

1. Background

1.1 How the Stella Project began

The Stella Project is a partnership between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA).

The Greater London Domestic Violence Project works to end domestic violence across the capital by supporting direct service providers and promoting joint working.

The Greater London Alcohol and Drug Alliance (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 London¹.

“Today is not about barriers, it is 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 focussing on the women and children who we work with and for and 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 The members of GLADA include ADFAM, Association of London Government, Black Londoners Forum, Federation of Black and Asian Drug and Alcohol Workers, Government Office for London, Greater London Association of Directors of Social Services, Greater London Authority, HM Prison Service London Area, Imperial College, London Alliance of Service Users, London Directorate of Health and Social Care, London Directors of Public Health, London Drug and Alcohol Network, London drug users, London Drugs Policy Forum, London Probation Area, Metropolitan Police Service, National Treatment Agency (London Region)

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 aims of the Stella Project are:

- To increase safe choices for women and children experiencing domestic violence by raising awareness and standards within existing substance misuse services and domestic violence projects in London
- To hold perpetrators accountable for their behaviour by raising awareness and standards within service providers in London

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

1.2 The toolkit

The Stella Project was launched in December 2002 at a seminar organised to bring together the drug, alcohol and domestic violence sectors. The aim was to begin a dialogue between domestic violence and drug and alcohol agencies, and collect data on the knowledge and needs of front line workers working with these issues. Finally it wanted to collate suggestions on possible ways to improve practice.

One of the recommendations that emerged from the Stella Project Launch Seminar was the need for guidance, models of good practice and training to support both sectors in developing their services. This toolkit has been developed as the first step in responding to these needs. The Stella Project hopes to continue to support both sectors through training, events and assisting in the development of good practice guidelines.

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 women experiencing domestic violence or men perpetrating domestic violence who are also problematic substance users.

2.2 How do I use this 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 information is repeated to make sure that you don't miss it. Case studies 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 - 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 of violence 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 women and 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

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 eg. Losing children or housing
- 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.

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 violence.**

MYTH

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

FACT

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

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.²

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 partners earnings to buy substances
- take out his frustrations and aggression during a detoxification phase on his partner

Women who are problematic substance users are often excluded from services. For instance refugees 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.

2. Jacobs, J (1998) The links Between Substance Misuse and Domestic Violence, Alcohol Concern: London.

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.

"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 afford to keep taking that risk?"

Marai Larasi - Director of the NIA Project

4.3 Domestic violence and substance use facts and statistics

- Up to 30% of men who assault their partners do so when under the influence of alcohol³
- 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)⁴
- Women who experience domestic violence and who also abuse substances are often likely to do so as a **consequence** of their abuse. One study found that violent partners drank more during violence but women drank more after the violent incident⁵
- In a study of inner London treatment agencies in 2000, 30% of women reported physical violence from their current partner⁶ although this figure is estimated to be higher due to women's fear and difficulty in disclosing their experiences of violence and abuse

3. Alcohol Harm Reduction Strategy For England. Cabinet Office. (2004)

4. Jacobs, J (1998) The links Between Substance Misuse and Domestic Violence, Alcohol Concern: London.

5. Jacobs, J (1998) The links Between Substance Misuse and Domestic Violence, Alcohol Concern: London.

6. Powis, B., Gossop, M., Bury, C., 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

- 32% of victims of domestic violence said that their attacker had been drinking⁷

Research indicates that drugs are less likely to be an issue in domestic violence attacks than alcohol however 8% of female victims of chronic domestic violence said their assailant was under the influence of drugs at the time of their last assault.

Jane's Story

Jane suffered regular violence at the hands of her partner - but she was also subjected to constant threats and verbal abuse.

“The relationship then became very abusive. She would drink alcohol from 3pm in the afternoon until late at night but would not admit to being an alcoholic.

“She would self-harm, taunt me and say I was a terrible mother and threaten to commit suicide. Then she started to hit me. “

Life at home became so intolerable for Jane's eldest child that she requested to be taken into care.

“She told me she could not live at home anymore.”

<http://news.bbc.co.uk/1/hi/england/hampshire/dorset/3344449.stm>

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

⁷ Safety and Justice: The Government's Proposals on Domestic Violence. 2003

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 women 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 woman's substance use without also supporting her in relation to her experiences of violence is unlikely to be effective. You cannot expect better results if you fail to look at her situation holistically
- Many women 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
- Addressing a perpetrator's drug/alcohol use alone will not reduce his violent behaviour
- Many women 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. Generally the opposite is true. The stress of withdrawal and/or relapse of the violent partner may increase his violence

5.3 Issues for both sectors to consider:

- The issues facing women using substances and experiencing violence are diverse and layered
- 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
- Women face a risk of escalated domestic violence if a perpetrator finds out they have been trying to access services
- The risk of violence may increase during a perpetrator's detox or withdrawal phase or when a survivor is under the influence of substances during a violent incident. These risks make it vital for services to address domestic violence concurrently with substance misuse
- Some women will view their substance use as a normal, day to day feature of their lives. For some women violence will also feature as a part of their day to day existence

“ Services noted that substance using victims tended to perceive domestic violence to be a normal part of their lives and an insoluble reality.” (Taylor, 2003, p.9)

5.4 For Domestic violence managers:

The government's "Supporting People" initiative is one of the primary sources of funding for the majority of refuges.

"Supporting People" has identified the difficulty refuges often have with accommodating women with drug and alcohol issues.

Models of good practice that have been highlighted by "Supporting People" include:

- Establishment and commissioning of integrated services e.g. Employing combinations of floating support and supported housing services with specialist support from Drugs Advisory Teams
- Service user involvement in developing services
- Joint working to ensure that support needs are met and to avoid service users being 'passed around'
- Joint assessments, working through shared processes and forms

If you are working across domestic violence and substance misuse and funded by "Supporting People", you may find the following information useful:

- There is a requirement of services funded by "Supporting People" to work towards continuous improvement and strategic relevance in order to sustain funding
- "Supporting People" research shows difficulties in providing accommodation for women with drug and alcohol issues in refuges. Any attempt to fill this gap effectively would be seen as positive
- Ideally you would include multi-agency partnerships that are progressive and effective
- Floating Support for housing related needs is a method of service provision which is eligible for Supporting People funding. It is cost effective, flexible and user-focused

Working across the sectors provides refuges with an opportunity to develop innovative practice, respond to client need and possibly assist in securing future funding.

5.5 Drug and alcohol managers

Drug and alcohol services should work effectively with a range of services in order to provide a good service for their clients. In the case of clients who are survivors of domestic violence, services should be able to work together to maximise safety and health outcomes for clients.

The National Treatment Agency (NTA) has produced Models of Care, which is a de facto National Service Framework for drug treatment. *Models of Care* sets out the framework for the care pathways required to provide an effective drug treatment system.

Models of Care advocates a systems approach to meeting the multiple needs of drug and alcohol users. This is achieved through the development of local systems which have explicit links to the other generic health, social care and criminal justice services including through care and aftercare.

In the context of Models of Care, domestic violence services are classified as Tier 1 services i.e. those where their sole purpose is not drug treatment, but may work with people with drug problems. Therefore in their work with survivors of domestic violence, these services will ideally be able to screen for drug problems, refer to drug treatment services, and even provide basic harm minimisation.

It is important that staff in drug and alcohol services have awareness of domestic violence issues, particularly in the context of assessment. *Models of Care* recommends that assessment tools substance use include assessment of domestic violence. *Models of Care* also raises domestic violence as a risk factor that staff must be aware of when working with substance using parents.

These issues emphasise the need for more effective communication between drug and alcohol and domestic violence services, in order to make referral processes easier. *Models of Care* recommends that it may be beneficial to have link professionals from specialist drug services who can train and support Tier 1 professionals, in this case domestic violence services. Where the prevalence of substance use in domestic violence services is high, it may be beneficial to have a specialised liaison service to provide a co-ordinated responses.

Further guidance and detail from *Models of Care* can be found at **www.nta.nhs.uk**

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

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

To perpetrators of violence

- Domestic violence is unacceptable Perpetrators are responsible for their violence
- Substance use, anger and trauma do not explain or excuse violence
- Domestic violence is treated as a crime of violence
- Men's violence to partners and ex-partners is an attempt to control and manipulate

To drug or alcohol users

- Substance users have the right to decide how to manage their drug or alcohol use
- Substance users have access to support, information and treatment that suits their individual needs
- Services should support people in limiting the level of harm their drug and alcohol use does to themselves and the wider community

7. Minimum standards

Survivors of violence:

- Women 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 woman's relationship and her current level of safety
- Women's experiences of domestic violence and abuse can be defined in terms of trauma. Post Traumatic Stress Disorder is often common among survivors
- Women 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 women's experiences if they disclose violence, recognise and name abusive behaviour and respect her choices of what to do about it
- Ensure all women 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 network⁸
- 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

8. Contact Respect on: 020 8563 8523 or info@respect.uk.net or www.respect.uk.net

8. Legal issues for both sectors to consider

The Human Rights Act (HRA) has serious ramifications for how organisations must deliver services, and therefore an individual's duty to act in certain circumstances. If you are a public authority, you provide a statutory function or are publicly funded you must abide by the HRA. Articles III and VIII of this Act state that it is necessary for agencies providing statutory services to act to prevent violent treatment or to protect against violent treatment. The responsibility of providing safety to vulnerable people is of critical importance under the HRA.

Case law is developing very quickly in relation to the Act and it is more than possible that publicly funded charities, or those delivering statutory services may be held to account under the HRA.

If you are a front line worker you should be aware that your duty to act or provide services could come into question in the future. To date, the HRA has not been used to challenge a voluntary agency's duty of care. As an individual acting on behalf of your agency you must be able to demonstrate that you have acted legally in providing services for as wide as possible a range of clients. You should ensure that you are prepared and equipped to work with a variety of clients, such as those from ethnic minorities, those with disabilities, those with learning or language difficulties and those with drug and alcohol problems.

9. Diversity issues

These guidelines are provided by the Westminster Domestic Violence Forum

- DO** remember that domestic violence may be compounded by inappropriate reactions to her race, culture, age, sexuality, disability or class
- DO** remember that language and cultural barriers, impact on a women's experience
- DO** think carefully about the needs of black and ethnic minority women who want to leave a violent relationship: for example give them information about ethnic refuges
- DO** think about the cultural requirements of children who have dual heritage
- DO** think carefully about who you ask to interpret if the women you are supporting speaks a language other than english
- DO** think carefully about how to work with women who do not have leave to remain in Britain e.g. Asylum seekers

9.1 Guidelines for working with interpreters

For those whose first language is not English, you will need to use the services of an interpreter. It is always appropriate to offer this facility even if you feel that the client has very good English skills. Talking about sensitive and emotional issues like domestic violence is very difficult to do in a second language.

Below are some guidelines to help you select and use an interpreter:

- Whenever possible, try to use a female interpreter if you are working with a domestic violence survivor. If, in an emergency, this is not possible be sensitive to the fact that for some women, the use of a male interpreter may preclude any discussion of certain subjects so don't press for details. Try to arrange another time when a female interpreter is available
 - NEVER use a child as an interpreter
 - Try not to use interpreters from the client's own local area or from community associations to which she, her husband, family or friends may belong. If in doubt, ask
 - Make sure that interpreters sign a confidentiality clause in their contract with you and that they understand the necessity for such precautions
- Ensure that the interpreters have been trained in issues of domestic violence and that they don't have strong beliefs about the 'sanctity of marriage' or that 'outsiders' should not interfere within 'their' community
 - If you regularly use interpreters, include them in any training you may have on domestic violence
 - Before any interpreting begins, ensure that language and dialect match between the interpreter and the client
 - During the session, allow time for introductions, pause frequently so that the interpreter can easily remember and translate what you are saying
 - Make sure the interpreter understands that their role is to interpret, not to advise, censor or summarise what either you or she is saying
 - Look at the client and speak directly to them, not the interpreter