

Risk management: what it means for the domestic violence and the substance misuse sectors

Introduction:

The purpose of this briefing is to improve practitioners' knowledge and understanding on risk management for service users with experiences of both problematic substance use and domestic violence. The interplay between these two support needs call for a holistic agency response: an approach that is based upon cross-sector partnership working, information sharing and ongoing review and revision of risks which can change quickly, particularly in relation to domestic violence.

This briefing paper will look at risk factors facing survivors and their children as well as some key issues for consideration by agencies when identifying risk, safety and care planning. Principal to working effectively with services users experiencing overlapping issues is that both sectors expand their concepts of harm and risk to incorporate the 'other' issue whether it be risk from domestic violence or risk from substance use.

It is also important to remember that most research in relation to domestic violence and risk is gendered and based on assumptions of female victims and male perpetrators. For example, we know that leaving a partner is the most dangerous time for a heterosexual woman, however the research does not suggest the reverse is true for a man. Therefore in certain parts of this briefing we have used gendered language.

Further information and details of training opportunities and resources can be found at the bottom of the paper.

Routine inquiry

All service users coming in to services are likely to have complicated personal histories which may require multi-agency involvement in meeting their support needs. Agencies must consider *all* risks that the service user and any children may be facing in order to reduce risk and enhance safety. As part of the standard assessment process, LDAN and the Stella Project recommend that substance misuse and domestic violence agencies should routinely ask questions about domestic violence and substance use.

Drug and alcohol workers could approach the subject by asking service users:

- if they are frightened or fearful of anyone in the home;
- how arguments usually end with their partners;
- whether anyone makes them feel like they need to use/drink more than they want to.

Questions should focus on specific behaviours of perpetrators such as controlling how household money is being spent. Issues of sexual violence can be approached by asking whether anyone makes them have sex or do things of a sexual nature when they don't want to.

Domestic violence workers could consider approaching the subject by stating that it is common for survivors to use drink or drugs to cope with experiences of violence, followed by some direct questions about how much the person drinks or what drugs they consume. For example:

- We find that many survivors feel they need to increase their use of drink, drugs or prescription medications to deal with the effects of abuse – we can offer support around that if you need to talk to us.
- You will not be automatically refused services if you use any drugs or drink – however we need to know about this in order to provide the best possible support for you.
- How much do you drink per week?
- What drugs do you take?
- Do you use any drink or drugs (illegal or prescribed) to help you sleep better at nights?
- Any information given will remain confidential according to our agency's confidentiality policy explained to you.

Having posters and leaflets visible in waiting rooms and toilets also lets service users know that it's not a hidden topic and that these issues commonly overlap. Having copies of the 'power and control wheel' can also be useful to broach the subject. A copy of this useful learning tool can be downloaded from <http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf>

Identifying risk- information for drug and alcohol workers

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.

As a drug/alcohol worker you will already complete a lengthy risk assessment form. As standard you should include a question about experiences of violence. If your service user is indicating that they are experiencing violence or abuse from a partner or family member, you should ask further questions:

- Is the violence worsening in nature?
- Has your partner been more controlling lately and/or attempted to isolate you?
- Do you feel unsafe to go home?
- Are you planning to leave your partner or recently separated?
- 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?
- Does your partner force you to use drugs/alcohol?

Answering yes to any of these questions could mean your service user is at a high level of risk. It is important that you work with a domestic violence professional to complete a thorough risk assessment as soon as possible in these circumstances.

If your service user does not wish to speak to a domestic violence worker, you should respect these choices and not force this option. However, it is important to note that this can mean the service user is in a situation of increased risk and you should consider undertaking a full risk assessment to determine whether you should refer and share information with your local MARAC (Multi Agency Risk Assessment Conference). You can find out details of your MARAC from your local Domestic Violence Coordinator.

Domestic violence cases can be highly complex with fragmented information shared across several different services. Joint information sharing and development of a risk management strategy is far more effective and prevents you as a lone worker or agency carrying the sole responsibility for a

victim/survivor (and their children's) safety.

Remember: Risk assessments are not foolproof and they only give an indication of risk at that particular point in time. Victim / survivor assessment of danger is the most reliable indicator of risk.ⁱ If she feels he will be violent again, chances are that he will. Nevertheless, you should be aware that women often minimise the risk as a way of coping so a denial / hope that he will not be violent again is not as reliable. Other research suggests that assaults committed whilst intoxicated are also a relatively reliable indicator of future risk of serious violence.ⁱⁱ

Taken from *Domestic Violence, Drugs and Alcohol: Good practice Guidance (2nd ed, Stella Project 2007)*

Remember that if both partners are accessing the substance misuse service, workers must always see them separately when discussing violence and abuse. In addition, if available information about the male partner's violence comes from the woman, the risk of violence to her will be increased if you use this information to challenge him.

Domestic violence is often ignored as a risk factor for children and it is important to remember that research shows that if a woman is abused there is a significantly increased risk that child abuse might occur. Therefore, risk assessment should also include questions about children's safety. For example, the following questions should be asked about:

- location of children at the time of the incident;
- whether they ever intervene to stop abuse or are forced to participate;
- child contact with the perpetrator – what are the arrangements?

More information about supporting children affected by domestic violence can be found in the toolkit for front line practitioners entitled *Improving Safety, Reducing Harm: children, young people and domestic violence (Department of Health, 2009)*. This also provides clear information about how and when to share information if you are concerned about the safety of children.

Some key messages on addressing domestic violence within drug and alcohol services

- Substance misuse does not excuse or justify domestic violence nor is it a sufficient causal explanation.
- Perpetrators of domestic violence have control and choice regarding their abusive behaviour and can therefore be held accountable.
- Workers can miss the dynamics of control in a violent relationship where there is also substance misuse due to the additional levels of complexity.
- Most male perpetrators of domestic violence also claim to be the victim.
- Be aware that risk is not a static process and can change rapidly. Missed appointments, drug and alcohol relapse or disengagement with the service could indicate ongoing experiences of domestic violence.

Identifying risk- information for domestic violence workers

For survivors of domestic violence with experiences of problematic substance use, domestic violence workers will want to know more about the extent of their use and therefore the risk it poses- to self and others. Additional assessment questions may include

- Have you ever overdosed or lost your memory as a result of your substance use?
- How risky are your drug/ alcohol using habits? For example, do you share injecting equipment, drink to the point of losing consciousness or use a variety of substances at one given time?
- When you are intoxicated who cares for your children?

The client may require additional medical attention in the following instances: complaints of pain; numbness; seizures; near overdoses; blackouts; heart pains; bruising and swelling around the injection

sites. **Risk assessments should be done on a regular basis and advice sought from a specialist substance misuse professional around reducing harm.**

Examples of risk assessments can be found at the following link:
http://www.avaproject.org.uk/media/23865/stell_chap_five_v2.pdf

Where there are children involved, workers should seek examples from the substance using parent as to how the emotional and developmental needs of children are being met.

- E.g. does alcohol or drug use play a role in making family routines more difficult – preparing meals, taking children to school, helping with homework.

Parental attitudes towards their own drinking or drug use will shape further questions. If they believe that their drinking/using is not impacting on their parenting capacity, questions should be asked around why any professional concerns are unjustified. Whereas if parents recognise that their parenting capacity has been affected, professionals should ask what parents feel they should be doing differently, what they feel would help them to do this and whose help they would accept.

Suggested questions to ask:ⁱⁱⁱ

- Does the child have regular contact with a non-drinking/using adult/carer?
- How discreet is the alcohol/drug misuse – do the children witness the behaviour or have they stumbled upon it by accident?
- How is the behaviour hidden or contained so that children are not affected?
- Have there ever been accidents as a result of drug/alcohol misuse and are the parents able to acknowledge risks and accept responsibility?
- How much time, energy, money and organisation is directed towards alcohol/drug related activity and what are the consequences for the children?
- Who looks after the children when drugs/ alcohol are being sought or consumed?
- Are children ever taken to inappropriate places connected with drugs/alcohol where they might be placed at risk?
- Is the home used as a base for the alcohol/drug misusing group to which the parent may be attached?
- Does the alcohol/drug use lead to financial problems that mean the children have to go without basics?
- Does the alcohol/drug use come first so that other financial obligations are not met?

Taken from Domestic Violence, Drugs and Alcohol: Good practice Guidance (2nd ed, Stella Project 2007)

Some key messages on addressing problem substance use within domestic violence services:

- Be non-judgemental- having experiences of problem substance use does not make someone a bad person and does not necessarily mean they are unable to be a good parent.
- Be aware of the services available. Contact specialist services and enquire about the type of treatment they are able to provide. Ask about provisions they have in place for ensuring safety of service users (in relation to domestic violence) and ask if they run any women-only services or groups.
- Respect the service users' decisions; the service user may feel that they are unable to address their substance use until they have dealt with the effects of the domestic violence. Instead, discuss ways in which they can reduce the level of harm caused by using, for example, safe injecting practices.
- Ascertain their previous experience of substance misuse treatment and explore any fears they may have about engaging with services.

Safety planning

Although survivors may continue to use substances, working to maximise their safety should remain a priority for both domestic violence and substance misuse agencies. Safety planning involves more than assessing future risk: it can create psychological safety, the space needed to recover and freedom from fear. A safety plan is a semi-structured way to think about the steps that can be taken to reduce risk before, during and after any violent incidents. Often survivors already have coping mechanisms/strategies to manage the abuse. Safety planning can often concentrate on building on those and allowing the client to identify any other options that are appropriate. The plan can be implemented at any stage of the process; prior to leaving, staying in the relationship or post relationship.

The key principles for the safety plan are to;

- keep responsibility for the abuse with the perpetrator;
- provide consistence and continuity;
- not suggest or support anything that colludes with the abuse.

It's also important that the survivor focuses on the more positive things going on in their life and identifies possible routes to activities which would improve confidence, self esteem and emotional wellbeing.

Drug and alcohol workers should consider including safety planning as part of standard care plans for survivors. More information about safety plans can be found below and sample safety plans are available in the Stella Project Toolkit.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=000100010008000100310005>

Additional safety issues to bear in mind for this client group include:

- Some survivors' drug or alcohol use could make it difficult for them to assess the severity of the violence they are experiencing. Their substance use may be 'dulling' both the physical and mental pain they are in.
- Survivors who are using substances may be too ashamed or embarrassed about their substance use to access services.
- Some women may feel they cannot disclose their substance use for fear of not being given access to refuge accommodation.
- Trust is paramount. Problem drug-using women caring for their children fear automatic referral to social services departments if they disclose their drug use.
- Some survivors may have had previous bad experiences with substance misuse agencies which may hinder their choice to engage with new services.

Safety planning should address specific issues relating to a survivor or perpetrator's use of substances. Some additional issues you may wish to address include:

- The response survivors may receive from services/police etc. when they make calls under the influence of alcohol/drugs.
- Staying safe when services arrive - some women see this as a safe opportunity to challenge their partner/become more aggressive themselves when the police are there - this then impacts on them being seen as the aggressor and taken less seriously.
- How will they implement their safety plan if they are drinking or using substances? Often good safety plans can go out of the window as soon as a person is intoxicated.
- What provisions are made for children when using/drinking or when the violence happens?
- Detox/withdrawal/relapse on the part of the perpetrator can be dangerous times in terms of safety.
- Consideration of which drug/alcohol services to access – if avoidable do not use one where their partner attends and if not make special provisions.
- Altering routes/times if their partner is aware of their attendance at a alcohol/drug service; using a panic alarm; making sure phone is charged.

- Anticipating partner's substance use – how to keep safe when they have been using/drinking.
- Consideration of how a survivor's drinking/using may impact on their ability to protect themselves - they are more likely to fight back and receive worse injuries etc.
- The location of where a survivor goes to use/drink – how does this impact on safety?
- Discussion of harm minimisation e.g. learning to self inject safely, smoking rather than injecting (a drug/alcohol agency will be able to provide such harm minimisation support).
- If considering leaving, where will they get supply of drugs, do they need emergency prescribing?
- It is also empowering for a survivor to realise that their abuser wants them to continue in their dependency to substances and to plan for such interference with their treatment.
- Vulnerability/safety when entering new relationships due to drinking/drug use.

Taken from Domestic Violence, Drugs and Alcohol: Good practice Guidance (2nd ed, Stella Project, 2007)

Safety planning should also be conducted with children. More information about how to do this can be found in *Improving Safety, Reducing Harm: children, young people and domestic violence (Department of Health, 2009)*

Partnership working

As specialist domestic violence workers or substance misuse workers you are not expected to work with these complex issues alone. Developing good links with local specialist agencies working in the 'other' sector is crucial to delivering effective responses to service users. Picking up the telephone and asking advice from other practitioners about these issues should become standard practice. Could you consider holding joint care planning sessions? This is a great way to provide a more holistic response to service users and allow for skills transfer between professionals. Firming up information sharing protocols between agencies is also key to developing effective partnership working.

Workers should also consider becoming members of the local domestic violence forum or local drug/alcohol practitioner forum and developing cross sector training. All drug and alcohol agencies should be aware of their local Multi-Agency Risk Assessment Conference and how to refer service users.

Further information:

The following organisations can provide information and training on the dual issues.

Alcohol Concern's Embrace Project: Children and Families and Domestic Abuse

<http://www.alcoholconcern.org.uk/alcohol-concern-in-action/projects/embrace>

Stella Project

<http://www.avaproject.org.uk/our-projects/stella-project.aspx>

DV specialist organisations

[National Domestic Violence Helpline](#) 0808 2000 247

24 hour helpline operated in partnership with Women's Aid and Refuge.

Women's Aid

Women's Aid is a national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK. Also provide an online survivor forum.

[Refuge](#)

Refuge is a UK charity offering support to women and children experiencing domestic violence.

[Honour Network Helpline](#) 0800 5999 247

Operated by Karma Nirvana, the helpline is unique as those who call have the option to speak to a survivor whose experience is invaluable in supporting the caller's decision making process.

[Karma Nirvana](#)

Provides a support network for women and men who are experiencing forced marriage or so called honour based crime.

[Men's Advice Line](#) 0808 801 0327

The Men's Advice Line is a confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men - in heterosexual or same-sex relationships.

[Broken Rainbow](#) 08452 60 44 60

Providing the national helpline for lesbian, gay, bisexual and trans people experiencing domestic violence.

[Rape Crisis](#)

Rape Crisis (England and Wales) provides co-ordination for the national network of Rape Crisis Centres across England and Wales.

[Survivors Trust](#)

The Survivors Trust is a national umbrella agency for 130 specialist voluntary sector agencies providing a range of counselling, therapeutic and support services working with women, men and children who are victims/survivors of rape, sexual violence and childhood sexual abuse.

[Childline](#) 0800 1111

Free and confidential advice for children and young people provided by phone, email, message boards and online chat.

[Kalayaan](#)

Provides advocacy, advice and support services in the UK for migrant domestic workers.

Agencies to support perpetrators

[Respect phoneline](#) 0845 1228609

Phoneline for people who are concerned about their abusive behaviour towards a partner or family member.

[Stop It Now](#) 0808 1000 900

Support for people who are looking to stop inappropriate thoughts or behaviour towards children.

For information about drug and alcohol agencies operating within London, please go to

www.ldan.org.uk

For information about drug and alcohol services across the UK please go to Helpfinder at

www.drugscope.org.uk

About the Stella Project :

The Stella Project is a project of AVA (Against Violence and Abuse) and is the leading agency addressing drug and alcohol related domestic and sexual violence. The Stella Project works for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators of domestic and sexual violence affected by problematic substance use. We offer training, consultancy, good practice guidance, newsletters and networking events. More information can be found at www.avaproject.org.uk

ⁱ Weisz, A.N., Tolman, R.M., & Saunders, D.G., 2000. Assessing the risk of severe domestic violence: the importance of survivors' predictions. *Journal of Interpersonal Violence*, 15(1), 75-90.

ⁱⁱ Gondolf, E. W., 2002. *Batterer Intervention Systems*, Thousand Oaks: Sage.

ⁱⁱⁱ Adapted from Parental Alcohol Use and the Common Assessment Framework, The Parenting and Alcohol Project, Alcohol Concern, 2006 available to download at www.alcoholandfamilies.org.uk