

# 1. Child care and protection

Children are often forgotten when we consider the interventions required to work with domestic violence survivors and perpetrators. Most children who have witnessed violence in the home find it extremely upsetting. Some evidence suggests children suffer trauma similar to Post Traumatic Stress Disorder as a result. The following section will provide information on how to support children and also safety planning for children.

## 1.1 Key Messages

- Women who experience domestic violence, including those who use substances, are rarely 'bad' parents. Many women are able to manage their parenting role despite their substance use
- Children's services need to be an integral part of any responses rather than, as occurs far too often, an after-thought
- Workers need to feel confident in discussing and reporting potential or actual child abuse that may be occurring

## 1.2 Effects of Domestic Violence on Children - Facts and Statistics

- “The link between child abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study”<sup>30</sup>
- In their response to the consultation paper on “Contact between Children and Violent Parents”, the Association of Chief Officers of Probation stated that information received from local Family Court Welfare Services suggests that domestic violence is present in almost 50% of cases, where a welfare report is ordered<sup>31</sup>
- In a survey of refuge services, Women’s Aid found that 48% of the service providers stated that adequate safety measures are not being taken to ensure the safety of the child and the resident parent before, during and after contact. In some cases despite involving children on the Child Protection Register or Schedule 1 offenders, unsupervised contact was granted<sup>32</sup>
- In the year 2001, there were 55,743 applications for contact orders under the Children’s Act, of those, only 713 (1.3%) were refused<sup>33</sup>

30. Stark, E. & Flitcraft, A. (1988). "Women and Children at Risk: A Feminist Perspective on Child Abuse." *International Journal of Health Services*, 18, (1), 97-118.

31. Association of Chief Officers of Probation (1999). Response to: A consultation paper on contact between children and violent parents : the question of parental contact in cases where there is domestic violence. ACOP: England.

32. Failure to protect? Domestic violence and the experiences of abused women and children in the family courts. Saunders, H. Women’s Aid Federation of England. 2003.

33. Failure to protect? Domestic violence and the experiences of abused women and children in the family courts. Saunders, H. Women’s Aid Federation of England. 2003.

## 1.3 Supporting children

A clear distinction should be made between domestic violence and child abuse. Many children are themselves the direct target of abuse as well as experiencing indirect abuse through witnessing domestic violence. Both of these experiences can cause immense damage to children. This is further compounded when one or both parents have problematic substance use.

It is essential that organisations working with children have clear guidelines for dealing with disclosures of child abuse. Children need to feel they are being listened to and are safe. You need to be clear about what disclosure means in terms of child protection issues. **Any services that work directly with children should have a child protection policy.** This policy should clearly state the process involved for reporting any suspicions or disclosures of child abuse or perceived harm to a child. Page 221 illustrates a sample child protection policy.

With the exception of refuges, few services operate for children who have experienced domestic violence within the home. For drug and alcohol services it is essential that a sense of safety and confidentiality is given to the client. Women are often worried that any disclosure of violence could lead to the removal of children.

Workers should assure clients that Social Services will only be informed if there is a realistic fear for the child’s safety. Drug and alcohol services need to ensure they ask basic questions about their client’s family situation, such as children’s names and ages. From this basis, workers are then able need to further assess a child’s safety, over a period of time.

Within a refuge children will be provided with some services. Although these will vary from refuge to refuge, most now have specialist children's workers. Many refuges offer:

- On-site play activities (usually structured daily play sessions of between 1-2 hours)
- School holiday playschemes
- Information and support in finding suitable school or nursery places
- Key sessions with mothers to look at the particular needs of each child
- Information and support on legal issues concerning children
- Advocacy for women and children in relation to other services such as Social Services
- Support in accessing external children's support services (e.g. counselling)
- Children's meetings (where the Children's Worker and the children meet to talk about issues affecting children in the refuge)
- Trips out (e.g. to sport and leisure facilities)
- Holidays

If you are referring a woman with children to a refuge you might want to ask what services a refuge can offer children.

*"Too many of us in both sectors assume that in providing services for mothers we have done enough for the children."*

**Marai Larasi -  
Director of The Nia Project**

#### 1.4 Legal responsibilities for children

Social Services are not always involved in families where there is domestic violence or substance misuse; their focus is largely on children who are at risk of 'significant harm'. All practitioners have a duty to safeguard and promote the welfare of children. In many cases, this is a subjective assessment so the point at which a Social Worker will intervene varies between different Social Service Departments.

You will need to be aware of the risk factors associated with both domestic violence and substance misuse so that Social Services can be informed if a child is at risk.

Harm includes physical, emotional and sexual abuse, as well as neglect.

However, children do not have to be in imminent danger to be referred.

If you suspect a child is being abused or appears neglected you have a legal obligation to contact Social Services. You should:

- Discuss your concerns with your manager. You and your manager may also wish to speak to Social Services prior to a referral. If you do speak to Social Services you should emphasise your concerns for the welfare of a child, rather than allegations of harm or abuse
- If after this discussion you still have concerns, you should consider referrals for the child and family. If you believe the child is at risk of harm, you should refer them to Social Services. In addition to Social Services, the police and the NSPCC also have powers to intervene. NSPCC helpline: 0800 800 5000

- If possible, discuss your concerns with the child in a manner that is appropriate to their age and understanding. Take care to ask open-ended questions and do not lead the child. Any referrals to Social Services should preferably be done with the consent of the non-abusing parent and where this is not possible, all practicable steps should be taken to ensure the non-abusing parent is aware of the referral so that they can make fully informed decisions about their own and their children's safety
- If you refer by telephone, confirm the referral in writing within 48 hours. You should hear from Social Services within one day of sending the written referral
- Any disclosures of child abuse should be clearly documented in a designated secure place

Page 221 gives a sample child protection policy for organisations that work directly with children

The Children Act 1989 sets out the framework for helping and protecting children and sets out as its paramount principle, that all decisions affecting children should be demonstrably in their best interests. A fuller explanation of the Children Act and how it affects children can be found at:

<http://www.bbc.co.uk/health/hh/kids19.shtml>.

New Government legislation on children at risk is expected in 2004.

## 2. Asking about domestic violence

### 2.1 Routine questioning for domestic violence: victims and perpetrators

Routine questioning is a technique that service providers should adopt as a means of identifying domestic violence. All clients can be asked the same basic questions, regardless of their age, ethnicity, socio-economic background or sexuality. "Concerns about what to do if domestic violence victimisation or substance misuse is disclosed are largely a function of low awareness of these issues and/or lack of a coordinated response to them within a service" (Taylor, 2003, p22). When working with those living in or escaping from violent situations, or with perpetrators of abuse, it is essential to know about the violence in order to increase the safety of survivors. Initially your client maybe reluctant to inform you of the violence that is taking place. If you question clients, it is helpful to introduce the conversation with a phrase such as:

"We often find that people using this service may have experienced or perpetuated violence. This information can affect the different sorts of services we are able to offer people. Do you mind if I ask some questions about this?"

By adopting a non-judgemental approach clients will feel more comfortable disclosing in you. If you suspect a client is unwilling to talk about their experiences of domestic violence, you could revisit the screening questions at a later time once you have a more established rapport.

## Case Study - Mende

Mende is originally from Sudan and has three children. She fled from her violent relationship six months ago and has applied for leave to remain. It took Mende a long time to leave her husband, as she did not speak English and had no family or friends to turn to. Whilst with her husband Mende was made to use prescription drugs; these made Mende subdued and very withdrawn. Mende feels very isolated and would also like to reduce her reliance on prescription medication. She is currently housed with her children in a refuge.

1. What are the issues facing Mende?
2. How could you reduce Mende's isolation?
3. Can you assist Mende to reduce her use of prescription medication?
4. What support may her children need?

### Possible Solutions

#### Have you considered the minimum standards for working with this client group?

##### 1. What are the issues facing Mende?

It is likely that Mende feels incredibly lonely and often frustrated. She may find it hard to express herself and long to speak her first language. How important is marriage within Mende's culture? She may feel ashamed that she has left her husband despite the violence. Her use of prescription drugs may also be something she feels self-conscious about. Mende does not yet have a decision about her immigration status which may also be causing her concern. Without 'leave to remain' Mende will not have recourse to public funds for herself, which will be stressful particularly if she is the sole care giver to three children. Mende is therefore likely to be very vulnerable and anxious at the moment.

##### 2. How could you reduce Mende's isolation?

You should consult with Mende about what options she would like, such as finding an African or Sudanese women's group in London. Also be aware of cultural differences and nuances within her own culture. For instance does everyone speak the same language in Sudan? Are there religious or class differences to consider? It is possible Mende will not want contact with her ethnic community, due to fear of rejection or shame about her substance use. Encourage Mende to be involved in any activities that the refuge is running and to increase her interaction with the other service users. Try and find out if Mende has any particular skills or talents she may wish to develop, which would also allow her self-esteem to grow.

##### 3. Can you assist Mende to reduce her use of prescription medication?

Obtain clear and precise details about how much and when Mende takes her medication. Do some basic research about the drugs she is taking and their effects on her system. You may need to conduct a risk assessment to see if there is any risk of Mende overdosing. This could be a risk if she is also feeling isolated and depressed. Offer Mende a referral to a drug and alcohol agency, though this may not be necessary. You could accompany Mende to her next doctor's appointment if she wishes and support her in explaining her situation. It is possible for Mende to gradually reduce her reliance on prescription medication with support from yourselves and her GP.

##### 4. What support may her children need?

What services does your refuge offer for children? If you have a children's worker allow them to assess Mende's children and their possible needs. Children who have witnessed violence often require additional emotional support. Be aware that children of non-English speakers can often end up acting as interpreters for their parents. This places the children in an adult position that is inappropriate. If this is the case your organisation needs to provide interpreters for Mende when required.

## 2.2 Questioning possible victims of domestic violence

Most women who experience violence will be hesitant to name their experience as domestic violence or not realise this is what they are experiencing. Women will be more receptive if you ask questions around the state of their relationship or their personal safety. It is acceptable to ask direct questions, particularly if you comment on the frequency of domestic violence within the community or possibly your client group. Routinely questioning women will allow you as a worker to identify any safety concerns she may have, obtain basic information about her current situation and increase her access to services and information. All conversations should be conducted in private and you should state that all disclosures will be dealt with confidentially, unless child protection concerns are raised. If interpreters are used they should be trained in the questioning process and use appropriate translations of words used in the process. All translators should sign a code of conduct and confidentiality agreement.

*“I’d have told them everything, I swear to God I would have. If they’d asked. I’d have whispered it. If they’d asked first. He pulled my arm behind my back and lifted me off the floor. It would have been easier after that, watching them listening. He hit me. He kicked me there. He burned me here. He did it. He did it. Save me. I’d have told them everything.”*

**Except from Roddy Doyle’s “The Woman Who Walked into Doors.”**

## Domestic Violence Power and Control Wheel

### Domestic Abuse Intervention Project, Duluth Minnesota

The Power and Control Wheel was developed by women survivors of domestic violence in Duluth who had been abused by their male partners and were attending women’s education groups sponsored by the women’s refuge. This wheel illustrates some of the different abusive behaviours used by men toward women and may assist you in asking pertinent questions to women.



© DOMESTIC ABUSE INTERVENTION PROJECT

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Duluth, Minnesota 55802

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[www.duluth-model.org](http://www.duluth-model.org)

**Example questions include:**

- How do you and your partner work out arguments?
- Do arguments ever result in you feeling put down or bad about yourself?
- Has someone else who uses substances harmed or posed a threat to you or your children?
- What does your partner think about your substance use?
- Do you ever become frightened by what your partner says or does?
- Do arguments ever result in hitting, kicking or pushing?
- Has anyone ever been violent towards you? Who?
- Have you ever been forced to have unwanted sexual contact with your partner?
- Do you think there is a link between any of these problems and why you are here today?

**2.3 Questions for possible perpetrators of domestic violence:**

Perpetrators of domestic violence are unlikely to present to your service and disclose their violence as a problem with which they need help. In drug and alcohol services they are more likely to associate their violence as a negative effect of their substance use. Alternatively perpetrators may refer to their violence as having an 'anger management issue.' All questioning should take place in private and your confidentiality agreement should be highlighted before the conversation takes place. It is always important to ascertain the man's beliefs about whether it is ever right under any circumstances to be violent towards women as an answer to the affirmative is one of the strongest predictors of violent behaviour in men. Sample questions include:

- Has your drug or alcohol use affected your relationships with your partner and family?
- What do your partner and family think about your drug use?
- Have you ever lost your temper with your family or your partner while you were intoxicated or hung over?
- Have you ever done or said something to your family or friends as a result of your drug use that you regret?
- Has anyone in your family been frightened or harmed by you when you've been substance affected?
- Have you ever hit, kicked or pushed your partner or child when intoxicated?
- Do you think there is a relationship between your substance related problems and the reasons you are here today?

### 3. Asking about drug and alcohol use

It is ideal for all services to briefly screen for drug and alcohol misuse. A few open ended questions can help reveal if a client has problems with their substance use. Be aware if a client admits to having these issues you may need to complete a full drug and alcohol assessment. Alternatively you could refer him to a service that is able to do this. The brief assessment will enable you to choose the best methods for working with your client.

#### 3.1 Key questions:

- Do you drink or take drugs (legal and/or illegal)?
- Have you ever thought you should cut down on your drinking/drug taking?
- Do you get annoyed when people criticise your use?
- Do you ever feel guilty about drinking or drug use?
- In the morning do you ever wake and feel regret about something you have done the night before?
- Do you think your drinking or drug use causes problems with your family/ health/work etc.?

Page 228 contains two sample screening questionnaires. If your client answers 'yes' to the majority of these questions it may be beneficial to refer them to a drug and alcohol agency. If your client declines this option, still try to engage them in conversation about their substance use. The assessment questions below may assist with this.

### Service Profile: The Nia Project

Firstly we are trying to stop discriminating!

We have had in-house training and workshops in domestic violence and substance misuse. This has been geared at increasing knowledge but also encouraging all staff to challenge their assumptions and mind-sets around substance misuse. In January 2003 we started a rolling programme of more intense training especially for refuge-based staff. This is really important.

We've also gotten creative. Refuges aren't the answer for every domestic violence case. Our advice service can offer domestic violence support for women who can't / choose not to go into a refuge. This is good for lots of women including those with substance misuse problems.

All women referred to any of our services go through what we call a positive screening process - we ask women if they have substance misuse issues. But before we ask we explain that they won't be excluded - that it's not just for statistics - but that we want to try to make sure that they receive as holistic a service as possible.

We are working on developing a specialist refuge for women with substance misuse issues. Now this is not to stop the other workers from doing their work! Specialism is important - women need that choice but it shouldn't stop mainstream providers delivering as well.

**Contact: Marai Larasi on: 020 7683 1278 or [mlarasi@niaproject.plus.com](mailto:mlarasi@niaproject.plus.com)**

### 3.2 Drug and Alcohol Assessments

Different domestic violence organisations may require different assessments, depending on the level of support your organisation will be providing for clients. Generally an assessment should include:

- The type of drugs/alcohol used, with a focus on the main substance used?
- How much is used?
- How are the substance(s) used?
- When are the substance(s) used eg. what time of day, with whom?
- Is the client physically dependent on the substance e.g. do they describe physically withdrawing from substances?

More detailed assessments will ask about any issues involved with health, family, work or criminal activities.

It is suggested that full assessments should be used in refuges to gauge how a women's use will impact on the shared living environment. Questions need to be raised around the following areas:

#### Current use:

- What are you using?
- Separately or with other substances?
- How much do you use per day/week?
- Describe a typical day.
- What makes you start or stop using?

#### Mental Health:

- What are your moods like?
- Do you have psychological or psychiatric problems?
- Have you ever self harmed or tried to commit suicide?

If a client indicates they have a mental health problem or you suspect from these questions they do, you should seek assistance from a mental health organisation. Page 163 outlines a process for this.

#### Personal safety:

- What plans do you make for your children when you are drinking or using substances?
- How do you control your use?
- What helps control your use?
- Tell me about the positive things going on in your life.

#### Change:

- Have you tried to reduce your substance use in the past?
- What has or hasn't worked for you in the past?
- Would you like to reduce the problems with your drug use?
- Have you made plans for this?
- Have you talked to anyone about this?

#### Challenges:

- What things could get in the way of changing your drug use?
- Is your partner getting involved?
- Who will support you?
- How will you manage parenting while this is happening?

#### Overdoses:

- Do you ever pass out or lose your memory as a result of drinking?
- Have you ever overdosed?
- Could you tell me about these incidents?

**Physical Health:**

- Has your use affected your physical health?
- Have you had a recent check up?
- When you don't use do you have withdrawals?

**Livelihood:**

- How much does your drug use cost you?
- How does your use affect your workplace performance?
- Is your accommodation stable?

**Legal:**

- Have you been or are you in trouble with the authorities?
- Are you facing current convictions?

Page 228 shows a formal drug and alcohol assessment that could be used to accompany these questions.

Remember no one expects you to be a drug and alcohol expert. Whenever possible refer your client to a drug and alcohol agency for assessment and treatment. If it appears that a client becomes physically ill when they are not using, you should consider asking questions directly related to their dependency, which can be found on page 226.

**Service Profile:****Making the Links in Tower Hamlets:  
Initiating Change, Facilitating Change**

The Making the Links Project is based in the Domestic Violence Team, Crime Reduction Services, Tower Hamlets Council. The project aimed to clarify the service needs of clients simultaneously affected by domestic violence and substance misuse and identify gaps in service provision in Tower Hamlets as a preamble to appropriate service development.

The project is innovative in that it addresses both issues simultaneously within all key domestic violence and substance misuse services in a single yet diverse borough. Making the Links works to practically address service and client needs via the activities of a dedicated project officer, responsible for the project from initial liaison and research through to service and partnership development and training. This allows for the implementation of a strategy which works with the realities of individual services and the specific needs of local black & minority ethnic community groups whilst simultaneously adhering to standardised best practice criteria.

The research stage of the project consisted of visits and interviews with relevant service providers in the borough. The findings from this research were published in November 2003.<sup>34</sup> Interviewees were given the assurance that individual sources of information would not be identifiable in the report. This provided enough confidentiality to allow people to be frank about issues of concern for them. The process of gathering information from direct client service providers and other forums has served to raise awareness of domestic violence and substance misuse issues in various ways:

- All services were provided with domestic violence/drug & alcohol service information at interview

34. Taylor, H (2003). Domestic Violence and Substance Misuse Making the links: An evaluation of Service Provision in Tower Hamlets. London Borough of Tower Hamlets: London.

- Services were also informed about Tower Hamlets Domestic Violence Forum and the local domestic violence multi agency training programme. Several services joined the Domestic Violence Forum and/or accessed staff to the training as a result.
- The project's existence and the nature of questions asked has caused services to reflect on their response to these issues - nearly all services interviewed have requested in-service training as a result.
- Awareness of the project has enabled services to make use of the project officer as a consultant on responding to clients experiencing domestic violence and substance use issues.

The report from the research was launched at a seminar on domestic violence and substance misuse to which all contributing service providers were invited. Topics covered were theoretical perspectives, Tower Hamlets research findings, the work of the local Domestic Violence Forum and Drug Action Team, the London wide perspective, practice issues and work with clients. Speakers came from academic, strategic, training and frontline service backgrounds. Service providers appreciated the unique opportunity to network with a wide range of other local agencies.

A training programme for local services has recently been started, with substance use and domestic violence services as the initial focus. Training covers substance use/domestic violence awareness, resources available to clients, good practice and cross screening for both issues. This will be followed by work with individual services on monitoring and policy development. Key findings which inform training and development include:

- The need for screening clients for both domestic violence and substance use issues. Proactive discussion with clients can allow issues to be addressed before a crisis point is reached.
- Clear policies and practice guidelines for addressing these issues is needed to ensure a consistent standard of service provision for clients and to support staff.
- An uninformed response to a disclosure of domestic violence victimisation is unsafe and unhelpful for clients and stress inducing for staff.
- Wherever possible clients should not be subjected to repeated assessments, having to tell all their information over and over to different services.
- When assessing clients for issues beyond an agency's direct remit, assessments should provide information sufficient to make appropriate and informative referrals to suitable agencies. The level and complexity of information requested should, however, be appropriate to the expertise and brief of the referring service.

- Perpetrators of domestic violence should be held accountable for their behaviour. Substance use is neither an excuse nor a justification for abusive behaviour
- Domestic violence victims simultaneously experiencing problematic substance use are extremely vulnerable and need fast track access to services
- These clients will often have complex needs and will require high and consistent levels of support

It is crucial that any service or organisation planning to implement this type of development should take into account that facilitating change is an ongoing process. If interventions are to be effective and positive changes sustained, appropriate follow up strategies must be in place.

#### Holly Taylor

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Taylor, H. (2003) Domestic Violence & Substance Misuse: Making the Links: An Evaluation of Service Provision in Tower Hamlets (LBTH) - <sup>35</sup>

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35. Taylor, H (2003). Domestic Violence and Substance Misuse Making the links: An evaluation of Service Provision in Tower Hamlets. London Borough of Tower Hamlets: London.

## 4. Risk assessments

If someone has problems with their substance use or is the victim of violence they are potentially at risk of harm. Harm can be experienced physically, emotionally, financially and socially. A risk assessment can highlight potentially dangerous risks your client may be facing and indicate any areas of additional support they may require. Ideally drug and alcohol agencies would be conduct risk assessments at the same time as a drug and alcohol assessments which is in line with national guidelines set out by the NTA. Questions to ask when completing a risk assessment include:

#### For all clients:

- How would you describe your current state of mind?
- Have you ever deliberately hurt or harmed yourself?
- Do you ever think about committing suicide? Have you tried in the past? Do you think about it now? How would you go about it? Have you planned to do it?
- Have you ever been violent?
- Has anyone ever been violent to you?
- Where is your violence directed?
- Do you ever think that people are talking about or conspiring against you?
- Do other people help you with your personal care, the shopping, cooking and budgeting?

**For Substance Users:**

- Have you ever overdosed or lost your memory as a result of your substance use?
- What are your drug/alcohol using habits? Could any of these be risky for you? e.g. Sharing injecting equipment, drinking to the point of losing consciousness, using a variety of substances at one given time.
- When you are intoxicated who cares for your children?

The following questions will allow you to assess the possible danger a women may be currently facing.

**For perpetrators**

- Have you ever been violent?
- To whom are you violent?
- Have children been injured during a domestic violence incident?
- Have you threatened or attempted to abduct children or take them abroad?
- Have you violated court orders or bail conditions in relation to domestic violence proceedings?

**For Survivors**

- Has anyone ever been violent to you?
- Are you recently separated or considering separation from your partner?
- Has your partner been more controlling lately and/or attempted to isolate you?
- Has your partner attempted to choke or strangle you? (a high proportion of women who are murdered are strangled by their partners)
- Has a weapon been used against you? E.g. a household instrument used as a weapon.
- Has violence occurred whilst you were pregnant?
- Have you been forced to have sex or perform a sexual act against your will?
- Have children been injured during a domestic violence incident?

Page 247, has a draft risk assessment which may assist in these questions. **Remember a risk assessment should be on-going.** People in crisis are in a state of change and so are their circumstances. Risk assessments should therefore be continually updated.

## 5. Identification of domestic violence or substance use

Once you have completed a drug and alcohol assessment or you have screened for domestic violence you will be in a position to identify whether your client is experiencing these difficulties. If so, don't be put off by not having all the knowledge you would like on substance use or domestic violence. Your main concern should be making your client feel safe and comfortable. The section below suggests approaches you can use to ensure you maintain a rapport with your client.

### For drug and alcohol services:

#### 5.1 What do I do if I know or suspect my client is experiencing domestic violence?

- Remind the women that your service is confidential. Under no circumstances should the perpetrator know about her disclosure, as this could put her in more danger. If the perpetrator also uses your service, make sure all sessions are conducted separately. In this situation couples work is not usually a place a woman can safely disclose violence. Even if she does this may put her in increased danger and as such, should not be facilitated or encouraged by your agency
- If a survivor is also a parent, additional issues may exist. She may feel it is difficult to change her situation because of her concern for her children
- Her safety should be your paramount concern. Try and provide suggestions or ways she can increase her safety. This includes her use of drugs and alcohol and exploring the relationship between the two. It does not include telling her what to do, or telling her to leave

- Safety planning will allow a woman to develop personal strategies to enable her to further increase her safety. Safety planning, is outlined on page 164.
- Try and contact local domestic violence services. What are the options in your area? Are there safe places she can go? Would a worker be able to come visit the woman at your service? What advice can they give you about increasing her safety?
- Provide the woman with information on domestic violence services. She may need to keep it at your service or at a friend's house
- Respect her choices. Women have the right to choose when and how they make changes in their lives, but you have begun the support process

*"Asylum seekers have an image of the police connected with rape and torture (formed in their own countries). It brings back those memories, so they never call the police"*  
-Survivors consultation,  
Women's National Commission

#### 5.2 What do I do if I know my client is perpetrating domestic violence?

- **No excuses!** Do not collude with or condone his violence towards his partner. His substance use is not to blame, the violence is directed at only one target. No one deserves to be abused
- Highlight that as adults we are all responsible for our behaviour. He still makes decisions about to whom and when he is violent or abusive

- Give him positive feedback on disclosing his use of violence, this will allow him to further explore and reflect on the problems with his use of violence
- Explore how he uses his behaviour to control and manipulate his partner. Is it possible for him to empathise?
- Ask him what effects his violence has upon his partner, their children, their family and friends. Allow him to think of the issue from another point of reference
- Tell him that you **will** contact his partner and provide her with information and offer support
- Does he show a desire to change? If not broach the subject with him in future sessions
- Have you established whether there are child or adult protection issues that need reporting? Does your organisation have a protocol for dealing with this?
- If he does wish to change consider referring him to a perpetrator program
- Contact Respect for a list of perpetrator programs in your area. Contact a program and discuss the support they can provide both the perpetrator and victim

### For Domestic Violence services:

#### 5.3 What to do when you identify a victim who is a problematic drug or alcohol user?

- Treat her disclosure confidentially. Be non-judgemental, just because she drinks or uses drugs doesn't make her a bad person or a bad parent
- **DO NOT EXCLUDE HER FROM YOUR SERVICE SIMPLY BECAUSE OF HER SUBSTANCE USE.** Instead discuss ways in which her use of substances might cause difficulties for your service and for others
- Her safety should still be your paramount concern. If you need to consider excluding her from your service simply because of her behaviour when using substances offer other options including alternative sources of accommodation
- Contact a local drug or alcohol agency and obtain information about the services available to her. Don't forget to provide basic information about the substances she uses
- Consider how her substance use will impact on your service. What time of the day will be the best time to work with her? How can you avoid her being victimised due to her drug or alcohol use?
- Respect her choices. She may feel that now is not the time to address her alcohol or drug use.
- Discuss ways in which she can reduce the level of harm caused by her substance use. Eg. Injecting practices, safety while drinking, etc.

*“Asian women are not supposed to drink, they are not supposed to be taking drugs, they’re not supposed to be stepping out from certain traditional forms of behaviour. Taking drugs or alcohol is particularly seen as an act which is just simply not acceptable for women in the community... so really they keep their problems far more hidden, much more harder to detect, and therefore they don’t access the help and services they should be getting.”*

**Hanana Sidiqqui, Southall Black Sisters, Service User Consultation**<sup>36</sup>

#### 5.4 What to do when you identify a perpetrator who has a substance misuse issue

- Remember that substances in no way excuse his behaviour
- Understand that substances can be a disinhibitor, but does not equate with violence and abuse
- Ideally substance use and violence should be dealt with concurrently. Don’t just refer him to a substance misuse service and expect the violence to cease
- Establish contacts with local alcohol and drug services
- Establish if he wishes to address his substance use and refer him to an appropriate service
- Educate him where appropriate about the lack of a causal link between alcohol and drugs
- Allow him to discuss his view of the relationship between the two. This will give you more insight into his thinking and more information to work with

36. Unlocking the Secret. Women Open the Door on Domestic Violence. Women’s National Commission. December 2003

#### 5.5 What if my client has a mental health problem?

It is likely that at some stage in your practice you will work with a client who has a mental health problem. It is essential to gain as much information as possible about a person’s mental health. Whilst assessing a person, take into account how your client is presenting eg. nervous, anxious, over excitable. What does this behaviour indicate? How will you work with a client who has these behaviours? If the client has been diagnosed with a mental health problem it is possible they are already working with health professionals. If this is the case, consider working closely with these agencies in an effort to best meet your client’s needs. If you client has a diagnosis they may be eligible for a CPA (Care Program Approach) which means a social worker is responsible for an organised approach to their care in which your organisation should be included.

Remember that mental health is on a continuum and is therefore in a constant state of change. **You should have a non-judgemental approach and view their mental health as a part of their overall well being.** If a client has a mental health problem and issues with substance misuse, be clear about the services you are able to offer. Attempt to assess a client as thoroughly as possible. Be aware that often the affects of substances are similar to the symptoms of mental health problems. Do not attempt to be an expert! If you are working with a dual diagnosis client, be prepared for an inter-agency and multi faceted approach.

## 6. Safety planning

By raising the issue of domestic violence we create opportunities to explore ways in which women and children can be safe. A safety plan is a semi-structured way to think about steps that can be taken to reduce risk, before, during and after any violent or abusive incidents. It is important to stress that although a safety plan can reduce the risks of violence they cannot completely guarantee women and children's safety.

### 6.1 Developing a safety plan

Women experiencing violence will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidance for your work. A safety plan is about allowing women to identify the options available to them within the context of their current circumstances. Some questions to ask in drawing up a safety plan:

- Who can you tell about the violence who will not tell your partner/ex-partner?
- Do you have important phone numbers available eg. Family, friends, refuges, police?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be violent? Eg. After drinking, when he gets paid, after relatives visit
- When you suspect he is going to be violent can you go elsewhere?
- Can you keep a bag of spare clothes at a friend's or family member's house?

- Are you able to keep copies of any important papers with anyone else? E.g. passport, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when he is being violent and abusive?
- What is the most dangerous part of your house to be in when he is violent?

Sample safety plan on page 242.

### Internet Chatroom

I remember you saying to me on one post 'if you knew that when you drank you hurt someone you loved would you still drink'? I will always remember that, it marked a turning point for me, because it brought it home to me that he **KNEW** he beat me when he drank and for all the times he said he loved me, if he truly loved me and didn't want to hurt me he would stop drinking.

[http://messageboards.ivillage.co.uk/n/mb/message.asp?w\\_ebtag=iv-ukrlabuse&msg=27714.7](http://messageboards.ivillage.co.uk/n/mb/message.asp?w_ebtag=iv-ukrlabuse&msg=27714.7)

## 7. Crisis intervention

Crisis intervention relates to how services react to emergency situations. Obviously services cannot respond to every possible scenario, but we can put measures in place to address foreseeable problems. Emergency situations may include medical emergencies, incidents of violence, unsupervised children or breaches of security. Effective organisational policies and protocols can easily be developed to allow for a rapid and supported response to emergency situations.

It is possible that your initial contact with a client may require crisis intervention, e.g. they arrive at your refuge after fleeing from violence and be substance affected. Once again, the emphasis will be on ensuring that the victims feel safe and secure. Messages and questions to ask in a crisis situation:

- Reassurance: ‘You are safe now’, ‘You are not responsible for what has happened to you’, ‘I am sorry this has happened to you.’
- The facts about the situation: What, Who, How, When, Where?
- Allow victims to tell their own story in their own way, in their own time
- Is the danger still present? Is the situation likely to occur again? If so when? What are the contributing factors? E.g. drugs, alcohol, family tensions
- How is the client presenting? E.g. substance affected, shaking or in shock?
- Do they require medical attention?
- What symptoms of stress has the incident caused? E.g. shock, illness, substance use?
- What would the client benefit from now? What would help them cope?
- What support can you offer that person at this moment?

Staff also need to consider the possibility of a crisis situation occurring in the future. Staff are encouraged to consider this whilst conducting risk assessments of clients. This allows for an effective response in the event of an emergency. From a risk assessment an organisation can consider how it would deal with drug or alcohol overdose, suicide, self harm or incidents of violence.

All projects should have clear guidelines and policies on how they will deal with emergencies. These discussions need to take place within organisations, but as a minimum standard services need to have:

- Access to telephone for clients and workers in case calls to the police, ambulance or fire need to be made
- Staff trained in first aid practices
- An understanding of how much and what type of violence and abuse your service will tolerate
- A policy and procedure on what to do in the event of suicide or self harm
- Guidance on the type of aftercare a service can provide for those who have survived through crisis

*“In African and Caribbean communities sometimes they think a prayer will help. In doctor’s surgeries they should have leaflets for men who are perpetrators with a phone number to ring, so they can talk to someone.”*

**Survivors Consultation,  
Women’s National Commission**

## 8. Partnership working

Many organisations find building partnerships a challenging but an essential part of their client work. In reading this toolkit it is assumed you have identified dual or even multiple needs within your client group. Often we assume partnership working is a formal and time consuming process, yet making an informal phone call to a service and asking for advice and information is an effective exercise in partnership. Partnership working is logical; no one is an expert in every field or issue presented to us. As workers we are as diverse as our clients. It is an organisation's responsibility to provide options, alternatives and hope to clients facing domestic violence and substance misuse issues.

### 8.1 Forming partnerships

Before looking at how you can form partnerships, consider who you might form partnerships with. Do you have a directory of local services? If not, it is a good idea to make a staff member responsible for collating a list of local services, both statutory and non-statutory. As a team, make a list of what kind of services you might need and have telephone numbers for e.g. mental health, drug and alcohol, sexual health, childcare, local doctors, employment services, domestic violence and sexual assault services. This list will help prepare you for all forms of disclosure. For example, if a client presents with a need you can begin quickly finding an appropriate service or information. Ideally your service should also stock a large range of leaflets and information on local support services to assist people in making informed choices. This should include resources such as leaflets, flyers and posters. Most importantly - ask questions, pick up the phone, write a letter or send an email. Instigate the process rather than expecting another organisation to do so.

## Service Profile: Drug And Alcohol Service for London (DASL)

DASL is a medium size alcohol agency in the voluntary sector in East London that provides services to the residents of the boroughs of Newham, Tower Hamlets and Redbridge. Their clients are concerned about their own drinking as well as people who are concerned about the drinking of someone else.

DASL does not see problem drinking as an illness, but as a learned behaviour, affected not only by individual factors such as family norms, and heredity, but also by social, cultural, environmental and occupational specifics.

DASL's Domestic Violence Project is a pilot project. Its aim is to develop an integrated model of working with perpetrators and substance use incorporating good practice for substance agencies. We know from the research on good treatment outcomes for substance use agencies that they are dependent upon the quality, empathy and rapport that clients encounter in their contact with services. The project will have a woman's service attached, where DASL can begin more thoroughly to establish a way of working which is safe and supports women in relationships where there is substance use and violence. DASL supports abusive men to change their substance-use, along with understanding and addressing their controlling and violent patterns of behaviour.

The project is still in its early stages but the work will be evaluated and written up in the near future.

Name	Role
Michelle Clarke	Women's Domestic Violence and Substance Use Worker
Annabell Compass	Women's Link Service Worker
Mike Caton	Men's Service
Nicola Saunders	Domestic Violence Coordinator

Tel: 020 8257 3068 Fax: 020 8257 3066

## 8.2 Informal methods of building partnerships:

**Training Swaps:** Perhaps you have identified a need for training in basic drug awareness but can't afford to send your whole staff team? Why not offer a training exchange? Meet with a local service and agree to provide a day of training in domestic violence, while they provide one training in substance use

**E-Groups:** The most cost effective of all. Create a list of interested parties, allowing people to seek advice and clarity on issues pertaining to substance misuse and domestic violence. Send and answer questions at convenient times, allow the list to grow and shrink as required

**Inter-agency visits:** Free. Visits allow an organisation to send one member of staff to ask a variety of questions and get a 'feel' for a service. If the service is a domestic violence refuge, arrange to meet at your service. Once you have discussed your services, it is possible you can explore common issues and ways of working together

**Conferences/Seminars:** Hold them yourself or if not contact a local authority or umbrella group and ask them to; you may be surprised at the response. Allow staff to attend as many seminar days as possible, as an ideal way of networking

**Away Days/Team Meetings:** If you don't have time for a comprehensive day of networking, invite individual services to speak at team away days or meetings. This allows workers to become aware of what is available to clients, and provides an opportunity for open debate about how your services can work together

## 8.3 Formal methods of partnership building

**Referrals:** Some organisations have funding restraints which limit the numbers and places from which most referrals can arrive. However, many services are open to referrals from a variety of sources or extending their referral base. It is always worth discussing this with appropriate agencies. Before referring clients you should always call a service, gaining an understanding of what information they need for a referral. The more information you give on a referral form the more effective response a service can provide and it will also help to prevent inappropriate referrals.

**Care Plans:** Clients with dual or multiple needs, often require a collaborative response. If several organisations are working directly with a client it is essential to provide a joint system of care. If this is the case, key workers need to meet on a regular basis and devise a joint strategy. Clients must give consent for information to be shared within this forum.

**Service Level Agreements:** If two organisations feel that

they would benefit from each other's services a formal written agreement may be developed to clarify roles and responsibilities. A service level agreement should clearly state what services are to be provided and how this will be measured or ensured. For example, a domestic violence refuge may write an agreement to have a substance use worker facilitate workshops with women. In order for this to occur, an agreement, inclusive of associated costs, may have to be devised.

*"Domestic violence is an issue which is 'everywhere and nowhere.' Many agencies have a part to play in providing effective interventions and promoting safety but no single agency can do it alone."<sup>37</sup>*

37. Greater London Authority (2001). The London Domestic Violence Strategy. Greater London Authority: London.

## 8.4 Finding partners

If you have identified a specific need within your client group you may consider contacting an umbrella organisation. They will be able to assist you to finding the best service with which your organisation can jointly work. You could also consider attending any local meetings or fora to allow for the development of partnerships. Groups to consider contacting in your local borough:

- **Drug and Alcohol Action Teams (DAAT's)** - Located in each borough, these groups oversee drug and alcohol service provision and project management. They are also responsible for drug and alcohol funding distribution from the government. DAAT's should be able to give a clear rundown on services available in your area
- **Domestic Violence Fora** - Almost every borough in London has a domestic violence forum and most also have a co-ordinator. This Forum is attended by variety of interested parties such as police, refuge staff and local authority departments. They develop borough initiatives and should have a clear view of all the domestic violence services available in your area
- **Community Voluntary Action Councils** - Usually funded by the local authority and other local statutory agencies, there is a CVS working in several boroughs across London. These groups are run by local groups to support, promote and develop local voluntary and community action
- **Domestic Violence Services** - The National Domestic Violence Helpline number 0808 2000 247. The helpline operates twenty four hours a day and in a range of languages

- **Drug and Alcohol services on-line**

A full list of alcohol services is available from Alcohol Concern: [http://www.alcoholconcern.org.uk/servlets/wrapper/services\\_region.jsp?region\\_id=5](http://www.alcoholconcern.org.uk/servlets/wrapper/services_region.jsp?region_id=5)

A full list of drug and alcohol services is available from the London Drug and Alcohol network: <http://www.ldan.org.uk/cms/view/findservice/ViewLondon.asp>

## 8.5 Challenges in partnerships

**When contacting refuges be aware that:** The main priority for refuges is the safety of their residents and their location. Refuges will not give out their location over the phone, since anyone could ring and claim to be a service provider and of course, service providers can be abusers too. Male staff should be particularly aware of this issue. In an effort to maintain this confidentiality you may not be invited to the actual refuge, so offer to meet elsewhere such as your own service. Never tell a perpetrator of violence that his partner or ex-partner may be or has been referred to a refuge.

Refuges are often wary about working with women who use substances. Don't assume refuge workers have knowledge of drugs or alcohol symptoms or treatment models. Take time to explain individual client drug and alcohol use.

**When contacting drug and alcohol services be aware that:** The environment of drug and alcohol services often reflects the nature of drug use, that is, ever changing, fast paced and sometimes chaotic. Most drug and alcohol services assess the whole lifestyle that is associated with substance use and therefore may welcome any inter-agency work. However due to the nature of services, you should be direct and straightforward about the needs your client has.

The drug and alcohol field is full of terminology relating to treatment, diagnosis and theory. Rather than pretending to understand, ask questions, otherwise you risk referring a client to an inappropriate service. Be aware that just as in domestic violence work, confidentiality is a major factor in successful drug and alcohol work. Services will be reluctant to share any information with you without client consent. If they feel that

*“A lot of times husbands blackmail their wives by saying that if the women report anything, the Government will kick them out of the country”*

**Survivors consultation,  
Women’s National Commission**

this information will threaten someone’s housing or safety they will be wary of sharing it with you. This can be overcome by simply gaining a shared understanding of each other’s work with a client and having a confidentiality form signed by the client.

Funding is often an issue for services, especially those offering medical interventions, such as detox or prescribing. If you have difficulty accessing specialist services for clients due to funding you should jointly approach your local DAAT for further direction.

Most importantly don’t assume that substance use workers have knowledge about domestic violence. Be sure to explain the nature of violence your client is experiencing and the danger they may be facing. Explain how violence is not excusable because of their substance use. Allow workers the time to reflect and empathise with a survivor’s experience.

## 9. Supporting staff

Services are only as good as the people who provide them. No matter how experienced, trained or hardened a worker is, organisations need to recognise and value staff. Direct service delivery can be emotionally draining and personally challenging. Good workers are people with the ability to self reflect and analyse their responses to situations. These are not innate skills, but rather skills that are learned and developed. Supported staff also tend to stay in their positions longer, leading to greater staff retention. Methods to support employees include:

- **Supervision:** Supervision is not simply about managing employees, but is also a way of developing employees. Services should acknowledge that staff may need additional supervision in times of stress, when their client base changes or if they have been involved in a crisis situation. Supervision can be a helpful tool in allowing workers to reflect on their day to day practice. It is also ideal when discussing particular client related issues, as a line manager may have greater clarity around these issues.
- **Practice Clarity:** Continually revise what sort of framework you are operating under and how this impacts on your practice. Issues of good practice and theory can easily be explored in team meetings or group supervisions.
- **Group Supervision/Away Days:** Group days allow for clarity in job roles and highlight individuals input within teams. This allows for re-grouping and reflection on how as a team you consistently relate to your clients.
- **Personal and Career Development:** We all get tired of being in a rut. Staff should be encouraged to develop areas of interest. Perhaps that means allowing individuals to select particular clients to work with or duties to undertake.

- **Training:** Allows workers to develop more skills and knowledge, especially in specific areas. On top of this workers are given the opportunity to reflect on relevant and sustainable practice
- **Sensible Working Hours:** Whilst commitment to your job is essential, so is having an outside life. Organisations should never place pressure on employees to continually and systematically work extended hours. This leads to overworked employees with high levels of stress, associated health problems and poor staff retention

## 10. User consultation

There is simply no point in providing a service without consulting users. Services need to be designed to meet their needs. Services should ensure they have a mechanism for engaging clients that is both meaningful and effective. Clients want to be able to trust service providers and feel that change will occur in realistic timeframes. User consultation varies widely and needs to be adapted for each organisation. Points to consider:

- Consult with **your** clients to find a format or strategy for consultation they feel comfortable with
- Be aware that questionnaires and suggestions boxes can exclude those from non-english speaking backgrounds and those with literacy problems
- Explore ways in which service users can be involved in the decision making processes of your agency. E.g. as part of your management committee
- Service user meetings should be held on a regular basis and all action points should be completed to a specified time
- If possible you could conduct 'exit interviews' as clients leave your service

**User consultation does not have to be a negative experience.** People are often more concerned with complaining than complimenting. However, the latter is likely to occur if clients feel a service meets their needs and client consultation is taken seriously. Below are two innovative models of user involvement.

## The Alcohol Recovery Project Client Involvement Strategy

Since 2000 the Alcohol Recovery Project (ARP) has been developing its client involvement frameworks. Clients and staff were consulted throughout this process in the form of a steering committee with the idea of developing a strategy.

The conclusions gained three years down the line are:

- Starting at the very beginning with client involvement is vital, it needs to be a very organic process that does not pre-empt outcomes
- Ensure that the intention is understood and owned by all the stakeholders equally, clients, staff and board
- Recognition is needed of the enormous time and resource implication of undertaking such a process
- A named person is needed who is able to push the changes through plus a genuine belief in the process.
- It is important that all stakeholders are recognised as important and treated equally
- It is essential that all information and communications are up to date and standardised for every stakeholder group
- A willingness to stay with what is often a difficult and painful process. Don't give up!

Lambeth, Southwark and Lewisham commissioners have now supported this work by funding a post to develop ARP's own client involvement work but also because they want to adopt the model across drug and alcohol services in the three boroughs.

The Client Involvement Co-ordinator's role includes meeting with clients to discuss their involvement, finding new ways of involving clients, training clients on the ARP and the drug and alcohol sector, researching funding, chairing the Lambeth DAT sub user group and developing client involvement action plans.

The ARP believes user involvement assists services to develop on many levels but most importantly involvement can become a part of the recovery process from drug and alcohol misuse.

**Contact: Mark Wilson on 020 7403 3369**

### When consulting with domestic violence survivors you should consider:

- The information sought must not jeopardise the safety of abused women and children
- Allow for anonymous contributions either in writing or via the telephone
- The impact of women's unique situations and individual differences. Do not, for example, only consult with women whose first language is English or who are living on benefits
- Holding consultation sessions on women's safety rather than on domestic violence
- Holding women-only consultation sessions
- Consulting specifically with refuge residents (but be absolutely clear that a refusal to participate will not impact in any way on services she may currently be using or seeking to use such as permanent housing)
- Providing childcare facilities while the consultation is taking place
- Providing a 'follow-up' session for those individuals who become distressed by recounting their experiences. For example, ensure women are given numbers of appropriate local support services
- Detailing who will have access to any information given and whether or not individuals will be identifiable
- Ensuring that all safety considerations are integrated into the consultation process. For example, do not hold public meetings in poorly lit places which are inaccessible by public transport

## Service Profile: The Phoenix Group

Westminster Domestic Violence Forum (WDVF) was set up with the intention of working to reduce domestic violence in the City, alongside improving services to families experiencing domestic violence. To ensure that this aim was achieved, the Co-ordinator invited local agency service users (through the voluntary sector) to form a group as advisors to the Forum. Whilst having a support element, the primary purpose of this group was to directly guide the work of the Forum.

To ensure the effectiveness of this group, a worker with 'groupwork' skills was important, to enable the women to get to know one another, support each woman to fully participate and contribute her thinking. Funding was also necessary to provide child care and interpreters when needed.

In the initial stages of this group, the women told about their experiences of using local services. They identified where they had experienced difficulties in getting the services their families needed, and what had worked well to enable them to make decisions and access resources to protect themselves and their children. Out of these discussions, the 'Phoenix Group' made a series of comments and recommendations to WDVF agencies. These recommendations were discussed in the full Forum, and a number of issues referred to the working groups for action. Perhaps the most effective of these have been:

- 1. To develop practical guidelines for agencies to assist them to improve their front line services to families, including improving partnerships**
- 2. To develop guidelines for working with male perpetrators and links to the Domestic Violence Intervention Project (DVIP). The group believes that engaging these men is crucial for domestic violence prevention.**

3. To develop prevention work in schools, linked to appropriate curriculum requirements. This would both support children living with domestic violence and contribute towards preventing domestic violence in future generations.

To maintain the group and continue to enable it to actively contribute to the work of the Forum has involved a review of its role, an element of on-going support to members, and the creation of opportunities for Forum agencies to directly consult the group - e.g. WCC Housing received guidance for development of the 2003 Homelessness Strategy for Westminster. The Phoenix Group contributes to the Forum agencies meeting by adding their thoughts on the topic of the meeting through the Co-ordinator - such as mental health impacts of domestic violence, and the impact on children of living with domestic violence. The group members attend the working group to provide guidance on developments - such as editing the schools pack and developing a training manual for the WDVF Training Pool.

The benefits to WDVF of having survivors' ongoing input have been to provide agencies with confidence to progress their work with families experiencing domestic violence.

The benefits to the group are "knowing that we are contributing to other families getting the support they need... we come from different communities and have had some different experiences, so we can provide a range of thoughts together". The group has attended speaking skills training courses and met with similar groups across the UK. Each member has also grown in confidence to choose new paths for herself, such as teaching art, gaining computer skills, getting paid jobs and attending college courses.

The Phoenix Group look forward to using their experiences to guide the WDVF in the use of this toolkit.

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