

INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND ISSUES IN NSW

Organisation: Australian Council on Alcoholism and Drug Dependence
Date received: 4/10/2011

Australian Council on Alcoholism and Drug Dependence

Submission to the STANDING COMMITTEE ON SOCIAL
ISSUES

Inquiry Into Domestic Violence Trends & Issues In N.S.W.

SIMON COUTTS-BAIN

9/28/2011

CONTENTS

3	The Australian Council on Alcoholism & Drug Dependence Inc.
3-4	Our Interest In The Inquiry.
4	Summary.
5-10	Recommendations.
10-12	Case Study.
13	Conclusion.
14	Reference List.

Attached appendix item

Please find attached a copy of our “Bringing Them Home” information package that provides an overview of our family recovery program.

1. The Australian Council on Alcoholism & Drug Dependency inc.

The Australian Council on Alcoholism & Drug Dependency (A.C.A.D.D.) is a not-for-profit organization that operates a 40 bed long term residential family recovery centre, 7 unit transitional housing block, 14 room crisis accommodation motel, a national toll free 'hope line' and nationwide community outreach program. Our facilities are located at Long Jetty and Toukley on the N.S.W Central Coast.

The A.C.A.D.D. has been serving the community for over 14 years during which time we have provided over 1000 individual men, woman, youth, children, couples and families with the opportunity to holistically recover from the treatable disease of alcoholism and drug addiction on our premises. Our client base represents individuals and families from varied socio-economic and cultural backgrounds ranging from multi generational homeless and unemployed, Olympic champions and individuals of professional and public notoriety.

Our family recovery program is not just about recovery from drugs & alcohol. It is about recovery from a life of anger, resentment, violence, neglect and abuse. It is about empowering the individual with tools to change their own life and that of their children. Those that have entered the program remain touched by it. They cannot help but live life in a different way.

2. Our Interest In The Inquiry.

The A.C.A.D.D. welcomes the Standing Committee on Social Issues Inquiry into 'Domestic Violence Trends and Issues in N.S.W'.

This submission seeks to address each of the terms of reference of the Inquiry by both commenting on points (1) & (3) and by offering recommendations on points (2) regarding early intervention strategies and (4) regarding alternative strategies in the prevention of breaches in ADVOs and for promoting reconciliation and interpersonal change that has the potential to reduce or eradicate future Domestic Violence incidents with identified offenders.

We believe that our extensive involvement with and focus on recovery for couples and families puts A.C.A.D.D. in a unique position to offer a submission to the Standing Committee On Social Issues in its 'Inquiry Into Domestic Violence Trends And Issues In N.S.W.'.

A.C.A.D.D. holds a zero tolerance position on domestic violence within our facilities and the broader community. As part of our recovery plan we offer educational programs that equip family members with the relevant cognitive and interpersonal tools that prevent domestic violence and breaches of ADVOs. We recognize that men, women and youth are both victims

(including children) of and perpetrators of domestic violence and thus take a gender neutral approach in our education programs.

Our experience shows that addiction, withdrawal and abuse of drugs (prescribed & illicit) and alcohol represent contributing factors to the vast majority of domestic violence cases, application for and breaches in ADVOs¹. Our experience also overwhelmingly shows that once the Drugs and Alcohol use are addressed and removed, individuals and families then develop the desire and ability to live and relate with others without resorting to domestic violence^{2, 3}.

At the A.C.A.D.D. we believe that it is possible for families to recover from incidents of Domestic Violence. Once individuals and families have truly acknowledged the destructive role that Alcohol and Drugs has played in their lives, it becomes possible to learn a life of abstinence, recover the family unit and become a productive and positive influence in society.

The A.C.A.D.D. regularly experiences the pleasure of reconciling estranged couples and families that have committed acts of Domestic Violence and had ADVOs applied (many of which had also had children removed by DOCS) when in relationship. In working closely with them they have been able to remove drugs and alcohol from their lives, dealt with the underlying factors that led to the addictions and resulting Domestic Violence then re-unite with each other and their children.

3. Summary

The A.C.A.D.D. is willing to be of further assistance to the Inquiry through furnishing additional information or speaking with the Standing Committee on any of its practices or recommendations outlined within this submission.

The A.C.A.D.D. looks forward to the Standing Committee on Social Issues Inquiry report into 'Domestic Violence Trends and Issues in N.S.W', in which we hope to see responses that recognize and address the role that drugs and alcohol have as contributing factors to both the cause of domestic violence and breaches of ADVOs.

¹ "The incidence of alcohol consumption in cases of domestic violence is high. In their survey, Gilchrist et al. (2003a) noted that 73% had consumed alcohol prior to the offence and a history of alcohol abuse was noted in 49%" as cited in McMurrin, M, & Gilchrist, E 2008, 'Anger control and alcohol use: Appropriate interventions for perpetrators of domestic violence?', *Psychology, Crime & Law*, 14, 2, pp. 107-116

² Galvani, SA 2007, 'Safety in numbers? Tackling domestic abuse in couples and network therapies', *Drug & Alcohol Review*, 26, 2, pp. 175-181

³ Mignone, T, Klostermann, K, & Chen, R 2009, 'The Relationship Between Relapse to Alcohol and Relapse to Violence', *Journal of Family Violence*, 24, 7, pp. 497-505

4. RECOMMENDATIONS

In relation to terms of reference 1 (a) THE USE OF GPS BRACELETS & (b) WHETHER EXISTING PENALTIES FOR DOMESTIC VIOLENCE ARE ADEQUATE.

It is the considered opinion of the A.C.A.D.D. that a significant reduction in domestic violence or breaches to ADVOs is unlikely to result through the use of GPS bracelets and or increases in penalties where drug and alcohol use are a contributing factor. This is due to the resulting cognitive impairment and increased emotional reactivity of those affected by drug and alcohol use¹.

In relation to terms of reference (2) EARLY INTERVENTION STRATEGIES TO PREVENT DOMESTIC VIOLENCE.

The A.C.A.D.D. recommends

1. Funding of comprehensive regionalised research into the prevalence (and types) of alcohol & drug use (prescribed & illicit) as a contributing factor in Domestic Violence in NSW.

- Will provide valuable information for consideration of GPs' prior to the offering of prescriptions to patients.
- Will provide valuable resources for the education of general health care, mental health and community services personnel.
- Will provide valuable information for the development of regional and localised targeted early intervention programs where drugs & alcohol have greater prevalence as a contributing factor.

¹ "Most relevant to domestic violence that is motivated by anger during conflict or affective defence is the way alcohol affects higher order cognitive activities in such a way as to make aggression more likely. Alcohol interferes with those processes which are needed to control behaviour and act in a planful way to achieve the best outcomes in any situation, namely attention, abstracting relevant information, reasoning, problem-solving, planning, and self regulation (Pihl & Hoaken, 2002)." As cited in Mcmurran, M, & Gilchrist, E 2008, 'Anger control and alcohol use: Appropriate interventions for perpetrators of domestic violence?', *Psychology, Crime & Law*, 14, 2, pp. 107-116

2. Funding of comprehensive regionalized research into the prevalence of the co morbidity of mental illness and drug/alcohol use as a contributing factor in domestic violence in NSW.

- Will provide valuable information for consideration of GPs' prior to the offering of prescriptions to patients.
- Will provide valuable resources for the education of general health care, mental health and community services personnel.
- Will provide valuable information for the development of regional and localised targeted early intervention programs where drugs & alcohol have greater prevalence as a contributing factor.

3. The introduction of national prescription medication register that tracks medication prescribed to individuals in real-time¹.

- Will reduce the risk for contraindication of prescription medication that may contribute to Domestic Violence, Psychotic episodes and death.
- Will eradicate "doctor shopping" (clients visiting multiple GP') for prescription medication that enables supply of excess quantities of medication for personal abuse & addiction that may contribute to Domestic Violence.
- Will eradicate "doctor shopping" for prescription medication that enables illegal supply of prescription medication by individuals criminal organizations.
- A.C.A.D.D. also recommends the review of the size of prescriptions offered by GPs' for mood altering medications (reduction of quantity allowable per prescription).

¹ The need for this is supported by articles and information sourced from our experience at the A.C.A.D.D. and
<http://www.medicalobserver.com.au/news/death-sparks-doctor-shopping-fears>
<http://www.medicalobserver.com.au/tags/doctor%20shopping>
<http://www.bendigoadvertiser.com.au/news/local/news/general/doctor-shopping-probe/2241707.aspx>
<http://www.medicareaustralia.gov.au/provider/pbs/prescription-shopping/index.jsp>

4. Use of media to promote awareness of the prevalence of alcohol and drug use as a contributing factor to Domestic Violence for both male, female & youth.

- Will provide an opportunity to reduce the increasing glorification (by particular segments of the community) of violence by women in the community.

The A.C.A.D.D. note that the media has been used previously to change the culture of acceptance of DV by men towards women and children, however it has not been employed to promote the awareness of DV by women against other women, men or children.

- Will provide the opportunity to demonstrate the possible negative ramifications of alcohol and drug (prescription & illicit) use within the relational and family context.

5. Use of existing educational programs in Primary & Secondary schools (e.g. Healthy Harold in Primary Schools) to promote awareness of the prevalence of alcohol and drug use as a contributing factor to Domestic Violence.

- Will provide the opportunity to demonstrate the possible negative ramifications of alcohol and drug use within the relational and family context reducing multiple intergenerational transmission of DV.
- Will offer the opportunity for the transmission of knowledge from children to parents and possibly enhance behavioural change within parents.

In relation to terms of reference (3) THE INCREASE IN WOMEN BEING PROCEEDED AGAINST BY POLICE FOR DOMESTIC VIOLENCE RELATED ASSAULT

It is the considered opinion of the A.C.A.D.D. that the Increase in ADVOS being preceded against women by police is indicative of the increased use of violence by women in the

community¹. An increase in alcohol and drug use by women is a contributing factor and highlights the need for a non gender specific approach to domestic violence². (Or gender specific programs targeted to both genders).

In relation to terms of reference (4) ANY OTHER RELEVANT MATTERS

It has been the experience of the A.C.A.D.D. that in many cases reconciliation is possible between parties after Domestic Violence incidents and ADVOs have been issued and where reconciliation is not possible, a mutually respectful and civil parting can be achieved through mediation, counseling (or psychotherapy) and psycho educational groups. This is only possible once the Alcohol and drug use has been addressed³.

It has also been the experience of the A.C.A.D.D. that drug and alcohol use can also be a contributing factor in the application for ADVOs. This can occur when individuals affected by addiction experience an altered perception of events, heightened anxiety and paranoia which leads to the genuine mistaken belief that they are in imminent physical danger. These ADVOs may then be breached by the other party whilst attempting to gain access to children or to come to the aid of the other partner in their addiction.

The A.C.A.D.D. also recognizes that anecdotal evidence suggests (and it has been our experience) that it is the policy of many women's refuges to refuse access to women to its services unless they apply for an ADVO against their partner. At times these applications may not be warranted and the application of the ADVOs can then escalate damaging behaviours that may result in breaches of ADVOs.

¹ "Intimate partner violence (IPV) is more likely among women who use drugs or alcohol and women whose partners use drugs or alcohol" Golinelli, D, Longshore, D, & Wenzel, S 2009, 'Substance Use and Intimate Partner Violence: Clarifying the Relevance of Women's Use and Partners' Use', *Journal of Behavioral Health Services & Research*, 36, 2, pp. 199-211

² "Alcohol is the most commonly used recreational drug in Australia, with availability continuing to increase. Between 1995 and 2005, risky or high-risk alcohol consumption within Australia significantly increased by 50% among men and 90% among women." Miller, P, Coomber, K, Staiger, P, Zinkiewicz, L, & Toumbourou, J 2010, 'Review of rural and regional alcohol research in Australia', *Australian Journal of Rural Health*, 18, 3, pp. 110-117

³ "There is evidence that men who are violent to their partners when drunk do not blame alcohol but actually accept personal responsibility (Senchak & Leonard, 1994)" as cited in Mcmurran, M, & Gilchrist, E 2008, 'Anger control and alcohol use: Appropriate interventions for perpetrators of domestic violence?', *Psychology, Crime & Law*, 14, 2, pp. 107-116

Experience also has shown that one party may have alcohol and dependency issues that contribute to the manifestation of violence by the other party. These may result in Domestic Violence incidents that lead to the application of an ADVO on that individual when their violence may have been as a result of self defense. (The A.C.A.D.D. does not condone the use of violence by any party, however acknowledges that legitimate self defense may require a level of violence).

The A.C.A.D.D. recommends

6. Compulsory assessment of alcohol & drug addiction (by qualified addiction professionals) for both parties in ADVO applications as part of the process prior to hearing in court.

- Qualified drug and alcohol addiction counselors would interview individuals to assess whether D&A are a contributing factor.
- Blood or urine testing may be recommended for drug and alcohol use if necessary to eliminate addiction as a contributing factor.
- Provision of compulsory support & rehabilitation services for those identified as having addiction.

7. Compulsory mediation for both parties after application for ADVO.

The precedent for this has been set by the compulsory mediation of family court matters prior to or in lieu of court attendance which has proven to be very successful.

- Risk assessment to take place with individuals to assess suitability for mediation.
- Preparatory counseling or psycho education group attendance with mediator prior to mediation meeting.
- Mediators to be qualified in Drug and Alcohol Addiction.

8. Compulsory attendance to programs that deal jointly with addiction and Domestic Violence on the same premises for those parties identified with addiction¹.

5. CASE STUDY

The following case study is but one of countless examples of how drugs and alcohol may be at the core of most domestic violence situations. It is representative of many of the individuals and couples that the A.C.A.D.D. have encountered over the years and shows how appropriate treatment of the drug and alcohol addiction can lead to the cessation of domestic violence.

Suzie was married to John. Both from an early age of 13 and 14 years start drinking alcohol socially. Before drinking alcohol, Suzie's school history was one of being a quiet, shy child who didn't make friends easily. Suzie found memories of spending her time with Mum at playgrounds. Suzie was quiet and a well behaved child. Suzie also remembered being sensitive and when bullied or made fun of at school would often cry. Often her mum and dad would not know about the playground bullying, but when Suzie was reprimanded from her Mum for some chore she had not done after school, Suzie would run to the bedroom and cry. Suzie developed fears and insecurities at a very young age.

When Suzie entered her adolescence, she was at her first party and offered alcohol. Suzie remembers how she didn't really want to drink but says that she remembers mum and dad drinking at home and seeing her friends drink, so she decided it couldn't do any harm. Besides, Suzie told herself, she was almost an adult and everyone drinks alcohol. Suzie hated the smell and taste at first and was slow to swallow the drinks, sipping away. Then came that warm glow

¹ "Men with both substance abuse and DV problems are typically under legal pressure to receive treatment and are often stipulated to separate treatment facilities (eg, substance abuse or anger management), such as a court appointed batterers' group and a substance abuse treatment facility. Thus, rarely are both problems addressed, nor is there coordination or communication between substance abuse and domestic violence agencies. Men with co-occurring substance use and domestic violence often fail to attend a single treatment program, much less two separate programs with different schedules and treatment philosophies. Furthermore, recent reviews suggest that that referrals to separate programs are not... Meta-analytic reviews of outcomes for these approaches have consistently found them to be of limited effectiveness, with effect sizes near zero effective... The majority of existing batterer programs do not address substance use, are highly confrontational in nature, and reach far fewer individuals than substance abuse treatment programs. An alternate strategy that could reach a larger number of individuals with DV would be to focus on DV in the context of substance abuse treatment." Easton, C, Mandel, D, Hunkele, K, Nich, C, Rounsaville, B, & Carroll, K 2007, 'A Cognitive Behavioral Therapy for Alcohol-Dependent Domestic Violence Offenders: An Integrated Substance Abuse–Domestic Violence Treatment Approach (SADV)', *American Journal on Addictions*, 16, 1, pp. 24-31

and good feeling as she swallowed it all down. Suddenly Suzie felt alive and promptly had another and another. Suzie lost control in her intoxication and fell asleep on the lounge. Suzie was to be home at 11.00pm. Suzie didn't make it.

Suzie recalls waking up at daybreak, scared and disorientated. What was she to tell her parents? How was she to get home? Suzie felt emotionally sick and physically hung over. The lounge room was filled with other kids. Suzie asked for a lift home. Some of the kids told Suzie how funny she was when drunk the night before. Suzie felt hurt and humiliated and if that wasn't enough, Suzie had to face mum and dad. Once home, Suzie's parent were waiting anxiously. Suzie knew she was in trouble. Stepping out of the car and walking to the front door, Suzie was greeted by her mum. The obvious question came, "Suzie! Where have you been?" Suzie replied "at my friend's birthday party". Mum "You were supposed to be home by 11.00pm". Suzie "I fell asleep on the lounge".

Suzie now remembers being in a state of guilt and remorse. As Suzie's mother continued to question Suzie about the events of the night before, Suzie says that she felt her helplessness to excuse what she had done turn into anger. She made a shift from being totally silent and compliant to yelling at her mother and telling her mother off, swearing, slamming doors and making threats.

Things changed and Suzie ran away to her friend's house. Suzie was desperate for relief and found it once she connected with her friend who provided the alcohol.

Suzie was to continue her path of drinking alcoholically.

Her level of anger eventually turned into rage and violence against her children and husband later in life.

Suzie came into A.C.A.D.D recovery to become abstinent (sober). At 1 week abstinent Suzie was angry. Suzie had been left with grave emotional and mental disorders, feeling constitutionally incapable of being honest with herself. Staff at A.C.A.D.D, through their own experience knew she had the capacity to be honest. Suzie's symptoms-fear (having lived relying on alcohol for the best part of 19 years), Suzie could not relate to the thoughts of a single day without a drink. Suzie became irritable, frustrated, ill at ease, lacked patience, tolerance and understanding. Suzie learnt on a daily basis how these types of emotions had become an obsession and compulsion creating a phenomenon of craving beyond mental control.

With the help of staff in recovery who were familiar with these feelings, Suzie gained recognition of these feelings, she began to accept and understand her own intolerance of herself. The pain of her life using alcohol became exposed.

Suzie learnt to embrace the knowledge that she was a sick person that could get well, a readiness to grieve and heal her regrets of the past began surface.

Anger and rage which would result from impatience and intolerance dissipated as Suzie's acceptance and understanding improved.

Suzie learnt to discipline thoughts in her mind that had been created by years of alcohol abuse which had intuitively reinforced feelings of inadequacy and worthlessness which created a lack of motivation and low self-esteem. As Suzie moved away from her last drink, Suzie grew well physically, mentally and emotionally, life took on a new meaning.

Suzie's husband John had a similar addiction to alcohol and illicit drugs for 20 years, suffering the same symptoms of grave emotional and mental disorders causing his own irritability and frustration, setting up a phenomenon of craving beyond his own mental control.

During their marriage, Suzie would react to Johns' short tempered and aggressive behaviour, John would react to Suzie in the same way, neither being aware that the phenomenon of craving beyond mental control became the driving force behind their arguments. In the state of anger and rage, impatience and intolerance prevailing, both parents would lose the ability to cope with the children.

The children in turn would be treated abruptly developing their own sense of insecurities, repeating the cycle of addiction.

It has been A.C.A.D.D.'s experience that in treatment which leads to recovery, learning about the impact that drugs and alcohol has had on the individual and on the entire family can be the catalyst for change. Through understanding and forgiveness, brought about by education and information created by both parties interacting together in a recovery program, a change can occur to bring the family together in temperance and harmony, dissipating the levels of domestic violence.

The A.C.A.D.D. knows that the frustrations which set up a compulsion and obsession to drink alcohol and use drugs often have no logical grounding and that domestic violence results from not finding relief unless they turn to alcohol and drugs. It is the alcohol and drugs that live at the core of most domestic violence situations, the addiction sets up the obsessional and compulsive behaviours that beget violence so that relief from the violence (victim and perpetrators guilt) may be obtained from the very drug and alcohol use that instigated the violence. It is a cycle of craving creating behaviours that create violence which in turn creates further craving.

6. CONCLUSION

It is the conclusion of the A.C.A.D.D. that any inquiry into Domestic Violence trends in NSW must include an in depth inquiry into the role of Alcohol and Drug use and Addiction as a contributing factor.

Australia has one of the highest % of population uses of alcohol in the world and drug use (both illicit and prescribed) is increasing. Research indicates Alcohol & Drugs to be a contributing factor in the majority of Domestic Violence cases and breaches of ADVOs. We believe that it would be remiss of any standing committee to ignore these facts.

The A.C.A.D.D. firmly believes that it is possible to reduce incidences of Domestic Violence in NSW. We maintain that this can be achieved through a combination of early intervention programs and treatment programs for those identified as having Alcohol and drugs use and addiction as a contributing factor to Domestic Violence. We know through experience that this can be achieved.

Domestic Violence has a profoundly negative impact on the community, the physical victims, witnesses and also the perpetrators. Children often lose access to a parent if they are charged and incarcerated as a result of perpetrating acts of DV and this can potentially have disastrous effects for the entire family. We know that education and treatment can change people's lives and bring about reconciliation and end the multi generational transmission of DV. Families can learn to live without DV but only once the Alcohol and Drugs are removed as a contributing factor.

Simon Coutts-Bain

*Psychotherapist &
Group Facilitator for
A.C.A.D.D.*

Christa Bidgood

*Administrator &
Founder of the A.C.A.D.D.*

REFERENCE LIST

Easton, C, Mandel, D, Hunkele, K, Nich, C, Rounsaville, B, & Carroll, K 2007, 'A Cognitive Behavioral Therapy for Alcohol-Dependent Domestic Violence Offenders: An Integrated Substance Abuse–Domestic Violence Treatment Approach (SADV)', *American Journal on Addictions*, 16, 1, pp. 24-31

Galvani, SA 2007, 'Safety in numbers? Tackling domestic abuse in couples and network therapies', *Drug & Alcohol Review*, 26, 2, pp. 175-181

Golinelli, D, Longshore, D, & Wenzel, S 2009, 'Substance Use and Intimate Partner Violence: Clarifying the Relevance of Women's Use and Partners' Use', *Journal of Behavioral Health Services & Research*, 36, 2, pp. 199-211

Mcmurran, M, & Gilchrist, E 2008, 'Anger control and alcohol use: Appropriate interventions for perpetrators of domestic violence?', *Psychology, Crime & Law*, 14, 2, pp. 107-116

Mignone, T, Klostermann, K, & Chen, R 2009, 'The Relationship Between Relapse to Alcohol and Relapse to Violence', *Journal of Family Violence*, 24, 7, pp. 497-505

Miller, P, Coomber, K, Staiger, P, Zinkiewicz, L, & Toumbourou, J 2010, 'Review of rural and regional alcohol research in Australia', *Australian Journal of Rural Health*, 18, 3, pp. 110-117

Tobin, C, Moodie, A, & Livingstone, C 2011, 'A review of public opinion towards alcohol controls in Australia', *BMC Public Health*, 11, 1, pp. 58-66

<http://www.medicalobserver.com.au/news/death-sparks-doctor-shopping-fears>

<http://www.medicalobserver.com.au/tags/doctor%20shopping>

<http://www.bendigoadvertiser.com.au/news/local/news/general/doctor-shopping-probe/2241707.aspx>

<http://www.medicareaustralia.gov.au/provider/pbs/prescription-shopping/index.jsp>