The 'Unleashing' Of Domestic, Familial & Intimate Partner Violence – The Drug Factor.

A brief look at drug use and familial violence based on recent research reports into the growing harmful phenomena

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The 'Unleashing' of Domestic, Familial & Intimate Partner Violence – The Drug Factor.

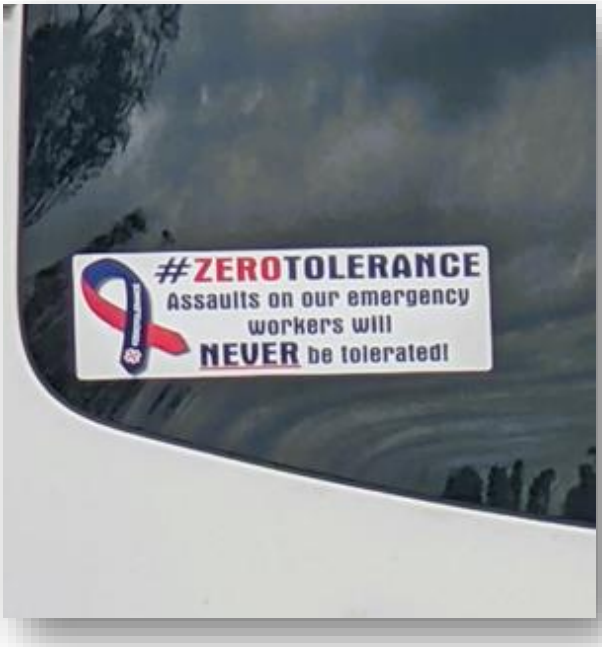
The recent released Report: ***Who uses domestic, family, and sexual violence, how, and why?***[#] was an important contribution to the research on the impact of drug use on violence. More so because this data is often collapsed into mental health impact statistics and goes unreported and/or unrecognised.

While alcohol and other drug use is not viewed as a fundamental cause, this report outlines the key social and cultural origins of violence, and their contribution to the type, frequency and intensity of abuse and neglect.

Yet substance use, particularly the use of alcohol, has been a constant factor fuelling the 'Aussie bloke' masculinity culture and the related culture of violence for over a century. While there have been positive shifts in recent years, the misuse of alcohol to affirm one's masculinity is still strong. Recently, the use of illicit stimulants such as 'ice' have become a regular part of social and sexual encounters, for its arousal properties. However, like alcohol, these drugs inhibit mood managing neurotransmitters [1] and can decimate social, ethical or moral restraint, depending on depth and strength of retained values and behavioural norms. All this, while not being the root cause of anger, frustration, or narcissism, will add to the negative 'unleashing' of violent tendencies.

A research paper released in 2016 by National Drug Law Enforcement Research Fund, ***Alcohol/Drug-Involved Family Violence in Australia*** was the most one of recent on the impact of drug use on family violence.

> *Alcohol is involved in about half of all police-reported FDV incidents in Australia (FARE 2015; Grech & Burgess 2011), and is likely to be involved in a substantially greater proportion of all FDV. Evidence from police report and hospital data indicates that the probability of any family violence is increased on days when perpetrators consume alcohol. Physical assault has been found to be over 10 times more likely to occur on a day when any alcohol was consumed, and 12 times more likely on a heavy drinking day (Stuart et al. 2013). The frequency of intoxication, binge drinking or problem drinking has been shown to be more strongly associated with the severity of violence and the likelihood of injury than drinking itself (Braaf 2012). A large study of FDV across 13 countries found that violence was consistently rated as more severe when one or both partners consumed alcohol compared with incidents unrelated*



to alcohol. Further, alcohol-related FDV provokes a greater level of anger and fear, and is more likely to be perceived a crime, reported to police, and lead to arrest, compared with incidents unrelated to alcohol (ABS 2013; Holder 2007). *(Page 2)***2**

Research investigating the role drug use plays in FDV is less extensive than the evidence pertaining to alcohol. However, the available evidence indicates that illicit drug use and/or abuse is a factor in FDV. The prevalence of illicit drug use has been found to be higher among those involved in FDV (e.g., Smith et al. 2012). Limited evidence suggests a relationship between drug use/abuse and FDV (Nicholas et al. 2012). For example, Stuart et al. (2008) reported that illicit drug use was a stronger predictor of family violence than alcohol abuse among a sample of American males and females arrested for family violence perpetration. In another study, males' use of stimulant drugs predicted perpetration of physical abuse, and females' use of sedatives was associated with psychological abuse perpetration (Mattson et al. 2012). *(Page 3)***3**

The *Who uses domestic, family, and sexual violence, how, and why?* article alludes to this drug induced hyper-masculinity in some US University fraternities. *"University campuses and particularly university residences may involve increased risks of sexual and domestic violence because of alcohol consumption, 'hook-up' culture, social or athletic groups fostering hypermasculine norms at fraternity and social events, and other factors."* **(# page 41)**

In 2021 the *Journal of Interpersonal Violence*, released a study on the role of Illicit drugs in family and domestic violence. The study and conclusion confirmed what anecdotal evidence had frequently attested. *"The current study highlights the substantial role of drug use in FDV in the Australian general population, both in the longer term and during violent incidents. The findings here suggest that this link may be most pronounced in younger adults."* **4**

The following excerpts from the report echo those concerns.

Among all victims of sexual violence since the age of 15, just under two million people (1,916,300) reported sexual violence by a male perpetrator, six times as many as those reporting sexual violence by a female perpetrator (308,900).28 Most female victims (96%) of sexual violence since the age of 15 reported the perpetrator as male, while male victims reported a more even split in the sex of the perpetrator (49% female only and 44% male only perpetrators).26 However, as there are about four times as many female victims of sexual violence since the age of 15 as male victims (1,724,900 females and 428,800 males), the vast majority of perpetrators of sexual violence are male.

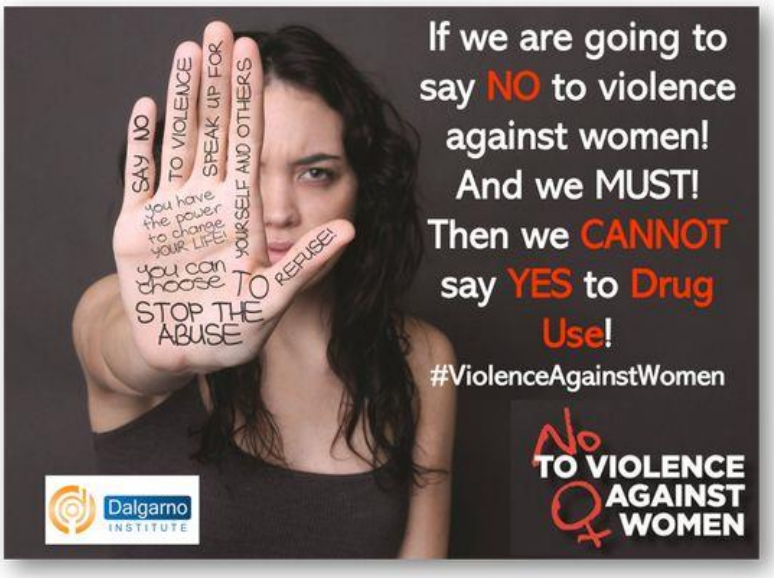
In 2020-21, police took action against 64,904 male perpetrators of family and domestic violence and 15,592 female perpetrators.

Close to nine in ten perpetrators of homicide in Australia are male. Men commit homicides at six to seven times the rate of women. 87% of homicide offenders from 2019 to 2020 were male 25 and 87% of homicide offenders from 1989 to 2020 were male. **(#page 15)**

As mentioned earlier, drug related crime reporting (violence related particularly) is often collapsed into Mental health data sets. However, toxicology reports on the victims of homicide reveal the extent of substance use involved in this most extreme expression of violence. "*Substances were detected in 62.6% of cases [homicide victims], and illicit drugs in 32.8%. Alcohol, cannabis, opioids, and psychostimulants were most commonly detected. Alcohol and cannabis were both more prevalent amongst males."* [5]

The report goes on to detail the extent of the problem:

> *Significant proportions of the population have perpetrated domestic, family, or sexual violence. Looking at intimate partner violence, given that about 1.6 million women (17%) and 548,000 men (6.1%) in Australia have experienced physical or sexual violence from a current or previous cohabiting partner since the age of 15,1*
>
> *The vast majority of domestic, family, and sexual violence is committed by individuals who are not – and probably never will be – identified or sanctioned by the authorities.*[6]
>
> Based on this research, it is only reasonable to speculate, that with alcohol and now drug use being more and more 'normalized' by pro-drug activists and addiction for profit industries, this suppression of the impact of drugs on violence will on get worse.
>
> *Systemic and cultural change is necessary to lessen the risks of violence perpetration and victimisation. Violence prevention efforts to date have often focused on individual-level strategies and community-level strategies are a vital next step in prevention. Changing individuals' attitudes and behaviours is unlikely to make widespread and lasting change to rates of violence when community and societal factors continue to reinforce violence. We must see systematic, multi-level, ecological approaches to the prevention of domestic, family, and sexual violence.*[7]



Continuing acceptance and normalisation of drug using behaviours by the culture, whether overt promotion of products or the libertarian pursuit of individual 'Rights', the acceptance of psychotropic toxins in social and familial settings only grows and will act counter to the need to shift cultural attitudes underpinning 'acceptable' violence toward women and children.

> *Many adult perpetrators of domestic and family violence were themselves victims of such violence as children. Childhood exposure to domestic, family, and sexual violence is a significant risk factor for later perpetration of violence. Therefore, it is vital to provide support and trauma recovery for children affected by domestic, family, and sexual violence to contribute to violence prevention.*[8]

The settings in which these children experienced abuse, neglect, or violence, whilst not always involving substance use, the overwhelming anecdotal and reported evidence [9], (while rarely reported) reveals the consistency of this problematic issue in the vast majority of these settings, with alcohol and other drug use, now a major component [10] of sexual encounters. [11]

> *In sexual violence, the use of verbal coercion and alcohol or drug-facilitated or incapacitated coercion is more common than the use of physical force. For example, North American studies of male university students find that about one in five have coerced someone into sex using verbal tactics (verbal pressuring, anger, threats to the relationship, etc.), while about one in 15 have used alcohol or drug incapacitation, physical force, or threats of physical force.* [(#)]

The *Who uses domestic, family, and sexual violence, how, and why?* report also provides a chart, which makes clear the risk factors that contribute to the various forms of violence and abuse. Of the 37 listed it was not surprising that ***a) Substance Use and b) Children witnessing or experiencing abuse***, where in the top three influencers of perpetration. It can confidently be concluded that the first factor heavily influences the shocking latter eventuality. [(# page 34, 35)]

In an article published in February 10th 2023, essentially refocusing our attention on what has been reported and most clinicians and educators intuitively know, that adverse childhood experiences, particularly abuse and neglect are key drivers for substance use early in life – particularly if the child is exposed to ready and condoned access to these drugs.

The article, **Research Finds Link Between Childhood Abuse and Drug Use: Understanding the trauma model of substance use**,[12] focuses on trauma associated with drug use in young victims of domestic and/or familial violence, abuse and neglect.

The following excerpts specify the type of substance and some of the reasons for both the self-medicating and dissociative effects that drug use may temporarily afford the traumatized child.

The full range of illicit substances can be consumed, even by an individual, including hallucinogens, stimulants and opiates.

> ***The consequences of emotional, physical, and sexual abuse***
>
> *An analysis of data showed trauma survivors who had experienced greater childhood maltreatment were more likely to dissociate and engage in drug use.*

Those "who were maltreated in childhood tended to use different types of substances," and "dissociation acted as a partial mediator between child maltreatment and substance use," according to the researchers.

Furthermore, the interaction between dissociation and childhood physical/emotional abuse "predicted use of substances with calming effects on the nervous system, such as sedatives and heroin."

The interaction between dissociation and sexual abuse predicted the "use of substances with predominantly perturbative (e.g., LSD) and excitatory (e.g., methamphetamine), but also potentially calming (e.g., some types of inhalants) effects."

"Continuing acceptance and normalisation of drug using behaviours by the culture, whether overt promotion of products or the libertarian pursuit of individual 'rights', the acceptance of psychotropic toxins in social and familial settings only grows and will act counter to the need to shift cultural attitudes underpinning 'acceptable' violence toward women and children."

This suggests that compared to those with a history of physical and emotional abuse, sexual abuse survivors cope by relying on alterations in consciousness and perceptions that go beyond just sedation.

Childhood abuse and self-medication

In summary, there are direct and indirect pathways from childhood trauma to substance abuse:

- *Direct pathway: Childhood trauma leads to self-medication with the goal of soothing painful emotions related to trauma.*
- *Indirect pathway: Childhood trauma leads to drug use via psychological dissociation, as a way to keep distressing emotions and sensations out of awareness.*[13]

The disturbing irony in all this data is that it appears more and more to be a tragic intergenerational cycle of abuse.

The ever-permissive cultural cues for substance use to 'manage emotions' leads to use of illicit substances by parents/guardians which, in turn, lends itself heavily to the potential for abuse and neglect of children.

More than that, the modelling to the child of substance use, legal or illegal to 'manage' duress, stress, angst, or just having a 'bad day' sets up an unhealthy coping pattern.

Both these, modelling of drug taking behaviour, and any level of abuse and neglect that may attend this conduct, are the recipe that creates and precipitates both the harm and the emerging childhood experience of trauma.

This ‘round-a-bout’ of harm was no more glaringly on display that with the South East Queensland Kincare crisis in recent years: Ice addiction forces 20 children into state care every week.[14]

> *Every week in Queensland, 20 children are taken into state government care as a result of methamphetamines. The devastating effect of the drug ice on Queensland families has been laid bare in disturbing statistics revealed during budget estimates. More families who come into contact with Child Safety are struggling with the scourge of ice. Methamphetamines were a major factor in 39 per cent of cases where Child Safety decided a child was in need of protection. That is up from 32 per cent two years ago.*

Also see **AOD Use & the Kincare Crisis**

Conclusion

This article is just touching on some of the evidence of what should outrage most caring civil minded individuals and should be to the forefront of discussions when contemplating any policy or legislation around further liberalizing the availability of substances and their use.

If violence is unacceptable and it is clearly the case as our society abhors such things, then policy development and implementation must not only reflect that, but ensure safety, health and well-being be guaranteed, at least in legislation.

The health, wellbeing and safety of children, women and the vulnerable (including current drug dependent and recovering persons) must be at the center of drug policy development, not the antagonistic whims of pro-drug using activists. Any model, vehicle or practice that gives ‘permission’ by enabling, equipping, empowering or endorsing drug use, should be quickly culled from the deliberations – public health and safety dictate that much.

Dalgarno Institute – Shane Varcoe

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6 The Role of Illicit Drug Use in Family and Domestic Violence in Australia

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12 Research Finds Link Between Childhood Abuse and Drug Use | Psychology Today United Kingdom

13 ibid

14 Ice addiction forces 20 children into state care every week: Qld budget estimates (brisbanetimes.com.au)