

**ISSUE 2:
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Substance use and domestic violence

Substance use and domestic violence have long had a complex relationship. After the success of our [Fundraising and bid-writing](#) (pdf) briefing we decided for this issue to look at the research and resources surrounding this challenging topic.

Adfam believes that possessing knowledge and skills in dealing with domestic violence is essential for those who support families affected by substance use, and in this edition of In Practice we bring together resources, interviews and case-studies in the hope they will be useful to you.

Adfam's work with Dr Sarah Galvani, discussed in the briefing, highlights the high level of child to parent violence and the tolerance some parents have towards their violent, substance-using children.

Interestingly, young people interviewed reported that having drug using parents enter treatment did not always improve relationships or herald a decrease in domestic violence.

Organisations and individuals choose to use either 'domestic violence' or 'domestic abuse' in discussion. We wanted the briefing to accurately reflect these views and because of this both terms are included.

We would also like to thank the Stella Project and Natalie Pallier, Adfam's [Domestic Violence Project](#) Coordinator.



Vivienne Evans, Chief Executive

IN PRACTICE

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Supporting families affected by substance use and domestic violence

Violent and abusive behaviour often happens when a person has been drinking or taking drugs and people often don't know how much the alcohol or drug is to blame for this behaviour. Partners, parents, family members and friends can be victims of a person's abusive behaviour or may see it happening to others.

The leaflet '[Living with domestic abuse and substance use](#)' (pdf), written for Adfam by Dr Sarah Galvani, provides some facts about the relationship between domestic abuse and substance use:

What is domestic abuse?

- ✓ Domestic abuse is not just about hitting or physical violence. Domestic abuse includes a range of violent and abusive behaviours. Usually victims of domestic abuse are women (and children) and perpetrators are men although this is not always the case.
- ✓ Victims say that the most damaging forms of abuse can be mental and emotional abuse because they are living in fear about what might happen next, are afraid to say or do certain things in case it makes things worse, and are made to feel unattractive and stupid.
- ✓ The leading domestic violence agency in the UK defines domestic abuse as 'physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can

include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are inherently 'violent'. (Women's Aid 2007).

What are the facts?

The relationship between domestic abuse and substance use is not a simple one. However, there are some common misunderstandings about how the two are linked. The following questions are frequently asked by people who want to know more.

Do alcohol and drugs cause domestic violence and abuse?

No. When the people who are being violent and abusive are our partners, children, other family members and friends, it is natural to want to find a reason for it but drugs and alcohol are not to blame. Research shows that people who are violent and abusive under the influence of alcohol or drugs are usually violent and abusive without it¹. Drugs that have a stimulating effect, like crack cocaine and steroids, are commonly thought to increase aggressive behaviour but research shows this is not always the case².

We know that alcohol and drug use can affect our mood and body in a number of ways but this is not the same as turning a non-abusive person into a violent and abusive one. What is clear is that there is a link between the two but this is different from the alcohol or drugs being to *blame* for the person's violent behaviour. Sometimes people who are violent or abusive will use their substance use as an excuse for their behaviour and for doing things they would not normally do because they

¹ Galvani, S. (2006) 'Alcohol and Domestic Violence: Women's views'. Violence against Women.

² Friedman et al. 2001, Haasen and Krausz 2001, Parker and Auerhahn 1998

feel they will get away with it. Research has also shown that when people *expect* alcohol to make them behave more aggressively it does, even when they have not had any³!

Do alcohol or drugs make the domestic violence or abuse worse?

Yes and no! Where domestic abuse already exists, research shows that alcohol or drug use can increase in the frequency of physical violence and abuse and injuries may be worse when the perpetrator is under the influence of a substance⁴. However, domestic abuse is not just physical violence. Alcohol or drugs will not affect other forms of abusive behaviour, for example, controlling behaviour. This can include the abusive person controlling the victim's access to their family or friends or their access to services; they may tell them what to wear or control how long they can go out for.

Does someone's own alcohol or drug use make them more likely to be a victim of domestic abuse?

Yes, it can do. This does not mean they are to blame! The person who is being violent and abusive is always responsible for their own actions. However, sometimes a victim can become vulnerable when they've been drinking or using drugs and therefore an easier target. They may be less able to think quickly or get out of a difficult situation. However it is important to understand that some women drink or use drugs to cope with the physical and psychological pain of domestic abuse⁵. There are also strong links between

experiences of abuse in childhood and adult substance use⁶.

Will drug or alcohol treatment stop the violence?

No. What research shows is that for some people who are violent and abusive, reducing or stopping their substance use can *reduce* the domestic abuse for a period of time⁷. However, reducing abusive behaviour is not the same as stopping it all together and research suggests that this does not happen. It also shows that for people who are not successful in their attempts to change their substance use or who return to problematic levels of substance use the domestic abuse continues or escalates.

NB. It is also important to remember that when people cut down or change their substance use, it can be an extremely uncomfortable process, both mentally and physically. People may experience mood changes, increased anxieties, and emotional ups and downs which may worsen their abusive behaviour rather than improve it. It is important not to assume that reducing or stopping the substance use will suddenly make the person behave better.

[Living with domestic abuse and substance use](#)

goes on to look at the impact of domestic violence on victims, family and friends, as well as what you can do to help others, and yourself, stay safe. It's useful for family support professionals as well as family members affected by domestic abuse in a variety of ways, whether it is happening to them, or they are concerned about another family member.

³ Dougherty et al. 1999, Parrott and Zeichner 2002

⁴ Brecklin 2002, Brookoff et al. 1997, Fals-Stewart 2003, Graham et al. 2004, Leonard and Quigley's 1999, Leonard and Senchak 1996

⁵ Clark and Foy 2000; Corbin et al. 2001; Galvani 2006; Miller 2001; Miller et al. 2000

⁶ Clark and Foy 2000, Downs et al. 2004, Galaif et al. 2001, Hartley et al. 2004, Kantor and Asdigan 1997, Miller et al. 1993, Pedersen and Skrondal 1996, Wall et al. 2000

⁷ O'Farrell and Murphy 1995, O'Farrell et al. 1999, 2003, 2004

Top ten tips for working safely with domestic violence

1) Create a safe environment

Women-only and women-led services should be available to all clients who wish to access them, and men-only support groups can be very effective in encouraging male family members to access support. In a support group, partners of a substance user are more likely to feel safe discussing domestic abuse with those in a similar situation, rather than with parents, siblings, children of substance users or kin carers, and the same may apply to all these groups, especially if one to one support is not available.

Thought-provoking domestic violence posters and leaflets in your public areas also show that your service is aware of and open to talking about the issues, and staff should be aware of the *key messages* around domestic abuse, which should be integrated into all information, advice and support on offer.

2) Ask the right questions

Early detection of substance use or domestic violence could provide a family member with greater safety and options. Services may find it beneficial to carry out routine questioning for both issues after receiving training. Even the most difficult questions can be asked in a number of sensitive ways. It is important that staff are confident about how they will ask about domestic abuse and how to respond or refer appropriately following a disclosure

3) Look out for risks

Staff should be trained to look for indicators of risk associated with domestic violence, and to know about the factors that can make victims

more vulnerable to abuse, so they can carry out a basic risk assessment. Where there is risk from harm, you may need to help your client with safety planning, and/or make appropriate referrals.

4) Psychological safety

Survivor's experiences of domestic violence and abuse can be defined in terms of trauma. Post-Traumatic Stress Disorder is common among survivors. Know how to recognise signs of trauma and how to respond safely and effectively.

5) Work closely with specialist services

Foster good links with local domestic violence services and draw up a basic written agreement on how you will work together to support and safeguard vulnerable family members, swapping training and good practice information. Only refer abusive family members to perpetrator programmes which are members of the Respect network.

Provide all clients with information about how to access help for domestic violence, including details of the local domestic violence service, and the national domestic violence helpline or men's advice line. Even if they are not experiencing the issue themselves, they may use this information to help a friend or family member.

6) Respect choices

Survivors should be able to choose the support they want and who provides it. Always validate survivors' experiences if they disclose violence, recognise and name abusive behaviour and respect their choices of what to do about it.

7) In their own time

Women in violent situations often leave their relationship several times before the break is permanent. Workers should support family members in making choices in their own time, in a space they feel comfortable. Treatment

and other interventions should not be dependent on a survivor's relationship and their current level of safety.

8) Couple and family counselling

Women experiencing domestic violence should not be asked to participate in couple or family counselling or mediation. Raising the issue of violence in this manner may actually increase her danger.

9) Drug or alcohol use: widen your focus

Remember that addressing a perpetrator's drug or alcohol use alone will not reduce their abusive behaviour. If treatment is able to reduce the severity of the violence it does not address the complex dynamics and power and control which underpin domestic violence. Therefore, work which specifically addresses such dynamics should accompany a treatment plan.

Many survivors choose to stay with their violent partners if they know that they are on a drug or alcohol programme because they believe it will increase their safety. However, the stress of withdrawal and/or relapse of the violent partner may increase their violence and put them at a greater risk of harm.

10) Protection, safeguarding and confidentiality

Keep written policies for the protection of children, vulnerable adults, and the disclosure of confidential information. The Children's Act 2004 states that all agencies have a duty to safeguard children, regardless of whether they work directly with them or not. The government definition of a vulnerable adult is 'anyone who is unable to protect him or herself against significant harm or exploitation', which may include victims of domestic abuse.

Please note - these top tips have been taken from the [Stella Toolkit](#).

Words of Wisdom from the Stella Project

We spoke to Jennifer Holly, Stella Project Coordinator.

What advice would you give to family support services who want to make links and find out more about domestic violence services in their area?

Go for it! The links between domestic violence and substance use are well-established, and it is important that both domestic violence and substance misuse services know how to respond to service users who are affected by both issues.

Family support services' first step is finding out about local domestic violence services.

They can do this by contacting their local domestic violence forum coordinator (based in the local authority) or looking at the [Women's Aid website](#) (under the section 'Find a local service'). You could contact them for leaflets or posters to display in your service, or to arrange a site visit. You can also find out what their referral criteria and procedure is. Although each service is different, most work from the definition of domestic violence which includes abuse not only from intimate partners but also other family members. Domestic violence – regardless of whether it is from a partner, a sibling or an adult child – *is* abuse and all victims have the right to protection and support.

What about family support services who think they may be working with perpetrators?

Perpetrators of domestic violence are unlikely to directly disclose their violence as a problem with which they need help; they are more likely to associate their violence as a negative effect of their substance use, someone else's substance use, or as an 'anger management issue'. If someone is concerned about their behaviour, they can be signposted to the [Respect](#) phone-line on 0845 122 8609 for advice on where to get support to change their abusive behaviour. In-depth work with perpetrators around their use of violence is a specialist field and holds potential for extreme danger. However, all practitioners can send out key messages that substance misuse does not excuse or justify domestic violence, and that perpetrators must be held accountable for their abuse.

What about things like risk assessment, safety planning or supporting people to report domestic violence incidents? Are these things that the family support services should know how to do, or should they be referring on to a specialist service?

If someone has problems with their substance use or is the victim of violence, they are potentially at risk of harm.

A risk assessment can highlight potentially dangerous risks your client may be facing...

and indicate any areas of additional support they may require. Risk assessments, however, are not fool-proof and they only give an indication of risk at that particular point in time. Victim assessment

of danger is the most reliable indicator of risk; if she feels the perpetrator will be violent again, chances are that he will. Risk assessments should be completed with or by a trained domestic violence professional, so family support services should provide victims with information about their local domestic violence support service. If the individual does not wish to speak to a domestic violence worker, you should respect this choice and not force this option. In addition to providing information about local services, you may also want to help the service user develop a safety plan – example plans can be found in the [Stella Toolkit](#).

A lot of family support services run informal group meetings where people support each other and talk about their experiences or chat to each other at informal coffee mornings and drop-ins. Is there a safe way to do this, so that people feel they can talk to someone about domestic violence or abuse?

Similar to those who are affected by problematic substance misuse, victims of domestic violence (and their families) may have similar feelings of isolation, guilt, shame and low self-esteem, and may not feel comfortable disclosing the abuse they are experiencing. Therefore, the first step is to let the people attending know that this is an issue you are aware of and that you can be approach about. Ensure information leaflets and posters are visible at meetings, or when a new person joins the group you may want to mention, as routine, that you are aware that domestic violence is an issue for many families where there is substance misuse and that this may be something that is also affecting them. Alternatively, if you have a programme of topics which are discussed, put domestic violence on the list.

Is there anything else you'd like to say?

Tackling a sensitive issue like domestic violence can be daunting, but there are things you can do...

find out about your local services, let the people in your services know they are not alone and that there is help available.

Safety planning with the Stella Project

Safety planning

By raising the issue of domestic violence or abuse, we can create opportunities to explore ways in which family members, particularly women and children, can be safe.

Safety planning involves more than assessing potential future risk; it can help create psychological safety, the space needed to recover and freedom from fear. 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 it cannot completely guarantee safety.

Developing a safety plan

Survivors will already have coping strategies they find effective in reducing or managing the abuse. It is essential to acknowledge these and use them as guidance for your work.

A safety plan is about allowing survivors to identify the options available to them within the context of their current circumstances. Safety plans can be developed in the context of a survivor choosing to leave, choosing to remain in the relationship or if they have already left.

Key principles

- ✓ Keep the responsibility for the abuse explicitly with the perpetrator.
- ✓ Provide consistency and continuity.

- ✓ Never assume you know what is best for victims; they know their situation and the risks better than you do.
- ✓ Recognise that victims will already be employing safety strategies, though they may not name them; recognise, validate and build on what they are already doing. Explore which strategies are effective and helpful, and which may not be so helpful and could be adapted.
- ✓ Do not suggest anything that colludes with the abuse, for example 'what did you say or do to provoke his anger?' or 'what happens in the privacy of your home is none of my business'.
- ✓ Safety planning needs to be an on-going discussion as situations change, particularly when a victim is considering leaving, or excluding a perpetrator from the home.

Questions you could ask when drawing up a safety plan:

- ✓ What do you currently do to keep you (and your children, husband, elderly relative etc.) safe? What works best?
- ✓ Who can you tell about the violence who will not tell your partner/ex-partner/abusive family member?
- ✓ Do you have important phone numbers available e.g. family, friends, refuges, police?
- ✓ If you left, where could you go?
- ✓ Do you ever suspect when your partner/family member is going to be violent? For instance after drinking, when he gets paid, after relatives visit or when he needs money.

- ✓ 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? Can you phone from there to get help?
- ✓ 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 being violent?
- ✓ Can you begin to save any money independently of your partner/abusive family member?
- ✓ Can you find ways to speak to me/attend this service without your partner/abusive family member finding out?

It is also important to help the survivor to focus on the more positive things going on in their life and/or identify ways that they could access activities which would help improve confidence, self-esteem, and emotional wellbeing.

Safety planning with children and young people

You can advise children and discuss safety issues with them, but remember they do not have the power or resources to develop safety plans for themselves. Child protection requires adults to take responsibility for children's safety. Remember that you have a duty to safeguard children, regardless of whether you work directly with them or not. If you consider a child may be at risk from harm you must follow your local protection procedures.

For more information about assessing domestic violence related harm to children please see the [Stella Project toolkit](#).

Once you have assessed the risk of harm to children you will be in a better position to prepare a personal safety plan for them, which should include:

- ✓ Helping children to identify a safe place to go in the event of violence.
- ✓ How to contact emergency services, safe contacts.
- ✓ Ensure children know their address and telephone number.
- ✓ Familiarise the older children with the local services and community resources for dealing with domestic violence.
- ✓ Make sure children know it is not their place to intervene.

Points of view

Adfam interviewed workers from two family support organisations: Hazel Jordan at [CASA](#) and Debby Knowles at [Hetty's](#).

Is domestic violence an issue for the family members that you support?

CASA: For many yes, definitely.

We did a snapshot survey and found that 60 to 80% of the families affected by parental substance use that came to us were also affected by domestic violence.

Hetty's: Yes, and especially where alcohol is concerned. It's definitely something we ask about so that we can assess potential risks to both clients and staff. Staff need to be aware of potential risk, particularly if we're doing outreach visits into people's homes.

Many families don't automatically disclose domestic violence and they may not recognise emotional or mental abuse – it is usually whilst working with a client that they feel confident enough to disclose issues.

However, it has been known to us that on the point of a family member leaving the perpetrator they ring up and disclose. This is usually when it is a crises situation – staff are trained and prepared for both circumstances.

What do you do for information and training to ensure your service is well equipped to respond to and support people around domestic abuse?

CASA: We feel it's very important for our staff to have a good level of training in awareness around domestic violence. We also think that joint working is important; we work with specialist agencies on a case-by-case basis where we need extra expert input.

We work with the [Stella Project](#), [Embrace](#), and have good relationships with our local authority domestic violence project team.

Hetty's: We have excellent links with [Women's Aid](#) in Nottinghamshire – all Hetty's staff attend domestic violence forums and training courses specific to domestic violence. We also have a named lead who has more permanent links with the local domestic violence agencies.

Training helps staff and volunteers to engage with families with domestic violence issues, offering them sensitive and non-judgemental support. Ensuring they have the necessary skills to capture all the relevant information required to support appropriately or refer on to specialist services. It also helps staff to recognise when an issue is no longer within their remit.

What do you feel are the barriers for family members disclosing domestic abuse and how do overcome them? Are domestic violence questions included in your initial assessments?

CASA: Yes it is part of our routine assessment.

There is a whole range of barriers -

fear of consequence, fear that the children will be taken away or that it might get back to the perpetrator, shame of not recognising what is happening as domestic violence, which happens especially when no physical abuse occurs.

Some people think that you don't want to know about domestic violence and are only interested in substance use and some may have had bad experiences before and been put off. Again, training is very important for staff, so they understand how difficult it can be for adults to disclose and how children may have a sense of loyalty to their parents and think they will get taken away if they say anything. They need to approach the situation with empathy, not panic and overreact, and know clearly what their responsibilities are in terms of child protection.

Hetty's:

The main issue is usually fear.

For some families a barrier may be not having recognised that they are the victim of domestic abuse – they may think what they are experiencing is normal behaviour. If a person has been brought up in this type of environment it could become learnt behaviour, and they may well continue to move through life from one abusive relationship to the next. It's often when we offer structured support and interventions, build trust, confidence

and self-esteem with individuals they start to understand that they do not have to accept unacceptable behaviour – then things start to come out.

Domestic violence concerns are included in our initial assessments and are revisited throughout our care pathways. Families may not initially want us to refer them to specialist domestic violence agencies. Unless there is immediate risk we liaise with Women's Aid on the scenario but not the personal details, and once trust has been built up we can make that referral sensitively.

Do you have a vulnerable adult protection policy? What about a child protection policy?

CASA: Yes we do have both, and a specialist domestic violence policy to help raise the profile of domestic violence.

Hetty's: Yes. The issues and procedures you follow for adults and children are similar in some aspects - we all have a duty to safeguard individuals. We document, record and follow-up all referrals properly to ensure that they aren't lost in translation.

How do you respond to a disclosure of domestic abuse? What are your links with local domestic violence agencies?

CASA: First we would listen carefully, try to understand their major concerns and assess if there is an immediate risk requiring urgent attention in which case (which happens only rarely) we report to police. We talk to them, provide information, look at safety planning and sometimes refer directly to a dedicated domestic violence agency, particularly if risk seems high. If it's ongoing we have to assess whether children are involved and discuss that with the adult. We need to follow the child protection procedure at all times.

We have close links with local domestic violence agencies and provide ongoing support, usually carrying on working jointly with the family involved after we have referred them.

Hetty's: We work quite closely with our local Women's Aid, children's services, crime and disorder partnerships and antisocial behaviour teams. Joint assertive outreach work with the above teams to offer brief intervention, advice via evening trips around pubs, restaurants, clubs and any licensed premises. We talk to staff and licensees about the implications of substance use and domestic violence issues – we step this up particularly around Christmas, Easter, and even the world cup and bank holidays. We find this is an excellent way of working in partnership, and specialist agencies are also great for the practical stuff like panic alarms.

Do family members come to you about domestic violence suffered by members of their family?

CASA: It happens sometimes, but not as much. We provide information and signpost to services.

Hetty's: We're mainly contacted by the people in the relationship, but 3rd party referrals have happened in the past. With each family we use genograms to really understand the relationships and dynamics within it.

Learn more

- ✓ [Against Violence and Abuse](#) (AVA) work with organisations around domestic violence and provide training and good practice for the sector.
- ✓ [BME communities and domestic violence guidance](#) from Women's Aid outlines how domestic violence may affect people from the BME communities and lists sources of both general and more specialist support. You can also [listen to the guidance](#) (mp3)
- ✓ [Broken Rainbow](#) is an organisation working with those affected by domestic violence in same sex relationships and the services that support them.
- ✓ [Domestic violence – friends and family leaflet](#) (word document) from the Greater London Authority (GLA) gives practical advice on what to do if somebody you know is suffering domestic abuse.
- ✓ [The Hide Out](#) is a website for children and young people affected by domestic violence.
- ✓ [Refuge](#) is a national charity working to support people affected by domestic violence by running a helpline, providing refuges around the country and much more.
- ✓ [The Stella Project](#) work specifically around drug and alcohol use and domestic violence. They aim to improve the delivery of services to survivors and perpetrators of domestic violence affected by problematic substance use.
- ✓ [NSPCC](#) is the national charity protecting children. The NSPCC has a helpline for use

by anyone worried about the welfare of a child.

- ✓ [Under 18s domestic violence guidance](#) from ChildLine. This explains in everyday language the issues around domestic violence and links to a message board where young people can share their experiences.
- ✓ [Women's Aid](#) is the national charity working to prevent domestic violence. It works with up to 250,000 women and children each year.