

Current initiatives and developments
from overseas.

Mental health initiatives.

Over the past four years UK Refuge have offered women the services of a specialist psychology team. The psychology team has developed a model of specialised psychological support for women, which has adapted and tailored traditional therapeutic approaches to meet the specific needs associated with domestic violence.

The team runs a children's programme involving individual and group counseling with dedicated child psychologists.

Refuge UK are developing a manual for mental health professionals to use as a basis for identifying women experiencing abuse, creating safety plans and working with the psychological effects of domestic violence. This is an extensive manual based on the Refuge model of psychological support. The manual covers:

- Core information about the prevalence, consequences and causes of domestic violence.
- Specialist information for specialist mental health professionals, including guiding clinicians through a session, offering therapeutic strategies and handouts
- The therapeutic relationship is explored with specific reference to domestic violence and the challenges faced by professionals
- Information on women's rights

Information from these programmes, and the material in the manual, will be available to Homeworks Trust to use in their work.

Fragmented Services, unmet needs: Building collaboration between the mental health and domestic violence communities.

Carol Warshaw; Ada Mary Gugenheim; Gabriela Moroney; Holly Barnes, Health Affairs. Chevy Chase. Sept/Oct 2003. Vol 22, issue 5, page 230.

Domestic Violence and Mental Health Policy Initiative.(DVMHPI)

This paper reports on an initiative in Chicago to meet the previously unmet mental health needs of domestic violence survivors and their children. The models that have been developed integrate clinical and advocacy concerns. This initiative oversees a network of more than fifty community based mental health, domestic violence, substance abuse and social service agencies as well as state and city officials.

The DVMHPI promotes collaboration and provides training and technical assistance to improve the capacity of local services to address the traumatic effects of abuse.

The project arose out of the awareness that domestic violence can have serious mental health consequences that systems are frequently unable to respond appropriately to.

Historically, "(domestic violence) advocates have been reluctant to address mental health issues for both philosophical and practical reasons. For example, psychiatric symptoms are viewed as understandable responses to terror and entrapment that are likely to resolve with safety and support. (yet) programmes rarely have the

resources to respond to mental health needs.....Also, advocates are concerned about the ways that mental health diagnosis and treatment can inadvertently place women in jeopardy and increase abuser's control over their lives. More over, mental health services are often not accessible to battered women – they may not meet eligibility criteria..... Mental health care providers themselves cite lack of training, lack of knowledge and funding constraints as barriers....”

The DVMHPI bridges this gap in services. They:

- Have surveyed providers about incidence, unmet needs, barriers, funding, shared frameworks....
- Built collaboration between sectors
- Trained agencies

They are now working to consolidating this work to ensure that the training becomes ongoing and are trying new intervention models. They are also working on developing policy at an agency and interagency level.

Principles of Good Practice for working with women with mental health issues:
Interim Guidance for local domestic violence services. Jackie Barron Project
Worker (Health Projects) Women's Aid National Office, Bristol 2004

Women's Aid have produced this information for all of their refuge staff to use as practice guidelines. They say that:

“Many – perhaps most - women and children living with or escaping violent relationships will experience some mental health issues, including depression, anxiety, eating disorders, self-harming behaviour, post traumatic stress disorder (PTSD), bipolar disorder (also sometimes referred to as manic depression), or schizophrenia. These conditions might result from the abuse, or predate it; experience of abuse can also exacerbate an existing condition. Sometimes a woman's mental health issues can be very severe, and require intervention from mental health professionals.

- Between 50% and 60% of women mental health service users have experienced domestic violence, and up to 20% will be experiencing current abuse.
- Domestic violence and other abuse is the most prevalent cause of depression and other mental health difficulties in women
- Between 35% and 73% of abused women experience depression or anxiety disorders; this is at least three times greater than the general population
- Domestic violence commonly results in self-harm and attempted suicide: one-third of women attending emergency departments for self-harm were domestic violence survivors; abused women are five times more likely to attempt suicide; and one third of all female suicide attempts can be attributed to current or past experience of domestic violence
- The figures for black and ethnic minority women are even higher: 50% of women of black and minority ethnic origin who have attempted suicide or self-harm are domestic violence survivors
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse

- Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life
- Mental health professionals consistently underestimate the proportion of their clients who experience domestic violence

In some cases, women with severe mental health issues may be unable for a time to live independently, or to care for their children, and they may be seen as a danger to themselves or to others. Women with severe mental health issues deserve and need support from domestic violence services as much as, or more than, as any other woman....

Domestic violence organisations – whether or not they provide refuge services – need to develop policies and practices for working with survivors who experience severe mental health problems.

Child Protection issues

Witnessing domestic violence is known to have a detrimental impact on children and one indicator of risk of harm to children in the family. Mental ill-health does not automatically mean that a woman is a “bad” parent, but it can be an additional source of stress. In considering the safety and support needs of a woman, those of her children must also be taken into account. Provision of protection and support to a woman may be the most effective way of also protecting and supporting her children; but children and women's needs and experiences are different so additional support may also be needed. Children should feel they are listened to and are safe. Any disclosures of abuse, or any suspicions of harm you may have, should be responded to with discretion and in accordance with your organisation’s Child Protection Policy
.....

Risk assessment

Questions about a woman’s mental health history, including self harming incidents and suicide attempts, and use of alcohol, prescription medication and other drugs, will help to identify her particular vulnerabilities, enable an understanding of her needs, and allow this to be matched to the level of support your service can provide. Risk assessments of this kind are therefore invaluable when considering clients for admission or referral.

All staff in Women’s Aid refuge organisations should have basic training in mental health awareness. All staff members should familiarise themselves with their organisation’s policies and good practice guidelines for working with this client group. Funding could be sought for one or more specialist mental health workers in each organisation; alternatively, existing staff could be encouraged to develop a specialised interest in this field. These staff members should have or be given accredited mental health training.”

Struggle to survive. Challenges for delivering services on mental health, substance misuse and domestic violence. Researched and written by Jackie Barron. Women’s Aid National Office, Bristol 2004

“A new survey which forms the first part of the Women’s Aid Mental Health and Domestic Violence Project. Funded by the Department of Health, it has the overall aim of improving the quality of services available for women who are experiencing domestic violence and also have mental health and/or substance use issues.”

Drug and alcohol abuse/ domestic violence initiatives.

There are currently two major British projects looking at the relationship between domestic violence and substance abuse.

The Tower Hamlets Partnership. 'Domestic violence and substance misuse. Making the links. An evaluation of service provision in Tower Hamlets.' Domestic violence team, Crime reduction services, Tower Hamlets Council. London 2003.

The Tower Hamlets Project carried out extensive research about clients simultaneously affected by domestic violence and substance abuse. The report contains information from 51 interviews with service providers, literature and directory searches, telephone interviews and participation in relevant seminars and forums.

The aims of the research include “to increase understanding of the issues facing clients who are affected by both domestic violence and substance use and how these issues may affect or obstruct their access to appropriate service provision.” Page 1

The report is very detailed and provides information about victims and perpetrators. It investigates the links between substance abuse and domestic violence including:

- Women believing their partner only abuses because of his substance use
- Substance abuse as a means of control
- Women who misuse substances and experience domestic violence
- Women who are forced to misuse substances by their abusive partner
- Women who misuse substances as a way of mitigating the effects of abuse
- Women who are forced to support their abusive partners habit
- Women who turn to sex work – or are forced into sex work - to support their own and/or their partner’s substance abuse. From pages 7 - 9

Issues of child safety and child custody are also addressed. The point is made that “domestic violence and drug use may cause a reduced ability to parent, not an inability to parent”. It is suggested that providing appropriate, proactive parenting support to women will prevent the extra trauma of children being removed from their mothers. page 11

The discussion of housing issues how vulnerable a woman’s housing situation becomes in this situation. She:

- May be unsafe because of continuing violence
- Lose her house because of rent arrears caused by using – or her partners using
- Have a lack of housing options because of their using/chaotic behaviour
- May be denied entry to refuge
- May have difficulty accessing emergency housing services
- May have very high support needs to remain in housing. From page 10

Some of the recommendations from the report include:

- “The need for women only spaces/times and possible satellite venues to facilitate service access and reduce confidentiality concerns re presenting at known drug service venues
- The need for more women’s rehab services, including mother and child places and culturally appropriate services. More mother and baby units which include detox on site are needed to simplify access and reduce difficulties post detox
- Fast track prescribing and visiting home support ins needed for domestic violence victims who continue using and want to remain in their homes.
- The need for intense housing support the and provision of supported housing for substance using domestic violence victims and their children.
- **The development of a specialist high support domestic violence refuge for substance users.**
- Drug and alcohol outreach workers working in refuges
- Long term counseling and support for domestic violence victims with complex needs.
- Specific direct access sex worker services.
- That domestic violence and substance abuse should both be criteria for classification as vulnerable and therefore requiring re-housing.” Page 22

The Stella Project. Separate issues, shared solutions. Exploring positive ways of working with domestic violence and substance misuse. Greater London Domestic Violence Project and Greater London Alcohol and Drug Alliance. Greater London Authority. Mayor of London. 2003.

This is a two-part document. The first part is consists of a number of reports from people who are experts in the field of domestic violence and substance abuse and reports the outcomes of a seminar that was held to launch the Stella Project. The second part is a comprehensive manual for services that are working with women with domestic violence and substance abuse problems. Homeworks Trust has the use of this manual.

The Stella Project report states that:

“Women in violent situations may turn to alcohol and substances as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with violence. Significant evidence also exists to show that a male partner often introduces women to drug use.¹ Social isolation produces further dependence on her partner and any attempts to sobriety are threatening to the controlling partner. Some violent men will actively encourage women to leave treatment – that is if women are able to access services at all.

A U.S. study of refuges reveals that as many as 42% of women use alcohol or other drugs.² A drug treatment centre reported that a staggering 90% of women had been

¹ Bennett & Lawson (1994) “Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs.” *Families in Society: The Journal of Contemporary Human Services*

² Bennett & Lawson (1994) “Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs.” *Families in Society: The Journal of Contemporary Human Services*

physically assaulted and/or raped with 39% experiencing this in the past year only.³ Of women living with abusive partners, a study in 1989, found women who drank heavily had a higher risk of minor assaults by their partners, but more importantly, if their partners were substance misusers, this was a greater indicator to violence.⁴ Women who experience domestic violence are also more likely to misuse prescription drugs, alcohol and illegal substances. The violence risks to women experiencing both domestic violence and substance use problems are very dissimilar to single issue clients in terms of psychosocial and bio-psychological profiles, and as a result, their service needs differ significantly.

1.3.3 Current service provision

Given the overlap in issues, it is not surprising that both sectors will often serve the same women. While services that deal specifically with domestic violence or substance misuse exist, few systems currently are equipped to provide the range of services needed by survivors or perpetrators of domestic violence who also experience substance misuse problems.

Unfortunately, differing models of work mean these services are often at conflict with each other. Treatment for substance abuse has focussed primarily on the medical model, whereas safety and support are the primary focus of domestic violence initiatives. However, many similarities exist across the services in the breadth of issues that the clients of each service deal with, such as:

- Feelings of isolation, guilt, shame, low self-esteem;
- Experience of trauma;
- Initial denial of the problem;
- Reluctance to seek out support systems due to fears of negative consequences to do with losing children in admitting their problems;
- Magical thinking; “if I ignore the problem, it might go away, it might stop”;
- Impairment of ability to make logical decisions;
- Efforts at abstinence or escape from violence are sabotaged by the partner as a mechanism of control and substance use may even be encouraged or forced;
- Several returns to the substance or relationship before making lasting changes.

As well as these client similarities, substance misuse programs and domestic violence projects both work on:

- Overlapping client base
- Safety for clients
- Tackling social exclusion and breaking down isolation
- Risk assessment and screening
- Similar psychosocial issues such as guilt, shame, denial, depression, low self-esteem

³ Stevens & Arbiter (1995) cited in Bennett & Lawson (1994).

⁴ Kauffman, Kantor & Straus (1989) Substance abuse as a precipitant of wife abuse victimisations.

Despite these similarities current services in Britain are limited in their approach to dealing with domestic violence and substance misuse as co-existing issues, and are more geared towards single provision.

However, the Stella Project believes that the similarities identified above makes working together not only feasible but essential, so that resources are pooled instead of providing ineffective repeat services. Overall, studies suggest that outcomes for the survivor and perpetrator are more likely to be positive if approached in an integrated holistic way. Joint working across the domestic violence and substance misuses sectors is therefore the only logical way forward.” Pages 3 - 4

The key issues identified are:

- “Many women use substances to cope with emotional trauma through ‘self-medication’
- Women who use alcohol or drugs are not responsible for the violence they experience, though their substance misuse is often blamed.
- There is massive stigma attached to being a woman in a violent relationship battling addiction
- If a woman is drinking or using then her judgement and her ability to assess risk may deteriorate and so the danger she is in can be increased.
- Women are often excluded from domestic violence service provision if they are using drugs or alcohol despite the fact that they are particularly vulnerable.
- It is critical to work with a woman on her terms, at a pace with which she is comfortable while keeping the focus on her safety
- Women are at a greater risk of violence when they leave, it is therefore vital that we do not solely rely on the paradigm of leaving.” Page 5

Other issues identified include:

- “Good practice has to prioritise safety for the woman and children
- Work that only addresses domestic violence or substance misuse can put women and children in danger.
- Mediation and couple counseling are likely to put the woman at greater risk
- Silence is collusion” page 6

Identified barriers are:

- “Current lack of training in both sectors
- Most agencies working with people using substances do not know the extent of domestic violence among their client group and vice versa
- Many workers don’t know how to respond to disclosures of violence or substance use
- The sectors have different and sometimes conflicting political views and treatment philosophies
- Both sectors patronise and ignore this client group or actively discriminate against them
- Lack of women specific services in substance misuse sector

- Women who are experiencing domestic violence and substance misuse often do not trust agencies due to the fear of losing their children and the fear of involvement with criminal justice system (particularly if they are involved in illegal activity).
- The enduring stigma of admitting to experiences of domestic violence or substance misuse
- Fear – particularly as women are at the greatest risk when leave
- Lack of information
- Lack of consistent, cohesive services with joined up thinking” page 7

The suggestions for moving forward include:

- “Develop questions and guidelines that don’t alienate women and allow for positive screening
- Train staff
- Develop networks and ways of joint working
- **Develop specialist services as well as making sure that the issues of domestic violence and substance misuse are mainstreamed effectively.”** Page 7

Some of the recommendations from the day were for:

“The need for specialist services in both sectors was also highlighted during the day including refuges specifically for women with substance misuse problems, and women-only substance misuse projects linked in to domestic violence services. The need for women-only services was seen as particularly important due to the need to prioritise women’s safety. It was felt that substance misuse projects in particular often did not provide a safe physical environment, especially as violent partners or dealers could well be using the same services.

There is therefore a need to develop and provide gender-specialist services that could take referrals from a variety of routes to include self-referral and professional referrals in a setting that can contain and meet the separate needs of adults and children. Very few substance misuse services currently provide any child care facilities and this was seen as a major barrier to women accessing services. Holistic services are needed that provide safe and non-judgemental spaces for women to disclose and approach help, where a multi-disciplinary staff team have specialist skills, knowledge and experience of both domestic violence and substance misuse.

3.8 Positive screening

In many cases delegates said that agencies were actively avoiding discussing either experiences of domestic violence or substance misuse because of their perceived inability to deal with the additional issue. This was particularly the case for refuges where their legal responsibilities as landlords can prevent them from accepting active drug users as clients. Positive screening, where carefully chosen questions about clients experiences of either domestic violence or substance misuse are included in the initial assessment process within agencies, was seen as a good way to challenge this, to gather data on the extent and nature of the cross-over between the sectors and to ensure that the multiple needs of clients were actually met and women’s safety prioritised.

3.10 Developing accepting and supportive spaces

The creation of accepting and supportive services was seen as a critical part of providing safe services for women experiencing domestic violence and substance misuse problems. The relationship between experiences of violence and substance misuse is a complex one and survivors need understanding, support and patience. They may not be able to stop using immediately and may not be in a place where they are able to deal with both issues simultaneously. However, it is critical that they are not be judged or excluded from services if they are not able to cope.” Pages 15 - 16

Domestic violence and Substance abuse: “Mind the Gap”. Interim Report. January 2003 Dr. Cathy Humphreys, Dawn River, Dr. Ravi K. Thiara.. Centre for Study of Safety and Well-being, University of Warwick. Linda Regan, Child and Women Abuse Studies Unit, London Metropolitan University.

This is a research project, in collaboration with the Stella Project, about the relationship between domestic violence and substance abuse that aims to:

- a) “Identify strategies for progressing practice and policy through building upon the developing good practice in the sectors;
- b) Explore the overlap between domestic violence and substance misuse by men and women who are accessing services in the sectors. This includes the overlap with both survivors and perpetrators of abuse.
- c) Ascertaining service user experiences of help-seeking and service provision”

page 3

The report identifies that the lack of cooperation between the services is not new.

“An over-arching theme from virtually all the interviews was some mystification about how the overlap between substance misuse and domestic violence has been known about for so long, and yet so little has been done to address these joint issues for perpetrators, survivors or children. It is an issue raised by Galvani (2002) and supported by the recent research by Women’s Aid (Barron, 2003) which identifies only 3 or 4 services in the country (Britain) where it is known that initiatives are being developed which address both issues of substance misuse and domestic violence.”
page 5

This report also discusses the setting up of specialised refuge services – this has been explored in Britain, however, like NZ, funding has not been available for these initiatives.

“While several areas (three which we know of) have identified a need and actively sought funding for a refuge with 24 hour staffing and self-contained units so that the needs of women with substance misuse problems and domestic violence can be met more appropriately, at this stage no funding (that we know of) has been forthcoming for this level of support.” Page 9

The need for specialised services is further reinforced later in the text.

“Many informants have raised the need for specialist services, which would also support the capacity building within the mainstream...

- the development of women only rehabilitation and residential services including safe, ‘detox’ units for women escaping domestic violence
- specialist refuges to cater for women with substance misuse problems escaping domestic violence
- Specialist accommodation and support services for prostitutes with substance misuse problems” page19

“An issue constantly raised by those working with domestic violence survivors with substance misuse problems was the issue of accommodation. While there was great support for the idea of ‘opening up refuges’, there was recognition (as mentioned earlier), that there were also limitations to this strategy. Sen (1998) has written an extensive report outlining the need for specialist accommodation in this area. The range of opinions in the area clearly suggests that it should not be a matter of ‘either/or’, but both. Unfortunately, there has been little success so far in achieving any specialist accommodation in this area.

As an adjunct to this issue, the lack of appropriate accommodation for women seeking residential rehabilitation was consistently mentioned. The lack of child care and the inappropriateness of many of the mixed facilities for those women also fleeing domestic violence was noted. It was pointed out that a specialist ‘detox’ unit to support women fleeing domestic violence was essential to support the development of work in this area. For drug abusing women, fleeing from violence, will often mean that they have cut off their drug supply. Immediate ‘detox’ facilities need to be made available as these women will not be able to have their needs met within a refuge, yet their safety issues may be urgent.

Detox on demand and people suddenly think “I want to go into detox”, in a month’s time she won’t feel like that and her life has changed. She needs it now, when she wants it. (Bear Montique, Advance Advocacy Project)” page 27

Multi agency training was highlighted as being equally important as the provision of specialised services. This is seen as “providing an effective means of increasing capacity within current agencies Outreach services, able to work with both issues, was cited as vital for effective response by a number of informants.” page 24

Principles of Good Practice for working with women experiencing Domestic Violence: Interim Guidance for those working in the Drug and Alcohol sectors. Jackie Barron Project Worker (Health Projects) Women’s Aid National Office, Bristol 2004

This report tells us that “There are many women for whom domestic violence and substance misuse are a simultaneous concern. ... Many women use substances as a response to and a way of dealing with abuse¹. Many women who access drug and alcohol services will have current or past experience of domestic violence.

Despite this co-existence there is no evidence to suggest a direct causal link between substance misuse and domestic violence: women's substance use should never be used to justify or "explain" their experiences of violence; nor should drug or alcohol use by either partner be accepted as an excuse for violent and abusive behaviour.

Substance misuse professionals have been found consistently to underestimate the proportion of their clients who experience domestic violence.

- Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.
- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence.
- Some women are introduced to substances by their abusive partners as a way of increasing control over themⁱⁱ; and when a woman's partner is also her supplier, it will be particularly difficult for her to end the relationship.
- When a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service.
- Women whose partners misuse substances may minimise or excuse their violence on those grounds; it is important to emphasise that even if substance use ceases, the violence and abuse usually continues.

Women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other women to report or even to name their experience as domestic violence; and when they do, are in a particularly vulnerable position, and may be unable to access any suitable sources of support. “

Among the recommendations are:

- All substance misuse services should develop specific domestic violence policies, together with appropriate protocols and guidelines for responding to clients who have experienced domestic violence.
- Women living in violent relationships will not necessarily want to end their relationships, or may decide to return to an abusive partner. They should be offered a choice of options, time to talk these through and non-judgmental support in making their own choices.
- Women who want to reduce or stop using substances may not necessarily want to end an abusive relationship at the same time. Nor will ending the relationship necessarily stop the abuse: many women experience the most severe violence after separating from their abusers.
- Substance misuse treatment services should *not* insist on “sobriety first” but respond to the issues of domestic violence and substance misuse simultaneously: this applies when working with either survivors or perpetrators of domestic violence.

Principles of Good Practice for working with women who use substances: Interim Guidance for local domestic violence services. Jackie Barron Project Worker (Health Projects) Women's Aid National Office, Bristol 2004

This report includes much of the same information as the previous one – but the guidelines are for domestic violence service staff.

Abused women as parents.

Recent literature disputes the common paradigm that abused women will become abusive mothers. Although there is evidence to support this view, it is not necessarily correct to treat each abused woman as a child abuser in need of parenting skills.

Studies by Schecter and Edleson (1994); Edleson (1998); Burke (1999); and Sullivan, Nguyen, Allan, Bybee and Juras (2000) indicate that for many women, a woman's experience of physical and emotional abuse will have no direct impact on their use of discipline with their children and that women can be supportive non-abusive parents while experiencing abuse themselves.

However, perpetrators use of abuse has a direct effect on children and their behaviour yet is often ignored and invisible in the provision of services, and the record keeping, of agencies charged with the care and protection of women and children.

The Stella Report states that:

- “Women who are experiencing domestic violence, including those who misuse substances, are rarely ‘bad’ parents – many women are well able to manage their parenting role despite their situations.
- Children’s services are too often an after-thought – too many service providers in both sectors assume that in providing services for mothers we have done enough for the children.”

Therefore, it is critical that:

- Men’s abuse is acknowledged as a primary source of physical and mental trauma in families experiencing domestic violence
- That men are held accountable for this trauma
- That the victims of this trauma are not blamed for failing to keep themselves safe
- That women’s parenting skills are acknowledged for the positive and supportive behaviours as well as assessed for risk
- That services are provided specifically for children and are focused on the wellbeing of the children and strengthening the children’s bonds with their mother.

ⁱ **Raine, Pamela (2001) Women's perspectives on drugs and alcohol: the vicious Circle (Aldershot: Ashgate)**

op.cit.; Stark, E. and Flitcraft, A. (1996) *Women at risk: Domestic violence & women's health* (Thousand Oaks, California: Sage); Jacobs, John (December 1998) *The links between substance misuse and domestic violence: Current knowledge and debates* ed. by Mary-Ann McKibben and Fran Walker (Alcohol Concern and Institute for Study of Drug Dependence (ISDD); Ettore, Elizabeth (1997) *Women and alcohol: A private pleasure or a public problem?* (London: The Women's Press.)

ⁱⁱ Swan, Suzanne, Farber, Stephanie, Campbell, Donna (2000) *Violence in the lives of women in substance Abuse treatment: Service and policy implications* Available from www.womensconsortium.org; the Stella Project (2004) *op. cit.* p.71.