

Knowledge Set One: Domestic Abuse



Alcohol Concern
Making Sense of Alcohol

Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

Embrace

Embrace is the Alcohol Concern Children, Families and Domestic Abuse Project. Funded by the Big Lottery, Embrace aims to help alcohol services work more effectively with issues relating to children, families and domestic abuse through training, consultancy, information and policy and practice guidance.

A survey of alcohol services conducted by Alcohol Concern in 2004 found that less than 10% of services were working with children, families and domestic abuse but the majority said they would like to incorporate these issues into their work if they had the tools and skills to do so.

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Embrace Knowledge Sets

This is the first of three Knowledge Sets aimed at alcohol services, commissioners and policy makers, as well as their partners in the children, families and domestic abuse fields.

The Knowledge Sets aim to provide the alcohol and related fields with basic information that they will need in order to develop more family focused services that take account of domestic abuse.

Knowledge Set 1 – Domestic abuse

Knowledge Set 2 – Children and parenting

Knowledge Set 3 – Partners, families and carers

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Definitions

1. Domestic violence / domestic abuse

There are many definitions of domestic violence and domestic abuse. The term domestic violence is generally understood as referring only to physical and sexual violence and criminal behaviour, whereas domestic abuse encompasses a much wider range of activities - which are not necessarily criminal - such as psychological, economic or emotional abuse. Embrace uses the term domestic abuse and the Home Office definition:

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

Whatever form it takes, domestic violence is rarely a one-off incident. More usually it's a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim.”

2. Victims / survivors

Some people argue that using the term 'survivor' emphasises an active, assertive response to abuse, whereas 'victim' is more passive. Others argue that the term 'victim' emphasises the seriousness of the (often criminal) abuse and the fact that not everyone does survive. Embrace uses the terms interchangeably, and recognises that children witnessing domestic abuse are also victims/survivors.

3. Alcohol use / misuse / abuse / problem use

'Use' refers to simple use of a substance. An individual who drinks any alcoholic beverage is using alcohol. Misuse, problem use and abuse do not have standard definitions, but suggest

consumption of alcohol to the point where it causes physical, social, or other harm to the drinker. Embrace uses the term 'misuse' as the one most commonly used in the alcohol treatment field.

Note: Gender issues

Although men experience domestic abuse perpetrated by female partners, and domestic abuse occurs in same sex relationships, the majority of domestic violence cases are committed by men against women. The self-completion module on domestic abuse of the British Crime Survey 2007/8 reported that 62% of all partner abuse was experienced by women¹.

Women are also more likely to experience repeat incidents of abuse, be frightened or be injured after an attack. Since women tend to be the lead carers at home, abuse against them also affects their children.

Executive Summary

- Although the UK research base is poor, evidence suggests that domestic abuse is highly prevalent in the alcohol treatment population and alcohol service clients are likely to be victims/survivors or perpetrators of domestic abuse. Many victims/survivors drink to cope with abuse and many domestic abuse perpetrators misuse alcohol.
- The links between alcohol and domestic abuse are complex and surrounded by myths such as that alcohol causes domestic abuse.
- While women remain the predominant victims/survivors of domestic abuse and the majority of perpetrators are men, there are male victims/survivors and domestic abuse also exists in same-sex relationships. Services are now developing for these groups.
- The majority of alcohol service users are men, and some domestic abuse services work only with women and children; this gender divide may have presented a barrier to joint working in the past.
- Domestic abuse is a Child Protection issue. About three quarters of children in abusive households have witnessed domestic abuse and half have been seriously assaulted themselves. Their reactions to witnessing domestic abuse are similar to those of children living with substance misusing parents and impact on all five areas of the *Every Child Matters* framework for protecting children; and the same resilience factors are relevant to both sectors. Again, services are now being developed to respond to children's needs.
- Programmes for perpetrators have been established which prioritise the safety of victims/survivors; and guidance and accreditation schemes for these programmes are now available.
- Most alcohol services are not currently working with children, families and domestic abuse issues among their clients but most say they would like to do so.
- All services are responsible for safeguarding children and for taking action to prevent crime including domestic abuse.
- Policy and funding frameworks, which separate the issues of domestic abuse and alcohol misuse, as well as difference in services' philosophies and focus, have presented barriers to joint working in the past. There is evidence that these barriers can be overcome, especially at service level, through partnership working and specialist services.
- In order to respond safely and effectively to domestic abuse, alcohol services will need to improve awareness, knowledge and understanding of the issues; increase their commitment to dealing with them; adopt policies, procedures and protocols that take account of children/ families/ domestic abuse issues; and follow guidance on working practices that prioritise safety. This is particularly important when dealing with couples and families and when children are involved.
- There are now many useful sources of information, guidance and training for alcohol services, policy makers and commissioners who want to improve their response to dealing with issues of domestic abuse, children and families among the alcohol treatment population.

Part One – Evidence base

There are no national figures as yet on the prevalence of domestic abuse in the alcohol treatment population. However, we can get an estimate of alcohol-related domestic abuse through UK based national domestic abuse figures, US research and small scale UK research studies. An analysis of this data indicates that there is a strong link between alcohol misuse and domestic abuse.

Research on the characteristics of domestic abuse perpetrators found that alcohol use was a feature in a majority of offences (62%) and almost half the sample was alcohol dependent.² *(It is unclear how 'dependency' was measured in this research.)*

Several US studies reveal high levels of domestic abuse perpetration amongst alcohol treatment populations. Schumacher et al found that 44% of men used one or more acts of physical violence in the year preceding treatment.³ Brown et al. found almost 58% of men in treatment (drug or alcohol) had perpetrated physical violence or abuse in the past six months. This figure went up to 100% if verbal threats were included.⁴ The American Medical Association estimated that nearly 75% of all "wives of alcoholics" (*sic*) have been threatened and 45% assaulted by their partners⁵.

Research has also found associations between women's own substance misuse and domestic abuse. A British study by Mirrlees-Black found that victims/survivors of domestic abuse had higher levels of alcohol consumption than non-victims/survivors and that the risk of violence increased with increasing levels of drinking.⁶ Research from the US on "female alcoholic patients" (*sic*) found that two thirds of women in drug or alcohol services had suffered partner violence in the previous 12 months.⁷

One recent study in the UK showed that 51% of respondents from domestic abuse agencies claimed that either they or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years.⁸

It is important to note that all of these figures are likely to be underestimates. Many perpetrators will not disclose their violent behaviour or will minimise it. Most evidence is based on reports of physical violence only. Figures are likely to be a lot higher if they include other forms of abuse such as emotional, psychological etc. Any figures relating to experiences of domestic abuse and alcohol misuse are likely to be underreported due to the stigma and shame associated with both issues, fear that they may be excluded from services and fear that their children may be taken away from them.

Myths and Realities

Myth:

Alcohol misuse causes domestic abuse

Reality:

relationship between alcohol and domestic abuse is complex, but:

- No evidence of a direct causal link
- Not all problem drinkers are abusive or violent towards their partners
- Perpetrators use violence and abuse both with and without alcohol⁹
- However, alcohol consumption can increase the frequency and seriousness of injury¹⁰

Myth:

Women who use alcohol deserve or could provoke violence from their partner

Reality:

Women often use alcohol as a coping mechanism

- In a recent study 97% of domestic abuse survivors said they used alcohol to numb the physical and psychological pain of the abuse¹¹
- The stigma, shame and secrecy associated with domestic abuse increases the likelihood that women will turn to substances¹²
- Use of alcohol, may, however, increase a person's vulnerability to suffering abuse¹³

Myth:

Abusers lose control when drunk and are therefore not fully responsible for their actions

Reality:

- Domestic abuse is a pattern of controlling behaviours through which the perpetrator seeks power and control over the victim
- Even when perpetrators are drunk they carefully select who they are abusive to and often target specific areas of the body, which indicates that they do in fact have control over their actions

Myth:

Alcohol treatment for perpetrators will end the abuse

Reality:

- Reducing alcohol use may reduce the levels and severity of physical injury but there is no evidence to suggest it reduces the actual occurrence of domestic abuse¹⁴
- Treatment for alcohol problems may be a time of high risk for domestic abuse: the discomfort of physiological or psychological withdrawal is likely to heighten a perpetrator's anxieties and irritability¹⁵

Myth:

Men and women are equally affected by domestic abuse

Reality:

- Domestic abuse is not a gender neutral issue. According to the 2006/07 British Crime Survey the vast majority of domestic abuse incidents (77%) were suffered by women¹⁶
- Among people subject to four or more incidents of domestic abuse from the perpetrator of the worst incident, 89% were women¹⁷
- Partner violence against women is also more likely to result in injury¹⁸
- Two women are killed each week in England and Wales by a former or current partner¹⁹

Myth:

Domestic abuse stops once the relationship ends

Reality:

- Women are at a higher risk of violence and of being killed after leaving violent partners²⁰
- A review of domestic abuse murders in London found that 76% occurred after the victim had ended the relationship²¹

(This is based on presentations given by Dr Sarah Galvani)

Part Two - Policy framework

Government work on domestic abuse is brought together in the annual cross-government National Domestic Violence Delivery Plan.²²

Where alcohol policy is considered, as in *Safe. Sensible. Social.*²³, it has been rather individualistic in its focus on the drinker and failed to make any recommendations for action in response to the needs of children and families affected by parental alcohol misuse. Therefore there needs to be much more action at national and local levels to further support families affected by parental alcohol problems and ensure services exist to provide support to both parents and children.

Important policy and practice developments in the sector include:

Specialist Domestic Violence Courts (SDVCs)

SDVCs bring together Independent Domestic Violence Advocates (IDVAs), police, social services, housing, the Crown Prosecution Service and the probation service.

Representatives from each agency work together to identify cases of domestic abuse, provide the victim/survivor with support and bring the perpetrator to justice through the courts.

Independent Domestic Violence Advocates (IDVAs)

The role of IDVAs is to provide victims/ survivors with support through the whole process of pressing charges and going to court. As well as helping victims/survivors through the legal process, IDVAs can also help victims/survivors to put their lives back together by offering practical and emotional support and referring on to other services including health, housing etc.

Multi-Agency Risk Assessment Conferences (MARACs)

MARACs were developed to improve the

response and accountability to high-risk victims/ survivors. They encourage agencies - Criminal Justice, Children and Families, Domestic abuse services - to share information to get a better picture of the victim/survivor's situation and then develop a response tailored to the needs of the individual victims/survivors and their children. The main aim of the MARAC is to reduce the risk of serious harm or homicide and to increase the safety, health, and wellbeing of victims - adults and children. In a MARAC local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies.

Domestic Violence Co-ordinators/ Forums

Each local authority should have a DV co-ordinator who is responsible for co-ordinating and developing DV services and strategy. The DV Co-ordinator also oversees a local DV Forum which is a multi-agency partnership that meets on a quarterly basis for policy development, training, lobbying and awareness raising campaigns. Some DV Forums now have alcohol and drug sub-groups.

Many local PCTs have clinical leads on domestic abuse. Some Drug and Alcohol Action Teams have set up Hidden Harm Forums to co-ordinate and improve responses to children affected by parental substance misuse.

1. Barriers to joint working

Traditionally, service provision for dual issues of domestic abuse and substance misuse has been poor. Despite the clear overlap for many service users, interventions have generally remained separate.

There are a number of reasons for this separation. Firstly, as Humphreys describes, there is a “cultural clash” between the two sectors with contrasting political views and treatment philosophies.²⁴

Substance misuse agencies tend to adopt a medical/counselling approach and focus solely on the substance issue and domestic abuse issues are often not identified or addressed.

Similarly, domestic abuse practitioners generally take an advocacy/empowerment approach and there is sometimes prejudice about substance misuse and substance misusers.²⁵ Secondly, agencies operating in both sectors often cite problems of resourcing and funding as a constraining factor in developing services to respond to the ‘other issue’.

Furthermore, the lack of knowledge and training about the ‘other issue’ has meant that workers in both sectors do not have the confidence or skills to respond to dual issues.

Finally, there is no national policy that joins up alcohol and domestic abuse issues. This means that funding and policies come from different sources making it more difficult to develop initiatives that address both issues.

In practice what this has meant is that women seeking help from domestic abuse services may be denied access to the full range of support on offer due to their substance misuse problem.

For example, the majority of women’s refuges across the UK are not able to offer support to women with medium to high support needs due to their substance misuse, so that women experiencing dual issues may not be offered a place in a refuge. Likewise, in the substance misuse field, workers may feel that dealing

with domestic abuse issues is beyond their remit and thus provide an inappropriate response. Things are starting to improve in both fields with a number of agencies in both sectors developing specialist services to respond to the overlapping issues.

While there may be differences in emphasis, there are many similarities between the alcohol and domestic abuse fields, such as issues of stigma, shame, secrecy; and the effects on children are very similar (under-performance at school, signs of distress such as bedwetting, ‘acting out’ and withdrawal). Many of the skills of alcohol sector workers – such as active listening – are transferrable to working with domestic abuse issues.

2. Recent developments

- Solace Women’s Aid now has a Substance Misuse Worker whose primary role is to increase access into refuges for those women who suffer domestic abuse but who are refused a place due to their substance misuse. The Substance Misuse Worker provides support to refuges by working with clients around their substance misuse in whichever refuge they are placed in London, and works closely with the specialist children’s worker for children who witness domestic abuse.
- The nia project, an independent charity dedicated to the elimination of violence against women and children, offers specialist support for women with substance misuse issues, giving special attention to Black, minority ethnic and refugee women.

In their aim to provide women with a holistic service, they recently set up a specialist refuge for women with problematic substance use who cannot go into a mainstream

refuge, and also run a family learning programme for mothers and children affected by domestic abuse and substance misuse.

- In the substance misuse sector, Drug and Alcohol Services for London (DASL) established the Women's Domestic Violence and Substance Misuse Project in 2003. *See case study on page 16.*
- While not setting up specialist services, several other alcohol services are starting to incorporate concerns, procedures and policies on domestic abuse in their mainstream work, and in some areas the local Domestic Violence Strategy references the Alcohol Strategy and vice versa.

Part Three - Practice issues

1. Working with victims/survivors

Studies consistently show a high correlation between the experiences of domestic abuse and substance use so it is important for alcohol workers to bear in mind that it is likely that women attending their service may be in a violent relationship. If support around the victim/survivor's experiences of domestic abuse is not offered then the intervention is unlikely to be effective. As Marai Larasi, the Director of the nia project, argued at the launch of the Stella Project in 2002:

“If a substance misuse agency ignores a woman's safety - she may never get sober. If we ignore her using as domestic abuse providers - she may never be safe. Can we really afford to keep taking that risk?”

The Stella Project was set up to address dual issues of substance misuse and domestic abuse and offers a comprehensive training programme in domestic abuse and substance misuse. The Stella toolkit is an invaluable resource for alcohol workers who wish to improve their response to clients experiencing domestic abuse. The toolkit is available for purchase or to download online.

Men can also be victims of domestic abuse, either in heterosexual or same-sex relationships. Nottingham DV Forum has identified good practice guidelines on working with male victims and the MALE helpline is specifically for men. Local Victims' Support groups can also help.

The Stella Project has also produced guidance on domestic abuse and substance misuse in LBGT communities (*see Useful Contact section for details of all these resources*).

Case study: Drug and Alcohol Service for London (DASL)

DASL is an alcohol and drug agency in the voluntary sector providing services in the boroughs of Newham, Tower Hamlets and Redbridge. DASL Tower Hamlets has established a specialist women's domestic abuse and substance use service. They also have a children and young person's counsellor with a domestic abuse remit. The project provides specialist support to women who have issues with alcohol and/or drug use and who also experience domestic abuse and would therefore have difficulty accessing support. The service offers:

- A woman-only space and female workers so that women feel it is a safe and comfortable environment in which they can discuss domestic abuse issues
- Engaging women in flexible 1:1 key-working sessions that occur weekly or fortnightly. Telephone support is also offered to women
- A satellite alcohol service is offered to women at domestic abuse or family services
- Supporting women to engage in other services, which include specialist addictions units, residential treatments, refuges or specialist legal advice
- Giving women both practical and emotional support around domestic abuse, and supporting them to understand, for example, issues of power and control, and where responsibility lies for the violence
- Working with women whose partners are misusing drugs and/or alcohol and are being violent towards them

- Using safety-planning strategies for both the violence and substance use
- Working in partnership with other domestic abuse and substance use agencies and professionals
- The project is also part of a low threshold drop-in for sex workers

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2. Working with couples and/or families

Over recent years a lot of attention has been given to the impact of problem drinking on family members. New ways of working with the children, partners and the wider family of problem drinkers have been developed. Alcohol services have been encouraged to think beyond the individual and to adopt a whole family approach to treatment. As a result specialist interventions have been developed such as couples-based therapies or family and network therapies.

Research has shown that family interventions can provide family members themselves with the support they need as well as lead to an improvement in treatment take-up, retention and outcomes for substance misusers.

However, there is a danger that these approaches do not recognise and adequately address the issue of domestic abuse. Dr. Sarah Galvani, a leading authority on domestic abuse and substance misuse issues, has produced a critique of three different family and network interventions: Social Behaviour and Network Therapy (SBNT), Community Reinforcement and Family Training (CRAFT) and Behavioural Couples Therapy (BCT). She argues that until research confirms or disproves the potential safety risks of using such therapies where there is or has been domestic abuse,

substance use agencies need to be extremely cautious and take note of the guidance from specialist domestic abuse organisations.²⁶

As Sprenkle cautions, “we do not know enough to make definitive recommendations about if, when, and under what circumstances couples treatment is advisable”.²⁷ The Stella Project advocates that it is too risky to offer couples counselling or family based network therapies where domestic abuse is occurring until detailed guidance on this area of work has been developed.²⁸

In Australia, New Zealand and many parts of the US, couple-based interventions in cases of domestic abuse are prohibited by law, in part motivated by the numbers of women killed by ex-partners when attending or leaving couple-based interventions.²⁹

Relate, the relationship counselling organisation, is pioneering new approaches in their response to domestic abuse based on the principle that couple counselling is not an appropriate intervention where there is a current risk of domestic violence or abuse.

Several alcohol services have developed specialist family interventions which, while working with the whole family, are alert to domestic abuse and prioritise the safety of women and children.

Any work that alcohol services undertake with couples and families must take account of the very high prevalence of domestic abuse in the alcohol and treatment population, and of the effects of domestic abuse on any children involved.

It is strongly recommended that therapists assume risk for domestic abuse in all couples or families that present for therapy until it is ruled out.³⁰ Dr. Sarah Galvani has provided some good practice guidance for working safely with couples and families.³¹

Case study: Aquarius Family Alcohol Service (FAS)

Aquarius is the UK Midlands based alcohol and drugs charity. In recognition of the fact that drinking impacts adversely not only on the drinker but on those around them, Aquarius set up the FAS to work with drinkers and their families.

The service takes a whole-person holistic approach to dealing with social and emotional issues as well as alcohol related issues. The approach is one that offers intensive work at all levels with all family members in order to address underlying issues that may have an impact on drinking and drinking behaviour.

In describing the development of the service, Richard McVey, Coordinator of the FAS, has said that it became clear very early on that the service would be dealing with such high levels of domestic abuse (estimated at 80%) that they almost had an identity crisis, asking themselves – Are we an alcohol service or a domestic abuse agency?

In response to the high levels of domestic abuse, the FAS have developed very stringent safety guidelines on working with families. Routine enquiries about domestic abuse are

undertaken before any family work is started. Initial assessments are undertaken individually. If DV is an issue, staff will prioritise the safety of the mother and children before commencing any other work. This may mean that work around drinking will be put on hold while they deal with risk issues. They assist women and children with housing matters and refer onto specialist domestic abuse services. In some cases they may also work with the perpetrator but this will take place in a way that will not jeopardise the safety of the victim. The perpetrator will be seen by another worker and will usually not be involved in any of the family sessions that are taking place with the mother and children.

Contact information for the Family Alcohol Service is:
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3. Working with perpetrators

Since many of their clients are or have been perpetrators of domestic abuse, it is important that alcohol services have some understanding of the issues involved in working with perpetrators.

Addressing the alcohol issue alone will not stop perpetrators from being violent and abusive. While treatment may reduce the severity of violence, it does not address the dynamics of power and control that underpin domestic abuse.

Undertaking in-depth work with perpetrators is a highly specialised area of work and should not be attempted without appropriate training. However, given the probable high prevalence of perpetration amongst the treatment population, it is important that alcohol workers have some guidance to assist them in responding safely to clients who are also perpetrators.

All services have a legal responsibility under section 17 of the Crime and Disorder Act to take 'reasonable' action to prevent a crime which includes acts of domestic abuse.

If the perpetrator has children, they are also likely to be at risk and workers have a statutory obligation to follow child protection procedures. Under the Children Act 2004, children who witness domestic abuse are identified as 'at risk'; and 'harm' to children now includes seeing and/or hearing domestic abuse.

Best practice guidance around perpetrator work can be downloaded from the Stella Project website (*See Useful Contacts section for details*).

Referrals to perpetrator programmes

Perpetrator programmes are violence prevention

programmes that focus on concepts like control and the misuse of power within a relationship. The primary aim of perpetrator programmes is to increase the safety of women and children. Programmes should have an associated support service for women that is available to all partners and ex-partners of attendees. Perpetrator programmes are not a form of group therapy or anger management but they challenge the beliefs and attitudes that underpin violence against partners.

When alcohol workers come across clients who are perpetrators of domestic abuse, they should consider referring the client onto a perpetrator programme in their local area. Before referring a client on to a voluntary perpetrator programme it is important to ensure that they are accredited by Respect, the network of domestic abuse perpetrator programmes. As well as providing information about perpetrator programmes, Respect can offer telephone advice and information to perpetrators and assistance to practitioners working with perpetrators. (*See Useful Contacts section for details*).

Alcohol services cannot refer perpetrators to Domestic Abuse programmes run by the Probation Service, which are for convicted offenders only. (*See Appendix 1 for practice dos and don'ts in working with domestic violence*.)

Part 4: Recommendations

1. Recommendations for alcohol services

Raising awareness

Most alcohol services are not currently working with family issues. They need to start ‘thinking domestic abuse’ as well as ‘thinking family’ when they start to develop family work.

Domestic abuse considerations should be incorporated into all of the agency’s work especially with partners, children and families.

Agencies should display posters and stock leaflets with information about in waiting areas, toilets and meeting or interview rooms.

Ensuring commitment

Commitment is needed at all levels of the agency from reception and other front-line staff to senior management. Being serious about domestic abuse requires a big cultural shift for agencies and needs both strong commitment and robust lines of reporting within the service so that the work does not become lost or isolated.

It is important to have named individuals at both service delivery and strategic development levels to drive forward change.

Developing partnerships

Partnerships are crucial to these developments. Partnership working can overcome many of the blocks and prejudices on both sides. Local DV Co-ordinators, MARACs, and domestic abuse agencies such as Women’s Aid and Refuge are essential partners and can help with awareness raising (eg through supplying leaflets and posters); training and skills development (eg through ‘swap’ training sessions); development of policies, procedures, protocols and referral pathways; screening, assessing for risk and care-planning; and staff supervision and support. Many local Domestic Violence Forums now

have specialist groups on substance misuse and some local domestic abuse services have workers who specialise in substance misuse work or work with children. Some can provide satellite sessions on domestic abuse within other agencies – for instance a domestic abuse worker based at an alcohol service offering a service directly to clients or local domestic abuse services provide training/ awareness raising sessions to alcohol agency staff.

Some local voluntary groups work with families affected by substance misuse can provide informal interventions based on self-help models.

Training and skills development

All staff need basic awareness training and specialist training on victims/survivors and perpetrators is recommended; staff directly involved in working with domestic abuse cases also need specialist clinical supervision. Local DV co-ordinators and domestic abuse agencies should be able to help, and the Stella Project provides training open to practitioners across the UK.

Developing tools

Agencies need to develop tools to support safe and effective practice. These will include policies, procedures and protocols such as screening and assessment tools, information-sharing protocols and referral pathways that incorporate domestic abuse issues; staff training and supervision systems; and effective recording and monitoring. Local partners should be involved in developing these tools, and the Stella Toolkit gives good practice guidance and model policies.

Recording and monitoring

The evidence base in this field is very weak and much of the work that is taking place is not recorded. Agencies need to develop – in

conjunction with their partners and commissioners – simple and robust recording and monitoring systems with realistic outcomes for their work.

Prioritising safety

Given the high prevalence of domestic abuse within the alcohol treatment population, it is

essential to adopt practices throughout the service that prioritise the safety of victims/survivors – both partners and children - as well as the safety of staff. Embrace, the Stella Project and Respect can help with developing safe practice guidance. Appendix 1 gives pointers for safer working practices.

Alcohol services need to be: **ACES**

Aware of domestic abuse in their work

Committed to working with their partners in the domestic abuse field to respond effectively

Equipped with skills and tools including recording, monitoring and evaluation mechanisms

Safe services which put the safety of victims/survivors, including children, first

2. Recommendations for policy makers and commissioners

Joined up effective strategies

It is crucial that strategies on domestic abuse and on child protection should specifically reference alcohol and that alcohol harm reduction strategies should reference domestic abuse and children and families. The Stella Project has produced a report on policies/strategies in London which highlights innovative practice and key learning points to inform future policy and service development. To download a copy of the report visit: http://www.gldvp.org.uk/module_images/Innovative%20responsesFINAL.pdf

Joined up sustainable funding

Joint working initiatives between alcohol and domestic abuse services have been bedevilled with inadequate, short term, unstable funding, and with very poor monitoring and collection of evidence for future developments.

This work takes some time to establish and commissioners should take this into account when commissioning services.

There is as yet a very small evidence base on effectiveness and the costs of recording, monitoring and evaluation should also be built into funding.

Much of the innovative practice in this field is being developed in the non-statutory sector where staff may not always have had training provided by statutory services (eg on Every Child Matters/Comprehensive Assessment Framework, or MARAC).

Funding and support should therefore cover

- Training and skills development
- Building and sustaining partnerships
- Development of policies, joint working protocols, referral pathways
- Staff supervision and support
- Recording, monitoring and research

Appendix 1 - Practice dos and don'ts

1. Some good practice pointers for alcohol services on victims/survivors of domestic violence

Some of the main risk indicators in domestic abuse cases are:

- Separation
- Pregnancy
- Conflict over child contact
- Sexual violence/rape
- Use of weapons
- Attempts or threats to kill
- Stalking
- Obsessive tendencies and controlling behaviour
- Escalation of violence and more severe violence
- Serious injuries
- Victim/survivor fear of further violence/ injuries/being killed
- Perpetrator has previous conviction for domestic abuse related offence

NOTE: If any of the above risk indicators are disclosed by your client, discuss the case with your line manager and get in touch with a domestic abuse professional to seek advice.

- Women-only spaces should be made available to all clients who wish to access them, as victims/survivors are more likely to disclose abuse in an environment in which they feel safe and comfortable
- If a woman discloses domestic abuse to a male worker it is good practice to give her the choice of being allocated to a female worker as some women find it hard to talk about their experiences of domestic abuse with a man
- Those who are experiencing domestic abuse and have a substance misuse issue often have complex or chaotic lives. Many services will give two or three appointments and if the client fails to attend they close the case. It is important for services to take into account the difficulties victims/survivors may be facing in getting to the appointment and to be flexible
- Alcohol services are not always woman-friendly. For many women there is a stigma attached with attending a substance misuse service so it is a good idea to link up with other organisations such as domestic abuse agencies or family services and to operate a satellite service
- If a client does not want to be referred on to a domestic abuse service, explore other options such as asking a domestic abuse worker to visit a victim/ survivor at your agency
- All sessions should be one-to-one. Even if people want to bring their partners in to the session it is important to make it clear from the outset that you can only work with the victim/survivor on a one-to-one basis. This needs to be embedded in organisational policies/ procedures to avoid any ambiguity when women say they want their partners to come in with them
- Remember that domestic abuse increases the risks to children and raises child protection issues so always refer to your agency's child protection procedures if your client has children
- If your clients is in immediate danger, offer to call the police and National Domestic Violence Helpline on 0808 2000 247
- If your client is facing a high level of risk there is a duty to override confidentiality and to share information with police and/or

a domestic abuse professional/MARAC even if your client does not consent

- Separation is a very high risk period and does not mean that the victim/survivor will be safe. A review of domestic violence murders in London found that 76% occurred after the victim had ended the relationship
- Do not under any circumstances put pressure on the victim/survivor to leave a violent relationship. When the victim/survivor is ready to leave make sure s/he has thought about a safety plan. Consider referring on to a Independent Domestic Violence Advocacy Service (IDVA) or domestic abuse outreach service to support the victim/survivor through this high risk period.

2. Pointers for working safely with families and couples

Note: Any work that alcohol services undertake with couples and families must take account of the very high prevalence of domestic abuse in the alcohol treatment population, and of the effects of domestic abuse on any children involved.

- It is strongly recommended that alcohol workers assume risk for domestic abuse in all couples or families that present for treatment until it is ruled out
- Alcohol workers need to adopt routine questioning or screening for domestic abuse prior to engaging families in any form of network therapy or couples therapy
- Routine questioning prior to the intervention needs to take account of current abuse, past abuse with a current partner and past abuse from other partners or family members that still have an impact on the victim
- If domestic abuse is disclosed then cou-

ples or family therapy are not suitable interventions. Individual counselling can be provided for the person with the alcohol problem. It could still be beneficial to use a family based therapeutic model by working with the children and non-abusing parent. If the perpetrator is also attending the same service as the women and children, it is advisable for a different worker to engage in treatment with the perpetrator to avoid any conflict of interest.

3. Important points for alcohol workers to remember when working with perpetrators

- Tell the perpetrator that you may contact his partner and provide her with information and offer support. If you feel the partner may be at risk because, for example, the perpetrator has made threats to harm his partner upon leaving the service, then you should contact the partner as well as the police
- Remember that domestic abuse increases the risks to children and raises child protection concerns. Three quarters of children in abusive households witness the abuse and research shows that in half of cases where women are being abused, children are also directly abused themselves³². Always refer to your agency's child protection procedures if your client has children
- Consider referring the case to your local MARAC by contacting the MARAC co-ordinator and having a discussion about your concerns with the case
- If both the victim and perpetrator are attending your service, where possible try to arrange appointments on different days and times

- Do not give the perpetrator any information about the victim or agree to act as a 'go-between' by passing on any messages etc
- If information about violence or abuse has come to you via the victim do not challenge the perpetrator as this will put the victim at increased risk
- In some cases both partners may claim to be victims. In this situation it is best to

establish who is the most frightened for their safety within the relationship. Many women who disclose hitting a partner are often using violence as a form of self-defence or retaliation. It is rarely part of a recurrent pattern of behavior. While violence should never be condoned, it is important to ascertain who is the primary aggressor within the relationship.

Appendix 2 - Useful contacts

For alcohol and domestic abuse advice

Embrace

embrace@alcohol.concern.org.uk

Stella Project

www.gldvpstellaproject.org.uk

The Stella toolkit can be downloaded at:
http://www.gldvp.org.uk/C2B/document_tree/ViewADocument.asp?ID=77&CatID=154

Respect

www.respect.uk.net

Women's Aid

<http://www.womensaid.org.uk>

Refuge

www.refuge.org.uk

Home office domestic violence website

www.homeoffice.gov.uk/domesticviolence

Advice for social workers

BASW special interest group:

www.swalcdugs.org.uk

Guidelines for working with male victims

Nottingham DV Forum:

damian@ndvf.co.uk

Working with Lesbian Gay and Transgendered Communities

LGBT Forum:

lgbtforum@gldvp.org.uk

Guidelines on working with perpetrators

Stella Project

<http://www.gldomesticabusstellaproject.org.uk>

Help for victims/survivors

National Domestic Violence Helpline

(England) - 0808 2000 247

Run in partnership between Women's Aid and Refuge, the National Domestic Violence Helpline is a free phone 24 hour helpline staffed by female support workers and volunteers. It is a member of Language Line and can provide access to an interpreter for non-English-speaking callers. The helpline can also access the BT Type Talk Service.

BBC's Hitting Home website

The following page from the BBC's Hitting Home site may also be useful:

http://www.bbc.co.uk/relationships/domestic_violence/index.shtml

Men's Advice Line

Helpline - 0808 801 0327

The Men's Advice Line Helpline provides a range of services aimed primarily at men experiencing domestic abuse from their partner. The Men's Advice Line Helpline also uses the services of Language Line for those requiring support in a language other than English. For more information visit www.mensadviceline.org.uk/ or e-mail info@mensadviceline.org.uk

Broken Rainbow

08452 60 44 60

Broken Rainbow supports lesbian, gay, bisexual and transgender (LGBT) people experiencing

domestic violence. Staffed by LGBT people, their helpline operates between 9am-1pm and 2pm-5pm Monday - Friday. For more information please visit <http://www.broken-rainbow.org.uk/>

**For partners/ families/children/
parenting issues**

ADFAM

www.adfam.org.uk

Children's DV workers group

gldvp_frontlinechildrensworkers@yahoo.co.uk

Relate

www.relate.org.uk

ENCARE

www.encare.info/en-GB/gb/services

(European network for children affected by risky environments within the family)

Alcohol Concern parenting project

www.alcoholandfamilies.org.uk

Alcohol drugs and families

www.alcoholdrugsandfamilies.nhs.uk

NSPCC

www.nspcc.org.uk

Barnardos

www.barnardos.org.uk

NACOA (National Association for the Children of Alcoholics)

www.nacoa.org.uk

STARS

stars-project@childrenssociety.org.uk

For children affected by parental substance misuse

The Hideout

www.thehideout.org.uk

For children affected by domestic abuse

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Knowledge Set One: Domestic Abuse

This is the first of three Knowledge Sets aimed at alcohol services, commissioners and policy makers, as well as their partners in the children, families and domestic abuse fields.

The Knowledge Sets aim to provide the alcohol and related fields with basic information that they will need in order to develop more family focused services that take account of domestic abuse.

Knowledge Set 1 – Domestic abuse

Knowledge Set 2 – Children and parenting

Knowledge Set 3 – Partners, families and carers

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