

1. Background

1.1 How the Stella Project began

“Safety and support for all through the development of inclusive and responsive services for people affected by drugs, alcohol and domestic violence”

As the leading agency addressing drug and alcohol related domestic violence and abuse, the Stella Project works across all 33 London boroughs for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators of domestic violence affected by problematic substance use.

The Stella Project is a partnership between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA). The GLDVP works to end domestic violence across the capital by supporting direct service providers and promoting joint working.

GLADA, established by the Mayor of London in 2002, is a strategic network of organisations and agencies concerned with the problems caused by drugs and alcohol in London.

During 2002, discussions between GLDVP and GLADA identified gaps in the current service provision for both survivors and perpetrators of domestic violence who are problematic substance users.

GLDVP and GLADA therefore decided to create the Stella Project in order to find positive and creative ways to work towards more inclusive service provision.



The Stella Project works firmly from the perspective that there is not a simple causal link between substance misuse and domestic violence; drug or alcohol use should never be accepted as an excuse for violent or abusive behaviour and neither should survivors' substance use be used to justify the use of violence against them.

“Today is not about barriers, its about bridges...Today is not about feeling entrenched in our disciplines and resistant to change; it is about daring to hear the other view, however uncomfortable this might be. It is about focusing on the women and children who we work with and for asking if there is something we are missing or something we could do better.”

Dr Sarah Galvani - University of Birmingham at the Stella Project Launch Seminar

1.2 The toolkit

The Stella Project launch in 2002 initiated a dialogue between domestic violence and drug and alcohol agencies and discussed ways to improve practice and collaborative work between sectors.

The creation of the toolkit stemmed from the recommendation to develop guidance, models of good practice and training for front line workers in both sectors. The first edition of the toolkit was published in 2004 and met with overwhelming interest and demand.

900 hard copies were distributed to front line workers across the UK in domestic violence projects, drug and alcohol agencies, social services, homelessness charities, children's charities and the police and Crown Prosecution Service. The publication has also proved popular as a download from the GLDVP website.

Since the publication of the first edition, there has been increased awareness of the links between domestic violence and substance misuse and much progress in the development of collaborative and integrated service provision.

As a consequence there is the need for further guidance and advice to support these developments. We are now fortunate to be in a position to offer more guidance and examples of what works based on first hand experience of agencies taking on this innovative work.

2. Overview

2.1 Who should use this toolkit?

This toolkit is primarily for front-line workers and managers in the drugs, alcohol and domestic violence fields, but it could be used by anyone who works with survivors experiencing domestic violence or those perpetrating domestic violence who are also problematic substance users.

2.2 How to use the toolkit

This toolkit is designed to be used as a reference rather than be read cover to cover. Many of you will only pick it up when you have a client with you who needs immediate support or information. The toolkit is clearly divided into sections to help you find the information you need quickly.

Each section stands alone and case studies and what works examples have been included throughout the text, enabling you to also use the toolkit as a workbook.

“Stop discriminating! Stop being judgemental! Stop making excuses! Feel the fear and do it anyway! Take women with substance misuse issues into refuges and work with them. Develop more women only substance misuse services – gender specific spaces might help women to make that first step to disclosing that she is experiencing domestic violence. We need more services that work with women and children. We also need more services that focus on children as survivors in their own right. Some of this will take a while. Some of it can happen quite quickly.”

Marai Larasi – Director of the Nia Project

2.3 What is the purpose of this toolkit?

The purpose of this toolkit is to:

- Help workers increase safety for survivors and their children experiencing domestic violence
- Enable staff to provide options to drug and alcohol users both as survivors and perpetrators of domestic violence
- Support staff across the drugs, alcohol and domestic violence fields to work with this client group
- Encourage networking and partnership working across the sectors
- Provide practical, adaptable tools which enable organisations to implement changes in policy and practice

Throughout this toolkit, we have attempted to be as gender neutral as possible in that we have not automatically assumed that all victims / survivors are female or that all perpetrators are male. In some instances however, we have not been gender neutral.

This is mostly because some of our knowledge about domestic violence is indeed gendered. For example, we know that leaving a violent relationship is extremely dangerous for heterosexual women. However, the evidence does not suggest that the reverse is true so it would be misleading to state that leaving is a particularly dangerous time for all victims.

We have also been gendered when presenting research findings that derive from studies that have only focused on female victims / male perpetrators or referring to gender-specific services such as domestic violence perpetrator programmes.

Finally, in some instances, to reduce cumbersome grammatical constructs, we have referred to victims as female and perpetrators as male in recognition of the fact that this is true in the overwhelming majority of cases. However, this is not meant to imply that this is always the case.

3. Overview of current provision

3.1 Current provision

Drug, alcohol and domestic violence agencies often serve the same client base. However, while numerous services deal specifically with domestic violence or substance misuse, few organisations in the UK are currently equipped to provide the range of services needed by survivors or perpetrators of domestic violence who also experience problematic substance use.

Differing models of working, time restraints and philosophies mean that drug, alcohol and domestic violence services often do not work together as effectively as they could.

3.2 Similarities in the client groups

Many similarities do exist for those who experience problematic substance use and those who experience domestic violence. Clients with these individual issues may experience:

- Feelings of isolation, guilt, shame, low self-esteem
- Experience of trauma
- Initial denial of the problem
- Reluctance to seek out support systems due to fears of negative consequences e.g. losing children or housing
- Fears of rejection from community and family
- Magical thinking; *“if I ignore the problem, it might go away, it might stop”*
- Difficulty in decision making or making decisions that may not appear to others as logical

- Efforts at reducing alcohol or drug use or escape from violence are sabotaged by the partner as a mechanism of control, and substance use may even be encouraged or forced
- Repeated attempts to change the substance or relationship before making lasting changes

As well as these client similarities, substance misuse programs and domestic violence projects both:

- Work with an overlapping client base
- Focus on safety for clients
- Tackle social exclusion and work towards breaking down client isolation
- Conduct risk assessment and screening

3.3 Working together

The Stella Project believes that the similarities identified above make working together both feasible and essential.

Not only can resources be pooled but outcomes for the survivor and perpetrator are more likely to be positive if approached in an integrated holistic way.

Joint working across the domestic violence and drug and alcohol sectors is therefore the logical way forward.

Myth:

Alcoholics and drug addicts are nothing like me, my family or friends

Fact:

There is no ‘look’ or ‘personality’ of drug or alcohol users, they are as diverse as society itself

4. Making the links

4.1 Perpetrators and drug and alcohol use: are they responsible for their violence?

Understandings of the reasons and causes of substance misuse and domestic violence are varied. Many organisations believe problematic substance use to be a cause of a perpetrator's violence. Within these sorts of organisations, a perpetrator's substance use may be addressed, with the intention of reducing their use of violence.

Many organisations however see the use of substances as a 'disinhibitor' which gives a perpetrator the belief that they will not be held accountable or responsible for their violent behaviour. The Stella Project strongly supports the view that substance use does not cause domestic violence.

4.2 Survivors and substance use: are they causing or simply coping with violence?

There are also differences in the ways organisations understand women's substance use. Some organisations believe that there is some causal link between a woman's use of substances and her experiences of domestic violence.

Other organisations may see the misuse of substances (both legal and illegal) as a way for women to cope with their experience of domestic violence. This view is supported by research in the U.S. and Britain.¹

"If a substance misuse agency ignores a woman's safety – she may never get sober. If domestic violence providers ignore her drug use she may never be safe. Can we really keep affording to keep taking the risk?"

Marai Larasi – Director of the Nia Project

Drug and alcohol use is often present in violent relationships. This can manifest itself in multiple ways, for example the perpetrator may:

- Act as supplier and use access to substances as a form of control
- Force their partner to use substances
- Threaten to disclose their partner's use of substances to the authorities, particularly where there are children in the family who the mother fears will be taken away
- Limit access to information or treatment
- Use their partner's earnings to buy substances
- Take out frustrations and aggression on a partner during a detoxification phase
- Sabotage a partner's attempts to stop using or enter into treatment

Women who are problematic substance users are often excluded from services. For instance refuges often find it difficult to support women who use substances. As a result this group of women are particularly vulnerable to long-term experiences of domestic violence and possibly homelessness as they have fewer options of where to go to find help, support or safety.

The primary presenting issue often masks additional needs for instance if a client presents with substance misuse problems, any domestic violence issues are usually submerged and vice versa. This is partly due to the secrecy and shame that surrounds both issues as well as fear of being misunderstood or excluded from services.

Myth:

Survivors who use drugs and alcohol deserve or provoke violence from their partner

Fact:

No-one deserves abuse. Survivors who use drugs and alcohol often say they do so to cope with violence from their partner

4.3 Domestic violence and substance use facts and statistics

Although substance use does not cause domestic violence, there is a clear link between the two.

- A recent UK study showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years²
- Almost two thirds of survivors drawn from domestic violence agencies in the same study showed that they began their problematic substance use following their experiences of domestic violence³
- Another UK study of 60 women using crack cocaine found that 40% reported being regularly physically assaulted by a current partner and 75% being physically assaulted by a current or past partner⁴
- In a study of inner London treatment agencies in 2000, 30% of women reported physical violence from their current partner⁵ although this figure is estimated to be higher due to women's fear and difficulty in disclosing their experiences of violence and abuse
- A US study reports that 60% of women accessing drug or alcohol services (n = 360) reported current or past domestic abuse⁶
- The Yale trauma study showed that abused women are 15 times more likely to use alcohol and 9 times more likely to use drugs than non-abused women⁷
- Findings from a review of the British Crime Surveys revealed that 44% of domestic violence offenders were under the influence of alcohol and 12% affected by drugs when they committed acts of physical violence⁸
- A number of studies have found that the perpetrator's use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober⁹

- A small scale study in the UK showed that all of the women interviewed about the role of alcohol in their partner's abuse had also experienced violence and abuse from their partner when he had not been drinking¹⁰
- Reducing substance use (including alcohol) may reduce levels of physical injury but has not been shown to reduce the actual occurrence of domestic violence (i.e. non physical abuse such as psychological and sexual violence)¹¹

5. Key information for both sectors

You may feel reluctant to work with this client group but your organisation is probably already working with clients who have complex needs. Although you may not be knowingly working with this client group it is statistically likely you are.

5.1 Domestic violence workers are encouraged to take into account:

- If you ignore drug or alcohol issues your client may be less able to leave a violent partner, in greater danger of more severe violence and more likely to have ineffective criminal justice system intervention
- She may be more likely to lose her children, less likely to benefit from counselling and less likely to be admitted to a refuge or provided with permanent housing
- Working in partnership with drug and alcohol agencies will reduce your workload, increase your confidence that you are working effectively, improve outcomes and reduce repeat victimisation
- “Supporting People” sees working across sectors and in partnership as positive and good value for money
- There may be possible sources of funding for your agency to support drug and alcohol work
- Often the perpetrator’s use of substances has a significant effect on women and children. Careful consideration needs to be given to how these issues will affect the sort of support women may require from both your service and others

5.2 Drug and alcohol workers are encouraged to take into account that:

- Studies into women and drug use find an extremely high correlation between the experiences of abuse and substance use. Violence and abuse are not always past issues; there is a high likelihood that a woman using drugs may be living with a violent partner
- Men who present as drug users need to be asked about their offending behaviour or capacity for violence. It is possible your client is putting others at risk with his behaviour
- Attempting to address a survivor’s substance use without also giving support in relation to their experiences of violence is unlikely to be effective. You cannot expect better results if you fail to look at their situation holistically
- Many survivors use drugs and alcohol as a strategy to cope with the violence they experience. Addressing their substance use without acknowledging the effects of violence on their lives can increase their feelings of vulnerability and their ability to remain engaged with treatment
- Women face a risk of escalated domestic violence if a perpetrator finds out they have been trying to access services
- Addressing a perpetrator’s drug/alcohol use alone will not reduce their abusive behaviour. If treatment is able to reduce the severity of the violence it does not address the complex dynamics and power and control which underpin domestic violence. Therefore, work which specifically addresses such dynamics should accompany a treatment plan
- Many survivors choose to stay with their violent partners if they know that they are on a drug or alcohol programme because they believe it will increase their safety. However, the stress of withdrawal and/or relapse of the violent partner may increase their violence

6. Key messages

In order to provide your clients with key messages, it is essential to view your clients holistically and individually. Remember that each client's experience of substance use and violence is highly individual. Your clients have many strengths to build upon, it will have taken much courage and resourcefulness to have survived this far.

To survivors of violence:

- You are not alone, support is available
- There is life after abuse
- You are not responsible for the violence you experience and should not be blamed for it

To perpetrators of violence:

- Domestic violence is a range of abuse (not just physical) which is an attempt to control and manipulate a partner or ex partner
- Domestic violence is unacceptable. You are responsible for your violence and abuse
- Substance use, anger and trauma do not explain or excuse violence
- Domestic violence is a crime

To drug or alcohol users:

- You have the right to decide how to manage your drug or alcohol use
- You can have access to support, information and treatment that suits your individual needs
- Services should support you to limit the level of harm caused to yourself and others due to your drug and alcohol use

7. Minimum standards

Survivors of violence:

- Survivors should be able to choose the support they want and who provides it
- Women in violent situations often leave their relationship several times, before the break is permanent. Workers can support women in making their own choices in their own time, in a space they feel comfortable
- Women-only and women-led services must be available to all clients who wish to access them, whenever possible
- Treatment and other interventions should not be dependent on a survivor's relationship and their current level of safety
- Survivor's experiences of domestic violence and abuse can be defined in terms of trauma. Post Traumatic Stress Disorder is common among survivors
- Survivors must not be sent back to where the violence has been occurring
- Women experiencing domestic violence should never be asked to participate in couple or family counselling or mediation. Raising the issue of violence in this manner may actually increase her danger
- Always validate survivors' experiences if they disclose violence, recognise and name abusive behaviour and respect their choices of what to do about it
- Ensure all survivors are provided with information about how to access help for domestic violence

Drug and alcohol users:

- Clients require a non-judgemental and safe environment to enable them to disclose substance use
- Drug and alcohol assessments are helpful in making decisions about care, treatment or support
- Substance users need a variety of treatment options
- Clients reducing their substance use or becoming drug free may relapse on several occasions. This is very common and clients should be supported through this, rather than criticised or excluded

Worker and agency responses:

- Clients should not be denied services due to issues with domestic violence or substance misuse
- Clients need to be consulted about the interventions they find supportive and effective
- Only refer violent men to perpetrator programmes which are members of the Respect network
- Staff can enable clients to make choices about their own lives and to take control of decisions
- Be clear about confidentiality boundaries at all times
- Clients should be encouraged to speak freely with workers about substance use or domestic violence without it affecting service provision
- Prescription medication should not be given without counselling and other therapeutic support

- Early detection of substance use or domestic violence could provide a client with greater safety and options. Services may find it beneficial to carry out routine questioning for both issues after receiving training
- Services need to be accessible to all potential clients. This includes provision for children, as well as disability access and access to interpreters where relevant

Section 1 footnotes

- 1 Jacobs, J., 1998. *The Links Between Substance Misuse and Domestic Violence*. London: Alcohol Concern
- 2 Humphreys, C. & Regan, L., 2005. *Domestic Violence and Substance Use: Overlapping Issues in Separate Services, Final Report*, available to download at www.gldvp.org.uk
- 3 ibid
- 4 Bury, C et al., 1999. An examination of the needs of women crack users with attention to the role of domestic violence and housing, Report for the Lambeth, Southwark and Lewisham Health Authority in collaboration with the National Addiction Centre and the Brixton Drug Project.
- 5 Powis, B., Gossop, M., Payne, K. and Griffiths, P., 2000. Drug Using Mothers: social, psychological and substance use problems of women opiate users with children. *Drug and Alcohol Review*, 19, 171-180.
- 6 Swan, S., Farber, S. and Campbell, D., 2001. *Violence in the Lives of Women in Substance Abuse Treatment: Service and Policy Implications*, Report to the New York State Office for the Prevention of Domestic Violence, Rensselaer, New York.
- 7 Barron, J., 2004. *Struggle to Survive: Challenges for delivering services on mental health, substance misuse and domestic violence*, Bristol: Women's Aid Federation of England.
- 8 Budd, T., 2003. *Alcohol Related Assault: Findings from the British Crime Survey*, Home Office Online Report 35/03
- 9 Brecklin, L., 2002. The role of perpetrator alcohol use in the injury outcomes of intimate assaults, *Journal of Family Violence*, 17 (3), 185-196.
- 10 Galvani, S., 2004. Responsible Disinhibition: Alcohol, Men and Violence To Women, *Addiction, Research and Theory*, 12 (4), 357-371.
- 11 Jacobs, J., 1998. *The Links Between Substance Misuse and Domestic Violence*. London: Alcohol Concern