



**Jewish House**

Demographic and Clinical  
Profile of Homeless Victims of  
Domestic Violence  
Participating in the Jewish  
House DV Program

*Prepared by*

**Michael Herman, BA, MHP, MA (psych), Dip. Crim., MAPS, FCFP**  
Senior Psychologist, Jewish House

## Background:

Domestic Violence (DV) also referred to as Intimate Partner Violence (IPV) is a significant public health and welfare issue because of its association with mortality and morbidity among women.

Globally the World Health Organisation estimates that 30% of women who have been in a relationship have been a Victim of Domestic Violence (VDV) since the age of 15 (ABS, 2013).

In Australia about 17% of women and 6.1% of men have experienced domestic violence from a current or previous cohabiting partner since the age of 15 (ABS, 2017).

According to the Australian Bureau of Statistics 2016 in a Personal Safety Survey, 2.2 million Australians have experienced physical and/or sexual violence from a partner.

This report focuses on victims of domestic violence who are homeless. It aims at ascertaining their demographic and clinical profile. Such information is necessary for planning, designing and implementing interventions and for addressing the consequences of violence.

## Method:

Demographic and clinical information on clients was obtained from intake forms which clients complete upon entry into the program. The intake form asked if they were a victim of domestic violence, type of illicit substances used, abuse of alcohol, if they were experiencing mental health issues or had been victims of physical/sexual assaults. The SPSS statistical program (version 26) was used for the data analysis.

## **Prevalence of Domestic Violence**

- The overall number of victims of domestic violence amongst our study population is 774 of whom 170 are males and 604 are females.
- These figures indicate that females experience domestic violence three+ times the rate of males.
- The prevalence of domestic violence amongst Aboriginal/Torres Strait Islander is 16.1%
- Among Indigenous women in the general population, the rate is 14%

### Prevalence of domestic violence by place of birth

-Australian born = 70.9%

-Overseas born = 29.91 %

### Prevalence of domestic violence by age group

<u>Age group</u>	<u>Victim of Domestic Violence</u>
	%
0 – 14	1.43
15- 24	12.35
25 – 34	20.63
35-44	25.62
45 – 54	33.16
55 – 64	21.20
65 – 74	4.81
75+	0.39

- The above table indicates that domestic violence is being experienced in most age groups but is most prevalent between the ages of 15 and 64.
- 16.84% of victims of Domestic Violence resided with children in their care.  
(Children being secondary victims of domestic violence who either witnessed the abuse or have been exposed to it).

## EFFECTS ON MENTAL HEALTH

	<u>Males</u> %	<u>Females</u> %
• Severe to very severe level of anxiety	48.3	43.5
• Severe to very severe levels of depression	41.4	38.7
• Severe to very severe level of stress	29.2	23.2
• Suicidal ideation	20.7	23.02
• Illicit substances use/abuse	72.8	57.7

The above table shows that both men and women who experience domestic violence or abuse are at a significantly higher risk of experiencing a range of mental health related issues including depression, anxiety, stress and thoughts of suicide.

Mental health workers need to routinely ask about present or past incidents of domestic violence if they are diagnosed as depressed or anxious or if they show any other signs of mental distress such as suicide ideation (Rhian Parker, 2019).

- (As evaluated by the Depression, Anxiety and Stress Scale (DASS-21))

## VICTIMS OF CRIME

	<u>Males</u> %	<u>Females</u> %
Sexual Assault	30.90	49.04
Violent assault	64.05	63.70
Threatened with force	57.20	57.10
Stalking	32.50	47.60

### Prevalence of specific substance use/abuse among victims of domestic violence – (by gender)

	Male %		Female %
Methamphetamine		59.50	41.40
Cocaine	41.90		23.30
Stimulants (Pills)	28.40		17.00
Heroin	33.80		19.40
LSD or other Hallucinogens	35.10		18.00
Marihuana	78.40		46.20
Pain Killers (not prescribed)	25.70		19.30
Methadone	21.60		13.10
Tranquilizers/sleeping pills	28.40		24.40
Ecstasy	44.60		24.80
Alcohol	59.90		45.50

It has been suggested that women use substances to self-medicate the physical and emotional pain of being a victim of domestic violence (Kilpatrick et al., 1997 & Gilbert et al., 2000).

In addition, women in abusive relationships have often reported being coerced into using alcohol and or drugs by their partners (American Society of Addiction Medicine, October, 2013). Drugs negatively affect cognitive capability and may result in drug using women exercising poor judgement and placing themselves at risk of violent victimisation (American Society of Addiction Medicine, October 2013).

Statistical analysis showed that of all the self-reported substances used, marijuana and methamphetamine use were associated with increased odds of becoming a victim of domestic violence. This finding highlights the substantial role of drug use in domestic violence, thus suggesting that the association between drug use and domestic violence should be specifically targeted. Other researchers have also found a link between marijuana and domestic violence (eg Patrick 2018) and between methamphetamine and domestic violence (eg Morgan 2018)

### **INTERVENTIONS**

The focus of the Jewish House DV Program is to protect women and children from violence by offering safe housing in a domestic violence shelter to assist with obtaining restraining orders, provide advocacy, court support and referrals to legal services.

The main objective of the program is to reduce risk factors and increase protective factors from violent behaviours against women in intimate relationships.

A support project has been implemented for social and emotional recovery of women who have survived domestic violence. As a group intervention it also offers knowledge on how to solve conflicts, control of emotions and broaden their knowledge of available resources in the community:

Due to a possible association between drug use and domestic violence, a substance abuse program is provided based on motivational interviewing model.

In the psycho-educational program, a section is included to create awareness among women concerning the effects of domestic violence on their children and provides them with techniques for supporting their children.

Counselling and other structured therapies are also used to reduce a wide range of negative effects of abuse including a variety of stress-related psychiatric pathologies such as depression, anxiety and PTSD.

#### Conclusion:

Our data shows that domestic violence is being experienced in most age groups with resultant serious effects on mental health and homelessness.

We have a remarkable staff who work with victim survivors of domestic violence the majority of whom are women. Supporting the safety and recovery of those made homeless by domestic violence is a vital part of our direct service provision.

## Bibliography

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