

# WELCOME

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## VAADA Biennial Conference 2025

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From Challenges to Solutions: Responding to a Changing World



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# **Substance Use Coercion in the Context of Family Violence.**

**Presented by;**

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# Content Warning

- ❖ This session will involve discussions in relation to family, domestic and sexual violence which may raise some uncomfortable or unwanted feelings for people. Given the high prevalence of family violence in the community, we will all have worked with someone, know someone or may have been personally affected by violence.
- ❖ Please take care of yourself throughout this session. If you need to take a break, please feel free to leave the space and get some air.
- ❖ If this session causes you any level of distress or discomfort, please reach out to one of us, your supervisor, a colleague or use your formal means of support such as supervision, debriefing or EAP.
- ❖ Remember to practice your own self-care strategies or reach out if you wish to talk further.



# Acknowledgement of Country





# What is Family Violence?

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- ❖ Family violence can best be described as **behaviour that controls or dominates** a family member and causes them to **fear** for their own or another person's safety or wellbeing and can include exposing a child to these behaviours.
- ❖ Family violence is described as including; **physical, sexual, emotional, psychological and economic abuse, as well as coercive and threatening behaviours.** (Section 5, FV Protection Act 2008).
- ❖ Family violence is a **deeply gendered** issue, and is born out of **structural inequalities**, and an **imbalance of power** between men and women
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# What is Coercive Control?

**Coercive control is a pattern of behaviours, aimed at making the victim survivor subordinate, diminishing the victim survivor's sense of agency, autonomy, sense of self and self-worth. Coercive control invokes fear and can result in the victim survivor feeling trapped or unable to leave the relationship.**

Statistically, coercive control is perpetrated by men against women.

## COERCIVE CONTROL

Coercive control is a pattern of behaviours, aimed at making the victim survivor subordinate, diminishing the victim survivor's sense of agency, autonomy, sense of self and self-worth. It invokes fear and can result in the victim survivor feeling trapped or unable to escape a relationship. Statistically coercive control is perpetrated by men against women.

Physical violence does not need to be present for a relationship to be violent or abusive. Behaviours that are controlling, and that comprise of non-physical and physical tactics in order for the person using violence to dominate and control many aspects of the victim's life, constitute coercive control. This can include isolating a person, so they are no longer connected to any support networks, intimidating, and disempowering them, humiliating, degrading, and monitoring/stalking them.

Coercive and controlling behaviour is designed to make the victim survivor dependent on the person using violence, by depriving them of their independence and regulating their behaviour.

Coercive controlling behaviours create invisible chains and a sense of fear that impacts every aspect of a victim survivor's life.

Reference: Otter C and Bouamro M, Parliament of Victoria Research Paper, What is Coercive Control, March 2022.

- Coercive control can be difficult to identify because it does not always involve physical violence.

- Often victim survivors may not recognise they are in an unhealthy or abusive relationship because there is no physical violence.

- Coercive control deprives victim survivors experiencing it of a means for independence, it isolates them from their resources, and removes their capacity for growth and personal gain.

- A person who uses violence often begins the relationship by trying to gain power and control in subtle ways, which can escalate over time.

- Research undertaken by (Monkton Smith 2019) has shown that coercive controlling behaviours are associated with intimate partner homicides. Coercive control may place a victim survivor at higher risk of intimate partner homicide.

- It is important for professionals working with victim survivors and/or people who use violence to listen closely to unique experiences and to identify warning signs early.

### HUMILIATING

Humiliating the victim survivor in public and private.

### CONTROLLING

Controlling the victim survivor's access to finances, what they can/ cannot wear, how they have their hair, controlling their food intake, where they go and with whom.

### ERODING

Eroding the victim survivor's sense of self-efficacy, choice, and voice, causing a sense of disempowerment.

### THREATS

Threats to kill or physically harm the victim survivor, children, family members, children or pets is another tactic used to have power and control in the relationship. Also threatening to commit suicide allows the person using violence to maintain their sense of control.

### SEXUAL COERCION

Sexual coercion involves manipulating or forcing the victim survivor to engage in unwanted or non-consensual sexual activity, by using threats, lies, guilt trips, control, and power.

### JEALOUSY/ OBSESSION

Jealousy/ obsession in relation to the victim survivor can create elevated risk. If the person using violence believes that their partner or ex-partner is having an affair, or spending time with other men or people he is not allowed her to spend time with.

### MONITORING

Monitoring communication either in person or via technology, such as phone calls, social media, text messages and emails.

### GASLIGHTING

Gaslighting is forcing the victim survivor to question their ability to make decisions, inciting a sense of confusion in the victim survivor and leaving them questioning their memory of events. This can also include telling lies about the victim survivor to police, child protection etc.

### ISOLATING

The victim survivor is either geographically or by interfering in their relationships with their family, friends, and support networks.

### SUBSTANCE USE COERCION

Substance use coercion refers to coercive tactics that target a victim survivor's use of substances, forcing a victim survivor to use substances, sexually exploiting their partner to obtain substances as a broader pattern of abuse and control.

### REPRODUCTIVE COERCION

Reproductive coercion sees the person using violence pressuring or manipulating the victim survivor into becoming pregnant or terminating a pregnancy.

### MENTAL HEALTH COERCION

Mental health coercion is a victim survivor's experience of mental health can be used to gain power and instill fear. This may look like withholding medications, sabotaging treatment and to gaslight the victim survivor.

As an AOD/MH professional if you identify that your client is a victim survivor of coercive control, or you are engaged with a person using violence, you can respond to risk, and help to create safety by following the MARAM (Multi-Agency Risk Assessment and Management) Framework.

The Framework includes tools and resources to support AOD/MH professionals in identifying, assessing the level of risk, and safety planning with the victim survivor. You can also seek advice from your regional Specialist AOD/MH Family Violence Advisors.

### Referral Pathways

Safe Steps 1800 015 188

Men's Referral Service 1300 766 491

The Orange Door [orangedoor.vic.gov.au](http://orangedoor.vic.gov.au)

1800 RESPECT 1800 737 732

Rainbow Door (LGBTIQA+) 1800 729 367

In Touch (CALD) 1800 755 988

Seniors Rights 1300 368 821

Created by Coercive Control Special Interest Group members - for Specialist Family Violence Advisor (SFVA) AOD/Mental Health Program 2023



SCHS  
Sunraysia Community  
Health Services

Scan the QR code to access your regional Specialist AOD/MH Family Violence Advisor if you have any questions, or visit: <https://bit.ly/w5/52L2t>




# Tactics and Behaviours of Coercive Control to Be Aware of

- ❖ Physical abuse
- ❖ Emotional or psychological abuse
- ❖ Sexual abuse or reproductive abuse
- ❖ Social abuse and isolation
- ❖ Verbal abuse
- ❖ Financial or economic abuse
- ❖ Stalking and intimidation
- ❖ Threats, manipulation and control
- ❖ Damage to property or possessions
- ❖ Abuse of children
- ❖ Technological or online abuse
- ❖ Abuse or threats to pets
- ❖ Cultural or spiritual abuse
- ❖ ***Substance use coercion***
- ❖ Mental health coercion



# What is Substance Use Coercion?

- Substance use coercion refers to coercive tactics that target a partner's use of substances as part of a broader pattern of abuse and control (Warshaw, C. & Tinnon, E., 2018).
- People who use violence will weaponise a victim survivors substance use as a method to gain power and control.
- Given the stigma attached to substance use and the often-limited understanding of addiction/dependency by other services substance use is often a target for people who use violence to perpetrate continued coercive control.



## WHAT IS SUBSTANCE USE COERCION?

by Coercive Control in MH/AOD Special Interest Group members - Specialist Family Violence Advisor (SFVA) Program 2023

Substance use coercion refers to coercive tactics that target a partner's use of substances as part of a broader pattern of abuse and control (Warshaw, C. & Tinnon, E., 2018).

People who use substances are at increased risk of abuse by intimate partners, including while using or intoxicated (Mohler-Kuo, M. et al., Jessell, L. et al., 2017; Rivera, E.A. et al., 2015). Experiencing multiple forms of intimate partner violence, abuse, or trauma throughout one's life further increases the risk of developing substance-related problems.

### Types of substance use coercion tactics

- Abuse directly related to survivor's substance use**
  - Using survivor's substance use as a tactic for abuse and violence
  - Damaging survivor's self-esteem by abusing or insulting them because of their substance use
  - Using survivor's intoxication to coerce or sexually assault survivors
  - Blaming the abuse happened by blaming survivors imagined it or that they did it themselves while they were intoxicated.
- Coercion related to supplying and controlling substances**
  - Encouraging survivor to use substances or initiating them into use
  - Facilitating survivor's progression from substance use to addiction
  - Forcing survivor to use substances against their will and without their consent
  - Supplying survivors with substances as a way to "apologise" for abuse and violence
  - Controlling survivor's access to substances as a way to keep them in the relationship
  - Forcing survivor into withdrawal as a way to harm and control them
- Coercion related to children and custody**
  - Exploiting survivor's fear of child removal by threatening to call the authorities about their substance use
  - Using survivor's substance use against them by reporting them to child welfare/child protective services or threatening them with loss of custody of their children
  - Using survivor's substance use as a way to try to turn their children against them
  - Encouraging or forcing survivor to use substances so they appear irresponsible to the court in custody cases
- Coercion into sex work**
  - Coercing survivor into sex work as a way to obtain substances or acquire money for substances, often exposing them to additional abuse and violence at the hands of their clients.
  - Entrapping survivor in a double-bind related to sex work, including coercing survivor into sex work to obtain substances for their abusive partner, and then abusing survivor because they engaged in sex work.

Phillips, H., Warshaw, C., Kaewken, O. (2020). Literature review and the need for integrated service models. National Centre for Addiction and Mental Health.



# As AOD Professionals What Behaviours Should We Be Looking For?

- ❖ **Justifying or denying their use of violence** toward a victim survivor. For e.g. reporting that a victim survivor made up the abuse or injured themselves because they were intoxicated.
  - ❖ **Abusing or insulting the victim survivor** because of their use of substances.
  - ❖ **Using a victim survivors substance use to coerce sex** or to sexually assault or sexually exploit them (into sex work).
  - ❖ Either **introducing the victim survivor to substance use** or **encouraging them to use more**.
  - ❖ Controlling the victim survivor's **progression from use to addiction/dependency**.
  - ❖ **Supplying or controlling the victim survivors' access to substances**, to apologise or keep them in relationships.
  - ❖ **Forcing a victim survivor into withdrawal** to harm or control them.
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- ❖ Exploiting a victim survivors' sense of fear by;
    - ❖ Threatening to **report substance use to child protection** and to have children removed
    - ❖ Using victim survivor's substance use to **damage and disrupt the parent/child relationship**
    - ❖ Reporting, often falsely, victim survivors' **substance use to Family Court to gain custody of children**
    - ❖ **Forcing the victim survivor to use substances** prior to Court hearings or appointments with service providers **so that they present intoxicated** and are **unable to engage** in a positive and meaningful way
    - ❖ Threatening to report the victim survivor's **substance use to police to control them**
  - ❖ Undermining the victim survivor's recovery efforts and sabotaging their access to treatment and support services. (Use examples in content)

# Why are Coercive Control and Substance Use Coercion So Dangerous?

- It can be difficult to identify because it **does not always involve physical violence**.
- Coercive control **deprives victim survivors** who are experiencing it of their independence, and it **isolates them from resources**.
- The person using violence often begins the relationship by trying to gain power and control in **subtle ways, which escalate over time**.
- Research indicates that coercive controlling behaviours are **associated with intimate partner homicides**.
- Coercive control may place a victim survivor at a **higher risk of intimate partner homicide** - often the murder of a current or former partner is the **ultimate physically violent act**.
- Substance use, in particular alcohol, we know increases the severity of violence, and amplifies the risk of severe injury or death to victim survivors. Alcohol has been identified as a significant risk factor in upward of 65% of family violence incidents reported to police.
- As professionals who work with victim survivors and people who use violence, it is important for us to **listen closely to the unique experiences** of our clients and to **identify warning signs early**.





# Risks to Consider

- ❖ Any increases or escalation in substance use that is not instigated by the victim survivor.
- ❖ A sudden shift in type of substances being used.
- ❖ Sudden disengagement from AOD treatment and support or other services involved.
- ❖ Changes in the presentation of the victim survivor or the person using violence (appearance, attitude, emotional regulation).
- ❖ Evidence or disclosure that the person using violence is dosing or injecting the victim survivor.
- ❖ Threats by the person using violence to withhold the victim survivors' access to substances, their access to AOD treatment or support or access to overdose prevention or intervention.

# Take Home Messages

- Substance use has been identified in up to **47% of Child Protection reports**.
- Research suggests that **80% of women in AOD treatment/support have experienced violence in their lifetime**.
- A staggering **90% of women attending pharmacotherapy clinics for drug treatment have experienced violence in their lifetime**.
- The Mental Health and Substance Use Coercion Survey 2014 found that, of respondents (there were 3224 respondents to the survey);
  - **27% were forced to use substances** or forced to use more than they wanted.
  - **60%** reported that a partner or ex-partner had **prevented them from accessing MH/AOD treatment** and supports.
  - **37.5%** disclosed that their partner or ex-partner had **threatened to report the victim survivor's substance use to authorities to control them**.
  - **24.4%** stated that they were **afraid to call police for help when they felt unsafe** because their partner or ex-partner had told them that they would be arrested because of their substance use.
  - **26%** of respondents **used substances to cope with the family violence** they were experiencing.

The above statistics demonstrate why it is **imperative as AOD professionals that we bring a family violence lens to our work and why it is vital for us to continue to build our confidence** in identifying, assessing and responding to family violence. **Use your curiosity, be inquisitive, and explore the behaviours your clients disclose.** How might these behaviours be creating harm to victim survivors and children.



# Video Identifying Some Coercive Control & Substance Use Coercion Examples

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# Reflections and Learnings from the Video

**Substance use coercion in the context of wider Systemic Abuse** (the manipulation of the legal system by a person who uses family violence, to exert control over, to threaten, or to harass a victim survivor) might present as;

- ❖ **Reporting use of substances** to police or Child Protection.
- ❖ Framing victim survivor **substance use as evidence of unsafe or neglectful parenting**.
- ❖ Person using violence utilising the victim survivor's substance use to **create a victim narrative** (that substances are the driver of 'her violence').
- ❖ Person using violence requesting conditions on IVO's or any other Orders that **exclude the victim survivor from using substances** in the home or around the children.
- ❖ Attempting to **have the victim survivor arrested** or using this as a threat.
- ❖ **Making false allegations of abuse or neglect** to Child Protection or Family Law Courts in relation to substance use.

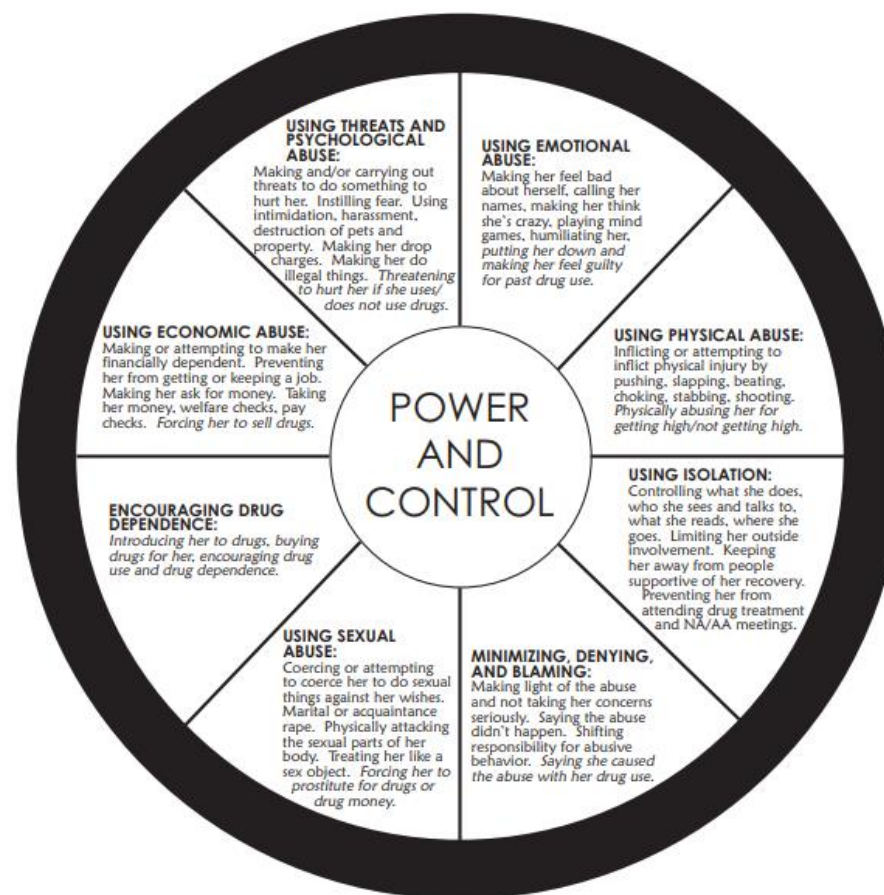
# Encouraging Disclosures

***“Did anyone explain or have a conversation with you about family violence?”***

- ❖ Assessing the clients own understanding of family violence.
- ❖ Provides an opportunity to educate and explore coercive control, ensuring that substance use coercion is explained and explored.
- ❖ Validating.
- ❖ Linking the questions to safety for all parties including the person using violence.
- ❖ Acknowledging that the questions might be uncomfortable.
- ❖ Acknowledging the victim survivor’s experiences and challenges and affirming that no one deserves to go through such experiences.
- ❖ Affirm that substance use coercion is not an excuse for the person using violence to use violence and that the victim survivor’s use of substances does not justify his violence.

## POWER AND CONTROL MODEL FOR WOMEN'S SUBSTANCE ABUSE

# Substance Use Power & Control Wheel



Copyright 1996 - Marie T. O'Neil  
Adapted from:  
Domestic Abuse Intervention Project  
202 East Superior Street  
Duluth, MN 55802  
218.722.4134

Excerpted from:  
"Safety and sobriety: best practices in domestic violence and substance abuse," p. 66,  
Domestic Violence/Substance Abuse  
Interdisciplinary Task Force, Illinois  
Department of Human Services.

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## Questions About Control of Daily Life

***“If Dale came home and dinner wasn’t on the table what would that look like?”***

- ❖ Exploring control and expectations
- ❖ Understanding power imbalance
- ❖ Identifying fear and compliance
- ❖ Exploring the person using violence’s interaction with the victim survivor’s substance use

# Questions About Monitoring & Communication

***“If you were to go somewhere different, how would Dale react?”***

- ❖ Assessing freedom of movement
- ❖ Exploring the consequences of defying control

***Some examples of what this might present as;***

- ❖ Restricting or stopping the victim survivor leaving the home
- ❖ Restricting access to work, school, or participating in religion or community activities
- ❖ Preventing contact with family and friends
- ❖ Removing door-handles from internal doors to limit privacy
- ❖ Forcing victim survivor to relocate to another town, city or state
- ❖ Restricting victim survivor from engaging with AOD treatment and supports

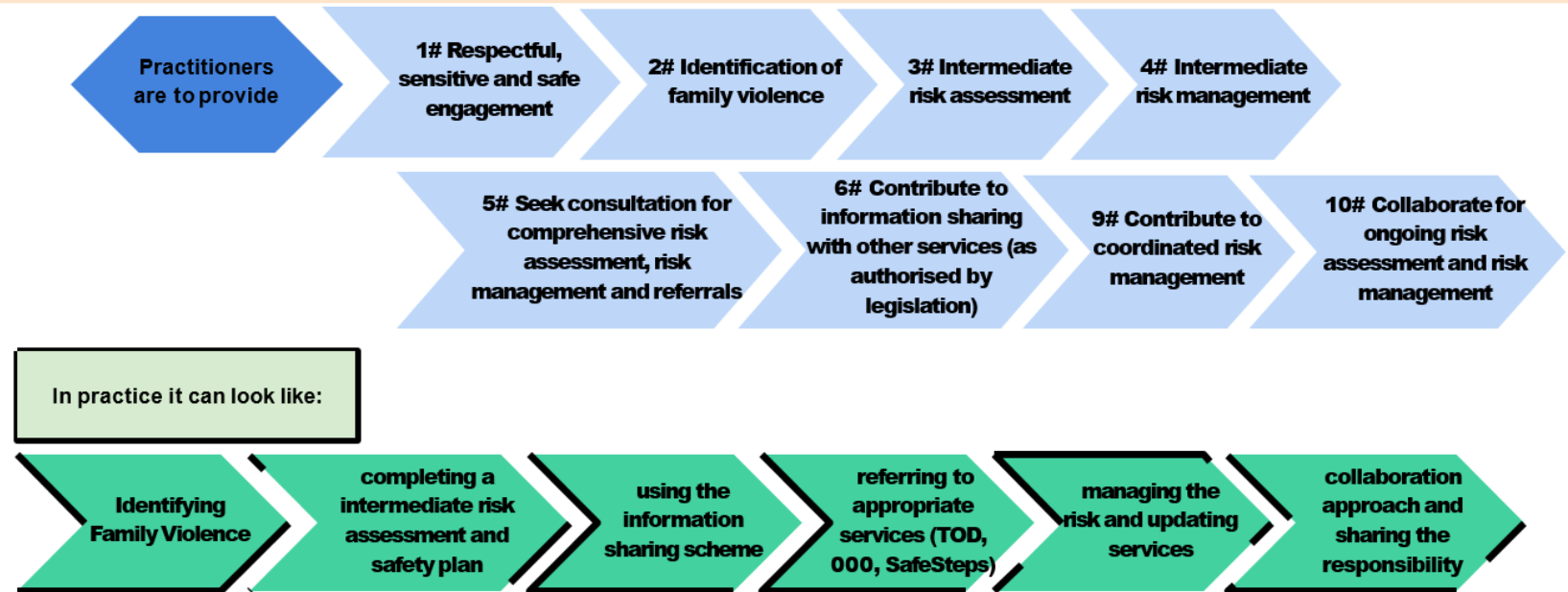
# Keeping Children In View

Studies show that **living with domestic violence can cause physical and emotional trauma to children and young people** in the following ways:

- Ongoing anxiety & depression
  - Emotional distress
  - Eating & sleeping disturbances
  - Physical symptoms e.g. headaches and stomach-aches
  - Find it hard to manage stress
  - Low self-esteem
  - Self-harm
  - Being aggressive towards friends
  - Have less empathy and care for others
- Feel guilt or blame themselves for the violence
  - Have trouble forming positive relationships
  - Develop phobias and insomnia
  - School refusal & struggle with schoolwork
  - Use bullying behaviour or are bullied
  - Difficulty concentrating
  - Find it hard to solve problems

**As An AOD  
Professional  
What Can I  
Do?**

## Multi-Agency Risk Assessment and Management (MARAM) Framework







# Safety Planning

- The **client is the expert in their safety plan** as they have been keeping themselves (and children) safe throughout their relationship.
- Susie can identify a range of her **own risk factors** through curious questioning with the clinician. These need to be identified so that protective factors can be considered to mitigate these risks.
- The Clinician and Susie explore options for her **safety plan**. It is important to ensure Susie is comfortable and involved in her plan.
- Safety plans can be shared with other ISE services.

# Follow-up & Reassurance

It's important to;

- ❖ **Reassure** the victim survivor that their feelings are valid (**include any children** in this statement).
- ❖ Acknowledge that what they are experiencing is **not their fault**.
- ❖ Reinforce that their **substance use is not an excuse** for the person using violence to commit family violence.
- ❖ **Let the victim survivor lead the conversation** as much as possible, this is key in identifying coercive control and substance use coercion.



# Thank you & Any Questions?

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Thank you for taking the time to learn more about substance use coercion in the context of family violence.

This QR code provides contact details for the Specialist AOD Family Violence Advisors in each region on Victoria.

