

**Domestic violence and mental illness/substance abuse.
A survey of 39 refuges.**

**Debbie Hager
October 2006**

“It’s heart breaking to turn these women and children away.”

These women are possibly the most victimised; it was him or abject loneliness. They deserve our utmost compassion.”

Introduction.

The perception that a woman has mental health or drug and alcohol problems often excludes her from entering a refuge to escape domestic violence. New Zealand research (Hager 2004) found that domestic violence drives women ‘crazy’ and that, currently, there is very little understanding, and therefore no appropriate response, to this phenomenon.

In a survey of 39 refuges affiliated to the National Collective of Independent Refuges, it was discovered that 525 women, with 447 children, accessing, or attempting to access refuge services have mental health and/or substance abuse problems. Some of these women are able to access appropriate help and support. Many others, with and without children, are left to find whatever accommodation and support they can. For some this means psychiatric hospitals or the street. Strong statements from refuge staff support these findings.

Methodology.

Forty eight refuges were contacted for the research. A questionnaire (appendix one), with a covering letter (appendix two), was sent out to all the affiliated refuges from the National Office in Wellington. The research was endorsed by the National Collective and was sent with their regular monthly mail out. Three weeks were allowed for postal responses. Two refuges responded in this time. All refuges were subsequently contacted by phone, with up to 10 calls being made to ensure that as many were contacted as possible. Two refuges declined to participate. Others were unable to be contacted or didn’t want to participate in the research at the time they were phoned. Phone interviews were conducted with 42 refuges to gain the information sought in the questionnaire. Three of the interviews were unable to be used in the report because of incorrectly collected data.

The data used was collated from the 39 successfully completed interviews and questionnaires. Themes were generated from the collated responses.

Results.

“Most women do self abuse – they don’t come to us until it’s the last straw. It’s the majority (who have drug and alcohol or mental health problems) because of all the stuff that’s happened to them.”

Over a 6 month period in 2006, 347 women identified as having mental health or drug and alcohol problems, were accepted into a refuge. This number is an under-estimation however, as, in some refuges, everyone who comes in has substance abuse or mental health problems and in others, most women are similarly affected. *“All women who come in have drug and alcohol problems.” “Nearly all women (in refuge) have mental health problems.”*

“Every client I see has some need of specialised services. All ladies abused by partners have mental health problems - have been abused mentally.”

Refuge staff struggle to work with these women – many going way beyond their expected job descriptions. *“CYFs send women with huge drug issues and expect us to work with them – they even have their babies removed. CYF only pay for 28 days and expect women to be fixed.”*

“One women, a drug addict with 6 children, stayed for a year, we couldn’t get her a house.”

Refuge staff want to help as many women as possible. This, however, is exploitation of these women’s good will and desire to make a difference.

“We only manage it (caring for women with mental health problems) by extraordinary means. It’s not the easiest task. I come from a back ground in psych, but it’s not easy to manage in this environment with psych. You have to know the contacts. Not everyone who works here is comfortable with that. We need proper facilities. Woman who have lived through extreme violence have mental health issues.... I’ve slept in cars at people’s properties to keep people safe in their homes – you can’t even get mental health help and support let alone respite – there is a great shortage of beds in mental health, let alone mental health and domestic violence.”

Many services attempt to stay in touch with women after they have left the refuge:

“All women are still in care, are still receiving all services they require. Clients have been referred to specialised services which we work in partnership with.”

“We try to put plans in place on their departure from us for ongoing support, if and when required by these clients. This may include educational programmes, counselling, specialised counselling, referral to appropriate services/organisations, phone calls or visits. Referrals are to other services/organisations that specialise in the services that they require.”

The women admitted into refuge with mental health or substance abuse problems brought with them 447 dependent children. This is not the total number of children affected by their mother’s abuse and mental health/substance abuse problems, as many women have already had children taken from them by CYF or the police before they try to get into refuge. Therefore, a much greater number of children are affected.

“24 children came in – but a woman may have had 6 children but only come in with two because the others have been taken off her. One woman had six children removed.” These “children have huge behavioural issues”.

79 of these 347 women were moved out of refuge because the refuge staff felt either that they were a threat to the other women and children in the refuge or they felt that they – the refuge staff – didn't have the expertise and skills to work appropriately with them. This affected 81 children. Also, some refuges refer women on to other services if they have mental health /substance abuse problems – so a higher number may have been unable to stay in refuge as long as they may have planned to. *“Don't move them out – had her reassessed and mental health took her”*

Reasons for asking women to move out included:

“We don't work with women who use P.”

“If we found out a woman was dealing, or using on the premises – we would kick her out.”

“One particular woman needed safety. She had schizophrenia, but she was young and had no-one else there, so it was not safe to leave her on her own.”

“We don't have the expertise to deal with drugs and alcohol.”

“If they are abusing others we move them to other support services, give them a support worker – it's a symptom of what's happened to them.”

“One woman was moved out because she wasn't spending money on herself or her child for food etc – she was spending all her money on drink.”

“Two women were moved because of mental health problems – because they were being difficult about medication and became unsafe, unstable. CADS were involved and we found them somewhere else in conjunction with CADS.”

Some refuges try to stay in touch with these women and work with them via their outreach services.

Others, as above, refer them into the care of other services. Unfortunately, New Zealand research suggests that women who go to mental health or drug and alcohol services will receive treatment for their mental health or substance problems – but will rarely be provided with information and support to address the domestic violence they are experiencing. Being diagnosed, or given treatment may in fact place women in greater danger, because of the stigma associated with the diagnosis, the lack of credibility that we impart to drunk/stoned/mad women, the effects that medication can have, restricting women's ability to defend themselves and their children and because this can provide the abuser with greater power and control over a woman. (Hager 2001)

Some women are lucky and, with help, find long term, safe housing.

“One woman was put into emergency housing, one went home – her partner wasn't there.”

“One to a back packer, one to family. The woman in the back packers had one child – but the child had been removed because of her illness. The other woman had two children which is why she went to family. When this woman stabilised she moved to a safe flat out of the area.”

For many women, however, there is very little support if they have to leave refuge.

“All women went back home. Some went back to a dangerous situation.”

“One woman went home to her partner, no idea where the others went.”

“To friends then to an apartment or motel”

“Families, home? – don’t know the outcomes.”

“Family, whanau”

“To her friend... I think another refuge is in touch with her.”

“One went home – the other wandered the streets and ended up in the mental health section of Hastings hospital.”

“One women went home to the abuser who was her dealer, five were referred to other services, one, unsure – may have gone to Salvation Army emergency housing. One found a home through Wellington City Council.”

“Don’t know.”

The outcomes for these women and their children are poor.

“She (woman with mental illness) keeps popping up on Pol 400’s (police reports of domestic violence), has been for several years. She lives with the abusive partner – we have ongoing dealings with her.”

“The single (i.e. removed children) woman is still around – but not highly visible. One woman who was drinking ended up in detox – then we lost touch.”

“One child was removed and placed with grandparents.”

“One mother gave the children over to the care of the father. She is now going through a custody battle to get her children back.”

“One woman is on the street, one was referred to the Salvation Army but they had to turn her away, one woman was referred to D&A services for detox but was unsuccessful.”

“The woman who ended up in hospital met a woman in a park who agreed to look after her children for a few weeks.”

“Two of the children are living with their birth father who seems to be a good father. The youngest child is living with mother and current partner – both are using illegal drugs”

“When the mum goes to hospital we try to place the children with caring caregivers (family)...will not send them to their fathers. 5 families went to family. One set of children went to CYF – they put them back with their father. (the abuser)”

“When they leave the refuge they slip through the gap. There is nothing there for them. They end up in the psych ward or on the streets.”

“Life becomes more difficult for them, there is very little community support. They go back to a state of unwellness. Their children are at risk.”

“Back to the abuser, a supplier of P. No changes were made by the client, so there is a high likelihood of her continuing the drug use, or avoiding intervention and assistance with her mental problem.”

A further 178 women are known to have been denied access to refuge because of mental health and/or substance abuse problems. This is an under estimate as most refuges do their screening via phone and don’t keep any records of how many women are screened out. Therefore, in some services there is no way of knowing how many women are prevented from entering refuge. There is also no way of knowing how many children this affects. Very little is known about the outcomes for these women. A number of respondents said that they had no idea what had happened to these women once they had told them they couldn’t get into refuge. For others, known outcomes included:

“A lot end up in caravan parks – WINZ pay women’s benefits to caravan parks or stick women in cul-de-sacs full of drug addicts and drunks, which women have tried

so hard to change and they put them straight back where they come from. Refuge is a safe haven, we see them re-bonding with their children – huge changes, then they move backwards when they have to go into bad housing.”

“We get lots of calls from women, all they do is drink. He’s hit her and she wants to talk – that’s who we would send to you, ones who can’t get out of it – can’t get away.”

“I was most concerned about one who went to her father and new wife – they took her in, a compromise to make it work until her safety was addressed, it only lasted two days. Last we heard she was in a happy relationship with a church in Christchurch.”

“2 went back home. One is still being supported. It’s a terrible situation. She’s had a stroke, she’s very young – it causes mental health and physical problems – he brings in lovers, all sorts of things, there’s no-where else for her to go.”

“Women find family, whanau or back packers. We advise on services that are available. I don’t know if they went home.”

“They went to D&A, Cads, Taylor centre (MH service), about three went home. We still work with them in the community. Four self harm – tried to suicide, one was arrested – went back to her partner. She was a heavy user, caught by police.”

‘Probably went back into the MH system’

“One moved to another area of NZ, one went back to her partner.”

“On the street”

“They will have returned to their abusive partners and been lost to the system.”

“Referred back to the social worker or police.”

None of these women, those taken into refuge and those asked to leave or refused entry, are necessarily bad mothers – it is their circumstances that has put them and their children at risk. *“CYFs become involved because the children are in danger – although the mothers are good mothers, their choice of partners places the children in danger.”*

“The social environment contributes to the stress experienced by the women, which contributes to mental health and D&A issues. E.g. a woman on methadone delivered a baby. The baby was removed to go through detox and 18 months later she is still trying to get baby back. Policy introduced July 06 contravenes the CYF policy of trying to support families to stay together. If a child is in long term care a mother has to go to court to get her child back from the foster parents if they are choosing to keep the child.”

Most Maori refuges try to take everyone that is referred to them – and are less likely to ask women to leave. Therefore, Maori staff are dealing not just with the complex dynamics of refuge, but with often severe substance abuse problems and mental illness.

The Pacific refuge said that they had had no women with mental health or substance abuse problems in the past six months and perhaps 4 in the past year. *“Some women think they have drinking problems because they drink all week end – but very few have really severe problems. Women are screened before they come in – then they are taken in and referred on”. The refuge has very good links with the (PI) mental health service and either move women on or work with them in the refuge.*

There are increasing numbers of women with mental health and substance abuse problems trying to access refuge services because they are experiencing domestic violence. Refuges, which are under-resourced and under-funded are struggling to deal with the numbers of women requiring safety. It isn't reasonable to expect them to also work with women who have additional problems.

"In the last 12 months there are more and more women with mental health and drug and alcohol issues. There is nowhere else for them to go. Sometimes a mental health worker will ring and ask refuge to take a client. Refuge agrees on condition that it's only one night – but it's always longer."

A few of the refuges have good working relationships with their local mental health and/or drug and alcohol services.

"In Napier we train mental health staff. Good networks and mental health screen for domestic violence and refer to the safe house. There are reports of women in the past being counselled for years and never been screened for domestic violence. Often the partner has mental health issues too. Had been a plan in Napier for a church group to set up a service for women with mental health/domestic violence issues – red tape stopped it."

Many, however, feel that they are not clearly communicating about the issues that their clients are dealing with. *"We've had meetings with mental health, Drs, psychiatrists etc over the years – about women's wellbeing, and they're dealing with domestic violence. A client has to ask for help. It's a huge, huge issue."*

Most of the refuges spoken to felt that there was a strong need for specialised refuge services.

"Anyone who is oppressed experiences some level of mental health problems – depressed, anxious, unable to make decisions, don't trust. Women are forced into substances by partners, but when faced with losing children they are jolted into giving up. Mental health is a key issue and there are no resources to meet the needs of clients. Substance abuse is endemic – but when supported there are many success stories."

"Definitely need specialised services. These women fall through the cracks – there is nowhere to go. We don't have the skills to manage women with mental health issues, - don't know how to handle medication"

"Need two houses (specialised services) one drugs and alcohol, one mental health They (CYF) take children and put them where? It's not like you have this little utopian farm to put them on!"

"If you're taking drug and alcohol and mental illness you'll be inundated – you'll always be full."

"I really support what you're doing. (Homeworks Trust advocacy for specialised services.) These women are possibly the most victimised; it was him or object loneliness. They deserve our utmost compassion."

“Women with mental health problems are not appropriate for our home if other people are in it. There is a need (for specialised services) in terms of drugs and alcohol and mental health. In the long run it would save money.”

“We need specialised nurses to work in refuge – we can’t have different people working with the same person. Violence has a lot to do with drug and alcohol and mental health – poverty etc. Maori women just want to trust one or two people...”

“Refuge don’t have the facilities for detox at that level – we had to talk hard to make it a health issue. Specialised refuge would be excellent. One of the highest issues and probably why they have MH and substance abuse issues is family violence – either childhood or now. It’s nearly always at the bottom of it. We, the mainstream, don’t have the facilities to do this.”

“I feel so much for these women, because there is no-where for them to go, they need someone with them all the time. We need resources to fly women to a specialised refuge – we’d need to fly them that day. It’s been a concern of mine. I’m delighted that someone is doing something about it. It urgently needs to be addressed.”

“See a serious gap in services. Nowhere for woman with mental health/drug and alcohol issues, especially if dual diagnosis – CATT won’t look at women who are using and visa versa. “

“We do not collect this type of data at present, but intend to do so in the future. ...Although PNWR does accept women with mental health issues we cannot accept women who are acute or who are not suitable for communal living. Drugs and alcohol are not allowed on the premises. We are all very interested in your work and support setting up refuges for woman with specific needs. I think supporting them with the help of other agencies to deal with both the violence they have experienced and their own drug/alcohol or mental health issues would be good.”

“Because the house is not staffed 24 hours a day it leaves women who do have mental health issues very vulnerable, especially with children to handle.”

Discussion

Not identifying and responding adequately and appropriately to the group of women and children living in abusive environments will incur huge costs to the health system, social services, police and the justice system as these people experience illnesses and mental health problems related to abuse.

The costs of not responding include:

- Years of life lost because of suicide and homicide
- The time that women are unable to function without support
- The cost of service responses to abused women – CYF, social services, child and family services, domestic violence services, police....
- Diminished realisation of educational, employment and personal potential
- The long-term effects on the children and wider family, including the perpetuation of intergenerational violence, and a wide range of ongoing health problems for the children as adults.

- Placing and keeping children in foster care or in the care of the state
 - Ongoing judicial costs related to the Family and Criminal Courts
 - Women and children's ongoing use of mental health and substance abuse services
 - Rehabilitation and long term care
 - Personal health services such as A&E and GP services for ongoing injury, physical health problems and problems associated with self harming behaviours
 - The inappropriate care of women who have been abused – i.e., placed in mental health services when they really require domestic violence services
- (American Medical Association 1996)

This situation is not consistent with recent policy initiatives that are seeking to ameliorate the harm caused to women and children by domestic violence.

While many refuge staff are working to support and house these women, the chronic under-resourcing of refuge services has placed unnecessary strain on the staff and on other residents. Therefore, the mental health effects of domestic violence require a systematic policy and service response from a range of Ministries and organisations.

This research raises two related housing issues. One is the need for medium term semi-supported housing for women, with and without children, as women make the transition from living with violence to independent living. Many of the women needing housing require intensive support from a number of agencies, working to restore a woman's sense of sanity and confidence in herself and her parenting.

Also, a strong need has been identified for specialised refuge services where women can access mental health/substance abuse and domestic violence information and support at the same time. Currently, vulnerable women and children are missing out on the services that they would expect to be available to them. The 257 women identified from this research, who were unable to access refuge services, are an indication of need and an underestimate of the number of women in this situation. Many remain unidentified, as there are no mechanisms to record them when they are screened out at the initial contact. Others will not have made contact with domestic violence services at all.

Ignoring this group of women is an infringement of their human rights. It's time that refuge services are funded to cater for every woman who requires the service, not just those who can currently be accommodated.

References

Appendix one.

Survey about women unable to access refuge because of mental health or substance abuse problems.

It is acknowledged that women who abuse substances, or who have mental illness are generally unable to access refuge services because of the problems they pose to staff and the safety of other residents. This survey is trying to get an idea of how many women may be affected by this.

IN the past six months:

How many women have been accepted into your refuge with mental health or substance abuse problems?

How many children did this include?

How many of these women were moved out of your refuge because of their mental health or substance abuse?

How many children were affected by this?

Where did these women go:

Number of women in this category

- Home
- Another refuge
- Referred to other services
- Became part of your outreach service
- Don't know

What are the known outcomes for these women/children? Please list.

How many women were refused entrance to the refuge because of mental health or substance abuse problems? Note. You may have to estimate this if records aren't kept.

Do you have any idea what might have happened to these women?

Is there anything else you want to add about this issue.

Name of Refuge

Person you spoke to

Her job/position at the refuge

Date

Interviewer

Your comments, feelings, thoughts about the interview

Appendix two.



PO Box 20710
Glen Eden 0641
Waitakere City

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Kia Ora.

Homeworks Trust is a small, voluntary, woman's organisation advocating for specialised refuge services for women who are unable to use current refuge services because they have mental illness or abuse drugs and/or alcohol. We have been working to raise awareness of this issue for about 6 years – some of you will know of our work.

To help us in this work we need to get at least anecdotal evidence of how many women might use a specialised refuge service. In order to do this, we are asking you to think about the last 6 months and answer some questions. This will require you to look at your records – and think about possible examples of women who haven't made it onto your books. We have the support of National Office to ask you to participate.

Either Karyn Childs or I will ring you to find out the answers to the questions that are on the questionnaire. You don't have to fill this in or send it back.

We would very much like to keep in touch with you about this issue – we have tried to speak at regional meetings etc, but for various reasons this hasn't worked. I am including information about who we are and what we are trying to. If you want to know any more information – or have questions, please email or ring me. We very much want this to be an initiative that happens with all of your support – we know that you are just as concerned as we are that there are women who, currently, are unable to access refuge.

Karyn and I are looking forward to talking with you about this.

Warm regards,
Debbie Hager
Chair, Homeworks Trust.