



Policy Briefing Paper

Substance Use Coercion/Exploitation: The Intersection of Domestic and Family Violence and Alcohol and Other Drugs

November 2023

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In the context of domestic and family violence (DFV), substance use often forms part of the tactics of violence and abuse. Alcohol and (or) Other Drugs (AOD) when leveraged as a tactic of violence and abuse is referred to as **substance use coercion**, though some stakeholders prefer the term **substance use exploitation**. While acknowledging this nuance, this briefing paper will generally use the term ‘substance use coercion’ for ease of reading, and reflecting the dominant language over a 2 year period in the Policy Stakeholder Group.

This paper discusses the current Australian policy context and the pathways forward for the inclusion of **substance use coercion** in DFV and AOD policy, including the impact on children and young people, and the need for an aligned national and state policy to reduce silos between sectors.

1. The connection between AOD use and coercive control (**substance use coercion**) needs to be identified within both national and state policy. The terminology is particularly useful for the DFV sector, where an increased focus on coercive control is supporting attention to patterns and tactics of violence and abuse rather than incidents and a predominant focus on physical violence.
2. Lack of attention to substance use coercion contributes to siloed policies and practices. The adoption of this terminology can promote collaborative responses between the sectors.
3. In the development of the [National Drug Strategy \(2017-2026\)](#), the incorporation of DFV principles as part of the harm and demand reduction strategies will ensure attention is paid to this intersection of DFV and AOD.
4. The current [National Drug Strategy \(2017-2026\)](#) lacks attention to the experiences of victim-survivors and the behaviours of perpetrators at the intersection of AOD and DFV.
5. Attention to substance use coercion needs to be included in all relevant national policies. This includes, but is not limited to, the [National Plan to End Violence Against Women and Children](#), the [National Drug Strategy](#), the [National Alcohol Strategy](#), the [National Framework for Protecting Australia’s Children \(Safe & Supported\)](#), and the [National Strategy to Prevent and Respond to Child Sexual Abuse](#).
6. Substance use coercion has a detrimental impact upon children which requires recognition across national and state policy, along with additional funding and targeted support for:
 - direct services for children;
 - attention to the impact of substance use coercion on parenting (by either the person using violence or by protective parents); and
 - early intervention support from infancy.

The Significance of Substance Use Coercion/Exploitation

Substantial evidence developed over the past three decades indicates that:

- In the context of DFV, AOD use increases the frequency, severity, and intensity of violence and abuse^{6,7,12}.
- victim-survivors are more likely to be severely injured when the person using violence uses substances¹³; and
- domestic homicide is often correlated with AOD; of the men who murdered their current or former female partners in Australia between 2010 and 2018, more than 60% were substance affected during the fatal episode³.



Figure 1. How perpetrators' behaviours intersect with their own substance use⁵.



Figure 2. How perpetrators' behaviours intersect with survivors' substance use.

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What is Substance Use Coercion?

AOD and DFV intersect in many ways in family life. Substance use in and of itself is not a problem; it is a problem when it does harm to others. While co-occurrence is a widely used term for situations where families live with both violence and AOD use, **we advocate for the use of additional terminology that specifically recognises AOD as a tactic of coercive control.**

The term **substance use coercion** has recently emerged in research literature^{5,9,15,17}. Substance use coercion refers to **the coercive tactics used by the person using violence to leverage their own or their partner's AOD use**, which form part of a broader pattern of abuse and control¹⁷.

In the context of substance use coercion, the nature of the relationship between AOD and DFV is complex^{5,16}.

The person using violence can deploy their AOD use (Figure 1):

- to **excuse** or to give themselves **permission** for violence;
- to **control** family members in a range of ways; and
- to **displace** attention from their violence and abuse onto their AOD issues^{5,16,17}.

For victim-survivors (Figure 2):

- The person using violence can contribute to, or **cause**, a victim-survivor's substance abuse.
- **exacerbate** their existing substance use issues.
- **interfere with** their recovery efforts.
- **fabricate** lies to others about patterns of AOD use to undermine the survivor's credibility with others, prevent her from reaching out for help, or get her into trouble with systems.
- **weaponise** a victim-survivor's real or alleged drug use through allegations in the family or children's courts professionals^{5, 17}.

Substance Use Coercion Also Affects Children’s Development and Wellbeing

Recent Australian data shows that one in four women has experienced violence by an intimate partner since the age of 15; and among women who had children in their care when they experienced violence perpetrated by their current partner, 50% (60,300 women) reported that the children had witnessed the violence^{1,2}.

Children are negatively impacted by DFV, not only through the direct abusive actions of (usually) fathers, but also when the perpetrator’s actions undermine their relationships with other caring adults (usually mothers)¹¹. Mothers’ efforts to protect their children from the impacts of DFV are not always recognised by professionals.

While parental substance use is not always problematic, in situations where it does affect family functioning it can result in financial stressors on families, children experiencing instability in all aspects of their lives and resulting social isolation⁸. The high level of stigma associated with parental AOD use often results in punitive rather than supportive service responses that may not be effective in protecting children⁴.

In the case of substance use coercion, the increased frequency, intensity, and severity of violence compounds the impact on children of DFV, problematic parental AOD use, and compromised parenting relationships. This can contribute in the short-term to experiences of neglect, fear, isolation, instability, and stigma for children; and in the long-term to poor outcomes such as not finishing school, mental health issues or criminal involvement¹⁴ (Figure 3).

Substance Use Coercion Requires Distinctive System Responses

To promote better outcomes for families living with both DFV and AOD use, national policies need to provide for services that recognise the differential impacts of these issues on families and the need for distinctive and nuanced service responses, depending on each family’s individual experience.

AOD and DFV are issues which are experienced by families in different ways. Parental AOD use may occur independently of a person using violence or coercive control (**co-occurrence**). In these situations, addressing AOD use may reduce the severity of DFV without stopping DFV altogether⁵. Parental AOD use is not in itself always harmful to users or other family members.

In contrast, when **substance use coercion** is present, AOD use by one or other parent is used as a tactic of coercive control, and addressing the AOD use may result in different forms of DFV being perpetrated. Co-occurrence has been widely recognised by governments, DFV, and AOD sectors; however, substance use coercion has received little attention⁵.

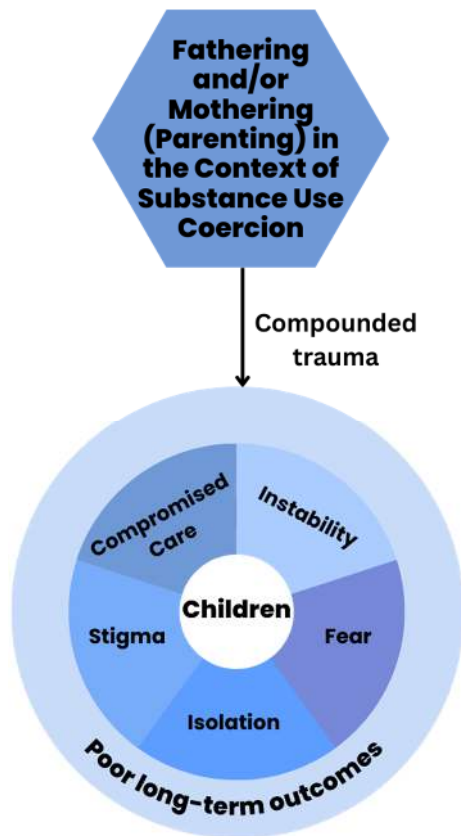


Figure 3. The impact of substance use coercion on children.

Substance Use Coercion is Missing from National Policy

National policies are in the early stages of recognising the need for integrating service responses for children and families harmed by both AOD use and DFV. Sectors need to work together to prevent, respond, and address substance use coercion and its impacts. The problem is not one of co-occurrence, but identification of drug and/or alcohol as an integral part of the tactics of violence and abuse by the person using violence.

The [National Drug Strategy \(2017-2026\)](#) includes:

- no acknowledgement of **substance use coercion**; ~~and~~
- an acknowledgement that AOD use may contribute to DFV - AOD use as a social harm to be reduced through harm reduction approaches.

The [National Alcohol Strategy \(2019-2028\)](#) includes:

- no acknowledgement of **substance use coercion**;
- an acknowledgement that alcohol contributes to the risk, severity, and prevalence of DFV; and that alcohol is commonly involved in intimate partner violence and DFV incidents.

The [National Plan to End Violence Against Women and Children \(2022-2032\)](#) includes:

- no acknowledgement of **substance use coercion**;
- a statement that AOD use creates risk and reinforcing factors for violence;
- a call for services that address multiple complex issues such as DFV, AOD, and mental health;
- a call for mainstream and specialist services (including AOD) to identify and respond to DFV;
- an acknowledgement of further integration with the [National Drug Strategy](#) and the [National Alcohol Strategy](#) as a focus area for action within the next decade.

The [National Principles to Address Coercive Control in Family and Domestic Violence](#) include:

- a definition of **substance use coercion**, based on examples of coercive tactics that leverage the victim-survivor's AOD use.

The Impact on Children of Substance Use Coercion is Missing from National Policy

Recognition of the impacts of DFV and AOD on children is also limited; and the voices of children about their own experiences of DFV, parental AOD, and substance use coercion are missing from national policy.

The [Safe and Supported: The National Framework for Protecting Australia's Children \(2021 – 2031\)](#) includes:

- a recognition of the compounding effects of parental substance abuse, DFV, intellectual disability, unemployment, social isolation, and stress on children;
- an acknowledgement of the need for early intervention and targeted supports for parents experiencing intersecting DFV, AOD, mental health, and homelessness issues;
- priorities for action which include the integration of government services, and strengthening the interface between children and family services and AOD and DFV services (and health, disability, education, justice, housing, and employment services).

The [National Plan to End Violence Against Women and Children \(2022-2032\)](#) includes:

- a call to reduce the prevalence of children who witness violence in the home; and
- a general recognition of children young people as victim-survivors in their own right.

The [National Principles to Address Coercive Control in Family and Domestic Violence](#) include:

- no mention of the impacts of **substance use coercion** on child safety and wellbeing.

The [National Drug Strategy \(2017-2026\)](#) includes:

- an acknowledgement that heavy alcohol use in parents can lead to child neglect;
- an acknowledgement that children need to be protected from others' drug use; and
- a recognition of the need to build parental and family capacity to support children's positive development.

The [National Alcohol Strategy \(2019-2028\)](#) includes:

- a brief recognition that children whose parents experience alcohol dependence are more likely to be involved with Child Protection, and that the impacts of parental substance use on children are complex.

About the KODY Project

The content of this Policy Briefing Paper is based on the 2022-23 discussions of the Policy Stakeholder Group (PSG) in the KODY Project. The KODY Project is a 2022-24 research project funded by an Australian Research Council Linkage grant.

The KODY project consists of multiple components. At its core is an evaluation of the innovative KODY program by Kids First (Caring Dads) and Odyssey House Victoria (Kids in Focus) to address the complexing issues facing children, women, and men who live with DFV and AOD.

At a broader national level, the KODY PSG aims to improve the policy environment and services for families through an integration of the currently siloed DFV and AOD sectors. The PSG consists of expert professionals, policy makers, practice leaders across Australia, representing sectors including DFV, AOD, child protection, and child and family welfare.

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Suggested citation: KODY Research Team. (2023). *Substance Use Coercion: The Intersection of Domestic and Family Violence and Alcohol and Other Drugs*. Policy Briefing Paper, November 2023. University of Melbourne.

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