

# Experiences of violence reported by women who inject drugs in Melbourne

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On behalf of Shelley Walker from **NDRI** and Bek Petrovic, Daisy Gibbs, Ash Stewart, Amanda Roxburgh, Anna Wilkinson, Sophia Schroeder and Marika Burgess from the **Burnet Institute**



**I wish to acknowledge the Ngandowal and Minyungbal speaking people of the Bundjalung Country, in particular the Goodjinburra, Tul-gi-gin and Moorung – Moobah clans, as being the traditional owners and custodians of the land and waters within the Tweed Shire boundaries.**



No disclosures of interest





# Background

- October 2022: National Plan to End Violence against Women and Children 2022-2032<sup>1</sup> released
  - Prevention
  - **Early intervention:** identifying and supporting individuals who are at high risk of experiencing violence
  - **Response:** provide services and supports to address existing violence and support victim-survivors experiencing violence
  - Recovery and healing
- May 2024: Albanese government labelled domestic violence “national crisis”<sup>2</sup>



# Background

- WWUD not identified i
- Violence services incc





# Aims

1. Estimate the prevalence of gender-based violence and accessing medical care among women who inject drugs in Melbourne
2. Compare this to the general population
3. Examine some characteristics associated with accessing help, foundational to future causal inference study
4. Explore experiences of accessing services for gender-based violence\*\*\*

\*\*\* funded by Jean Hailes Foundation

Background

Aims

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# Method



**Design:** Mixed-methods, combining self-report, administrative, and qualitative data

**Participants:** Excluded if self-reported their gender identity as male, non-binary or other

**Primary outcome:** Any assault, sexual assault, physical assault from self-report survey data and medical record data (ambulance, emergency department, hospital, mortality data)

# SuperMIX Study



- 2008 – ongoing recruitment
- People who inject drugs
- Melbourne, Australia
- Annual survey on drug use, health, social circumstances, etc.

**Funding Partners:** Colonial Foundation Trust and NHMRC

**Research Partners:** Burnet Institute (lead), Monash University, British Columbia Centre on Substance Use, Curtin University, Deakin University, University of Bristol, Kirby Institute, Alfred Health, Harm Reduction Victoria, Royal Melbourne Hospital

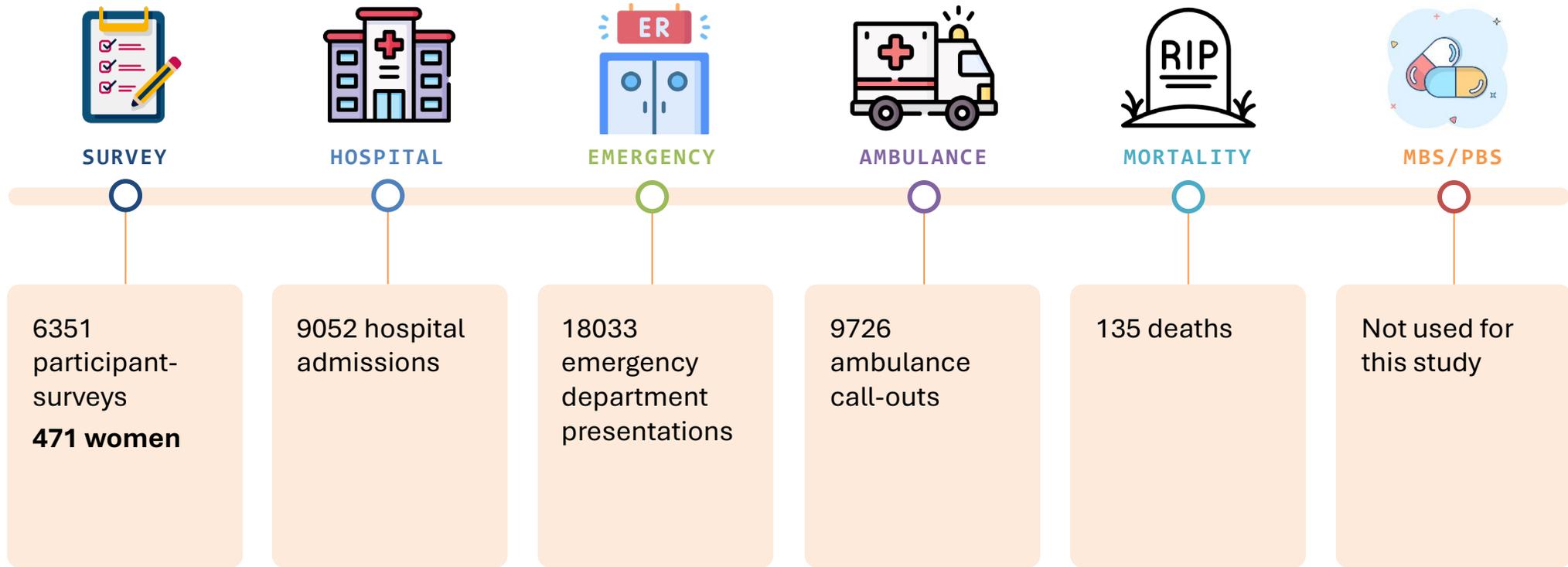
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# SuperMIX Study

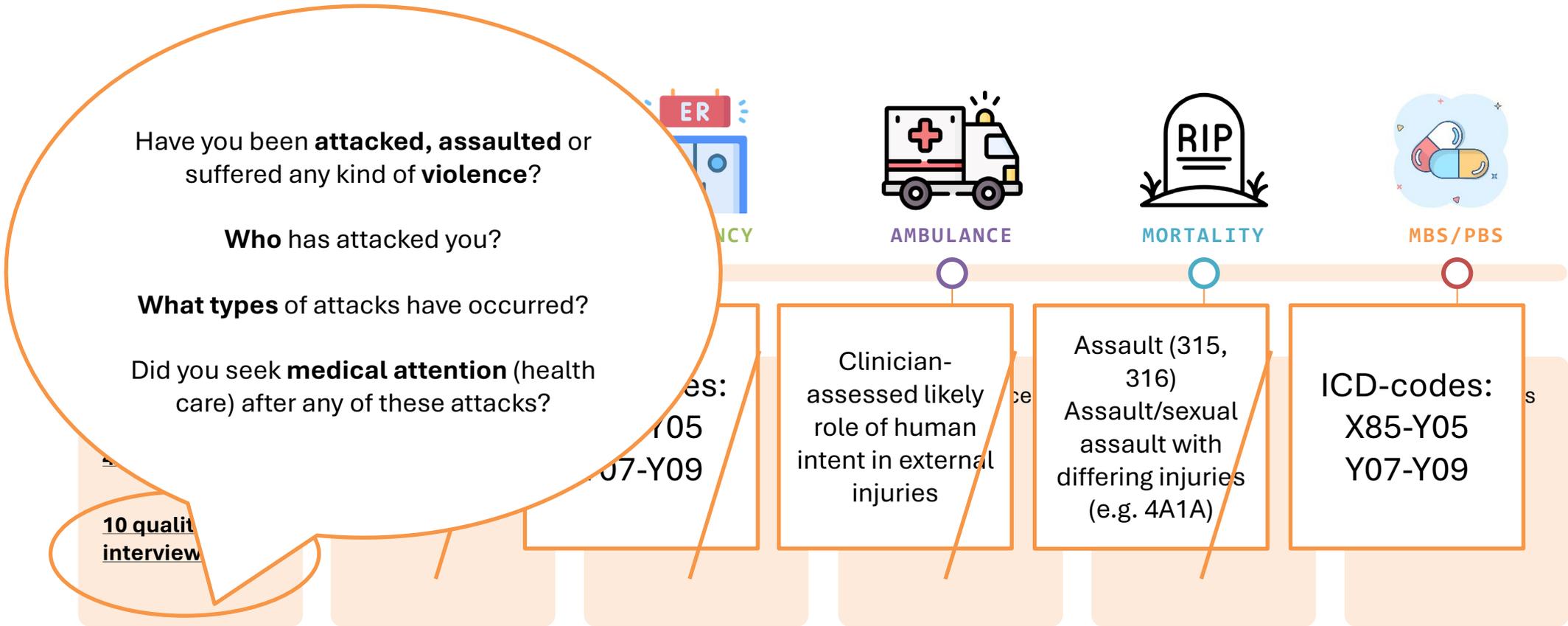
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# General Population



**VICTIM OF PHYSICAL ASSAULT**



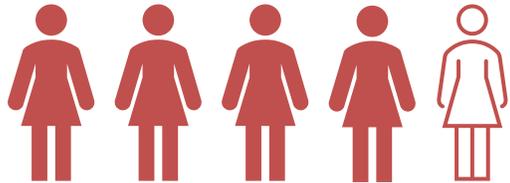
**VICTIM OF SEXUAL ASSAULT**



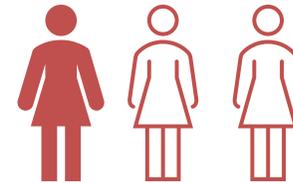
Australian Bureau of Statistics, Personal Safety Survey (2021-22)

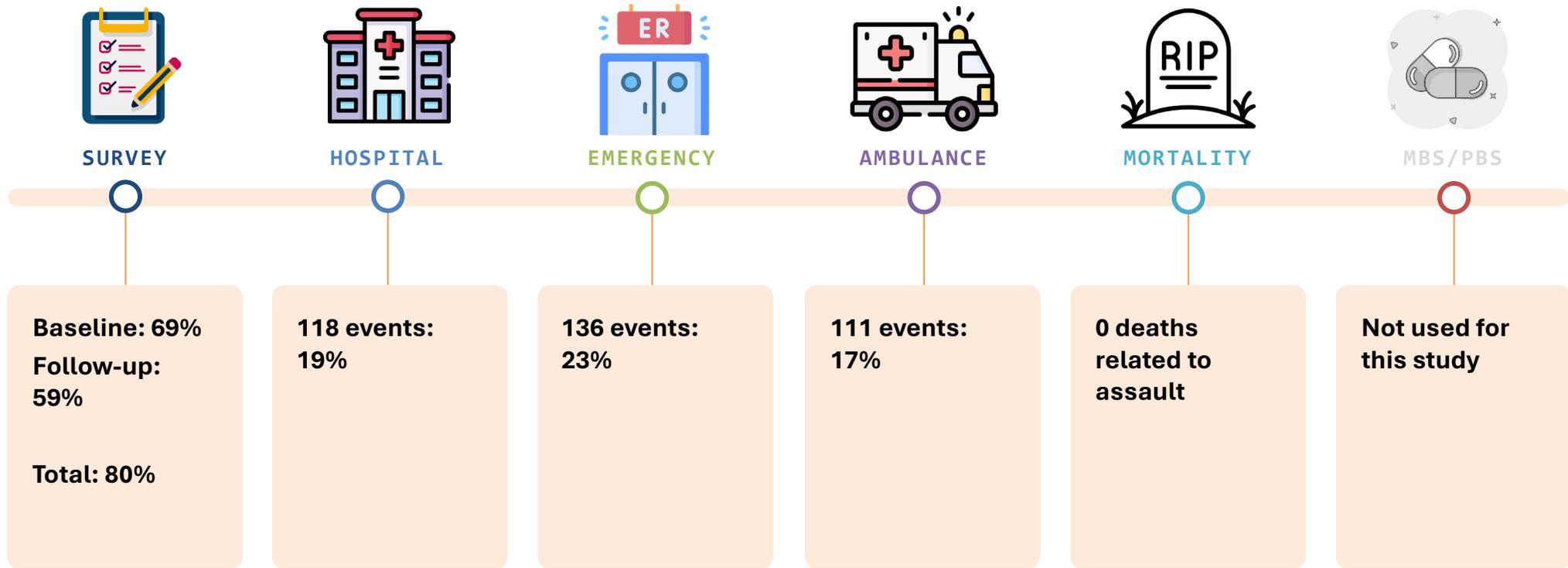
# Results: Quantitative Analysis, N=431

## VICTIM OF ASSAULT



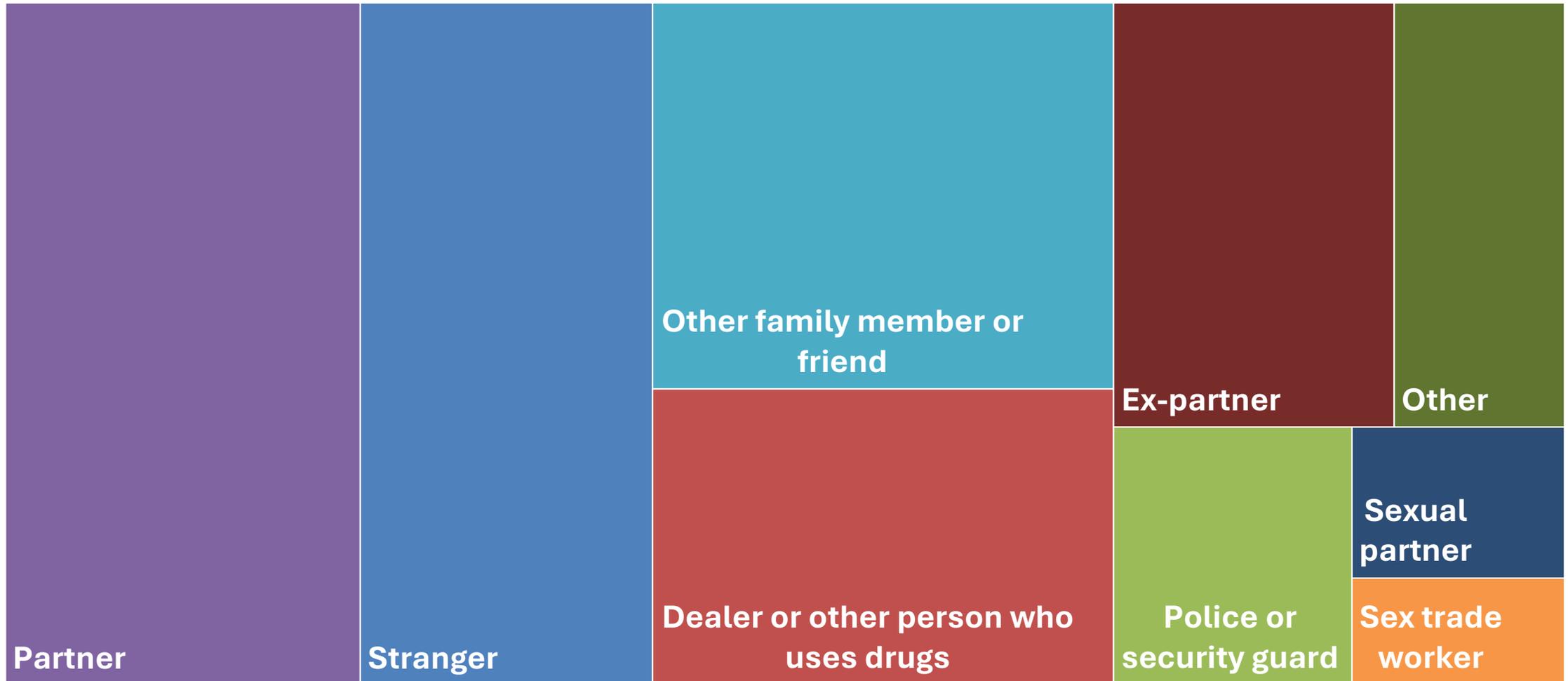
## VICTIM OF SEXUAL ASSAULT





## Results: Data sources

# PERPETRATOR



NB: Size of box indicates crude number, not mutually exclusive categories

Background

Aims

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## ASSAULT TYPE



NB: Size of box indicates crude number, not mutually exclusive categories

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# Results: accessing medical healthcare

- >1 out of 3 women sought medical healthcare after assault
  - Majority sought counselling or the emergency department
- In follow-up surveys, women were more likely to report seeking medical healthcare after an assault if they also reported:
  - Sexual assault
  - Child removed from care
  - GP contact



# Results: qualitative analyses

8 women experienced intimate partner violence

Most described challenges accessing services and supports including:

- Fear of stigma
- Fear of having to retell story with different service providers (because they did not have a regular GP)
- Fear of child protection service involvement
- Lack of transport options
- No phone or phone credit to call services



# Results: qualitative analyses

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# Barriers accessing family violence services

## Fear of child protection services

“ I was too scared - child protection and everything [...] **We need somebody that doesn't go straight to Child Protection, that can work with the person because if I had that, if I had somebody that I could talk to and work with, I believe I would've opened up and I could have got help that way, but I was too scared [...] because I knew I'd get into trouble, you know. (Sara)** ”



# Results: qualitative analyses

## Protective factors:

- Relationship with medical staff
  - Maternal child health nurse
  - Opioid agonist treatment prescriber



# Facilitators accessing family violence services

## Interaction with maternal child health nurse

“ **She sensed that there was help needed.** I was ... going ... for my maternal check-ups with my third baby ... and she came into one of the visits and said, “I want to touch base. How's things going?” ... **They made me feel so safe** and everything because they actually got me out of [town name] and ... Got me housing down there. Fully supported me with the four kids. It was fantastic. (Jane) ”

# Key Points



1. Key population with unique response needs
2. Fear of child protection services is pervasive<sup>7</sup>
3. Need for intersectional response

# References

1. ABC News. “The national crisis of violence against women is the culmination of many issues – and some of them the government can fix.” 4 May 2024. <https://www.abc.net.au/news/2024-05-04/domestic-violence-funding-albanese-national-crisis/103800746>
2. Australian Government Department of Social Services. National Plan to End Violence against Women and Children 2022-2032. 17 October 2022.
3. Cicchetti, D & Handley, ED (2019) Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress*. Doi: <https://doi.org/10.1016/j.ynstr.2018.100144>
4. Cafferky, BM, Mendez, M, Anderson, JR & Stith, SM (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110-131. Doi: <https://doi.org/10.1037/vio0000074>
5. Centre for Women’s Safety and Wellbeing, Stopping Family Violence & WANADA (2022). Intersecting family and domestic violence and alcohol and other drug capability building initiative. <https://wanada.org.au/wp-content/uploads/2022/05/220309-COMS-Web-Intersecting-FDV-and-AOD-capability-building-project-summary.pdf>
6. UNODC (2013). Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned, 2004, [http://www.unodc.org/pdf/report\\_2004-08-30\\_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_1.pdf) accessed on 20 October 2025.
7. Chan, J (2024). Parents who inject drugs: Demographics, care arrangements and correlates for child placement in out-of-home care. *DAR*. Doi: <https://doi.org/10.1111/dar.13798>

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