

## 5. Sample Documents

This section displays sample policies and tools that you may find useful within your service. These have been generously donated by a variety of organisations across both sectors. You may find the documents are useful within your practice as they stand or you may need to adapt them so they are appropriate to your service. If you would like copies of the original documents please contact us at the Stella Project.

	Page
1. Stella Project sample drug and alcohol screening tool for use by domestic violence agencies	264
2. Dependency screening tool	267
3. Substance misuse routine inquiry procedures (for survivors and perpetrators)	268
4. Drug and alcohol risk assessment	276
5. Domestic violence screening tool	279
6. Domestic violence risk indicator checklist	282
7. Sample safety plan	288
8. Domestic violence and abuse sample agency policy	291
9. Domestic violence policy for employees	296
10. Stella Project practice standards for domestic violence agencies	303
11. Stella Project practice standards for substance misuse agencies	305
12. Referral pathway (substance misuse to domestic violence agency)	307
13. Referral pathway (domestic violence to substance misuse agency)	308
14. Sample domestic violence policy statement	309

# 1. Stella Project sample drug and alcohol screening tool

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Ideally the first two questions should be asked to all women who contact your service. If you are uncomfortable asking them or do not know how to begin you could try starting with the following:

*“Many people come to use this service and all of them have different needs. Because of this we have to ask you a variety of different questions. We will not exclude you from our services because of the answers you give us. Our interest is in finding you the best kind of support possible for you.”*

## Screening questions:

1. Many people find it hard to cope with domestic violence. Some people use drugs or alcohol as a way of coping, has this ever happened to you?

2. Has your partner ever made you feel you had to use drugs or alcohol? If so, how often and when has this occurred? Where and to whom does this occur with?

If a woman has answered ‘yes’ to the above questions please ask the following two questions:

3. Some domestic violence projects/refuges can provide a safe place to stay as well as support with drug and alcohol use. Do you think you could benefit from this?

4. Are you currently working with any other services in relation to your substance use? Would you be happy for us to contact them if we need more information about your substance use? Include contact details if necessary

## Screening questions (continued):

If a woman does recognise her drug or alcohol use as a support need it may be helpful to ask the following questions to ascertain the sort of assistance she may need. It is essential that if you work in partnership with a local drug and alcohol agency, who will be able to provide a comprehensive assessment of her drug and alcohol use.

What is the main substance or combination of substances that you use?  
How often do you feel you need to use drugs and alcohol?

Could any of your drug or alcohol using habits be risky for you? E.g. sharing injecting equipment, drinking to the point of losing consciousness, using a variety of substances at one time?

Sometimes women’s partners can control her money or access to substances. Has this happened to you? If a woman answers ‘yes’ this could mean she is unable to use substances without him. For some women this may mean it is difficult to leave. For some women leaving may mean going into withdrawal from her substance use.

Have you had arguments or been violent with people other than your partner when substance affected?

Do you have any involvement with the police or courts in relation to your substance use? If so please document and consider this when care planning.

## Screening questions (continued):

### Children

The following questions are designed for women who have children. Before asking them you should be clear that you will only contact the authorities if you believe a child is at risk of harm. Ensure that you will, if she requests, assist her in developing skills in relation to her parenting.

What plans do you make for your children when you are using or buying substances?

What do your children do while you are using substances?

How does violence at home and the drug and alcohol use impact on your children?

## 2. Dependency screening tool

These questions could be used when assessing a service user's substance use. They may be particularly valuable if you have a service user who finds it difficult to discuss their substance use. If a service user answers 'yes' to the majority of the questions, it may be appropriate to consider referring your service user to a drug/alcohol agency for further assessment. Alternatively you may wish to conduct a basic drug/alcohol assessment within your service.

**In the last six months have you...**      **Yes**      **No**

1. Needed to drink/use more to get the desired effect or has your usual amount given you less effect than before?
2. Felt sick or unwell when the effect of the substance has worn off, have you used more to relieve these feelings?
3. Drunk/used large amounts for longer than you had anticipated
4. Had a desire to cut down or control how much and how often you use?
5. Spent large amounts of time drinking/using and recovering from the effects?
6. Given up work, social and recreational activities as a result of your drinking/usage?
7. Continued to use/drink despite the effects on your health and well being?

**Adapted from: Gossop, M., Griffiths, P., Powis, B. & Strang, J. (12) Severity of dependence and route of administration of heroin, cocaine and amphetamines, British Journal of Addiction, 87, 1527 – 1536**

### 3. Substance misuse routine inquiry procedures (for survivors and perpetrators)

#### Substance Misuse Sub Group Camden Domestic Violence Forum: procedures for substance misuse routine inquiry

##### WHO TO ASK

It is best practice to ask every individual over 16 years of age who accesses the service. There are no criteria, therefore, for either asking, or not asking, as substance misuse will be routinely inquired about for all individuals. This will be explained to the client upon asking about the issue.

##### WHEN TO ASK

Ideally, substance misuse will be specified as an issue at the stage of referral. However, as this does not occur routinely between agencies, because the client may have self-referred, and also because, for a myriad of reasons, someone who experiences substance misuse may not have yet disclosed their experience of this, it is best practice to ask at the stage of assessment for the service, along with other issues that are inquired about in order to assess need, risk and the appropriate nature of service delivery. This will inform how best to devise a working action plan to ensure safety as priority, and to consider which services should be involved and in what capacity.

Ideally substance misuse routine inquiry will form a part of the agency's initial assessment and thus happen as part of procedure without the need for prompting. However, if this is not the case it is still possible to routinely inquire about substance misuse alongside the assessment, perhaps in the health and/or safety section.

If this is not incorporated into the assessment module per se, it may be worthwhile to create a special form that goes alongside the assessment form so that it will prompt the worker to ask.

It is also best practice to ask at any stage during the working relationship if the worker becomes aware of any signs or symptoms of substance misuse. (Please see Substance Misuse Policy: Need for Training). The worker should use their discretion to inquire about substance misuse in the context of the working relationship and to prioritise safety and support.

##### HOW TO ASK

It is important to know why you are asking the client about substance misuse and the philosophy behind this – this will enable workers to be clear on what the agency approach is, as well as being able to fully inform the client of why you are asking, and to be able to adequately answer any client questions about this.

Clients will feel extremely vulnerable about the thought of disclosing, wondering why you want to know and what you will do with the information, which can be a very real barrier to receiving support. It is vital to routinely fully inform clients of this information as procedure.

This will help build a foundation of trust so that clients have the confidence to disclose and discuss difficult issues and work with these. Most clients will not ordinarily voluntarily disclose to professionals that they are experiencing substance misuse.

By directly asking clients about substance misuse this gives them 'permission' to discuss the issue. It is best practice to introduce the policy as an all-of-agency procedure and to explain why this is so.

This will also be reinforced by the display of the Health/Safety/ Substance Misuse Policy statement in the client waiting area. Inquiry should be carried out in a respectful, non-judgmental manner, and in a way where the client feels fully informed and reassured about the reasons why the issue is raised.

Confidentiality Policy, and the Limits of Confidentiality should also be explained as procedure (see Confidentiality Policy), in order to lay a foundation for trust, and to respect the client's rights and safety.

It should also be explained to the client that it is not the intention of the worker/agency that the service be withheld if such issues arise, but rather that if the person is experiencing substance misuse this will affect the way the agency should best support them, and also that it may be important to discuss referrals to other appropriate agencies to best support them.

As such, to routinely inquire about substance misuse is carried out in a non-discriminatory manner, and with a focus on the client's safety and well-being.

## EXAMPLES OF FRAMING QUESTIONS

There is no one 'right' way of inquiring about substance misuse. However, it is crucial to introduce the issue first, explaining the reasons for asking, and then to actually begin to ask. Please see some examples below:

### INTRODUCTION

a) We at [insert name of agency] recognise that many people use drugs and alcohol and for lots of different reasons. Often, domestic violence can be linked with substance use as well. Because of this, and because it affects people's safety, health and well-being, we have started asking everyone who comes into our service about what drugs and alcohol they use.

You may have seen our Health/Safety/Substance Misuse Policy statement in the waiting area while you were waiting for your appointment. You don't have to talk about anything that you really don't want to, but it would help to be able to talk with you about things so that we can understand what is happening for you and work with you in the best possible way, with your permission.

- b) Because so many people who experience domestic violence use drugs and alcohol to try and cope with the abuse we now ask everyone who comes into our service if they experience this.
- c) You may have seen our policy and some posters out in the waiting area. As so many people use drugs and alcohol we now ask everyone about it as part of our every day procedure.
- d) Because we care about your well-being we will ask you about whether you or anyone in the home uses drugs or alcohol. We ask everyone this just because we want everyone to be as safe as possible.
- e) As well as talking about domestic violence we are also asking all clients about drug and alcohol use because this is very common. You may have seen our posters out in the waiting room.



## DIRECT QUESTIONS

Questions should cover substance misuse of the client as well as substance misuse of the perpetrator, in order to assess risk.

## SUBSTANCE MISUSE OF CLIENT

### ALCOHOL and DRUGS (legal, illegal and prescription medication)

How many different types of drugs and/or alcohol do you use?

Please state type of alcohol/drugs being used (beer, wine, spirits, cider, cocaine, crack cocaine, heroin, LSD, amphetamines, cannabis, ketamine, methadone, benzodiazepines, MDMA ecstasy, khat, magic mushrooms, anabolic steroids, any other prescription medication).

Do you ever use any of these substances at the same time, or in the same day?

Frequency of use: how often do you use alcohol/drugs?

- All day every day
- Several times per day
- A few times per day
- Once per day
- A few times per week
- Once per week
- Once per month
- Other (please state)

Amount used: how much alcohol/drugs do you generally use?

Has your alcohol/drug use increased recently? (increased in frequency or amount or both?)

Why do you think you use alcohol/drugs? (eg. Social drink, block out bad things, to feel better, to cope with abuse, etc). Please state.

Does anyone make you use drugs and/or alcohol?

Do you have any concerns about your use?  
YES/NO

If yes, please state

- Physical health (e.g. blackouts, nausea, heart/liver, lethargy, etc)
- Mental health (e.g. depression/feeling down, anxiety, sleep disorder, etc)
- Spirituality
- Relationships (intimate, family, friends, children, work colleagues, etc)
- Financial issues
- Legal issues

Is there anything you would like to change about your alcohol use?  
YES/NO

If yes, please give details.

Does your ex/partner/family ever try to sabotage any attempts you may make to stop using substances?

## SUBSTANCE MISUSE OF ABUSER

### ALCOHOL and DRUGS (legal, illegal and prescription medication)

How many different types of drugs and/or alcohol does abuser use?

Please state type of alcohol/drugs being used (beer, wine, spirits, cider, cocaine, crack cocaine, heroin, LSD, amphetamines, cannabis, ketamine, methadone, benzodiazepines, MDMA ecstasy, khat, magic mushrooms, anabolic steroids, any other prescription medication).

Does abuser ever use any of these substances at the same time, or in the same day?

Frequency of use: how often does the abuser use alcohol/drugs?

- all day every day
- several times per day
- a few times per day
- once per day
- a few times per week
- once per week
- once per month
- other (please state)

Amount used: how much alcohol/drugs does the abuser generally use?

Has the abuser's alcohol/drug use increased recently?  
(increased in frequency or amount or both?)

Are there any other concerns regarding the abuser's use?

Does the abuser ever blame the violence on the alcohol/drug use?

**Taken from Refining the Routes, Domestic Violence and Substance Misuse: Policies, Procedures and Protocols for Partnership Work in Camden (2007). This can be downloaded from [www.camden.gov.uk/domesticviolence](http://www.camden.gov.uk/domesticviolence)**



## 4. Drug and alcohol risk assessment form

Client No:
Assessors Name:
Assessors Signature:
Date Of Assessment:
CPA (care programme approach) Status:

### Trigger Risk (always inform a manager)

To self: Current plans of suicide, self harm, overdose.

To others GBH, murder, sexual crime, pregnancy, carries weapon, reports violence or threats of violence.

From others: Reports threats of violence, falls out of contact with services.

### Self:

Suicide	Yes	No	DK
Thoughts or plans which indicate a current risk of suicide			
History of suicide attempts			
Suffers from a major mental illness			
Previous violent method used			
Self harming behaviour			
History of impulsive behaviour			
Suffers from depression			

### Substance use issues

	Yes	No	DK
Regular injector			
History of substance use overdose			
Chaotic injector (neck or groin)			
Current poly-substance use			
Alcohol dependence			
History of seizures or DT's			

## 4. Drug and alcohol risk assessment form (continued)

Treatment issues	Yes	No	DK
Recent abstinence from substances (illicit or prescribed)			
History of erratic engagement with services			

Health	Yes	No	DK
Has injecting related virus infection			
History of accidents			
High risk sexual behaviour			
Serious physical issues			
Expressed paranoid delusions			

### To others / from others:

Children	Yes	No	DK
Has parental responsibility			
Is currently pregnant			
Problems with childcare			
Social services involvement			

### Violence and Criminality

	Yes	No	DK
History of Grievous Bodily Harm (GBH)			
History of murder			
History of rape or sexual crime			
History of prison or secure unit			
Is at risk of violence from others			
Current thoughts or plans indicating risk of violence to others			
History of arson			
Known to carry a weapon			
Concern expressed from others			

## 4. Drug and alcohol risk assessment form (continued)

Social	Yes	No	DK
Current major financial problems			
Currently homeless			
Currently living in unstable housing			
Self neglect			
Recent traumatic life event			
Experiences social isolation			
Is driving or operating machinery			

### Complete at:

1. Triage or initial contact
2. Assessment
3. At careplan review
4. When making changes to treatment or presentation
5. On discharge

The reviews of the risk assessment should be at minimum six monthly.

Drug Alcohol Services London exists to respond to the needs of the growing number of people experiencing alcohol and drug problems in London whilst aiming to reduce the impact of alcohol and drug misuse and its consequences.

### DASL contacts

Women's Domestic Violence & Substance Misuse Worker  
 Counselling & Domestic Violence Services Manager  
**t: 020 8257 3068**      **f: 020 8257 3066**  
[services@dasl.org.uk](mailto:services@dasl.org.uk)

## 5. Domestic violence screening tool

Client Name or ID: .....

Screen Completed by: .....

Date: .....

As part of our interview with everyone who comes to us for help, we always include questions about other issues besides substance misuse. We feel it is really important to help you with as many of your problems as we can. We understand that sometimes in order to help with one problem other problems must also be addressed. In most homes where there is substance misuse, families have other problems too. I'm going to ask some questions to see whether any of these things have happened to you or your family. If we find that you need help, we will take whatever actions are necessary to ensure your safety and recovery, if you wish.

	Current Rel.		Past Hist	
	YES	NO	YES	NO
1. Are you currently experiencing conflicts with your family or partner that cause you stress?				
2. Are you currently experiencing, or have experienced any of the following in your relationships with your family or partner?				
a) being called names, being put down, told you are worthless				
b) pushing, grabbing, shoving, hitting or restraining				
c) being kept away from family and friends, prevented from leaving your home, or going where you wanted to go				

	Current Rel.		Past Hist	
d) receiving threats that your partner is going to hurt you, your children, other family members or pets	YES	NO	YES	NO
e) belongings being broken or destroyed	YES	NO	YES	NO
f) throwing things, punching walls	YES	NO	YES	NO
g) feeling intimidated or afraid to leave home	YES	NO	YES	NO
h) controlling access to money or not being allowed access to you money	YES	NO	YES	NO
i) being threatened with loss of custody or child protection procedures in regard to children	YES	NO	YES	NO
j) have your children witnessed any abuse	YES	NO	YES	NO
k) having sex in ways that made you uncomfortable or afraid	YES	NO	YES	NO
l) have you ever obtained or tried to obtain an injunction	YES	NO	YES	NO
3. Is this person still involved with you?	YES	NO	YES	NO
a) In what way is this person still involved with you?				
b) When was the last time any of the above incidents happened?				
4. Have the police ever been called to your home because of an argument?	YES	NO	YES	NO
5. Are you or have you ever been afraid of your partner?	YES	NO	YES	NO
6. Have you ever sought help for any health problems related to stress in the past?	YES	NO	YES	NO
If YES, has you partner been supportive of past recovery efforts from any of these problems?				

	Current Rel.		Past Hist	
7. Do you believe your partner will be supportive of your present treatment?	YES	NO	YES	NO
8. Do you have any concerns or fears of physical harm?	YES	NO	YES	NO
If YES, can you give me an example?				
.....				
.....				
.....				
9. Do you believe that the abuser will be at the treatment facility or in the area of the facility during your treatment?	YES	NO	YES	NO
If YES, please give his name and description:				
.....				
.....				
.....				
Suggestion: .....				
Reason: .....				
Client Agreeable: YES NO MAYBE				
Comments and/or observations of client:				
.....				
.....				

Adapted from *Safety and Sobriety*: Best Practices in Domestic Violence and Substance Abuse, Domestic Violence/Substance Abuse Interdisciplinary Task Force of the Illinois Department of Human Sciences, USA (2005)

## 6. Domestic violence risk indicator checklist

This form includes all the questions that are included on the official risk assessment form for referral to Multi Agency Risk Assessment Conferences (MARACs). The recommended risk assessment checklist was devised by the Co-ordinated Action Against Domestic Abuse (CAADA) based on the South Wales Police checklist using non-police language. The questions were designed for use by Independent Domestic Violence Advisers (IDVAS).

In addition to the questions for referral to the MARAC three agencies - Respect, Children and Family Court Advisory and Support Service (CAFCASS) and Relate have added some further questions to assist assessment for safety within our agency settings. These questions are noted as Extra and have been shaded for ease of reference. They should not be used for the CAADA scoring process (i.e. adding up the number of ticks in the unshaded boxes) but they should be used in considering answers to the final questions about the worker's perception.

*Terminology: for CAFCASS use, 'perpetrator' and 'victim' need to be read as 'alleged perpetrator/victim' unless there has been a judicial finding of fact. In Relate the terms used are More Powerful Partner and More Vulnerable Partner.*

Questions (some questions highlight significant concern and the format steers you to note your response in that column)	Yes (tick)	No/ Don't Know (tick)	Significant Concern	Source of Info
1. Does the perpetrator have a criminal record for violence or drugs?				
If 'yes', is the record domestic abuse related?				
Extra Q a) Does the perpetrator have a history of violence?				
Extra Q b) Does the perpetrator have a history of domestic violence?				

Questions (some questions highlight significant concern and the format steers you to note your response in that column)	Yes (tick)	No/ Don't Know (tick)	Significant Concern	Source of Info
2. Has the current incident resulted in injuries?				
If 'yes', does this cause significant concern?				
Extra Q c) has previous violence resulted in injuries?				
Extra Q d) if yes, does this cause significant concern?				
3. Has the incident involved the use of weapons?				
If 'yes', does this cause significant concern?				
Extra Q e) has the perpetrator ever used an object to attack the victim?				
Extra Q f) if yes, does this cause significant concern?				
4. Has the perpetrator ever threatened to kill anybody?				
If 'yes', which of the following? (tick all that apply) <input type="checkbox"/> Client <input type="checkbox"/> Children <input type="checkbox"/> Other Intimate Partner <input type="checkbox"/> Others				
If 'yes', does this cause significant concern?				
5. Has the perpetrator expressed/behaved in a jealous way or displayed controlling behaviour or obsessive tendencies? If 'yes', give details:				
If 'yes', does this cause significant concern? Give details:				



<b>Questions</b> <small>(some questions highlight significant concern and the format steers you to note your response in that column)</small>	<b>Yes</b> <small>(tick)</small>	<b>No/ Don't Know</b> <small>(tick)</small>	<b>Source of Info</b>
20. Extra Q I) Are there other victim vulnerability factors such as poverty, health problems, childcare issues, language, disability, substance abuse, immigration status, cultural issues, or dependency on the perpetrator in respect of these? Give details:			
<b>Worker's perception</b> <small>(please complete this section with your observations about the client's risk especially where there are lower numbers of 'yes' responses.)</small>	<b>Total</b>		<b>Total Significant Concerns</b>
<b>Extra 'Perception' Questions</b> <ul style="list-style-type: none"> <li>• do you believe the victim is likely to experience domestic violence in the next 6 months?</li> <li>• If yes, do you believe that the victim or others could be injured through this? If yes, state whether you believe this harm would be emotional, physical or sexual – or by a self-harm or suicide attempt</li> <li>• do you believe that the child/ren are likely to be harmed in the next 6 months? If yes, state whether you believe this harm would be emotional, physical or sexual</li> </ul>			
<b>Note:</b> <i>If 'yes' then a referral to Local Authority Children's Social Care should be made</i>			

The guidance below is based on the experience of the South Wales Police force and the Women's Safety Unit in Cardiff.

### Guidance on classifying risk levels

#### Very High Risk

10 ticks in the yes box OR  
 4 significant concerns (Q1-5) OR  
 If there are 3 police call-outs in 12 months

#### High Risk

6-9 ticks in the yes box OR  
 3 significant concerns (Q1-5) OR  
 2 police call-outs in 12 months

#### Medium Risk

Up to 6 ticks in the yes box OR  
 1 or 2 significant concerns (Q1-5)

#### Standard Risk

Where no question in ticked in the yes box

#### Maximum number of ticks = 20

(do not include 'significant concern' questions in this total)

In all cases, IDVAs should take the victim's perception of their risk very seriously and should use their professional judgement if a client appears to be at high or very high risk even if they do not meet the criteria outlined above.

This form, originally developed by South Wales Police, has been updated to reflect the research on its use by IDVAs both at the Women's Safety Unit in Cardiff and the ASSIST advocacy service in Glasgow. CAADA has added a 'don't know' option as there is a risk of ticking 'no' when information is not known, which might be incorrect and give a false low risk level. The levels of risk are useful in clarifying the different response that a service will offer to a client depending on the severity of their situation.

### Health Warning

Anyone using this must be aware that this is a risk indicator checklist and not a full risk assessment. It is a practical tool that can help you to identify which of your clients should be referred to MARAC and where you should be prioritising the use of your resources. Risk is dynamic and anyone using this checklist needs to be alert to the fact that risk can change very suddenly.

Risk indication is more about balancing information with current practice, knowledge and previous experience and then making a judgement about whether there is a strong possibility that a person is at risk of serious harm<sup>1</sup>.

<sup>1</sup> South Wales Police risk indicator checklist guidance for officer

# 7. Sample safety plan

## Suggestions for increasing safety - in the relationship

- I will have important phone numbers available to my children and myself.
- I can tell \_\_\_\_\_ and \_\_\_\_\_ about the violence and ask them to call the police if they hear suspicious noises coming from my home.
- If I leave my home, I can go (list four places):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- I can leave extra money, car keys, clothes, and copies of documents with \_\_\_\_\_.
- When I leave, I will bring \_\_\_\_\_.
- To ensure safety and independence, I can: keep change for phone calls with me at all times; ensure my phone is charged; use a panic alarm; open my own savings account; alter my routes to/from the drug/alcohol agency; go to \_\_\_\_\_ to use/drink; rehearse my escape route with a support person; and review safety plan on \_\_\_\_\_ (date).
- When the violence begins which areas of the house should I avoid? e.g. bathroom (no exit), kitchen (potential weapons)  
\_\_\_\_\_.

## Suggestions for increasing safety - when the relationship is over

- I can: change the locks; install steel/metal doors, a security system, smoke detectors and an outside lighting system.
- I will inform \_\_\_\_\_ and \_\_\_\_\_ that my partner no longer lives with me and ask them to call the police if s/he is observed near my home or my children.
- I will tell people who take care of my children the names of those who have permission to pick them up. The people who have permission are: \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
- When I make phone calls I can use 141 so my number cannot be traced.
- I can tell \_\_\_\_\_ at work about my situation and ask \_\_\_\_\_ to screen my calls.
- I can avoid shops, banks, and \_\_\_\_\_ that I used when living with my abusive partner.
- If I feel down and ready to return to a potentially abusive situation, I can call \_\_\_\_\_ for support. I can alter the route and/or times of drug/alcohol appointments at the drug/alcohol service or attend \_\_\_\_\_ service as an alternative.

### Important Phone Numbers

Police \_\_\_\_\_

Helpline \_\_\_\_\_

Friends \_\_\_\_\_

Refuge \_\_\_\_\_

Drug/Alcohol Service \_\_\_\_\_

## Items to Take Checklist

- Identification
- Birth certificates for me and my children
- Benefit books
- Medical cards
- Phone card, mobile or change for a pay phone
- Money, bankbooks, credit cards
- Keys - house/car/office
- Keys to a friend or relative's house
- Medicine, medication or drugs
- Driver's license
- Change of clothes
- Passport(s), Home Office papers, work permits
- Divorce papers
- Lease/rental agreement, house deed
- Mortgage payment book, current unpaid bills
- Insurance papers
- Address book
- Pictures, jewellery, items of sentimental value
- Children's favourite toys and/or blankets
- Any proof of abuse, notes, tapes, diary, crime reference numbers, names and numbers of professionals

## 8. Domestic violence & abuse sample agency policy

### Aquarius Domestic Abuse Policy

#### Background

Domestic abuse is defined as abuse perpetrated by a partner or other family member(s) as part of a pattern of controlling behaviour. This may include emotional, psychological, sexual or financial abuse, or physical violence. Aquarius recognises that domestic abuse will commonly be the experience of our service users and some staff members, but that this issue may remain undisclosed due to the nature of abusive relationships.

For service users who are survivors, the abuse is likely to be a factor in their substance use and may be one of the underlying causes. If the abuse is not addressed, relapse is more likely and there may be difficulties in attending and engaging in their appointments.

For service users who are perpetrators, addressing their substance use may lead to a decrease in the severity of any physical violence they perpetrate, but will not otherwise decrease perpetration of domestic abuse. In fact, it is reported that domestic abuse may increase during treatment for substance use, possibly due to the physical and psychological discomfort experienced during withdrawal and the change process.

For children, witnessing domestic abuse is considered to be an abuse in itself, and subject to child protection legislation.

## Aims of the policy

### The aims of this policy are:

To ensure that survivors of domestic abuse do not face an increased risk as a result of interventions by Aquarius.

To validate the experience of survivors of domestic abuse, and to create a safe environment, which will encourage disclosure by service users and staff members in order to be better supported and informed.

To encourage service users and staff members who are perpetrators of domestic abuse to acknowledge and address their abusive behaviour.

### 1. Environment

In order to create an environment which demonstrates that Aquarius takes seriously the issue of domestic abuse, projects should:

- 1.1 Display the Aquarius position statement within the project and on agency literature as appropriate. The statement, (agreed at the Management meeting of 7 December 2005) is:

Abuse within any kind of relationship is a common concern for many people who attend Aquarius, and our staff are experienced in helping people discuss these issues. At Aquarius we take seriously the issue of domestic abuse, which may consist of emotional, psychological, sexual or financial abuse or physical violence. We believe that alcohol or drug use – by anyone – can be a factor but is never an excuse for violent or abusive behaviour.

- 1.2 Display posters and other literature about domestic abuse services in waiting areas, toilets and other areas as appropriate.
- 1.3 Keep a resource box or folder on domestic abuse for easy access by all staff (and service users as appropriate), to include details of services for women and men, survivors and perpetrators of abuse, and specialist domestic abuse services for people from black and minority ethnic and the lesbian, gay, bisexual and transgender communities.

- 1.4 Establish a system for keeping all the above information up to date, and check this at least annually.
- 1.5 Consideration should be given to the fears and anxieties of women survivors attending a mixed gender service, and how these can be allayed, eg by women-only sessions or waiting areas, or showing women directly to the counselling room.

### 2. Staff awareness and training

- 2.1 All staff must attend basic domestic abuse awareness training as a minimum requirement. This will be provided as part of the Aquarius training programme.
- 2.2 Aquarius will periodically provide additional training for practitioners, to include:
  - How to recognise signs of domestic abuse
  - How to ask about domestic abuse during assessment
  - Safety planning
  - Working with perpetrators
  - Working with couples and families.

### 3. Liaison

- 3.1 Each project should nominate an interested staff member to take the lead on domestic abuse for that project. That person will normally attend the Aquarius Domestic Abuse Forum and disseminate information to their service.
- 3.2 Each project should make links with the local domestic abuse forum and local domestic abuse service providers, with the aim of improving and eventually formalising referral pathways.
- 3.3 Aquarius will nominate a lead person for domestic abuse, who will convene the Aquarius Domestic Abuse Forum and represent Aquarius at other meetings and fora as appropriate.

## 4. Practice issues

- 4.1 All assessment interviews should include screening questions for domestic abuse – both as survivor or perpetrator. The replies and subsequent action should be recorded, and numbers of disclosures included in service reports to the Executive committee.
- 4.2 Domestic abuse work should always be raised in supervision. Supervisors should recognise that working with survivors and perpetrators of domestic abuse can be particularly draining and provide appropriate support.
- 4.3 Working with couples and families where there is domestic abuse is considered unsafe practice, therefore - before undertaking such work - family members should be seen individually and screened for domestic abuse. If domestic abuse is revealed at this stage or subsequently, then joint work must cease, unless to do so would place the survivor at risk. All decisions made where domestic abuse is known or suspected must put the safety of survivors and children first.
- 4.4 Anger management to address domestic abuse is considered an inappropriate intervention, and therefore – before undertaking such work – service users should be screened for domestic abuse.
- 4.5 Any work with perpetrators designed to address their domestic abuse should be in accordance with the following document: Statement of Principles and Minimum Standards of Practice, published by Respect, the UK association for domestic violence perpetrator programmes.

## 5. Staff issues

- 5.1 A staff member who discloses that they are experiencing domestic abuse will be supported and have their right respected to make their own choices about what to do about the situation.

- 5.2 A disclosure of perpetration of domestic abuse by a staff member should be acted on in accordance with the appropriate agency policies regarding the safety of individuals and staff conduct.

## 6. Procedures

- 6.1 Aquarius will draw up a separate procedures document, containing guidelines about what to do in the case of disclosure of domestic abuse by a service user or a staff member.

### APPROVED BY EXECUTIVE COMMITTEE ON: OPERATIONAL FROM:

Aquarius is the UK Midlands based alcohol and drugs charity. It has the aim of reducing alcohol and drug related harm and promoting informed and responsible choices about the use of alcohol and other potential addictive substances and behaviours.

**Aquarius Action Projects**  
**2nd Floor, 16 Kent Street, Birmingham B5 6RD**  
**t: 0121 622 8181**  
**f: 0121 622 8189**  
**whitehouse@aquarius.org.uk**  
**www.aquarius.org.uk**

For more information see pg 251

## 9. Domestic violence policy for employees

### DISC Domestic Violence Policy 1 for employees

Domestic violence is unfortunately common and has a serious impact on those who experience it.

As part of the commitment to promote equality of opportunity and a safe and healthy working environment, DISC will support any appropriate initiatives to tackle domestic violence.

#### Aim

DISC has taken the important step of developing a clear and effective response to minimise the impact and effects of domestic violence on its employees.

The aim of the Domestic Violence Policy is to ensure that any employee who is the victim of domestic violence is treated promptly, fairly and with due regard to personal safety and confidentiality.

It informs all employees of our intention to deal with problems that affect work performance, health and safety, in an effective and appropriate manner, and gives guidance to any employee seeking support.

This policy applies equally to all employees who require support and advice.

#### Definition

Whilst adopting the Home Office definition DISC also recognises that there may be cases that fall outside this definition and fall within the scope of this policy.

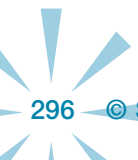
The Home Office definition of domestic violence is:

***“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.”***

Examples can include:

- Physical assault/or threats of physical assault
- Sexual abuse
- Verbal abuse
- Systematic criticism
- Degradation
- Deprivation
- Isolation
- Harassment

The abuse is repeated and can escalate and intensify, often over many years. The long-term effects of domestic violence include feelings of guilt and shame, depression, stress, lack of confidence and low self-esteem.



## DISC's Responsibilities

DISC will ensure that disclosures of domestic violence are dealt with in accordance with the workplace policy.

### The policy's objectives are to:

- **Provide support to employees by the provision of designated personnel**

DISC will provide the necessary assistance and support to employees by identifying a named person as Domestic Violence Contact Officer and by ensuring that all designated personnel representatives receive training.

- **Provide information and guidance on help and support available**

Where an employee discloses domestic violence, DISC will provide information on a range of services that can provide specialist help and will give assistance to access these services if required. (Please refer to the Practical Guidance and Resource Directory within your project). Ensure confidential and sympathetic handling of the situation.

In all cases the named person or any other appropriate personnel employed by DISC will maintain confidentiality in line with company policy with regard to the information disclosed. Records of any employee who is a victim of domestic violence are to be kept confidential, as are any changes made to the working environment of the employee, e.g. relocation.

Any breaches of confidentiality will be dealt with by way of the company disciplinary procedure. DISC will ensure that work problems related to domestic violence issues are dealt with in a sympathetic manner. They will be addressed appropriately without prejudice to benefits and rights laid down in the contract of employment and not by way of a disciplinary procedure.

- **Offer stress consultant and ongoing support**

DISC will offer any employee the opportunity to talk to a qualified stress consultant about their personal difficulties and will provide information about in-house and external counselling and support services.

Access to the stress consultant can be via the Health and Safety Manager or your Line Manager or the Domestic Violence Contact Officer.

- **Put in place where necessary, special measures to enable the employee to access appropriate help and advice**

In order to provide work-based support, DISC, as the employer, will have the discretion to:

- Allow special leave/time off for re-housing, childcare arrangements or appointments, with e.g. support agencies, solicitor, and doctor
- Allow for paid leave, extended unpaid leave and for their salary to be paid in advance without the specific reasons for such absences or arrangements appearing on the employee's file or affecting their work record
- Consider flexible working arrangements
- Treat sympathetically any request for relocation/redeployment
- **Provide the necessary training and publicity to ensure that the issue of domestic violence maintains its importance within the workplace e.g. Basic Awareness and dealing with Disclosures**

DISC will ensure that the policy is widely publicised to achieve maximum impact. Managers and staff representatives will receive awareness training on domestic violence as a workplace issue, and the subject of the effect of domestic violence in the workplace will be included on induction, the DISC Intranet website and other training courses as appropriate.

- **Take appropriate action to support the employee if they are subjected to further abuse from the perpetrator or other employees**

With regard to the safety and well being of employees in the workplace, DISC undertakes to investigate and take appropriate action against any member of staff who victimises, intimidates or harasses an employee suffering domestic violence.

DISC will take all reasonable steps to guard against the threat of domestic violence and will make special provision to deal effectively with the situation of a victim and perpetrator having close contact in the workplace.

## Appendix 2

### Line Manager's Responsibilities

It is unlikely that an employee who experiences domestic violence will tell people at work of their situation or approach their Line Manager in the first instance.

It is far more likely that the Line Manager will become aware of the situation through associated issues (e.g. supervision).

Line Managers should be aware of some of the signs that may indicate domestic violence.

Some signs may include:

- Employee becoming withdrawn/depressed
- Frequent submissions of self-certified sickness periods
- Reduced quality/quantity of work
- Conduct out of character
- Employee's partner frequently contacting them at work
- Visible bruising

Managers should be aware of other possible causes or signs and need to develop a sensitive and non-judgemental approach when dealing with employees who have experienced domestic violence.

This will include:

Taking the employee seriously, taking time to listen to them, and accept what they tell you. Ensuring that any discussion about the employee's situation takes place in private and that confidentiality is respected as far as is possible.

Being aware that there may be additional issues faced by the employee.

Understanding that a member of staff may or may not wish to involve their Line Manager and may prefer to involve a Third Party and that their choice should not be regarded as a reflection on the Line Manager.

A Line Manager will need to make the individual aware of the Domestic Violence Contact Officer in the company.

Being aware – the employee may need some time to decide what to do, and may try many different options during this process. It should not be assumed that because an individual returns to, or stays in a violent relationship that the violence was not severe or did not take place.

Being aware of what support is available - if however the employee does not want other agency involvement then their wishes must be respected.

Contacting their Line Manager or a contact from within DISC, who will be able to advise on what special measures, can be taken if required.

## Appendix 3

### Review

DISC undertakes to monitor any reported incidents, and to evaluate the effectiveness of this policy and its procedures, initially at 12 months and then every 3 years via a Working Party.

DISC is an independent charity which has been committed to tackling deprivation and exclusion since 1984.

Working across the northern region of the UK we are a specialist agency dedicated to enabling disadvantaged and excluded people to realise their potential. We work with people facing complex issues of discrimination, deprivation, educational failure and loss of hope.

We are committed to using our experience to find integrated solutions to the issues of employment, drugs, housing, criminal justice and independent living.

**Contact:**  
**Judith Tuck**  
**t: 0191 384 2785**  
**judith.tuck@disc-vol.org.uk**

## 10. Stella Project practice standards for domestic violence agencies

### Domestic Violence Agencies - Drug / Alcohol Practice Standards

Level One	Currently doing	Could implement (3-6 mths)	Could do but need resources	No	Comments
Training of all staff on basic drug and alcohol awareness					
Positive routine screening for drug and alcohol problems					
Ensuring information about drug and alcohol services are available in waiting rooms, toilets etc					
Ensuring that all service users are given information about drugs, alcohol and links to local services regardless of whether they disclose					
Making sure all staff are aware of the local drug and alcohol services and referral procedures/times. Being aware of which local treatment services and support groups offer the highest level of physical and psychological safety for victims/survivors of domestic violence					
Addressing the impact of substance use in safety planning and risk assessment/management. Help victim/survivor to understand how the substance use is linked to experiences of domestic violence and how their partner may attempt to sabotage attempts to stop using. Assist in finding alternative means of empowerment as a replacement for the sense of power induced by substances.					
Monitoring disclosures of problematic substance use, collating statistics and reviewing periodically					
Implementing a drug & alcohol policy and/or practice guidelines and procedures and having review procedures in place to consider impact					

## Domestic Violence Agencies - Drug /Alcohol Practice Standards

Level Two	Currently doing	Could implement (3-6 mths)	Could do but need resources	No	Comments
Enhanced training around drugs and alcohol which looks further at issues of risk assessment and safety planning					
Specialist worker based onsite					
Arrangements for a drug and alcohol outreach worker to visit site					
Developing a budget to implement comprehensive support services for women affected by problematic substance use					
Formal partnership agreements and referral protocols between domestic violence agency and substance misuse agency e.g. Service Level Agreements between refuge and drug/alcohol agency					

These standards have been adapted from Sarah Galvani's Basic and Enhanced Level Response (2005).

## 11. Stella Project practice standards for substance misuse agencies

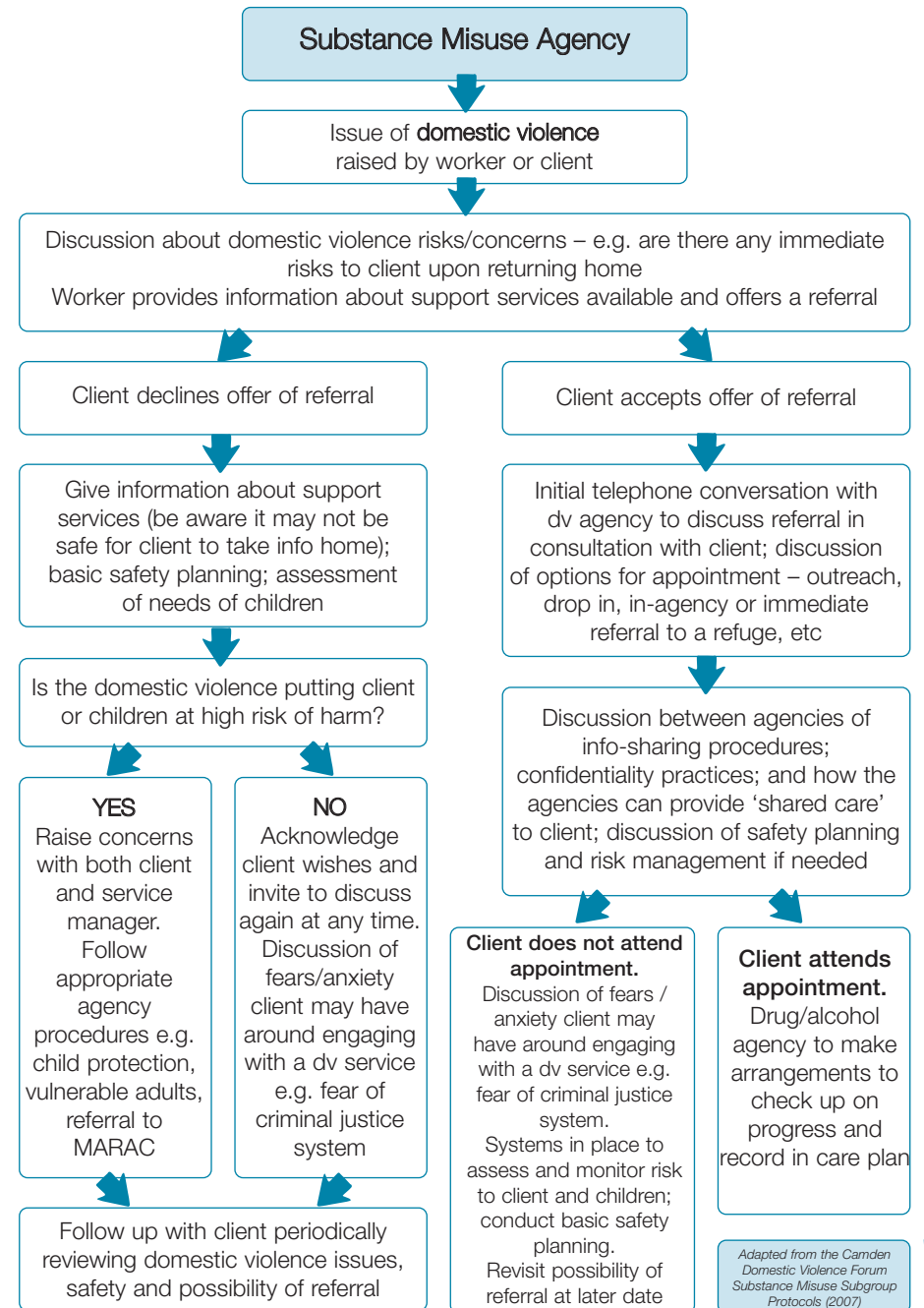
### Drug and Alcohol Agencies - Domestic Violence Practice Standards

Level One	Currently doing	Could implement (3-6 mths)	Could do but need resources	No	Comments
All staff and managers to receive basic domestic violence awareness training					
Displaying domestic violence posters, leaflets, business cards in waiting areas, toilets and meeting or interview rooms. Resource folder/box file available to all staff and service users					
Information given to all service users about domestic violence services regardless of whether they disclose					
The agency's position statement on domestic violence displayed in these areas, and where appropriate, included in the agency information given to or discussed with service users					
Ensuring all staff are aware of the domestic violence services available within the borough, the services available for domestic violence perpetrators and which refuges in London accept women with drug and alcohol problems					
Routine enquiry for domestic violence (victims and perpetrators) in one to one appointments					
Staff to ensure domestic violence support needs are addressed in care plans					
Ensuring couples and/or family therapy which includes the abuser is not a treatment option where domestic violence has been identified					
Monitoring disclosures of domestic violence, collating statistics and reviewing periodically					

Level One continued	Currently doing	Could implement (3-6 mths)	Could do but need resources	No	Comments
Implementing a domestic violence policy and/or practice guidelines and procedures and having review procedures in place to consider impact					
Representation on the local domestic violence forum					
<b>Level Two</b>					
Enhanced training around drugs and alcohol which looks at issues around risk assessment, safety planning and working with perpetrators					
Offer women's groups or activities or women only services					
Fast tracking admissions procedures					
Childcare provision provided					
Specialist domestic violence worker					
Arrangements for a domestic violence outreach worker to visit site					
Developing a budget to implement comprehensive support services for women affected by domestic violence					
Formal partnership agreements and referral protocols between domestic violence agency and substance misuse agency e.g. Service Level Agreements					

## 12. Sample referral pathway:

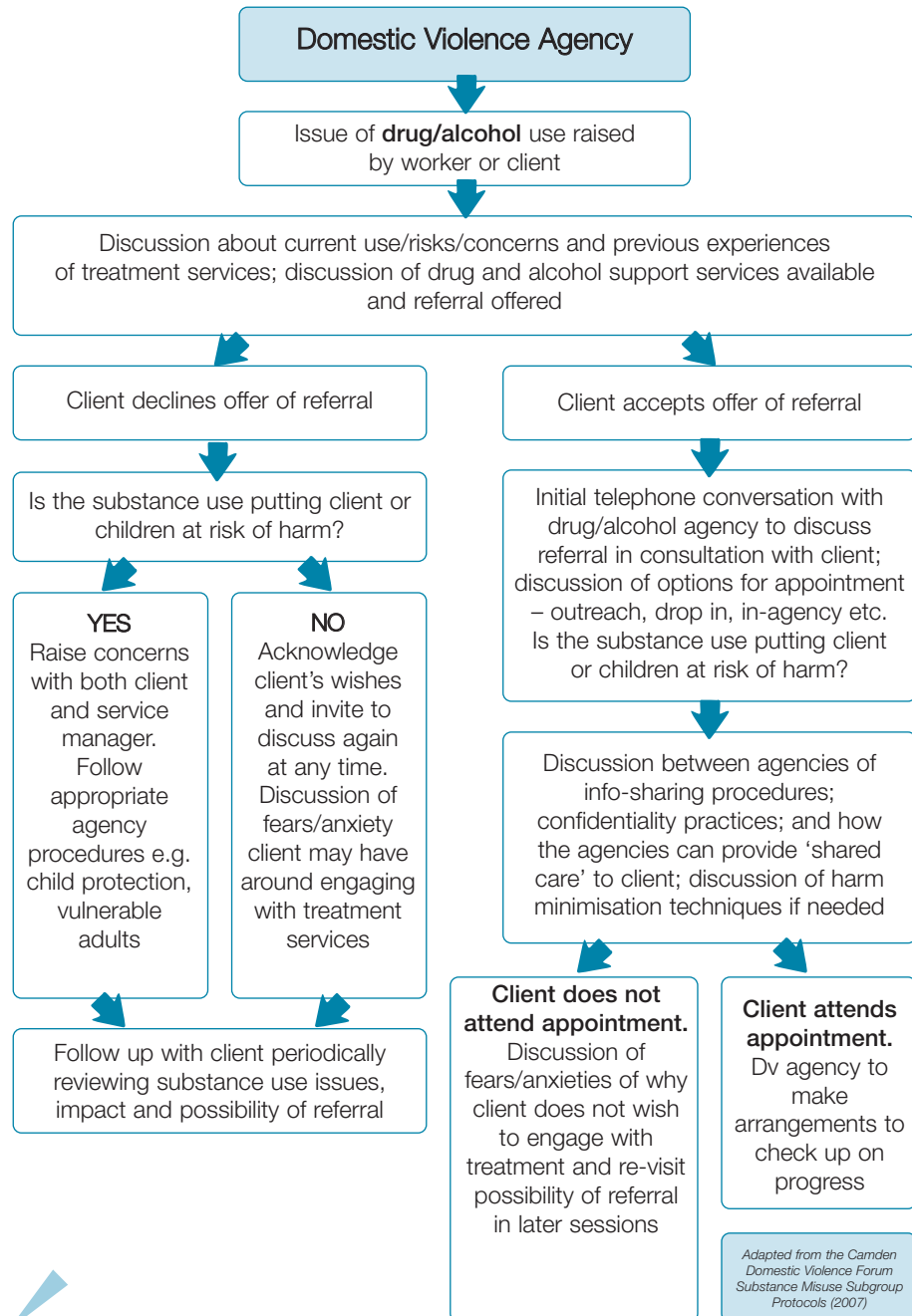
Substance Misuse Agency to a Domestic Violence Agency



*Adapted from the Camden Domestic Violence Forum Substance Misuse Subgroup Protocols (2007)*

### 13. Sample referral pathway:

Domestic Violence Agency to a Substance Misuse Agency



### 14. Sample domestic violence policy statement

**DOMESTIC VIOLENCE**

**DRUG MISUSE IS NO EXCUSE**

WDP IS COMMITTED TO CHALLENGING DOMESTIC VIOLENCE IN ALL ITS FORMS. WE PROVIDE SUPPORT AND ADVICE TO VICTIMS AND PERPETRATORS WHO USE DRUGS.

24 Hour National Domestic Violence Helpline: 0808 200 0247  
 Men's Advice Line: 0808 801 0327  
 Broken Rainbow: 0845 260 4460

[www.wdp-drugs.org.uk](http://www.wdp-drugs.org.uk) Reaching out to drug users and communities

