KODY

Policy Stakeholder Group

Advancing cross-sector collaboration between domestic and family violence, and substance use services

Leverage points for policy development across sectors: a systems approach

"Working at the speed of trust[1]"

Report of Workshop 1

29th November 2022

Suggested citation:
Nguyen, V. Kertesz, M. & Humphreys, C. (2023). *KODY Policy Stakeholder Group: Leverage Points for policy development across sectors: a systems approach.* Report of Workshop 1, November 2022. University of Melbourne.

[1] Covey, S. (2008). *The speed of trust: The one thing that changes everything* (2006). Free Press.

SECTION 1. Summary

This report presents the findings from the first KODY Policy Stakeholder Group workshop held at the University of Melbourne on the 29th of November 2022. The KODY Policy Stakeholder Group (PSG) brings together professionals from across Australia who are interested in improving the policy environment and services for families experiencing issues with substance use and family violence. Stakeholders came from a range of sectors including alcohol and other drugs (AOD), domestic and family violence (DFV), child protection, child and family welfare and government policymakers. This report contains a summary of key topic areas discussed in the PSG Workshop:

- A synthesis of current knowledge on the relationship between AOD and DFV.
- A snapshot of the systems targeted by the PSG.
- A summary of presentations adhering to the knowledge diamond heuristic.
- An action plan with key priorities identified to guide the PSG's future work.

1.1 Workshop aims and method

The KODY PSG workshop aimed to identify potential leverage points for promoting collaborative practice between AOD and DFV services and formulate an action plan for the PSG's future work.

The content for the workshop was developed based on initial consultations with 26 stakeholders and two online discussion groups. A Discussion Paper on issues concerning AOD and DFV collaboration was circulated before the workshop to guide group discussions. The workshop was conducted in two sessions: the morning session sought feedback from participants on issues raised in the discussion paper; the afternoon session featured presentations following the knowledge diamond heuristic (people with lived experience, practitioners, policy workers and researchers) with subsequent group reflections. Both sessions were recorded. Following the action research methodology, the key themes have been consolidated and analysed.

1.2 Foundations of the KODY PSG

The workshop began with a discussion on the concept of trust. In individual consultations, some stakeholders reported fears of expressing different opinions due to prior experiences of being dismissed or shut down by other sectors. A lack of trust poses a significant barrier to developing a collaborative partnership between AOD and DFV sectors. This led to the following question being posed to stakeholders:

- *Is there enough trust in the PSG to be respectful of different perspectives? If not, how can we increase trust in the PSG?*

Consensus was established on the following guidelines for the conduct of PSG stakeholders, which includes:

- Establishing trust amongst stakeholders is paramount. This includes showing respect for differences of opinions and worldviews across the topics of AOD, DFV, gender, cultural and sexual diversity.

- Diversity in opinions is actively encouraged within the PSG. Differences in opinions will be acknowledged and accepted as a valid part of the knowledge-building and translation process.
- Maintaining confidentiality. Opinions expressed by stakeholders will not be shared in a negative manner outside of meetings.

Section 2. Current knowledge of the intersection of AOD and DFV

The workshop focused on developing a shared understanding of the intersection between AOD and DFV issues. By identifying points of commonality, a shared vision can be developed for the PSG's future work. The following key scenarios illustrate ways in which DFV is shaped by the usage of drugs or alcohol and are commonly encountered by front-line service provisions.

- ***Perpetration of violence***

AOD use increases the frequency, severity, and intensity of DFV perpetration, most typically amongst male perpetrators. Victim-survivors are more likely to be physically injured by a partner using AOD than a partner who does not use substances (Miller *et al.*, 2016). Increased irritability and frustration associated with withdrawal can also intensify violence (Gilchrist *et al.*, 2019).

- ***A coping mechanism***

Victim-survivors (including men, women and children) may use substances to cope with DFV, which often reduces their ability to engage with recovery supports. Perpetrators may introduce victim-survivors to substances and encourage these behaviours as a way of increasing their control and personal power (Phillips, Warshaw, & Kaewken, 2020)

- ***Experience and severity of victimisation***

Victim-survivors' use of substances may increase the severity of victimisation (Braaf, 2012). Victim-survivors using substances experience additional barriers to seeking help as their creditability is brought into question by service providers. Victorian Police are less likely to take reports of DFV seriously if a victim-survivor is intoxicated (Sutherland, McDonald, & Millsteed, 2016).

- ***Children's experiences of parenting***

Exposure to parental use of AOD in the context of DFV increases children's levels of fear and trauma. Family stability is impaired when issues of AOD and DFV are present - increasing the likelihood of child protection involvement (Victor, Grogan-Kaylor, Ryan, Perron, & Gilbert, 2018) and children being placed into out-of-home care (Canfield, Radcliffe, Marlow, Boreham, & Gilchrist, 2017).

2.1 Causality, co-occurrence, or substance use coercion?

Despite the robust evidence on how AOD and DFV overlap, the topic remains contentious, with implications for cross-sector collaboration. Differing views about *why* the AOD and DFV relationship exists have led to bifurcated responses across the health and social welfare service systems. The Discussion Paper circulated prior to the PSG outlines three ways to frame the complex relationship between AOD and DFV *(Figure 1).*

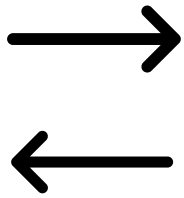
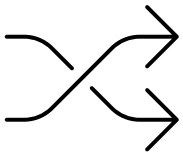
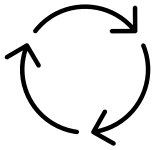
Bidirectional causality	Co-occurrence	Substance use coercion
		
Stopping AOD use will also stop DFV. Stopping DFV will also stop AOD use. There is a direct link between AOD use and violence. AOD use contributes to DFV similar to other contributing causes such as gender inequity, poverty or poor emotional regulation (Leonard & Quigley, 2017).	Stopping AOD use will not affect DFV (and vice versa). AOD use and DFV are independent problems that occur at the same time and place. Addressing AOD use may reduce the severity or intensity of DFV but does not cease the violence altogether. There may be other contributing factors that create a greater impact on co-occurrence (e.g.: trauma)	Stopping AOD use results in different forms of DFV being perpetrated. AOD use is leveraged as a form of violence and manipulation. Tactics include a perpetrator sabotaging victim-survivors recovery or perpetrators exploiting their own AOD use as a premeditated excuse for violence. These tactics represent a continuation of family violence.

Figure 1. Ways to frame the AOD & DFV relationship.

The following questions were discussed in relation to the different frameworks:

- *Can we hold different perspectives around causality, cooccurrence, and substance use coercion and still work together for a common purpose?*
- *How do we work together on a common purpose given the different perspectives?*

Bidirectional causality

The bidirectional causality framing has polarised the sectors. Advocates in the DFV sectors were hesitant to adopt this framework due to implications that substance use can excuse or displace responsibility for the violence. There was a strong preference among PSG members to adopt co-

occurrence and substance use coercion frameworks, demonstrating accommodations being made between stakeholders.

Co-occurrence

Stakeholders discussed the dominance of the co-occurrence framing within current service provision and policy development. Governments have shown a preference for the co-occurrence framing, which perpetuates silos between sectors by implying that AOD and DFV issues are independent problems. Consequently, there is a lack of new approaches and interventions being trialled for families experiencing AOD and DFV issues.

Substance use coercion

The term substance use coercion has only recently emerged in the research literature (Phillips *et al.,* 2020; Warshaw, Lyon, Bland, Phillips, & Hooper, 2014) and has not been widely adopted in real-world contexts. Substance use coercion does not occur independently but sits within a wider pattern of coercive controlling behaviours (*Figure 2).* Substance use coercion is one element of perpetrators' behaviours and should always be considered in relation to other forms of violence and coercive controlling tactics.

Figure 2. Substance use as part of coercive control

PSG stakeholders found the 'substance use coercion' framing to be an emerging area of knowledge development that can potentially leverage policy change, support front-line service provision and support clients' understanding of their lived experiences. The introduction of 'substance use coercion' terminology was deemed a starting point for raising awareness of the AOD and DFV relationship, akin to the term 'dual diagnosis' in raising awareness of the intersection between mental health and substance use.

The complex nature of substance use coercion is illustrated in *Figure 3*. Victim survivors' AOD use can be a coping mechanism in response to DFV, which in this way *contributes* to AOD use. AOD use can also *interfere* with their capacity to access treatment and *exacerbate* their reliance on a perpetrator. The diagram illustrating the impact of substance use coercion on victim-survivors draws from a conceptualisation by the Safe & Together Institute.[2] In contrast, perpetrators' AOD use can be used to *excuse* acts of violence, *control* their family through threats to use substances, and *displace* responsibility for recovery and abusive behaviours onto their family members.

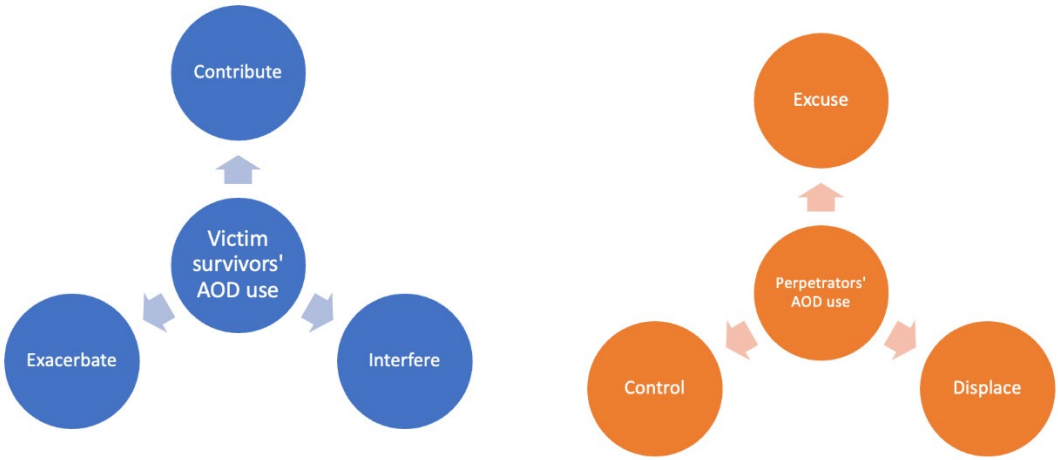


Figure 3. Themes in substance use coercion

Perpetrator and victim-survivor binaries

PSG participants discussed the application of substance use coercion for clients in same-sex relationships or different forms of family violence including elder abuse or adolescent violence. DFV stakeholders suggested that concepts from the Duluth Model's 'power and control' wheel could support the knowledge development of substance use coercion. It was suggested that substance use coercion be positioned as a sub-set of pattern-based behaviours (Mandel, 2014) that would identify where power and control were being leveraged within a family.

Terminology of 'perpetrator'

The terminology of 'perpetrator' was seen as stigmatising and remains a challenge within the AOD sector. There was a discussion that the term "people who use violence" could be utilised and would be relevant to a range of client cohorts including men, adolescents or women who use force. However, concerns were raised that this terminology loses a gendered lens and minimises the criminal seriousness of DFV.

[2] *Safe and Together Institute, (2022) Accessed via: https://safeandtogetherinstitute.com/*

2.2 Conversations for the future

The following points are recommended for further exploration in PSG meetings.

- Expanding understanding of substance use coercion and its relationship to other framings (bidirectional causality and co-occurrence).

- The inclusion of children's experiences and voices in substance use coercion framing. The current understanding of substance use coercion does not reflect children's experiences of parental AOD and DFV use.

SECTION 3. The system of focus

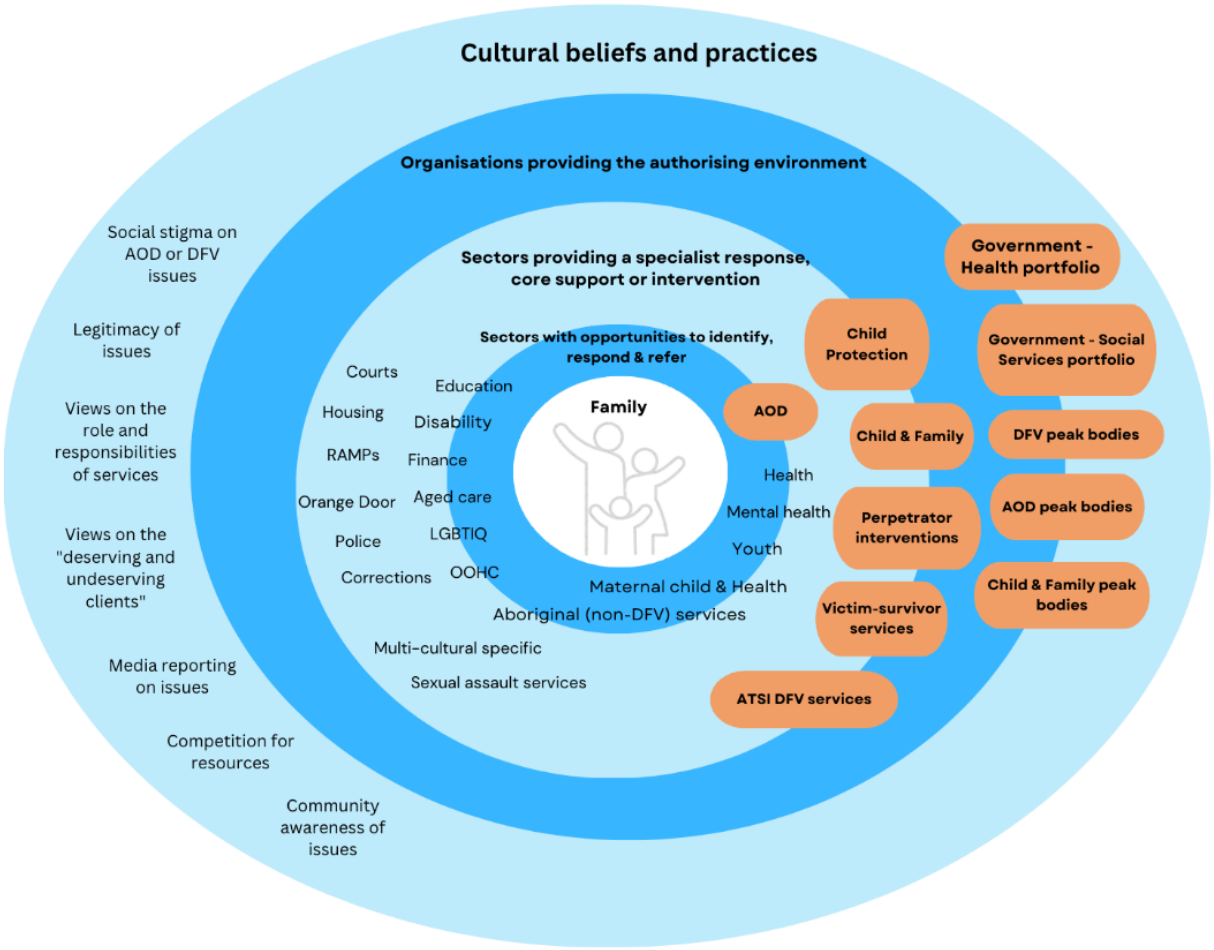


Figure 4. The System of Focus (adapted from Web of Accountability, Victorian Government 2020)

A systems map was created to improve understanding of sectors involved with families experiencing AOD and DFV issues *(Figure 4).* Key sectors are specifically targeted by the PSG, which are highlighted in orange and referred to as *'the system of focus."* This map is adapted from the Victorian

Government's "Web of Accountability[3] which contends that families experiencing DFV are appropriately supported when all sectors are working together.

Reflections on the systems map

- Stakeholders discussed that all sectors in the systems map have the capabilities and responsibility to intervene when DFV is identified. As a result, the systems map identifies every sector as having both "potential to identify, respond and refer" along with providing a "specialist response, core support or intervention" to DFV.
- Stakeholders acknowledged that changes to referral pathways between sectors or assessment tools alone were not sufficient to ensure families were receiving well-coordinated care. Current service models fail to provide appropriate support for families and is an area for future development.

3.1 Sectors for inclusion

Overall, there was agreement that the following key sectors would be 'the system of focus' and the target of the PSG's work. Through concerted efforts to improve collaborative capacity between AOD and DFV sectors, it was envisaged that future lessons can be identified that are transferable to other sectors (e.g.: mental health, corrections).

- AOD and DFV sectors. These two sectors consist of services that directly provide treatment for families. Each sector has a vital role in ensuring that families receive appropriate and timely support. Without the support of clinicians and managers across these two key sectors, the PSG will fail to have the legitimacy to expand this area of work.
- Child Protection and Child & Family sectors. As the AOD and DFV sectors are predominantly adult-focused, there is a risk that children's and young people's needs are ignored. The PSG also includes stakeholders from Child Protection and Child and Family Services to ensure the safety and recovery of children are prioritised.
- Organisations contributing to the creation of an authorising environment:

State and Federal Governments (specifically the health and social services portfolio) have a role in creating an authorising environment for the PSG to fulfil its shared vision as their responsibilities include development of national and state strategies, allocation of resources and funding.

Peak bodies (AOD, DFV, Aboriginal and Torres Strait Islanders communities, Child and Family welfare specific). The social reform and industry development responsibilities of peak bodies can align with the PSG's overall purpose and vision for a better service system for families.

The inclusion of Aboriginal and Torres Strait Islander sectors in the PSG was deemed a key priority . Stakeholders wanted to develop a partnership with Aboriginal and Torres Strait Islander sectors for the following reasons:

[3] *Victorian Government (2020) Web of Accountability, Accessed via: https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/perpetrators-and-people*

- The whole-of-family approach is strongly endorsed by ACCHOs and can align with PSG's shared vision of better outcomes for families experiencing intersecting issues.
- Aboriginal Community Controlled Organisations (ACCOs and ACCHOs) are championing healing-informed work with Aboriginal men who use violence. The PSG expressed strong interest to learn more about this area of development.
- Exploration of the alignment of the Safe & Together™ Model with holistic Aboriginal practice is currently underway, led by Aboriginal and Torres Strait Islander communities, and funded by the NSW Ministry of Health.
- Interest in understanding how professionals from the Aboriginal and Torres Strait Islander sectors view the AOD-DFV relationship and its effect on collaborative practice.

SECTION 4. The Knowledge Diamond Heuristic

The afternoon section of the workshop consisted of four presentations following the knowledge diamond heuristic *(Figure 5).*

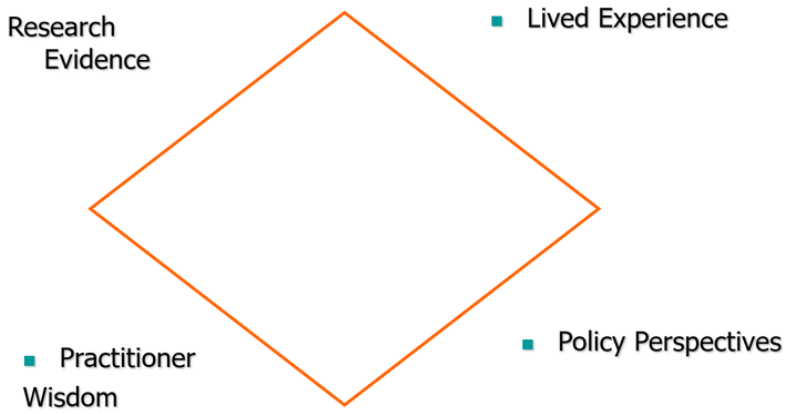


Figure 5. Knowledge diamond Heuristic

Research Evidence

Dr Margaret Kertesz (Senior Research Fellow) from the University of Melbourne's Department of Social Work presented the research evidence leading to the development of the KODY project.

The intersection between AOD & DFV

- Men's AOD use is associated with DFV and increases the frequency and severity of violence. In longitudinal studies, AOD use has emerged as a consistent predictor of men's continued use of violence or their desistance from violence.

The impact on children

- DFV is the most common form of child maltreatment.
- One in four Australian children experience DFV during their childhood.
- Australian Personal Safety survey data suggests that children are 50% of the victim-survivors of DFV.

- One in five Australian children have been adversely affected by parents' and other people's consumption of alcohol.
- Men's use of substances use is associated with negative, hostile and aggressive parenting. Exposure to parents' AOD and DFV issues are a significant driver of child protection involvement and children being placed in out of home care.
- Limited attention has been given to children in standard men's behaviour change programs.

Programs for men who use violence

- The evidence base on programs for men committing DFV is in the early stages of development. It remains unclear what elements of groupwork programs are effective, for what cohort of men and under what circumstances. Further research is required on how programs contribute to increased safety for women and children.
- Men are motivated by their desire to be a good father, which can be a source of behaviour change. Evaluations of programs for fathers who use violence, such as Caring Dads, show positive findings.

Policy

- Silos in service delivery and inadequate policy responses to the AOD-DFV intersection negatively impacts children's safety and wellbeing. Few programs have addressed the AOD – DFV intersection in the peer reviewed literature and even fewer have survived beyond pilot stage (Nguyen, Kertesz, Davidson, Humphreys, & Laslett, 2023).

Practitioner Wisdom

Anne Tidyman (Odyssey House, Kids in Focus manager) and Monique Yeoman (Child and Family Services Manager, Kids First) presented the challenges and successes of implementing the KODY program. A summary of the presentation is as follows:

Challenges in the development of the KODY Caring Dads program:

- Increased clinical complexity and risk. KODY Caring Dads participants are more complex compared to participants in the standard Caring Dads program. Significant investment (time, resources, building up staff skills) have been provided to support this small cohort of high-risk, complex men and their families.
- Streamlining assessment processes. The initial assessment process (three assessments over several months) resulted in potential participants ceasing engagement. As a result, assessments were reduced.
- Sustainability of the program remains an issue. Odyssey House Victoria has funded in-house AOD clinicians to upskill and facilitate the program with Caring Dads facilitators.

Successes experienced in the KODY program:

- Increased engagement from children and partner as the program evolves. This has enabled front-line clinicians to better assess risk and expand opportunities to promote men's restorative work with their families.
- Increased opportunity for information gathering and sharing. Initial assessments conducted by KODY facilitators have been fed back to referrers (e.g.: child protection, AOD clinicians).

- Increased opportunities to capacity-build clinicians' skills and knowledge across sectors.

Lived experience

Fiona (a survivor of violence against women and member of the University of Melbourne WEAVERs panel) presented her experience as a victim-survivor of DFV. Fiona discussed how her ex-husband's alcohol use negatively impacted the family's sense of safety and well-being. She spoke about three key issues that influenced her capacity to recover from DFV including:

A fragmented and complex service system

- Fiona's lived experiences reveal a service system that is difficult to navigate and unaccommodating to the needs of victim-survivors.
- Service providers did not provide trauma-informed, risk-centred practices. In rural areas, it was a challenge to access services while maintaining anonymity.
- Listening and developing a relationship with victim-survivors based on mutual trust and respect is key to supporting their recovery.

Cultural attitudes concerning alcohol consumption

- Sporting and social events provided a socially acceptable reason to binge drink alcohol. Fiona spoke about her ex-husband's patterns of alcohol consumption and how this escalated her own risk, and her children's risk in the family home.

Impact on children

- The ex-husband's choice to use violence negatively impacted the children's well-being and development.
- Earlier intervention and support for children exposed to AOD and DFV is required to break the intergenerational cycle of trauma.

Policy perspectives

Damian Green (Chief Executive Officer of Stopping Family Violence, Western Australia) provided a policy and strategic overview of cross-sector collaboration across Australia. *Figures 6-7* encapsulate Damian's reflections on challenges in funding collaborative practice between AOD and DFV services.

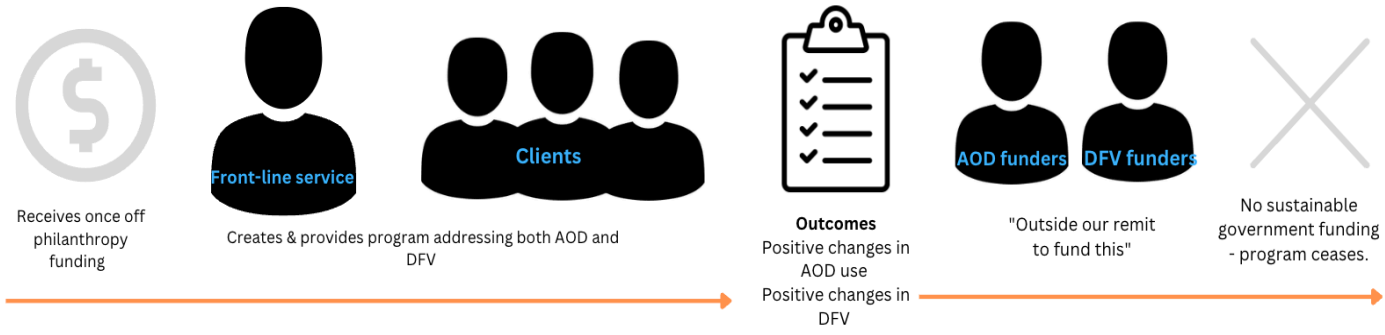


Figure 6. Funding for pilot programs

Sustainability of pilot programs remains a major challenge, which in turn hinders the expansion of appropriate support for families with AOD and DFV issues. Damian shared his experience on the development of a program intervening with men perpetrating DFV in the context of AOD use (Figure 6). An evaluation found positive outcomes, however, funding for the program was not sustained due to siloed funding structures within government departments.

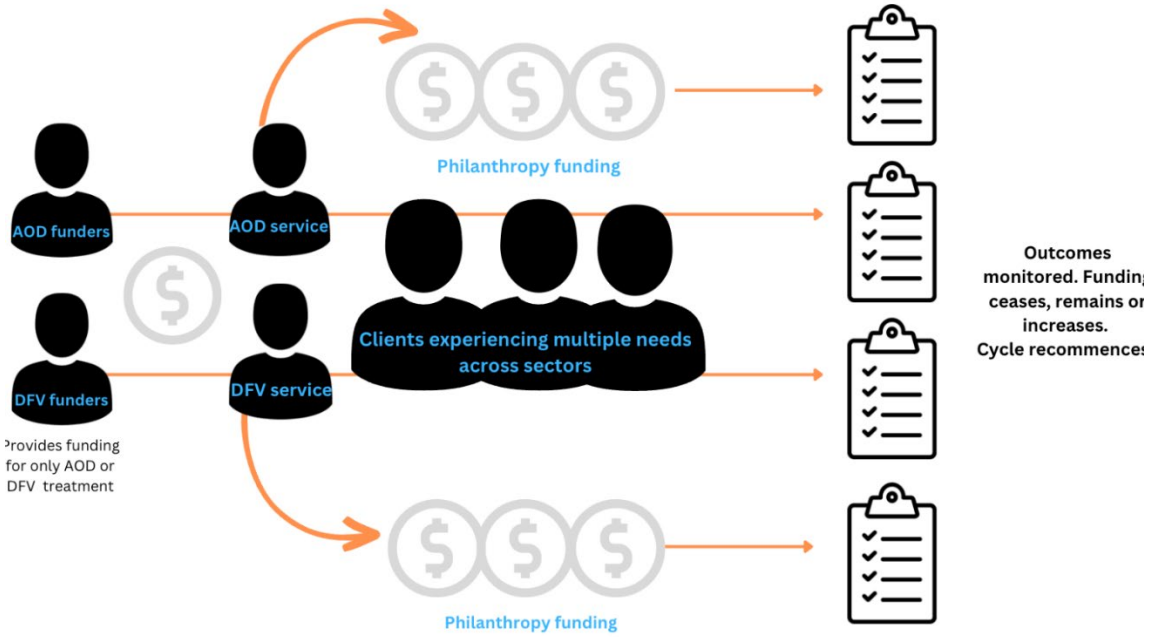


Figure 7. Current funding model for front-line services

Current funding models restrain service providers' capacity to provide families with appropriate support (Figure 7). Funding bodies pay service providers for particular forms of treatment. To appropriately provide holistic support for families, front-line services must locate multiple avenues of funding to expand their treatment capacity. The onus falls on front-line services to locate different avenues of funding creating high administrative burden. Damien spoke about developing opportunities to upskill and expand knowledge of the AOD and DFV intersection among government departments.

4.1 Group Reflections on the Knowledge Diamond presentations

Stakeholders discussed several key areas of interest that could improve collaboration between AOD and DFV sectors. These include:

Cross-sector capacity training

- Identification of training and capacity-building needs across sectors to avoid collusion with DFV perpetrators.
- Developing consistent capacity building and training initiatives that can be sustained over time.
- NSW Health is currently identifying shared capacity-building opportunities across sectors, particularly in violence, abuse and neglect services. In this project, strengthening relationships between different sectors to support an integrated service delivery model is a key priority.

Funding models for services

- NSW Health is developing funding models that support cross-sector collaboration. The priority is on improving partnerships between government and non-government sectors.

Workforce Issues

- High staff turnover and critical workforce shortages across Australia. Workforce recruitment and retention across sectors, both in front-line practice and executive levels, poses a barrier to the sustainability of collaborative practice and the PSG's future work.

Balancing complex trauma histories with client-centred care

- Avoiding collusive practices while maintaining a client-centred and therapeutic approach with men who use violence. The KODY Caring Dads program requires fathers who use violence to discuss their own childhood experiences. However, there are ongoing concerns about misconstruing men who use violence as victims rather than perpetrators when discussing adverse childhood experiences.
- Further exploration of Trauma and Violence Informed Approaches could be facilitated through conversations with experts such as David Mandel (Executive Director of the Safe & Together Institute) and Sally Marsden (University of Melbourne PhD candidate).

SECTION 5. Action Plan

Worldviews and Assumptions

As previously discussed, there are different ways of understanding the complex relationship between AOD use and DFV. Despite these differences, there are shared worldviews and assumptions that motivate stakeholders across sectors to work together in the hope of fulfilling a shared purpose. Overall, the shared worldviews and assumptions across sectors are:

- AOD use plays a role in DFV perpetration or victimisation. Families experiencing these complex issues cannot be appropriately managed by organisations acting within a single sector. Cross-sector collaboration can contribute to better outcomes for families experiencing AOD and DFV issues.

- Differences in understanding the relationship between AOD and DFV contribute to siloed policies and practices. These differences in understanding may never be resolved, however, it is possible to find accommodations between stakeholders and improve current practices.
- Forming strong collaborative relationships across sectors provides a competitive advantage for future funding and increases the likelihood of successful outcomes when advocating to State or Federal governments.
- Understanding and expanding the evidence base is important to develop best practice frameworks and provides direction for future improvement.

5.1 Selecting key priorities

The key priorities are deemed points of high leverage within the system of focus and within the scope of the PSG's remit. Addressing these priorities can have knock-on implications across time and place as it opens opportunities for learning, dialogue and relationship building between stakeholders who have historically operated in silos. Using the feedback from this workshop, the authors recommend the following key priorities for future work.

- Increasing awareness and understanding of substance use coercion through the development of educational materials or resources. An example includes the development of a training video on substance use coercion by Odyssey House Victoria.
- Developing a plan for the intersectoral program of research and capacity building after KODY.
- Continuing to update PSG stakeholders of programs in relation to substance use coercion particularly for children and young people.
- Developing a workshop led by organisations working with Aboriginal and Torres Strait Islander communities on AOD and DFV collaboration.
- Further exploration of DFV risk management in the context of substance use issues and the development of practice in this area. This includes DFV practice in relation to families who stay together.
- Identifying opportunities to advocate for reforms, changes in funding or policy approaches as a collective group.

Conclusion

The KODY PSG's first workshop on *"leverage points for policy development across sectors: a systems approach",* explored what was needed to expand the health and social welfare sectors' capacity to collaborate on the issues of DFV in the context of substance use. The workshop's aims, methods and key findings have been recorded in this report. The learning and development ideas raised at the workshop demonstrate that genuine efforts are well underway to enhance sectors' collaborative capacity. Findings from the workshop reveal that systemic improvements to support the work of sectors and families experiencing AOD and DFV issues is a continuous process of collective learning, action, and reflection. Stakeholders' participation in the first KODY PSG workshop provides direction for the project's future work.

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March 2023

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