MONASH GENDER AND FAMILY VIOLENCE PREVENTION CENTRE

Research Brief Alcohol other drugs and family violence

Introduction

Although alcohol consumption has been consistently linked with intimate partner violence (IPV) perpetration and victimisation, the interconnections between family violence and alcohol and other drug abuse are contested (Gil-González, Vives-Cases, Álvarez-Dardet, & Latour-Pérez, 2006; Kraanen, Scholing, & Emmelkamp, 2010; Leonard & Quigley, 2017; Thomas, Bennett, & Stoops, 2013). There is significant debate as to whether alcohol misuse varies together with, facilitates, contributes to or is used as an excuse for partner violence (Klostermann, 2006; Klostermann & Fals-Stewart, 2006; Leonard, 2005; Leonard & Quigley, 2017). Despite these debates, there is strong evidence of the involvement of alcohol in between one quarter to almost two thirds of all police reported family violence in Australia (Foundation for Alcohol Research & Education, 2015; Grech & Burgess, 2011). While the evidence of the presence of alcohol in a significant proportion of family violence incidents is well established, there remains a dearth of alcohol and other drugs (AOD) research and policy which recognises the gendered nature of family violence where men are overwhelmingly perpetrators (Moore, Fraser, Keane, Seear, & Valentine, 2006).

There is even more limited knowledge about the role that drug use plays in family violence (Klostermann, 2006; Klostermann, Kelley, Mignonec, Pusateria, & Fals-Stewart, 2010; Stuart, O'Farrell, & Temple, 2009). Australian evidence indicates that drug use is involved in a smaller proportion of reported family violence incidents than alcohol (Miller et al., 2016). However, these lower incident rates may in part be due to variation in reporting requirements of drug-related family violence (Miller et al., 2016).

There is evidence that AOD-related family violence may account for an even greater proportion of all family violence incidents than was previously considered. A recent analysis from the 2012 Personal Safety Survey revealed that around one third of assaults perpetrated against women by intimate partners reported to police involved alcohol or drugs (Stavrou, Poynton, & Weatherburn, 2016). When looking at assaults not reported to police but where police assistance was sought after an IPV incident, the involvement of AOD drugs increased to 75.2% (Stavrou et al., 2016). This evidence suggests that AOD use should be an important consideration in family violence responses and prevention approaches.

Interventions for alcohol/drug-involved family violence

The historically siloed service models of the family violence and AOD sectors has resulted in largely single target treatment programs that address either AOD misuse or IPV (Klostermann, 2006; Klostermann et al., 2010). Typically, where IPV perpetration is identified, substance abuse clients are referred to specialist family violence services and can receive treatment for their abusive behaviours either sequentially or concurrently with their substance abuse treatment program (Klostermann, 2006). Existing research highlights the challenges of engaging substance abuse clients in multiple treatment programs (Crane & Easton,

2017). Furthermore, many perpetrator programs only accept court mandated clients and the co-existence of AOD misuse can be an exclusion criterion (Klostermann, 2006; Rothman, Butchart, & Cerdá, 2003).

More recently, services have developed integrated responses which address both AOD and IPV perpetration. Interventions for addressing IPV among AOD misuse clients are varied and include cognitive behavioural therapy, behavioural couples therapy, motivational interviewing and psychoeducational interventions based on the Duluth model (Crane & Easton, 2017; Klostermann, 2006).

Emerging evidence on the effectiveness of integrated interventions that target IPV concurrently with AOD abuse shows some promise in reducing AOD-related IPV perpetration (Easton et al., 2007). A comparison study of integrated interventions designed to address men's IPV perpetration and co-occurring AOD found that behavioural couples therapy (BCT) was more effective than individual based treatment (IBT) in reducing reported levels of IPV perpetration and AOD use (Fals-Stewart & Clinton-Sherrod, 2009). Based on a US randomised control trial involving 207 married or co-habiting AOD abusing men, this study found that the likelihood of non-severe and severe male-to-female partner violence on days of the male participants' substance use was lower among couples who received BCT compared to couples where the male partner received individual based treatment (Fals-Stewart & Clinton-Sherrod, 2009). Notably, there was no significant difference in male partners' IPV perpetration on days of AOD use for couples assigned to IBT compared to BCT (Fals-Stewart & Clinton-Sherrod, 2009).

Likewise, a South Indian study of an eight-session integrated cognitive behavioural intervention was found to significantly reduce male perpetration of physical and non-physical partner violence among alcohol dependent men when compared to a single session pharmacotherapy and psychoeducation intervention (Satyanarayana et al., 2016). At the three-month post-treatment follow up, female partners had significantly lower levels of depression, anxiety and stress; however, men's alcohol consumption and their children's emotional and behavioural problems were not significantly different from baseline

(Satyanarayana et al., 2016). Overall, the strength of existing evidence is limited by small sample sizes and short follow up periods (Easton et al., 2007; Voith, Logan-Greene, Strodthoff, & Bender, 2018; Wilson, Graham, & Taft, 2014). The effectiveness of integrated interventions in sustaining behavioural change is largely unknown (Easton et al., 2007; Wilson et al., 2014).

AOD use and family violence victimisation

The linkages between AOD and IPV victimisation are unclear. Studies suggest that alcohol can be a cause, consequence of, or interconnect with other factors that contribute to violence in intimate relationships (Devries et al., 2014). An Australian study by Wilson, Graham and Taft (2017) on how women's experiences of IPV is associated with alcohol found that alcohol-related IPV is experienced as a cycle with violence linked to the male partner's intoxication (Wilson et al., 2017). Participants described a 7-phased cycle: starting drinking -having fun, getting drunk - looking

for a fight, intoxicated - sudden 'switching' to escalated violence, drunk - becoming incapacitated, hangover/coming down - becoming mean-tempered, sober-returning to 'normal' life and craving – building up to drinking again. This study also found that both partners used alcohol to distance the man from his violence, attributing it to alcohol consumption rather than the person (Wilson et al., 2017).

Future Directions

Future research into AOD needs to consider the contribution of specific masculinities to violence generally and family violence in particular. According to Moore et al. (2006) AOD policy stakeholders tend to understand masculinity as 'singular fixed and inevitable' so that changes to masculine behaviour, such as family violence perpetration, are seen as 'unachievable'. More nuanced investigation of effective interventions for men's risky drinking practices is also needed with Roberts et al. (2019) arguing that alcohol is a critical part of male social interactions.

Most existing research focuses on men's alcohol consumption and IPV with a focus on perpetration rather than victimisation. Few studies have examined the links between men's other drug use and IPV, and even fewer have investigated women's AOD use in relation to IPV (Devries et al., 2014; Foran & O'Leary, 2008; Klostermann & Fals-Stewart, 2006; Langenderfer, 2013; Shorey, Stuart, & Cornelius, 2011). Further gendered informed research to refine understandings of the associations between AOD and violence perpetration *and* victimisation is required.

The Royal Commission into Family Violence (RCFV) identified intersectoral learning as a necessary pre-condition to an effective integrated family violence system in Victoria. Aligning with the RCFV findings, capability building activities should be undertaken in both the AOD and family violence sectors to improve service providers knowledge and understanding of gender and AOD-related family violence.

Finally, more nuanced research on how substance misuse contributes to the occurrence and severity of family violence is required in order to design gender informed effective interventions. Recent work by Gilchrist and colleagues (2019) has questioned a one-size-fits all approach to combined substance abuse and IPV interventions arguing that AOD abusers who perpetrate IPV are not a homogenous population that can be easily categorised into typologies. Methodologically rigorous evaluations of the effectiveness of integrated strategies to support long term changes in violence perpetration among diverse substance user groups is needed.

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