

**SUBMISSION TO THE PARLIAMENTARY STANDING
COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS**

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**SUBSTANCE ABUSE IN AUSTRALIAN
COMMUNITIES**

The Anti-Violence Project

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15 June, 2000

Acknowledgements

This submission was prepared in conjunction with the Lismore Anti Violence Project by **Allison Cale, Robert Lendrum, Fiona Parsons, Pyari Gautschi, Amanda Godwin and Nick Gistitin**, students in Social Policy in the Diploma Course in Community Welfare at Wollongbar TAFE.

Particular credit goes to Allison and Robert for their efforts, especially in finding the 'Treatment Improvement Protocol (Series 25) for Substance Abuse and Domestic Violence'. Thanks also to **Simon Clough** their teacher for his efforts in the preparation of this submission.

Stuart Anderson is the coordinator of the Anti-Violence Project.

Introduction

The recognition that violence – in particular domestic violence – and substance abuse are often closely related is widely acknowledged, although the links between the two issues has generated very little in the way of documentation in Australia. The result is that the majority of research and funding is dedicated to institutions that work independently of one another rather than in conjunction with each other. This has exacerbated the tendency to treat problems as separate issues, i.e. Alcohol and drug workers for substance abuse, specialist domestic violence counsellors to work with victims and occasionally perpetrators, and the legal institutions to dispense justice.

The purpose of this submission is to demonstrate the links between licit and illicit drug use and violence, thus highlighting the need for a more integrative approach by organisations in addressing this complex problem.

In adopting a collaborative approach to the problems of drug abuse and domestic violence the social and financial burden on the community can be significantly reduced.

Summary

Domestic Violence data is limited. The qualitative data from the workers at the Anti-Violence Project supports the limited quantitative data we were able to source. Using Apprehended Violence Orders (AVOs) – domestic, can only provide an understatement of the problem, given that a victim has to actually seek assistance to obtain an AVO. The very controlling nature of domestic violence, prohibits a large number of victims and perpetrators ever seeking assistance. Often the social stigma, particularly in small rural communities is a barrier to individuals seeking aid in dealing with their problems.

Nonetheless these figures still substantiate a sizable problem that has a huge economic and social cost to the community. One of the more insidious social costs is that patterns of abusive behaviour and substance abuse are often passed down through generations.

Other social costs include:-

- The impact on children that witness and live in violent situations.
- Poor self-esteem and self-image
- Reduced living standards (as household expenditure is directed at maintaining substance addictions)
- Social isolation
- Poor health
- Over a period of time, social forces tend to ensure that community members who have similar problems migrate together and a separate culture develops maintaining these learnt behaviours. This can have many social and economic disadvantages.
- Family breakdown

There are large economic costs to the community as resources are directed into the health care industry and the judicial system to treat both perpetrators and victims. These costs are often given estimates that relate only to the impacts of each problem as an entity i.e. drug and alcohol treatment or law enforcement costs. Due to the limited study carried out linking substance abuse and domestic violence, direct economic costs are hard to obtain. Other direct costs include, unemployment, lost of work production, increased road accidents, property damage and a higher incidence of physical accidents.

This collection of data indicates the need for a holistic approach to service provision and the development of an improved treatment protocol. Refer to Report recommendations.

Background

The Lismore Anti-violence Project (AVP) was set up five years ago for the purpose of running groups for men who are seeking assistance to deal with their violent behaviour. These groups are called MEND for Men Exploring New Directions. The approach in working with men in these groups is to provide an environment, questions and exercises that lead men into arguing for their own change.

Because the approach is to invite the taking of responsibility, the individual group members have been able to take on ownership for their problems and behaviour. This has resulted in the development of respectful and meaningful interpersonal relationships. (Please find a copy of the Project description in Appendix 1)

This service has been further expanded to include other groups: -

- a support group for women who are experiencing or have experienced domestic violence, WEND, particularly for those women whose partners are attending the MEND group.
- a Koori MEND group.
- a mandated group in conjunction with Casino Probation and Parole.

One of the conditions of participation is that members refrain from alcohol and drugs for six hours before and 6 hours after a group. In the adoption of ownership for their behaviour the members often work on other contributing factors, such as alcohol abuse, by seeking the assistance of organisations such as Alcoholics Anonymous.

The Link Between Drug Abuse and Domestic Violence

There have been studies linking domestic violence and licit and illicit drugs in the USA for instance ‘Treatment Improvement Protocol 25 on Substance Abuse and Domestic Violence’ [<http://text.nlm.nih.gov/>]. This report states “*a sizable percentage of convicted batterers were raised by parents who abused drugs or alcohol (Bureau of Justice Statistics, 1994). Studies also show that women who abuse alcohol and other drugs are more likely to be victims of domestic violence (Miller et al., 1989).*”

The economic cost in the USA is also huge, once more quoting TIP 25 “*In the United States, a woman is beaten every 15 seconds (Dutton, 1992;*

Gelles and Straus, 1988). At least 30 percent of female trauma patients (excluding traffic accident victims) have been victims of domestic violence (*McLeer and Anwar, 1989*), and medical costs associated with injuries done to women by their partners total more than \$44 million annually (*McLeer and Anwar, 1987*)

To demonstrate the significance of licit and illicit drugs on domestic violence in Australia we will apply the linking percentages from USA studies to Australian domestic violence statistics. We acknowledge that at best this will only give an estimate.

The USA information used is from The National Clearinghouse for Alcohol and Drug Information (NCADI) www.health.org/pubs/makelink/ml-domvi.htm.

The data for domestic violence we have used is based on Apprehended Violence Orders granted in NSW in 1998 – domestic (Internet, Bureau of Crime Statistics and Research), www.lawlink.nsw.gov.au/bocsar1.nsf/pages/crimestats97_77). This data is from population estimates from the Australian Bureau of Statistics publication Catalogue No. 3234.1.

In 1998 the number of AVOs issued was 15,194. Note this figure does not include the number of members of the household that were directly affected, or non reported incidences. This figure also approximates the number of assault victims at a residential location as adapted from the 1995 national crime statistics, ABS catalogue No.4150.0, 1996. (source: the Internet Australian Institute of Criminology). From this same source the national figure is 36,678 recorded assaults.

For the purpose of this submission the NSW figures will be used, it is interesting to note however that the NSW residential assault number is approximately 40% of the national figure. This could be used to approximate the national figure for AVOs issued for domestic violence.

USA studies show that 50% of all Domestic violence cases report alcohol as a factor (Collins, J.J., Messerschmidt, 1993.) www.health.org/pubs/makelink/ml-domvi.htm. It could be then implied that, in NSW alone, 7,597 incidents of domestic violence resulting in AVOs, involved alcohol as a factor. This is a rate of 1,196 per 100,000 population.

In the Spring 1995 NCADI Inventory number ML001, it was reported that *“Battered women are at increased risk of attempting suicide, abusing alcohol and other drugs, depression, and abusing their own children. Also in 1987, 64% of all reported child abuse and neglect cases in New York City*

were associated with parental AOD abuse.” (Chasnoff, I.J.,1998).

www.health.org/pubs/makelink/ml-domvi.htm.

The AVP Experience

At a meeting with workers at the Lismore Anti-Violence Project in May this year, discussions supported the above data approximations. The majority of information obtained, about the relationship of domestic violence and drug and alcohol abuse, is revealed during group sessions. This information is not recorded as dictated by the groups’ ethics. Workers were able to give a detailed account as follows:-

- The two main substances of abuse linked to domestic violence are alcohol and marijuana. Workers observed that individuals who are regular users of marijuana are often locked into a pattern of apathy, paranoia or denial that makes it harder for them to take responsibility for their actions and change their behaviour patterns. Another point of note was identified by a worker, that when participants stop smoking marijuana repressed emotions can ‘blow out’ resulting in unpredictable violence.
- 50% of women who attended WEND groups use alcohol
- More than 50% of white male group members had substance abuse problems
- 90% of Aboriginal group members had a substance abuse issues
- In Aboriginal groups, a very experienced worker, identified that jealousy was a major issue and that heavy marijuana use and its tendency to generate paranoia was a significant contributing factor.
- 5 out of 6 women who currently attend the WEND group claimed that alcohol was a major issue in the violent behaviour of their partners.
- Women victims of abuse revealed a high usage of prescription drugs, mainly sedatives and tobacco, to enable them to cope with their situation.
- Abuse resulting from A&OD use is not only physical and emotional. In a large number of cases women are forced to budget family needs with little or no income as the majority is spent on alcohol, tobacco and/or drugs. This leads to poor health, reduced self-esteem and social isolation. It compounds the stress on family members. This unfair use of family money is often enforced through intimidation.

- Substance abuse and domestic violence can be passed on through generations of the same family.

The MEND groups have had a significant effect on the substance abuse of many participants. While the groups are primarily educational in approach they also provide the opportunity to express the hurt, regret and shame associated with past behaviour. The acknowledgement that a group of peers can give seems to ease the pain involved in the recall of past experiences of injustice and the use of violence. This in turn seems to lessen the need to turn to alcohol or other drugs for relief.

Men value hearing each other's stories and actively coach each other in the goal of ending violent behaviour. Such participation in the group requires steady attention and a clear mind. The desire to participate fully in the groups is an added incentive to reduce or end substance abuse.

In a similar way to AA or other therapeutic groups on substance abuse, members of the MEND groups encourage and support each other in keeping to their own goals of ending self abuse by drugs alongside ending the abuse toward others.

Workers could only think of one example out of over 300 cases where a member changed their abusive behaviour and was still a heavy drinker. For participants to engage in changing their behaviour they nearly always need to work on their A&OD problems in parallel.

The Effectiveness of the AVP Program

An evaluation of MEND groups was carried out over 1998 and 1999. The evaluation is forty five pages in length using several indicators for estimating the effectiveness of MEND programs in stopping or reducing violent or abusive behaviour. The principal indicator in extent and reliability is feedback received from the men's partners. In what is admittedly a small sample 61% of victims indicated that their partners physical violence had ceased while 83% said it had at least halved. (See Appendix 2)

Recommendations

- That the Lismore Anti-Violence Project be funded to further research the relationship between drug abuse and domestic violence with particular reference to the economic and social costs.

- That a pilot project in the development of an improved treatment protocol for men who abuse drugs and who use violence be funded. The AVP could undertake this project with an A&OD agency.
- To increase funding to the Lismore AVP and similar projects especially in regional and remote areas as a cost effective way of reducing the social and economic costs of drug abuse and domestic violence on Australian society.
- To educate relevant professional groups on the use of a holistic approach when working with an individual. This implies more than the development of networks, it is more an understanding about the interlocking issues that present in each client.
- Wider usage of joint memorandums of understanding between services to foster greater collaboration.
- The development of programs that address problems at their source. Addressing part of a problem does not amount to a solution. eg. working with the victim of a crime does little to address the perpetrator's behaviour problems.

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A description of the AVP

The Anti-violence Project is based in Lismore and serves the five local government areas of Lismore, Ballina, Kyogle, Byron and Casino.

The AVP principally uses group programs to provide a context in which men take responsibility for their abusive or violent behaviour and initiate strategies for positive change. Partner contact is integral to a man's attendance and provides support, safety advice and accountability to the victims of the abuse or violence.

The Anti-violence Project has the Goal:

To end violence and foster fulfilling and respectful relationships.

Under this goal are the Aims:

To challenge attitudes, assumptions, social structures and beliefs in society which perpetuate or condone violence or provide a context in which violence can occur, and to support the development of alternatives.

To encourage each and every person to take responsibility for their own behaviour.

To ensure the safety of partners, children, workers and participants of programs.

To develop and regularly review AVP policies and practices.

The AVP has two aspects to its work:

Community prevention programs; working with community groups to end violence.

Groups for men who are troubled by their violence with support groups for partners of men who use violence in the home.

The AVP's History

The AVP was initiated by the Men's Contact And Resource Service (Men's CARS) under the auspices of Lismore Family Support Service Inc. as a result of the concern for men in the community calling Mensline who were troubled by their violence in 1994. At that time there were no venues in the region to address this concern.

The Anti-violence Project began with \$15,000 funding from the Commonwealth Dept. of Primary Industries and Energy in 1995. This funding lasted under a year. The project was able to continue principally with voluntary labour as well as with course donations from male participants, a small grant from Lismore City Council and some financial support from Lismore Family Support. In June 1998 the NSW Area Assistance Scheme granted the AVP Families Exploring New Directions (FEND) funding at \$63,000 per year for two years to be picked up by the Dept. of Community Services for ongoing funding in July 2000.

Decision making structure

The Lismore Family Support Service Management Committee is ultimately responsible for the AVP, however the AVP workers, the Team, have had a considerable input into the policies, practices and direction of the AVP. This is because the AVP began as a grass-roots initiative and has had long periods in which most work was done voluntarily.

The AVP has a Reference Group made up of people from Police, Probation and Parole, Health, PANOC and other relevant agencies. This group has a broad range of experience with which to inform and guide policy and practice.

The Groups

Currently, the principle activity of the AVP is providing groups for men who are troubled by their violence. These groups are given the acronym END, Exploring New Directions. Thus the men's group is MEND and the women's support group is called WEND.

The MEND groups focus on ending violence between people whether the relationship is casual, employment based or within intimate relationships and families. Because of men's social construction and power in society, and because the AVP was a men's initiative, men are the primary target group for AVP behaviour change groups.

The AVP is also running other violence prevention courses. COFFEE (Choosing Our Future From Each Experience) is the name for the course provided for Casino Probation and Parole. Lismore Head Injuries and other agencies have requested programs from the AVP.

The Koori MEND group is facilitated with Greg Telford, an Aboriginal Family worker and an AVP facilitator. The Aboriginal Families program is called Re-kindling the Spirit and the Koori MEND group is integral to it. The Koori MEND group has also spawned Koori fathers and sons camps and other community development activities.

When possible, the WEND group is facilitated by one AVP worker and a worker from a women's service.

A key aspect to the AVP approach has been an inclusive style of facilitation and counselling. For example all facilitators include themselves in the exercises in the groups and will openly discuss the issues they face in maintaining equal, respectful and loving relationships. This approach seems to make men feel safe to disclose their violent behaviour and to encourage them to take responsibility for both their past behaviour and the future they want with their families.

Two major evaluations and many ongoing feedback mechanisms indicate that the MEND groups are having success in ending and reducing violence. Another indicator of success is that men constantly report talking to mates, sons, fathers, etc about the impact of abuse and violence and how to stop it. Over fifteen percent of men come through the recommendation of friends.



The effectiveness of intervention groups for men who use violence. A summary of the evaluation of MEND groups

The *Anti-violence Project* (AVP) was initiated in 1995 by the *Men's Contact and Resource Service* (a voluntary community organisation) as a response to the inquiries by men who were troubled by their violence and anger to *Northern Rivers Mensline*, a phone counselling service for men.

The AVP provides groups for men who want to end their violent or abusive behaviour, these groups are called Men Exploring New Directions (MEND). Up to five of these groups have been held concurrently every week for four years.

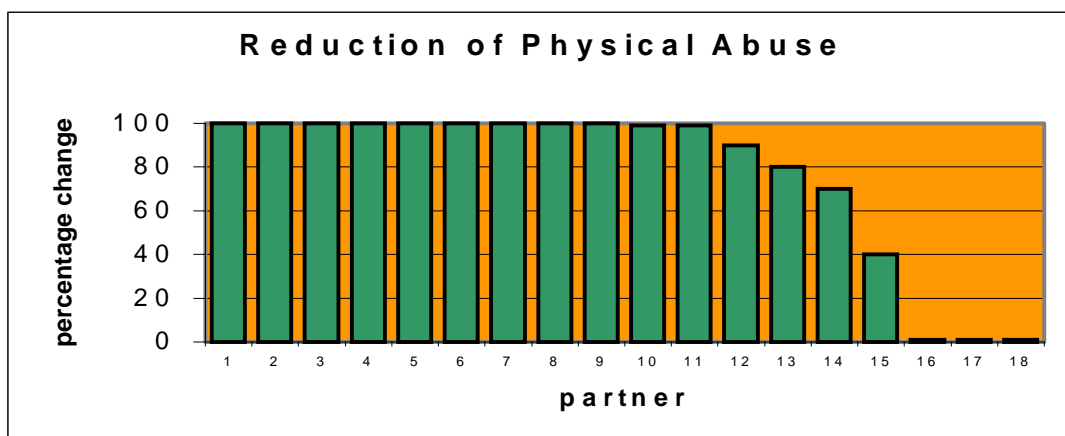
The principle activities of the organisation are:

- Intake, a one to one assessment interview exploring each man's motivation for change and outlining the conditions of attending MEND
- The Open MEND group, run in Lismore which men can enter at any time
- Closed MEND groups which run in several Northern Rivers towns
- Groups for men mandated through Probation and Parole.
- The Koori MEND group, an open group for Aboriginal men.
- WEND groups for the support of partners of men attending MEND and for other women who have experienced or who are experiencing domestic violence.

This is summary of the evaluation of MEND groups over 1998 and 1999. The evaluation is forty five pages in length using several indicators for estimating the effectiveness of MEND programs in stopping or reducing violent and abusive behaviour. The principle indicator in extent and reliability is feedback received from the men's partners.

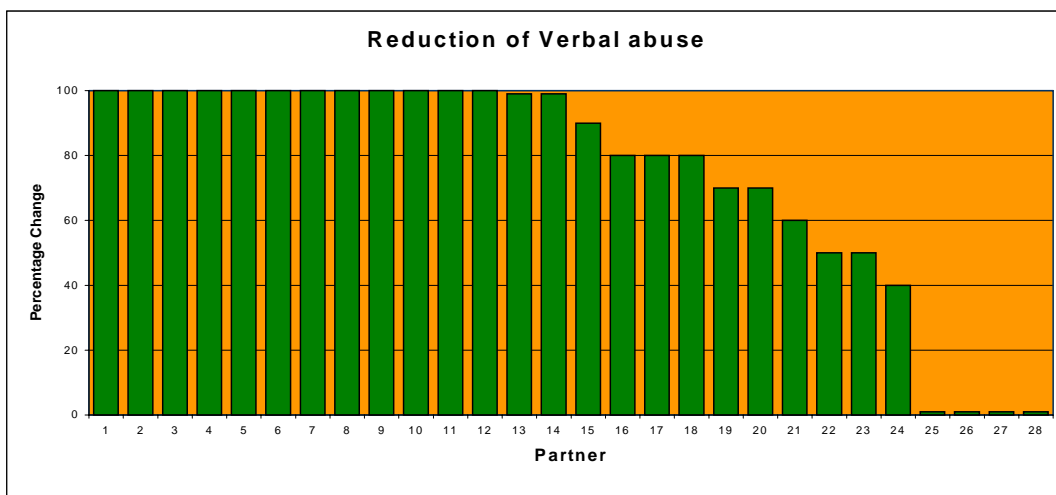
Of ninety partners, thirty seven were available to take part in a phone interview. They were asked about the types of violence or abuse they experienced and the degree to which this had changed. The following charts have green columns representing the percentage reduction of violent/abusive behaviour according to each partner. A full column indicates the end of abuse for that partner.

Eighteen partners said that they had experienced physical abuse. Eleven of these women state that the violence that they had been experiencing has stopped. Four women said the violence had reduced and three said that they still are experiencing the same degree of physical abuse as



before.

Twenty eight women stated that they had experienced verbal abuse, half of these women stated that it had ended, of the remaining, ten said that it had reduced. Four women said that the degree of verbal violence had not changed.



Of the twenty-five who had experienced emotional abuse, one third stated it had ended, just over one third said that it had reduced and just under one third said that it had not ended.

Other indicators, such as the quantitative *Abusive Behaviour Inventory* give a similar picture to the partner accounts of change. These results confirm AVP worker's conviction that the groups are a very powerful agent in supporting a man to take responsibility for his behaviour and for the changes needed so that his family can live in safety and peace.

There are spin-offs from the group work. Many men remonstrate with mates, male relatives and work colleagues about what violence is and how it affects partners and children. They encourage them to make positive changes and suggest ways they can do this. The Koori MEND group has spawned an Aboriginal Family Project and Fathers and Sons camps that begin to address the prevention work needed in Koori communities.

The project was sustained by voluntary work in its early years. Then, in July 1998, the Area Assistance Scheme of NSW Department of Urban Affairs and Planning granted funding. From July 2000 NSW Department of Community Services will continue this funding. This funding is to provide group programs in five local government areas however it is not sufficient to meet the demand from these areas nor to provide adequate ongoing training, supervision, coordination or evaluation. Now that the AVP has been established for five years in Lismore (pop 40,000) three men per week are calling asking for support in ending their abusive behaviour. All over the state there are men who would access MEND groups if they were available.

For further information contact the AVP coordinator, Stuart Anderson. A full report can be purchased for ten dollars.