

Substance Use Coercion as a Barrier to Safety and Recovery of Victim Survivors Experiencing Family Violence

A Community in Focus Resource

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Coercive Control

Our understanding of domestic violence has evolved considerably over the past 40 years (Walby & Towers 2018). While domestic Violence was historically described as acts of physical violence with harm being measured in relation to injuries, it is now commonly understood to involve emotional abuse, harassment, stalking and controlling behaviors' (Boxall, Morgan & Brown 2020; Hardy et al.2015). A key shift in the definition of domestic violence involved the inclusion of what is commonly referred to as 'coercive control' (Stark 2007) or 'intimate terrorism' (Johnson 2010).

Coercive control is often described as a pattern of behaviors within intimate relationships that result in the micro regulation of the lives of victim survivors (Stark & Hester 2019). To better understand coercive control, and to articulate the lived realities of victim survivors, it is necessary to describe the nature of coercive controlling behaviors', as well as their co-occurrence with physical and sexual violence. (Boxall & Morgan 2021).

Very little research has been undertaken in Australia in relation to 'substance use coercion' as a barrier to safety and recovery of victim survivors experiencing family violence (intimate partner violence). Therefore, this article draws from a large body of research undertaken by the National Centre on Domestic Violence, Trauma and Mental Health, USA. The aforementioned research uses the words 'intimate partner violence' to reflect what we would call family violence within the Victorian context of MARAM practice and relevant legislation. For the purpose of this article, the words intimate partner violence and family violence are used interchangeably.



What do We Mean by Substance Use Disorder?

A substance use disorder involves using too much alcohol, tobacco or other drugs. It can also be called substance abuse, substance dependence or addiction. Substance use disorder impacts the social, psychological or physical life of the person and can become problematic in each of or all of these domains. The social impact of substance use includes relationship problems, conflict, neglecting major life roles at work, school or in the home, giving up activities, using larger amounts for longer periods of time and isolation. Psychological problems related to substance use include cravings and urges in addition to mental health symptoms including psychosis, depression and anxiety. The physical impact of substance use includes major medical complications, risk taking behaviours that are dangerous to self and others, overdose risk, tolerance and unsuccessful attempts to reduce or quit including withdrawal symptoms.

According to HealthDirect, around 1 in 20 Australians has an addiction or substance abuse problem. The most commonly abused substances in Australia are tobacco and alcohol. Just under 1 in 6 Australians drink at risky levels. Alcohol can lead to the short-term risk of accidents, injuries or violent behaviour as well as long-term medical complications such as heart disease, liver disease and mental health disorders.

Drug use disorders include the misuse of illegal drugs (such as cannabis and amphetamines) as well as the use of prescription medicines, like painkillers or sedatives, for non-medical reasons. [1]

Analysis of the 2019 National Drug Strategy Household Survey (NDSHS), estimated 9.0 million (43%) people aged 14 and over in Australia had illicitly used a drug at some point in their lifetime (including the non-medical use of pharmaceuticals) and an estimated 3.4 million (16.4%) had used an illicit drug in the previous 12 months.

In 2019, the most common illicit drug used in the previous 12 months was cannabis (11.6%), followed by cocaine (4.2%) and ecstasy (3.0%). A number of changes were reported in the recent use of illicit drugs between 2016 and 2019, including increases in the use of:

- cannabis (from 10.4% to 11.6%)
- cocaine (from 2.5% to 4.2%)
- ecstasy (from 2.2% to 3.0%)
- hallucinogens (from 1.0 % to 1.6%)
- inhalants (from 1.0% to 1.4%)
- ketamine (from 0.4% to 0.9%).

[1] HealthDirect Substance abuse | healthdirect

What is Substance Use Coercion?

Substance use coercion is pervasive and detrimental to the health, wellbeing, and economic self-sufficiency of intimate partner violence (IPV) survivors and their children and interferes with their ability to engage in both substance use treatment and domestic violence shelter and other services. Many survivors of IPV experience substance use coercion – tactics specifically targeted towards a partner’s use of substances as a part of a broader pattern of abuse and control.

Common forms of substance use coercion include:

- deliberately introducing survivors to substances,
- forcing or coercing them to use,
- interfering with their access to treatment,
- sabotaging their recovery efforts, and
- leveraging the stigma associated with substance use to discredit them with potential sources of safety and support .[1].

Researchers have documented a range of trauma-related effects of IPV, including substance use (Rivera, E. et al., 2015). While some survivors use substances to cope with the traumatic effects of abuse, others are coerced into use by their abusive partners. Furthermore, abusive partners utilize coercive tactics targeting survivors’ use of substances as a mechanism of abuse and control; this is known as substance use coercion (Warshaw, C. et al., 2014).

Intimate partner violence has significant mental health and substance use related effects. Intimate partner victim survivors experience higher rates of PTSD, depression, suicidality, chronic pain, insomnia, and substance/opioid use. [2].



Less recognized are the ways people who abuse their partners engage in coercive tactics targeted towards their partner's mental health or use of substances.

The Mental Health and Substance Use Coercion Survey (2014)[1], found that of 3,224 respondents:

- 26% Ever used substances to reduce pain of partner abuse
- 27% Pressured or forced to use alcohol or other drugs, or made to use more than wanted
- 15.2% tried to get help for substance use
- 60% If yes, partner or ex- partner tried to prevent or discourage you from getting that help
- 37.5% Partner or ex-partner threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed
- 24.4% Afraid to call the police for help because partner said they would believe you because of using, or you would be arrested for being under the influence

The same survey reported the following subset of coercive behaviors experienced by victim survivors:

- Coerced use: Initiated into using; pressured to use with partner, unable to refuse; manipulated or threatening into using; drugged by partner; subjected to drug-induced debilitation
- Treatment Interference or Recovery Sabotage: Prevented from attending meetings/treatment; transportation/childcare withheld; harassed into leaving; medications controlled; substances kept in the home after treatment; forced to watch partner use; escalating violence if tried to cut down or stop
- Threats to Report or Discredit: Reported to judges; CPS; police; probation officers; employers; made false accusations
- Substance Use-Related Sexual Coercion: Coerced or forced sex; pressure to use
- Blaming Abuse on Partner's Use and benefiting from lack of services; stigma re: women and substance use.

[1] National Domestic Violence Hotline and NCDVTMH Survey, USA, 2014

[2] Understanding substance use coercion in the context of intimate partner violence: implications for policy and practice, National Centre on Domestic Violence, Trauma, and Mental Health 2020

[3] Wagner et al., 2009; Bennett et al., 1994; Hemsing et al., 2015; Smith et al., 2012; Ogle et al., 2003; Eby, 2004; LaFlair, et al., 2012; Bueller et al., 2014; Nuttrock et al., 2014; Nathanson et al., 2012; Lipsky et al., 2008; Breiding et al., 2014; Bonomi et al., 2009; Gonzalez, et al., 2014; Khalifeh, et al., 2015; Friedman et al., 200

Conclusion

Whilst there is increasing contemporary Australian research and discussion around family violence and coercive control and the correlation between alcohol/drug use and family violence, there remains very limited Australian data about family violence and substance use coercion. A short literature review conducted for this paper found only one report by Deakin University indicating that heavy drinking was found to be associated with increased levels of coercive controlling behavior, which includes emotional, psychological, and physical abuse of a partner.[1]

Take home messages:

1. MARAM assessments focus on the behavior of the perpetrator and the implications these behaviors may have on the safety and welfare of the victim survivor/children. Practitioner should be strongly encouraged to fully explore the assessment question around perpetrator 'misused alcohol, drugs or other substances' to understand the impact their substance use is having on the victim survivor, including any correlation between the perpetrators behavior and the victim survivors own substance use.

Where perpetrator alcohol other drug use is indicated within the MARAM assessment, practitioners should be encouraged to ask additional probing questions such as:

- "How frequently does your partner use"
- "What substance/s does your partner use..."
- "How much does your partner use..."
- "How does your partners substance use impact your relationship"
- "Do you feel more unsafe when your partner is using.."
- "Does your partner encourage or force you to use against your will..."

1. Practitioners should be aware of any unconscious bias in relation to a victim survivor's substance use. If the victim survivor acknowledges substance use, consider the likelihood this is a coping strategy to manage the physical and emotional pain associated with family violence/past trauma. This may make recovering from substance use and leaving the abusive relationship particularly isolating and difficult.

1. From a policy perspective, the lack of Australian research into family violence substance abuse coercive control is concerning. Governments, peak bodies and research institutions should be encouraged to support research in this area.



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