

Researchers: To tackle gendered violence, Australia also needs to look at drugs, trauma and mental health

May 5 2024, by Siobhan O'Dean, Lucinda Grummitt and Steph Kershaw



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After several highly publicized alleged murders of women in Australia, the Albanese government this week pledged [more than A\\$925 million](#) over five years to address men's violence towards women. This includes up to \$5,000 to support those escaping violent relationships.

However, to reduce and prevent gender-based and [intimate partner violence](#) we also need to address the root causes and contributors. These include alcohol and other drugs, trauma and [mental health issues](#).

Why is this crucial?

The World Health Organization estimates [30% of women](#) globally have experienced intimate partner violence, gender-based violence or both. In Australia, [27% of women](#) have experienced intimate partner violence by a co-habiting partner; [almost 40%](#) of Australian children are exposed to [domestic violence](#).

By gender-based violence we mean violence or intentionally harmful behavior directed at someone due to their gender. But intimate partner violence specifically refers to violence and abuse occurring between current (or former) romantic partners. Domestic violence can extend beyond intimate partners, to include other family members.

These statistics highlight the urgent need to address not just the aftermath of such violence, but also its roots, including the experiences and behaviors of perpetrators.

What's the link with mental health, trauma and drugs?

The relationships between mental illness, drug use, traumatic experiences and violence are complex.

When we look specifically at the link between mental illness and violence, most people with mental illness will not become violent. But there is evidence people with serious mental illness can be more likely to become violent.

The use of alcohol and other drugs also increases the risk of domestic violence, including intimate partner violence.

About [one in three](#) intimate partner violence incidents involve alcohol. These are more likely to result in physical injury and hospitalization. The risk of perpetrating violence is even higher for people with mental ill health who are also [using alcohol or other drugs](#).

It's also important to consider traumatic experiences. Most people who experience trauma do not commit violent acts, but there are [high rates](#) of trauma among people who become violent.

For example, experiences of childhood trauma (such as witnessing [physical abuse](#)) [can increase the risk](#) of perpetrating domestic violence as an adult.

Early traumatic experiences can affect the brain and body's [stress response](#), leading to heightened fear and perception of threat, and difficulty regulating emotions. This can result in aggressive responses when faced with conflict or stress.

This response to stress increases the risk of [alcohol and drug problems](#), developing [PTSD](#) (post-[traumatic stress disorder](#)), and [increases the risk](#) of perpetrating intimate partner violence.

How can we address these overlapping issues?

We can reduce intimate partner violence by addressing these overlapping issues and tackling the root causes and contributors.

The [early intervention](#) and treatment of [mental illness](#), [trauma](#) (including PTSD), and [alcohol and other drug use](#), could help reduce violence. So extra investment for these are needed. We also need more investment to

[prevent mental health issues](#), and preventing alcohol and drug use disorders from developing in the first place.

[Preventing trauma](#) from occurring and supporting those exposed is crucial to end what can often become a vicious cycle of intergenerational trauma and violence. [Safe and supportive](#) environments and relationships can protect children against mental health problems or further violence as they grow up and engage in their own intimate relationships.

We also need to acknowledge the widespread [impact of trauma](#) and its effects on mental health, drug use and violence. This needs to be integrated into policies and practices to reduce re-traumatizing individuals.

How about programs for perpetrators?

Most existing standard intervention programs for perpetrators [do not consider](#) the links between trauma, mental health and perpetrating intimate partner violence. Such programs tend to have [little](#) or [mixed effects](#) on the behavior of perpetrators.

But we could improve these programs with a [coordinated approach](#) including treating mental illness, [drug use](#) and trauma at the same time.

Such "[multicomponent](#)" programs show promise in meaningfully reducing violent behavior. However, we need more rigorous and large-scale evaluations of how well they work.

What needs to happen next?

Supporting victim-survivors and improving interventions for perpetrators are both needed. However, intervening once violence has occurred is

arguably too late.

We need to direct our efforts towards broader, holistic approaches to prevent and reduce intimate partner violence, including addressing the underlying contributors to violence we've outlined.

We also need to look more widely at preventing intimate partner violence and gendered violence.

We need developmentally appropriate education and skills-based programs for adolescents to prevent the emergence of unhealthy relationship patterns before they become established.

We also need to address the [social determinants of health](#) that contribute to violence. This includes improving access to [affordable housing](#), employment opportunities and accessible health-care support and treatment options.

All these will be critical if we are to break the cycle of intimate partner violence and improve outcomes for victim-survivors.

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