

Alcohol & Other Drug Use and Family Violence

Presented by Gippsland Specialist Family Violence Advisors AOD (SFVA)

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Family Violence

Historical differences &
intersections of AOD and
Family Violence

Shame, Stigma in AOD
Language Matters

Substance Use Coercion
FV/AOD Safety Planning

References



FAMILY VIOLENCE

- Family violence is deeply gendered.
- It is behaviour by a person towards a family member that controls or dominates another family member and causes them to fear for their own or another person's safety or wellbeing. These behaviours may include: physical or sexual abuse, controlling, coercive behaviours, psychological/emotional, financial or social or spiritual abuse.
- It includes exposing children to these behaviours, or the effects of these behaviours, which can have equally damaging effects to children.
- It is an abuse of power within family relationships that can continue after separation.
- Family violence presents across a spectrum of risk, ranging from subtle exploitation of power imbalances, through to escalating patterns of abuse and/or violent behaviours and experiences that most commonly escalate over time.
- Family violence is often hidden and difficult to recognise. This is because of the dynamics of violence and abuse, as well as the loss of control by those who experience family violence.



FAMILY VIOLENCE

The Victorian Indigenous Family Violence Task Force defined family violence in the context of Aboriginal communities as:

‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities.

It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’



As Specialist Family Violence Advisors to AOD services, it is our role to:

- Build family violence capability & capacity in professionals across Gippsland
- Support AOD, Family Violence and Mental Health sectors to collaborate to achieve positive outcomes for people experiencing & those using family violence
- Provide secondary consultations
- Support agency MARAM alignment & understanding by clinicians of family violence risk assessment, risk management and information sharing



Key Differences between family violence & AOD sectors - Broadening our lens of support to people

Historic Differences	Family Violence	AOD	Future
Language	Emphasises impact of family violence e.g. victim survivor	Non-blaming / non-stigmatizing e.g. treatment, recovery	Avoid binary perspectives Shared language
Gender	Women supporting women & children Separate support for men	Men supporting men	All genders working across all professions. People offered choice
Approach	Empowerment, safety focused, practical supports	Treatment, recovery framework Educate to encourage informed choices	Holistic approach. Fitting services to people, not people to services.
Philosophy	Feminist framework Gender inequality Prioritise safety of women & children	Medical model Harm Reduction	Integrated multi-agency approach that incorporates space for all perspectives including culturally safe practices.



What are we seeing in AOD services?

The Victorian Royal Commission into Family Violence (2018) heard that between 50-90% of women accessing mental health & AOD services had experienced child abuse or family violence

Among men using AOD services, up to 75% have used emotional, physical or sexual violence towards their partner.

Women using alcohol & other substances are often reluctant to contact family violence services for support.

An AOD service (or your service) may be the only point of contact for a woman experiencing family violence.



AOD services are also likely to encounter a wide range of presentations of violence in addition to gendered violence.

- ▶ Young people using violence towards parents, their own siblings or other family members
- ▶ Violence from adult children towards parents – elder abuse
- ▶ Racial violence towards Aboriginal community members
- ▶ Racial violence towards migrant & refugee community members
- ▶ Homophobic, transphobic, biphobic violence towards LGBTIQ+ community members
- ▶ Men experiencing family violence & other violence
- ▶ Women using violence
- ▶ People using disability as a weapon of control e.g acquired brain injury
- ▶ People affected by their experiences from involvement with the criminal justice system.
- ▶ Existence of childhood trauma/past violence which influences their use of substances.





'Dependence on illegal drugs has been ranked as the most stigmatised health condition globally, with alcohol dependence ranked as the fourth'

<https://adf.org.au/insights/stigma-why-words-matter/>

Shame - guilt, sad, heavy, dark, lonely
Stigma - "a mark of disgrace & difference"

Lack of knowledge / fear of what you don't know drives stigma.

- Check your unconscious bias

Negative attitudes towards a person who uses substances results in:

- Believing that the person's issues are all due to their substance use
- Reduced communication & relationship with person
- People avoiding contact with you / your service



LANGUAGE IS POWERFUL & IT DOES MATTER

Stigmatising language reinforces negative stereotypes.

“Person-centred” language focuses on the person, not their substance use.
When working with people who use alcohol/other substances:

Try :	Instead of :
Person who uses substances	Drug user / abuser
Person with a dependence on...	Addict, druggie, junkie, alcoholic
Person disagrees	In denial, resistant, unmotivated

Substance Use Coercion –

Tactics that rationalise one's own use of substances and/or target a person's substance use to assert control over them



Abuse directly related to survivor's substance use



Coercion related to supplying and controlling substances



Coercion related to children and custody



Coercion into sex work



Threats to call Police/Courts about survivor's substance use



Undermining survivor's recovery efforts and access to treatment and services





Where there is substance use & family violence, a person experiencing family violence:

- ▶ Attempts to predict violence by monitoring partner's substance use
- ▶ Tries to increase own safety by influencing partner's substance use, e.g amount of intoxication or location of use, or may use substances with partner in an attempt to avoid anticipated violence
- ▶ Prepares for anticipated violence
- ▶ Manages pain or fear caused by family violence through substance use
- ▶ Engages in heavy substance use as a coping mechanism – to deal with stress, anxiety and depression



FV & Substance Use Safety Planning

Some questions you can ask:

- Do you/your family member use alcohol and/or other substances?
- Would it be okay if we talked about how these substances affect you?
- Ask how often, how much, how do you / your family member use substances? Other medications?
- How does using / family member using these substances impact your daily life?
- What does it look like at home when these substances are not available to use?
- Tell me how you keep yourself safe when you &/or they are using substances?
- Have you received support in the past for substance use issues?
- Would you be interested in talking to a person from an AOD program who could give you more support?



Summary

- ▶ Embrace individual complexities & the diversity of our communities. Family violence & substance use are often intertwined with other factors, so we must consider all issues of an individual in their family, social and community context.
- ▶ Build relationships with people – ask respectfully, listen deeply, do not assume anything.
- ▶ Work with other services – seek information to understand.
- ▶ Use your MARAM knowledge – make referrals together, work with other agencies - secondary consult, care team meetings, centralise person & their unique needs.
- ▶ Share information around risk - risk assessments, treatment plans, FV/MH/AOD safety plans

Working with clients with substance use

Referral from ACSO who completed AOD intake & referred to AOD agency for AOD assessment. AOD clinician completed assessment.

Key points:

- ▶ 29 year old male currently homeless
- ▶ Substance Use: Alcohol, Methamphetamines & GHB. Impacted by gambling.
- ▶ Employment: Casual employment
- ▶ Mental Health: Drug Induced Psychosis
- ▶ Disability: Acquired Brain Injury
- ▶ Forensics/Court: Pending drink/driving charge with upcoming court date
- ▶ Family Violence: 12 month full IVO protecting ex-partner & 1 year old child
- ▶ Client reports recent contact via phone to ex-partner. No further details supplied
- ▶ Supports: Nil identified.

What information is missing?

What information could you provide to the AOD worker?

What information would you like from the AOD worker?

How do you share this information?

How could we collaborate better?

REFERENCES

Victorian Indigenous Family Violence Task Force definition: <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework/definitions>

Gippsland Family Violence Alliance: <https://gippslandfamilyviolencealliance.com.au/what-is-family-violence/#family-violence-is>

Victorian Alcohol and Drug Association (VAADA): AOD worker's Guide to Domestic and Family Violence
<https://www.vaada.org.au/wp-content/uploads/2019/11/360Edge-VAADA-Principles-Statement-27082019.pdf>

What Is Substance Use Coercion? Created by Coercive Control in MH/AOD Special Interest Group - Specialist Family Violence Advisor (SFVA) Program 2023. Copies available on request.

Family Violence Safety Planning – where there is Substance Use Coercion. Created by Coercive Control in MH/AOD Special Interest Group—Specialist Family Violence Advisor (SFVA) Program 2023.

Victorian Government: MARAM <https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide/presentations-family-violence-different>

Alcohol & Drug Foundation (ADF): <https://adf.org.au/insights/stigma-people-who-use-drugs/>
<https://adf.org.au/insights/stigma-why-words-matter/>

Network of Alcohol & other Drug Agencies (NADA) <https://nada.org.au/resources/language-matters/>

THANKYOU

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