victim
- Unemployed/disengaged from education
- Drug and/or alcohol misuse/abuse
- Mental illness/depression
- Isolation
- Physical harm
- Emotional abuse
- Property damage.

Specific to children caused by perpetrator behaviours
- Exposure to family violence
- Sexualised behaviours towards a child by the perpetrator
- Child intervention in violence
- Behaviour indicating non-return of child
- Undermining the child-parent relationship
- Professional and statutory intervention.

Specific to children’s circumstances
- History of professional involvement and/or statutory intervention
- Change in behaviour not explained by other causes
- Child as victim in other forms of harm.

Adult victim’s circumstances
- Physical assault whilst pregnant/following new birth
- Self-assessed level of risk
- Planning to leave or recent separation
- Escalation - increase in severity and/or frequency of violence
- Financial abuse/difficulties
- Imminence.

Those in bold may indicate an increased risk of the victim being killed or almost killed.
Substance Use Coercion

“Abusive tactics targeted towards a partner’s substance use as part of a broader pattern of abuse and control” (Warshaw (2018))

<table>
<thead>
<tr>
<th>Perpetrator strategy</th>
<th>Victim survivor strategy</th>
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<tbody>
<tr>
<td>Perpetrator substance use</td>
<td>Victim survivor substance use</td>
</tr>
<tr>
<td>• Justify, deny, minimise</td>
<td>• Encourage substance use</td>
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<tr>
<td>• Blame intoxication</td>
<td>• Control substances</td>
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<tr>
<td>• Blame withdrawal</td>
<td>• Control administration</td>
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<tr>
<td>• Blame victim survivor substance use</td>
<td>• Interfere with treatment</td>
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<td>• Predicting family violence risk by monitoring partners use</td>
<td>• Sabotaging recovery</td>
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<td>• Increasing safety by influencing partners use</td>
<td>• Use children as a weapon</td>
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<td>• Manage pain</td>
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<td>• Prepare for anticipated risk</td>
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<td>• Attempt to avoid risk</td>
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Gilchrist (2019)
Break Out Question

• In pairs...
• Do the **power and control wheel**, evidence **based risk factors** and **substance use coercion** have a place in your AOD work?
• If so, how?
Identify substance use coercion

Is victim survivors’ substance use 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;

• I wonder how using more than you want to might be related to living in constant fear or being told that you don’t matter?

• I wonder how your struggle with overdose might be related to feeling trapped and seeing no way out?
Examples of Possible General Questions

• How does your partner treat you when you use substances?

• Who decides what you use and how much you use?

• What happens when you do not have substances in the house?

• Who is responsible for sourcing substances?

• What does your partner do if you say NO?
Responding to disclosure by victim survivor

- Validate her experience and acknowledge the impact
- Understand that risk increases after disclosure
- Provide family violence information
- Explore safety and wellbeing for child(ren)
- Address immediate and ongoing risks to safety
- Work in partnership with survivors to develop safety plan
- Use FVISS and CISS to enhance assessments and promote cross sector response
Practitioner Statements about Family Violence;

• Your partner might find other people to agree that your substance use gives them a right to control you;
  • This is a tactic to make you feel isolated and further their control over you.

• By undermining your credibility with other people, your partner makes it much more difficult for you to get support, be believed, and trust your own perceptions.

Questions:
• Does your partner put you down or make you feel stupid in front of others?
• I wonder how your fear of losing custody of your children is related to being told that you’re a bad parent for using?
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?
Survival Strategies: Acts of Resistance

• Victims/survivors use a range of strategies to attempt to successfully minimise the threat the perpetrator poses, and helps them survive the day.

• Victims/survivors need to constantly assess their partner’s moods and find it necessary to cover up for them as a part of their survival strategy.

• What appears to be dysfunctional may be an excellent survival strategy for the abused victims/survivor (e.g. AOD).

In your work with victims/survivors:

• Q: What are some strategies you are using in your relationship...to survive...to resist the abuse and violence?

• Q: How do you name this? How did you develop this strategy to keep yourself safe?
Reflections on men attending MBC

- Maintain a victim stance ... of courts, ... of police, ... of child protection, ... of partner – when entitlement/privilege is challenged
- Justify, minimise, blame and deny the violence “I just snapped”, “I only touched her”, “if she could only keep the kids quiet”, “they’re all lies”, “I blacked out”, “I was drunk”, “she didn’t get the stuff for me”
- Mutualise the violence – “she’s just as bad as me”, “she gives as good as she gets”
- Pathologise the partner – “she’s got [mental illness / addiction]”, “her father was violent”, “her ex-partner was really violent”
- Being right, black and white thinking - “I had to keep telling her as she was plain wrong”
- I don’t want to be like my father
Reflections on men attending MBC

• Generally pre-contemplative and externally motivated.
• One size does not fit all - presentations can be aggressive, compliant or charming.
• From their narrative, can get insight into their positioning of responsibility, entitlement, views on gender, views on using violence, male privilege.
Useful skills in working with perpetrators

- Non-shaming, invitational, curious
- Listening for risk, change
- Keep focus on the man’s behaviour
- Sitting with uncertainty, use of silence
- Separating behaviour from the person
- Use of ‘here and now’
- To roll with resistance, pick your battles
- Role clarity, boundaries – purpose of the session, my role as AOD worker, we can only work on you, respectful language
- What is my bias?
Collusion...

When a man’s barriers to taking responsibility are reinforced:

- Spoken and unspoken, conscious & unconscious
- Reinforces the violence supporting narrative
- Maintains drivers of men’s family violence (NTV 2019)

Consider these gendered drivers of violence*

- Condoning violence against women – “treat ‘em mean, keep ‘em keen”
- Rigid gender roles and stereotypes – “boys will be boys”, “women are like that”
- Men’s control of decision making and limiting women’s opportunities– “I earn the money, I make the decisions”
- Male peer relations disrespecting women– degrading jokes, locker room talk

*DVRCV(2019) “Unpacking the gendered drivers of violence against women” Melbourne
Responsibilities of Workers (including AOD)

“Professionals are not expected to become experts in relation to family violence, but everyone has a role” (MARAM Foundation Knowledge)

Key risk factors to listen out for:

- Controlling behaviours
- Partner planning to leave, recent separation
- Pregnancy or new birth
- Access to weapons
- Threatened or attempted suicide/self harm
- Obsession / jealous behaviours (towards victim)

Key responsibilities with family violence response:

- Risk identification (responsibility 2)
- Risk assessment and management (responsibilities 3,4)
- FVISS, secondary consultation (responsibilities 5,6)
- Collaborative practice (responsibilities 9,10)

*Family violence risk refers to the victim being killed or nearly killed*
Case notes & Documentation

• **Keep the perpetrator in view** – recording patterns of controlling and coercive behaviors.

• Noting the **impact of the perpetrators behaviour** on victim/survivors including children.

• **Document** efforts to protect and care for children

• **Language around victim blaming.**

• Ensure case notes include an understanding of additional risk factors within the context of intersectionality.
• In pairs.

• How do you determine who is the victim/survivor or perpetrator?
Resources

- The Duluth Model – www.theduluthmodel.org
- Safe and Together - https://safeandtogetherinstitute.com/
Additional resources

These resources have been collated by Marije Roos, Family Violence Project Lead VAADA

DHHS Resources –


DVRCV


Additional resources cont’d

The Lookout

NTV

VACCA

Queerspace

VAADA

ADF
https://adf.org.au/covid-19/
Additional resources cont’d

Turning Point

Victorian Police

Legal Aid

AWAVA
https://awava.org.au/covid-19-resources
Additional resources cont’d

NADA
https://elearning.nada.org.au/

Black Dog Institute

University of Melbourne – Pursuit

ANROWS