OPENING PANDORA’S BOX:
THE INTERSECTION BETWEEN
SUBSTANCE USE AND
DOMESTIC VIOLENCE

Dr. Deborah Walsh

OUTLINE
• Who am I?
• Opening Pandora’s box on definitions of violence
• Opening Pandora’s box on who are victims and who are perpetrators
• Opening Pandora’s box on victims use of substances
• Opening Pandora’s box on perpetrators use of substances
• The worst box of all – dare we look!
• Bridging the gap
• To leave or not to leave – what a question?
• What do we do now?

WHO AM I
• Social work practitioner & social scientist
• 20 years of practice in the field of domestic violence
• Of those 9 years spent working with perpetrators
• Masters research – risk assessment protocol
• PhD – DV during pregnancy
• Companion animals and links to DV
• SES and DV
• Policy consultant
• Child Death Case Review Panel

OPENING PANDORA’S BOX ON DEFINITIONS OF VIOLENCE
• Why look at definitions?
• The way we define an issue determines how we will respond to it.
• Examples in domestic and family violence will demonstrate critical issues surrounding this.
• Example, DFV = anger resulted in anger management as the response which was a disaster!
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DEFINITIONS

• Physical vs broader definition
• Conflict tactic
• CTS = Conflict Tactic Scale
• Not consistent with injury and homicide rates
• Influence on service delivery – anger management vs attitude and behaviour change models
• Hegarty found – 2.1% - 28% prevalence

THE PROBLEM WITH DEFINITIONS IN DOMESTIC VIOLENCE RESEARCH AND PRACTICE

• The meaning is assumed
• Not consistent between research & practice
• Often reflect and reinforce mythology
• Will often focus on the more serious assaults ignoring and silencing other damaging forms of violence
• Will include or exclude marginalised communities – LGBTI.

FEMINIST ANALYSIS

• Domestic violence is caused by the need to have power and control over another.
• While in the early stages of coming out of the family closet – violence against women was the focus.

FEMINIST ANALYSIS

• Coercive control vs conflict tactic
• That the conflict tactic analysis is flawed as it does not consider the power and control issues present in the relationship.
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• That the conflict tactic analysis is flawed as it does not consider the power and control issues present in the relationship.
• In Australia at a policy and practice level we see violence in relationships as a range of physical and non-physical tactics that are used to coercively control a partner or a family member.

• But still definitions are not consistent and the contention lies in what behaviours we include or exclude.

DEFINITIONS

• The Parliamentary Library paper uses the term **domestic violence** to refer to "acts of violence that occur between people who have, or have had, an intimate relationship".

• It may include physical, sexual, financial, emotional or psychological abuse.

• The "central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear".

• **Family violence** is a broader term which may involve a variety of kinship and marital arrangements. It is often used in the context of, though not restricted to, violence experienced in Indigenous communities.

DEFINITIONS

• National Council’s Plan for Australia to Reduce Violence against Women and their Children draws on the United Nations Declaration on the Elimination of Violence Against Women (1993) which defines it as, "... any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life".

• Abusive behaviours that include: emotional; verbal; social; economic; psychological; spiritual; physical and sexual.

• Or is it a range of behaviours that coercively control!

SO WHY DOES SHE CARE SO MUCH ABOUT DEFINITIONS?

• If researchers, policy makers and others can agree on a definition......then neither will our population or our community.

• It leads to a range of myths that silence a lot of people who are suffering.
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Violence is defined as intentional violent, threatening, coercive or controlling behaviour in intimate relationships. It encompasses not only physical injury, but direct and indirect threats, sexual assault, emotional and psychological abuse, economic control, property damage, pet abuse, social isolation and behaviour that causes a person to live in fear.

**THE FACE OF DOMESTIC VIOLENCE**

- Traditionally the face of domestic and family violence is a woman portrayed with a black eye.
- Many women experiencing domestic violence do not receive black eyes as frequently physical assaults occur where clothes can cover the bruises.
- Just under half of homicides between 2006 & 2013 occurred within an intimate or family relationship. A large proportion of these homicides occurred with families or couples who did not have prior contact with services.

**MYTHS**

- Drugs and alcohol are the cause
- History in the family – the intergenerational transmission of violence theory.
- Mental health issues
- Their either bad or mad

**MYTHS ABOUT VIOLENCE**

- About anger – anger is a feeling, violence is a behaviour and it takes a conscious decision to move from a feeling to acting out a behaviour (Joe). So anger and violence are not the same.
- An ‘intermittent explosive disorder’ as per the DSM V
- About someone being out of control
- Caused by nagging, drinking substances or any other external excuses
- The responsibility of the victim it is the responsibility of the perpetrator
- Justified by excuses – having an affair does not justify murder
- But these are things people believe……and so will our clients.
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OPENING PANDORA’S BOX ON WHO ARE VICTIMS AND PERPETRATORS

• There has been lots of work on who are victims and perpetrators.
• Essentially they cut across all socio-economic and cultural boundaries.
• There is no one culture more violent to women despite what the media says.

PREVALENCE

• 1 in 3 women in Australia (similar data worldwide)
• This does not mean 1 in 3 men are violent!
• One/two women are murdered every week in Australia by an intimate partner.
• If there are children in the household they are likely to be affected. Children don’t have to witness or experience the violence directly (but many do) to be affected (prenatal cortisol & neural development in older children).
• 3% of victims of domestic violence are men

WHO ARE PERPETRATORS?

• They are often charming and present as very good communicators, but underneath they usually have a number of the following qualities:
  • Narcissistic
  • Rigid sex role - stereotypical ideas about men and women
  • Notions of ownership
  • A hierarchical belief system
  • Male entitlement
  • Male privilege
  • Externalises blame
  • Patriarchal justice forms part of his belief system
  • The indulged male (or spoilt brat syndrome) – this group drop out of treatment more and have a high risk of recidivism.

VIOLENCE DURING PREGNANCY

• Overall prevalence data not available.
• My own study in Melbourne found 20% (n=400).
• What I did find was there was this myth that violence can start in pregnancy.
• For a small percent of the pregnant population where the man did not want the pregnancy the violence increased and in some cases the physical violence started but the abusive behaviour pre-existed the pregnancy.
• For some women in my sample the violence decreased during the pregnancy.
• For most of the women the violence and abuse stayed the same – it was business as usual and the pregnancy didn’t make a difference.
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VIOLENCE DURING PREGNANCY

Studies have found that pregnant women who are victims of violence exhibit more negative pregnancy health behaviours such as:

- An increase in substance use
- An increase in smoking
- Inadequate nutritional intake
- An increase in health care utilization

Some studies indicate that this group present later in their pregnancies for health care.

IMPACT ON PREGNANCY

- Increase risk of perinatal and neonatal mortality (2.6 times higher than non IPV)
- Low birth weight infants (cortisol)
- Preterm delivery
- Foetal fractures
- Compromised immunodefence system (thymus)

Once born these babies have exaggerated startle responses and there is now a lot of neuroscience about the impact on the developing brain (Bruce Perry’s work).

OPENING PANDORA’S BOX ON VICTIMS USE OF SUBSTANCES

- Substance use can impact on a women’s ability to access refuge and other DV services.
- Research frequently focuses on alcohol and illicit drugs with few focusing on the problematic use of prescription medication.
- A number of studies have found that women experiencing DV use alcohol and drugs to cope (an analogy for emotional pain).
- Some early studies suggested that women were more likely to be abused because of their drinking or drug use (1980s) but later research has found that this is not a risk factor for being victimized.
- Women who have trauma backgrounds (e.g. sexually abused as children) who are victims of violence are at risk of substance misuse.
- We all need to be trauma informed clinicians as the populations we work with are more likely to have been traumatized.

OPENING PANDORA’S BOX ON PERPETRATORS USE OF SUBSTANCES

- Substance misuse has been blamed for causing violence for years
- A clear relationship between problematic use of alcohol and drugs and severity
- In some cases men who are chemically dependent who are sober may increase their use of violence while withdrawing.
- Some evidence multiuse more dangerous than single use.
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IMPACT ON PREGNANCY

- Increase risk of perinatal and neonatal mortality (2.6 times higher than non IPV)
- Low birth weight infants (cortisol)
- Preterm delivery
- Foetal fractures
- Compromised Immunodefence system (thymus)

- Once born these babies have exaggerated startle responses and there is now a lot of neuroscience about the impact on the developing brain (Bruce Perry’s work).

OPENING PANDORA’S BOX ON VICTIMS USE OF SUBSTANCES

- Substance use can impact on a women’s ability to access refuge and other DV services.
- Research frequently focuses on alcohol and illicit drugs with few focusing on the problematic use of prescription medication.
- A number of studies have found that women experiencing DV use alcohol and drugs to cope (an anesthesia for emotional pain).
- Some early studies suggested that women were more likely to be abused because of their drinking or drug use (1980s), but later research has found that this is not a risk factor for being victimized.
- Women who have trauma backgrounds (e.g., sexually abused as children) who are victims of violence are at risk of substance misuse.
- We all need to be trauma informed clinicians as the populations we work with are more likely to have been traumatized.

OPENING PANDORA’S BOX ON PERPETRATORS USE OF SUBSTANCES

- Substance misuse has been blamed for causing violence for years.
- A clear relationship between problematic use of alcohol and drugs and severity.
- In some cases men who are chemically dependent who are sober may increase their use of violence while withdrawing.
- Some evidence multiuse more dangerous than single use.
VIOLENCE DURING PREGNANCY

Studies have found that pregnant women who are victims of violence exhibit more negative pregnancy health behaviours such as:

- An increase in substance use
- An increase in smoking
- Inadequate nutritional intake
- An decrease in health care utilization

- Some studies indicate that this group present later in their pregnancies for health care.

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PROGRAMS

Victim/survivor services
Few address substance use in any systematic way.

Perpetrator programs
Few address substance use in any systematic way.

Drug and alcohol services
The literature states that there are few drug and alcohol services that explore the issues of domestic violence for either the perpetrators or victim/survivors.

THE WORST BOX OF ALL

- The intersection between DV, Substance use, mental health and child protection.

- Four siloed services – one family – OMG!

EACH WITH THEIR OWN CULTURE, DEFINITIONS, LANGUAGE AND WAYS OF DOING THINGS.

- Domestic violence services
- Substance use services
- Mental health services, and
- Child protection services.

NAVIGATING BETWEEN THESE SERVICES CAN BE DIFFICULT FOR WOMEN, MEN AND EVERYONE

- This is like navigating blindfolded while trying to walk a tightrope.

- For women with a trauma history this is a difficult task so many fall through the gaps.
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HOW DO WE BRIDGE THE GAP?

• Joan Harrison Support Services for Women (Sydney – Liverpool/Fairfield) with Liverpool/ Fairfield Mental Health and the Transcultural Mental Health Centre employed a dedicated Domestic Violence and Mental Health (DV & MH) worker to enhance collaboration between the services.

• The worker’s job was to provide ongoing case work, counselling, advocacy and generalist support to women who had both experienced DV and mental health concerns. The worker also provided community development, training and education to service providers in the local region.

EVALUATION OF BRIDGING THE GAP

• Having a dedicated worker increased connections with women who had complex needs and who were most likely to have fallen through the gaps.

• The service connected with hard to reach clients.

• Improved cross sector collaboration.

• Improved awareness about DV.

• The DV & MH worker proved to be an effective way to “bridge the gap” between the silos in this area.

• So how does that help you?

WHAT THEY LEARNED?

• Ongoing interaction between the services improved collaboration – getting yourself known.

• Awareness of all aspects of domestic violence increased effective treatment outcomes.

• Be visible and become known as a DV friendly practitioner.

DV & CHILD PROTECTION PILOT

• Child Protection pilot underway – there are DV workers now spending one day per week in Child Protection Offices. This is in the process of being rolled out across the Region.

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WE COME ACROSS DV - NOW WHAT?

• Refer to a DV service or what?

• What is our objective? Usually safety.

• And that translates into:

TO LEAVE OR NOT TO LEAVE – WHAT A QUESTION

• A disclosure of violence ≠ help seeking.

• Women tend and mend and exhaust all avenues before leaving is considered.

• Sadly, leaving is our first and sometimes only option that we offer!

• It has been estimated that women will leave and return up to 8 times before leaving permanently.

• When women return to the violent partner it is seen as a failure in some way.

TO LEAVE OR NOT TO LEAVE – WHAT A QUESTION?

We have a well developed DV crisis response but leaving can be a problem:

• Leaving isn’t always safe.

• There is an increased risk of an escalation of violence.

• There is an increased risk of homicide.

• There is an increased risk of poverty.

• There is a guaranteed risk of lengthy expensive family court litigation over property and children (and sometimes pets).

• There is sure risk that she will have to leave her community, her network, her friends and neighbours.

WHAT ABOUT THE ANIMALS?

• If women and children have pets that have been harmed or threatened they will delay leaving.

• If women go into a women’s refuge they have to put the pets in the Pets in Crisis Program with the RSPCA if they can’t find friends or family to care for them.

• So they are separated from their animals.
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WHAT WOMEN WANT?

• They want the violence/abuse to stop.
• Frequently they love the partner, don’t want to leave the relationship but need someone else to intervene with the partner.

From service providers:

• Women want is to receive a compassionate, informed and supportive response to their situation regardless of any disclosure or decision about the offer of help from services.
• Listening, acknowledging and affirming are interventions themselves. They won’t fix the problem but they will affirm and confirm to the woman that what she is experiencing is not okay and sometimes that is what is needed.
• Help seeking is complex particularly when abuse/violence is the core of the issue.
• For most women leaving is the end of a long line of trying to fix the relationship.
• Frequently the system suggests this as the first line of action.
• We are out of kilter with what women want.
• It is time we get onto the same page.

OPENING PANDORA’S BOX IS MESSY

• When we look into the box it is a mess but …….. there is some great work being done in this space we need to work together to improve it.
• Services need to talk to each other and build some bridges so people can walk easily between.
• Develop some shared understandings and make some real difference when working with substance use and domestic violence issues.

REMEMBER

• Seat belts
• Drink driving
• We can do it.
• Thank you for listening.
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