

Drug services need to be mindful that many of their female clients will be the victims of domestic violence. **Karen Bailey** on a dual problem that needs to be tackled with tact and patience.

A double-edged sword

“EVENTUALLY I alternated between alcohol, tranquillisers, dope and any other illegal drugs I could get my hands on. I figured somewhere along the line something had to make me better. But it didn't. It nearly killed me.” This description by a victim of domestic violence to Women's Aid researchers is indicative of a growing dilemma facing drug and alcohol services: how do you help a woman deal with drug misuse when she is also suffering at the hands of a violent partner?

There is increasing evidence that a disproportionate number of women who experience domestic violence have drink or drug problems. A 2005 report by the Greater London Authority, *Domestic Violence and Substance Use: Overlapping Issues in Separate Services* found more than half of domestic violence victims reported there had been problematic substance use by themselves or their partner in the last five years. Two thirds of them developed their substance misuse after their experiences of violence. Meanwhile a Yale University trauma study showed that abused women are 15 times more likely to use alcohol and nine times more likely to use drugs than non-abused women.

We also know that these statistics may be a gross underestimate, given the barriers to access to drug and alcohol treatment for women who are experiencing domestic violence.

To understand the dynamics of domestic violence is to understand the power and control exerted by a perpetrator over his victim. Through the use of threats, both verbal and physical, and as a result of isolation from friends and family, a perpetrator stands as a major obstacle between a problematic substance user accessing and remaining in treatment. Victims of domestic abuse have often been subjected to years of emotional abuse which depletes their self-esteem and self-confidence to such an extent that they are extremely ashamed and disgusted with themselves for their drink or drug misuse. Their partner will have often threatened the removal of their children by social services if they tell anyone about their drink or drug problem.

For women from some minority ethnic communities, it is totally unacceptable to drink, let alone have a problem with alcohol. This compounds the stigma and shame experienced by their dual experiences of violence and substance misuse. For some women, particularly those from



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the South Asian and Irish traveler communities, it is unacceptable to take any family or social problems outside of the community, further hindering women's access to both domestic violence and substance misuse services.

In some cases, women are forced into drug use by a partner. One woman tried to cut down on the strength of lager she drank only to be beaten, because she was not drinking 'the right type of lager'. Moreover, women's attempts to stop using or detox signify an attempt to regain an element of control over their lives and can often be sabotaged by a partner. For women who do not speak English, their partner may be the one administering their supply of prescribed medication ensuring abnormally high doses in order to keep their wife docile and controllable. These are all shocking examples of how substances are used by a partner to abuse - these are all true stories and just the tip of the iceberg.

There are however, some innovative examples of overcoming these barriers. Ethnic Alcohol Counseling Hounslow (EACH) provides satellite services in local GP surgeries. It is often easier for women to attend a doctor's appointment without raising suspicion from their partners and therefore provides an ideal place to access women not previously in contact with treatment services. Drug Alcohol Service London (DASL), as well as holding their own women's groups, also undertakes outreach in local community settings, where woman may already be attending other social meetings.

Once in contact with treatment agencies, women experiencing domestic violence may often present erratically to appointments and typically only when in crisis. They may miss appointments because they are prevented from attending or do not feel safe leaving their children with their partner. They may also always be accompanied by a partner who they insist attends appointments, or who may always wait outside in the reception. It is good practice to ensure women are seen alone for at least one appointment. Be aware that for female service users, their female friend attending the service to give support may also be her abuser. Be on the look out for signs of abuse on the body with implausible explanations or multiple signs of injuries at different stages of healing. Repeated miscarriages or sexually transmitted infections may also be a sign that a woman is experiencing abuse. •

DEALING WITH DUAL ABUSE: HOW TO IMPROVE YOUR SERVICE

The Stella Project has developed a set of standards which can help drug and alcohol services develop their services to cater to women experiencing domestic violence. Research shows that by developing a service to be a safe space for women to disclose, whilst at the same time creating effective partnerships with and referral pathways to specialist domestic violence and sexual assault services in your borough you may increase the chances of effective treatment retention.

For example, you could take the lead in introducing the following good practice:

Find out what domestic violence (DV) services are available in your local area and display posters and leaflets about these services.

Contact your local DV coordinator (often based within the local authority) for this information. Some local authorities have developed a referral directory. You can also ask to attend the local DV forum and ask the DV coordinator to present at your local DAT treatment and care forum

Display a position statement around domestic violence in your agency

Displaying such a statement gives a positive message that domestic violence is not a private matter and that your agency takes the issue seriously and is prepared to help service users on this issue. The Stella Project can give you some examples of statements used by other agencies.

Ask about domestic violence in initial assessments, comprehensive assessments and risk assessments/management

Asking about experiences of violence along with your standard questions also gives a powerful message to a survivor that she does not have to keep quiet about her experiences. She may not choose to disclose when first asked but having such a question normalizes the issue and could contribute to her disclosure later. Try the following:

“We know that 1 in 4 women have experienced DV in their lifetime - so we ask all our service users the following questions”:

- We know that many women use substances to cope with experiences of violence and abuse – is this something that you feel is relevant to you?
- Does your partner or anyone at home ever hurt or harm you?
- Do arguments ever result in hitting, kicking or pushing?
- How do you and your partner work out arguments?
- Do arguments ever result in you feeling put down or bad about yourself?
- Do you ever feel frightened by your partner?
- Has your partner ever made you have sex or perform sexual acts when you did not want to?

It is imperative that such questions are asked while a woman is alone and ALL women should be seen alone for at least one appointment. If a woman discloses, make sure you validate what she is saying – remember her abuser will repeatedly have told her that that no-one will believe her if she tells anyone. Tell her she is not alone and that there are agencies which can help her. Make sure you tell her that she is NEVER responsible for the abuse that she has experienced and her use of drugs and/or alcohol are not to blame.

Develop ongoing training for all staff around domestic violence

It is important that all staff receive training on the dynamics and behaviours constituting domestic violence, how to look for signs, how to ask questions in an appropriate way so as to facilitate disclosure, safety planning and effective referral pathways.

Develop a DV policy with clear guidance around routine enquiry, safe information sharing etc.

This ensures that staff have clear organizational guidance on how to work with service users experiencing domestic violence. You may find it useful to start up a working group within your organization to ensure responsibility for taking this work forward rests with the organization rather than one individual.

Development of a women only session or group work and offer all women the opportunity to see a female counselor or key worker

Many women survivors feel uncomfortable accessing mixed sex groups or accessing services generally where they are in the minority. It is really important therefore to offer a safe women only space. Furthermore, many survivors, but not necessarily all, do not feel comfortable speaking to a man about their experiences of abuse and trauma.

Provision of childcare

We know from research that lack of childcare facilities is a major barrier for women attending appointments. It is important to bear in mind that some survivors of domestic violence may not attend appointments because they fear leaving children with their partner.

The Stella Project discourages the use of couples counselling or anger management where domestic violence is taking place – these approaches can contribute to a woman taking responsibility for her experiences of abuse rather than placing the blame firmly with the abuser. These techniques can also be used by the abuser as a further way to control their partner.

It is also important to explore further a woman's claim that she hits or abuses her male partner. It is of course important not to condone any type of violence but is also important to unpick the circumstances in which your service user claims to be the abuser. Most frequently, with further probing, we discover that a woman is often lashing out or responding in frustration to the systematic emotional or physical control her partner has had over her over a period of time. To put it in better context, it is perhaps best to ascertain who is most fearful or frightened for their safety within a relationship where both partners claim to be abusers. It's worth exploring where the power and control in the relationship lies and you will often find that it lies with the man even when your female client discloses some violence towards him. Focus needs to be on the woman's safety through safety planning or working with a specialist DV agency. If you are working with such cases, please ring the Respect Helpline 0845 122 8609 which can offer support and help to professionals such as yourself and help clarify the patterns of abuse.

Finally, remember that when you are working with this particular client base, a woman may never be free from her problematic substance use if the issues of violence and abuse are not addressed. Risk assessment/management and harm minimisation should be extended to incorporate risk of harm from a partner.

Remember you are not alone in embarking on this work. The Stella Project can provide a large amount of information regarding good practice developed from the growing number of agencies and projects undertaking integrated work across the sectors. Ask for assistance in every step of the way!

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A toolkit entitled Domestic Violence, Drugs & Alcohol: Good Practice Guidelines is available to download from our website at www.gldvp.org.uk. For more information about the Stella Project and references for this article, please contact the Coordinator at Karen.Bailey@gldvp.org.uk, or GLDVP, 1st Floor Downstream Building, 1 London Bridge, London SE1 9BG, tel: 0207 785 3862