

MAYOR OF LONDON

The Stella Project Separate Issues Shared Solutions

**Exploring positive ways of working
with domestic violence and substance misuse**



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with domestic violence and substance misuse**

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Foreword

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

Marai Larasi – Director of Hackney Women’s Aid

“Today is not about barriers, it is about bridges... Today is not about feeling entrenched in our disciplines and resistant to change; it is about daring to hear the other view, however uncomfortable this might be. It is about focussing on the women and children who we work with and for and asking if there is something we are missing or something we could do better.”

Sarah Galvani – University of Birmingham

The Separate Issues – Shared Solutions Seminar in December 2002 launched a vital new initiative: the Stella Project. I was delighted to chair the launch. The Stella Project, a partnership between the Greater London Alcohol and Drug Alliance and the Greater London Domestic Violence Project, aims to support organizations to work effectively with domestic violence and substance misuse. The Stella Project was born out of concerns expressed by many agencies about the need for improving cross-sector thinking, networking and action. The launch of the Stella Project marks the beginning of a co-ordinated attempt to achieve this.

1 in 4 women experience domestic violence over their lifetimes and 1 in 9 women experience domestic violence at any given time. Repeat victimisation is common. The results of the British Crime Survey found that more than half of victims of domestic violence are involved in more than one incident. No other type of crime has a rate of repeat victimisation as high. Over 25% of reported violent crime is made up of domestic violence incidents and in London alone there are approximately 40 murders a year. In addition, 17% of homelessness applications are as a result of domestic violence. Over 100,000 women in London seek medical help each year as a result of domestic violence. It has been estimated that the costs of dealing with this issue are at least £278 million per annum within London.

Londoners are more likely than people in any other parts of the UK to have used illicit drugs. By contrast, London has one of the lowest rates of alcohol use in the country. At a conservative estimate there are 70,000 problem drug users in London, people whose drug use is causing harm to themselves, their families or the wider community. One in fourteen men and one in fifty women in London have a drink problem. Up to 70% of men who physically assault their partners, do so under the influence of alcohol. Women have poor access to substance misuse services. Only 25% of the population receiving help and treatment for drug problems in London are women.

To date there has been relatively little work on the links between drug use and domestic violence in the UK. However the Stella Project launch and this report demonstrate that front line workers already have a great deal of first hand knowledge and understanding of the

relationships between domestic violence and substance misuse, and of how to develop more effective work across the two sectors. This report summarises the presentations and workshop findings from the Separate Issues – Shared Solutions seminar in order to further the debate about the links between substance misuse and domestic violence and to provide suggested ways forward for future action. I urge you to read this report and look out for more Stella Project initiatives during the course of the next year. Only by working together on this subject will we make London a safer place for women and children.

Prof. John Grieve CBE QPM
Independent Chair of the Greater London Alcohol & Drug Alliance

Acknowledgements

Our thanks go to the speakers and delegates at the Stella Project Launch Seminar who gave generously of their time, expertise and thoughts. This report is a product of their collective contributions and gives voice to their different needs and experiences.

Thanks also to the members of the Stella Project Working and Steering Group for agreeing to continue to support the development and ongoing work of this project.

Executive Summary

1. In brief

This report summarises the presentations given, and discussions held, during the Stella Project launch seminar: *Separate Issues ~ Shared Solutions*. It also highlights the key themes and recommendations that emerged from the day.

Part One introduces the Stella Project, the working definitions of domestic violence and substance misuse and the current understandings of work with survivors and perpetrators of domestic violence who also have substance misuse problems.

Part Two highlights the key themes that emerged during the seminar, presents two case-studies (Alcohol East and Hackney Women's Aid) of organisations that are developing innovative work in this area and summarises the workshop discussions.

Part Three lists the core recommendations made by speakers and delegates throughout the day as to how to develop work across the domestic violence and substance misuse sectors and Part Four briefly describes how the Stella Project has developed since the December Seminar.

Finally, the Appendices include biographies of all the speakers at the *Separate Issues ~ Shared Solutions* seminar, full transcripts of the speakers' presentations; a list of delegates who attended the event with contact details and some suggested further reading.

2. Presentations

Professor John Grieve CBE QPM who is the Independent Chair of the Greater London Alcohol & Drug Alliance chaired the Stella Project launch seminar. A number of presentations were given during the day:

- **Sarah Galvani, Lecturer in Social Work, University of Birmingham** outlined the challenges and opportunities for cross-sectoral work, and provided an overview of the issues and topics to be addressed during the day.
- **Marai Larasi, Director of Hackney Women's Aid** discussed the links between domestic violence and substance misuse for survivors of domestic violence. She also highlighted the existing gaps in service provision and described how Hackney Women's Aid is moving towards being a model of integrated services for survivors of domestic violence who also have substance misuse problems.
- **Kate Iwi & Chris Newman from the Domestic Violence Intervention Project** discussed their work with perpetrators of domestic violence who also have substance misuse problems. This presentation included a demonstration of a role-play used as part of DVIP's perpetrator programme which first re-enacted a violent incident, then a session with both the perpetrator and victim.

- Nicola Saunders of Alcohol East presented a case study of Alcohol East’s recently established perpetrator pilot project. This is working to develop safe and effective service provision combining substance misuse and domestic violence work.
- Collette Williams and Cathy Symes of the Women’s Drug Service (Nottinghamshire) presented another case study, describing their outreach work with women’s refuges in supporting them to develop services for women with substance misuse problems.

3. Workshops

Delegates were also given the opportunity to attend two workshops during the day. In the morning delegates were broken into small groups and asked to think about their definitions of domestic violence and substance misuse, and to explore their understandings of the ways these two sectors are related. This helped to challenge myths around substance misuse and domestic violence, develop a picture of the level of understanding and knowledge and identify needs such as resources, training and knowledge gaps. In the afternoon workshops, delegates were asked to explore the barriers to effective service provision and to identify positive ways forward.

4. Key themes

While many complex issues were discussed during the day four key themes did emerge:

- Substance misuse by perpetrators or survivors does not explain or excuse domestic violence
- Currently there is a massive failure by both sectors to provide adequate and integrated services for either perpetrators or survivors of domestic violence who also have substance misuse problems
- It is critical that both sectors work together to address this failure and to overcome existing barriers to joint working
- This work is possible, but it takes commitment, creativity and determination

5. Key recommendations

The key recommendations that emerged from the presentations and workshops are as follows:

- Dedicated funding is required
- Joint working must be developed
- Organisations and sectors must share information
- Both sectors need extensive training and awareness raising
- Minimum standards and models of best practice need to be developed
- Agencies from both sectors need to interrogate their own practices
- Services must be developed with service user involvement
- Specialist services need to be developed
- Positive screening¹ should be introduced in both sectors

¹ I.e. routinely asking clients about their experiences of domestic violence or their use of substances in order to provide effective interventions (i.e. the aim of positive screening is to provide more effective services rather than to exclude clients from services)

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- Changes need to be made at a policy level both nationally and within individual organisations
- Services need to have ongoing monitoring and evaluation systems
- Agencies need to have the courage to experiment and develop pilot projects

1 Introduction

This report summarises the key messages and learning points which arose out of the **‘Separate Issues ~ Shared Solutions’** seminar held on December 2nd 2002. This seminar launched the **Stella Project**, a joint initiative between the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance.

The Greater London Domestic Violence Project works to end domestic violence across Greater London by supporting direct service providers and promoting joint working. It is a London Action Trust project.

The Greater London Alcohol and Drug Alliance (GLADA) is a strategic network of organizations and agencies concerned with the problems caused by drugs and alcohol in London². The Mayor of London, Ken Livingstone established GLADA in 2002. GLADA addresses pan-London issues and delivers a programme of Londonwide priorities through partnership working.

1.1 The Stella Project

During 2002, discussions between members of GLADA and the Greater London Domestic Violence Project identified gaps in the current service provision for both survivors and perpetrators of domestic violence who are misusing substances in London. GLDVP and GLADA wanted to find positive and creative ways to work towards more inclusive service provision. It was decided to hold a seminar and bring together service providers and policy makers from both sectors to:

- Establish links between organisations and enable networking and information sharing
- Begin a dialogue between the sectors
- Collect data on current exclusions and models of good practice
- Share examples of work across the two sectors
- Collect data on the knowledge and needs of the two sectors
- Collect suggestions on possible ways forward for the two sectors in general, and the Stella Project in particular.

The decision to also launch an ongoing project, the Stella Project, was made in order to ensure that the development of work across the domestic violence, drug and alcohol fields was encouraged and supported in the long, as well as short, term.

² The members of GLADA include ADFAM, Association of London Government, Black Londoners Forum, Federation of Black and Asian Drug and Alcohol Workers, Government Office for London, Greater London Association of Directors of Social Services, Greater London Authority, HM Prison Service London Area, Imperial College, London Alliance of Service Users, London Directorate of Health and Social Care, London Directors of Public Health, London Drug and Alcohol Network, London drug users, London Drugs Policy Forum, London Probation Area, Metropolitan Police Service, National Treatment Agency (London Region)

The aims of the Stella Project are:

- To increase safe choices for women and children experiencing domestic violence by raising awareness and standards within existing substance misuse services and domestic violence projects in London
- To hold perpetrators accountable for their behaviour by raising awareness and standards within service providers in London

The objectives of the Stella Project are:

- To map gaps in service provision, exclusions, the level of need and promising practice in London in the field of domestic violence and substance misuse, from the perspective of both the survivors and the perpetrators of domestic violence.
- To use these findings to develop a toolkit and guidance defining minimum standards and highlighting good practice for service provision both in the domestic violence sector and substance misuse sector
- To use the dissemination of the toolkit and guidance as an opportunity to encourage networking and information sharing between the substance misuse and domestic violence sectors, in order to improve collaboration and referrals
- Rollout awareness raising and training on substance misuse for workers in the domestic violence sector, and domestic violence for workers in the substance misuse services as part of the dissemination plan for the toolkit and guidance.

The Stella Project works firmly from the perspective that there is not a causal link between substance misuse and violence; drug or alcohol use should never be accepted as an excuse for violent or abusive behaviour and neither should women's substance use be used to justify their experiences of violence.

1.2 Definitions:

The Stella Project understands domestic violence to be: 'a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person, usually a man, over another, usually a woman³, within the context of an intimate relationship. It can be manifested in a variety of ways, including but not restricted to, physical, sexual, emotional and financial abuse, and the imposition of social isolation and is most commonly a combination of them all.'⁴ Domestic violence exists in all socio-economic classifications spanning all ages, classes, ethnicities, religions and cultures. British statistics state that one in four women experience domestic violence at some stage during their lives and that one in nine women will be experiencing such violence at any given time⁵.

³ Domestic violence is overwhelmingly committed by men towards women. However, it can also occur in same sex relationships and in a minority of cases, by women towards men. Moreover, the violence may also be perpetrated by extended family members. However, for ease of reading, this report reflects the overwhelming majority of domestic violence cases where the abuser is male and the victim / survivor is female.

⁴ Definition from the London Domestic Violence Strategy 2001

⁵ Domestic Violence: a Health Care Issue. London: BMA, 1998.

The Stella Project understands substance misuse to be: the use of substances (such as illegal drugs, prescription medicines or alcohol) in such a way that result in harm to the individual user or to the wider community. The range of harms includes problems for physical health, psychological health, financial problems, family problems or social problems.

1.3 Context

1.3.1 Perpetrators, domestic violence and substance misuse

The links between domestic violence and substance misuse are controversial, multifaceted, largely undocumented and a much under-developed area of debate. Nevertheless, current research suggests that up to 70% of men who physically assault their partners⁶, do so under the influence of alcohol and up to 20% do so under the influence of other substances. However, there is no evidence to suggest a causal link (except in the case of steroids and crack cocaine)⁷. In addition, no evidence exists to support a “loss of control caused by intoxication” explanation to violence, if anything, research and case examples show that men exert a huge amount of power and control, even when inebriated. It should also be noted that even when physical assaults are committed whilst intoxicated, non-physical forms of abuse are more likely to occur when sober.

1.3.2 Survivors, domestic violence and substance misuse

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.⁸ 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 refugees reveals that as many as 42% of women use alcohol or other drugs.⁹ A drug treatment centre reported that a staggering 90% of women had been physically assaulted and/or raped with 39% experiencing this in the past year only.¹⁰ 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.¹¹ 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

⁶ Hamilton & Collins (1982) The role of alcohol in wife beating and child abuse: A review of the literature.

⁷ Beel, A. et al., “Current perspectives on anabolic steroids”, *Drugs and Alcohol Review* 17, 1998, pp.87-103. Also: Miller, M.M. and Potter-Efron, R.T., “Aggression and violence associated with substance abuse”, *Journal of Chemical Dependency and Treatment*, vol.3 (1), 1989, pp.1-36

⁸ Bennett & Lawson (1994) “Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs.” *Families in Society: The Journal of Contemporary Human Services*

⁹ Bennett & Lawson (1994) “Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs.” *Families in Society: The Journal of Contemporary Human Services*

¹⁰ Stevens & Arbiter (1995) cited in Bennett & Lawson (1994).

¹¹ Kauffman, Kantor & Straus (1989) Substance abuse as a precipitant of wife abuse victimisations.

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

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.

2. Summary of themes emerging from presentations and workshops

2.1 Presentations

Several key themes emerged from the presentations at the **Separate Issues ~ Shared Solutions Seminar**. All the speakers agreed that working across the domestic violence and substance misuse sectors can be challenging, but it is essential if we are to increase women and children’s safety and hold perpetrators accountable for their violence. A few of the critical messages explored by the speakers will be highlighted below; for more detail see the full transcripts available in the appendices to this report.

2.2 Survivors, domestic violence and substance misuse

“Women who start drinking as a result of domestic violence ... experience a range of awful feelings as a consequence of the violence, often compounded by a tremendous sense of shame and anger with themselves for drinking.”

Nicola Saunders – Alcohol East

- 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

Myth: Women who use alcohol or drugs deserve or provoke violence from their partner

Fact: Women who use alcohol or drugs often say they do so to cope with the violence from their partner

2.3 Perpetrators, domestic violence and substance misuse

Myth: Men who abuse women after using drugs or alcohol are not wholly responsible for their actions

Fact: Men are violent to women with and without alcohol or drugs

- Substance misuse does not excuse or explain domestic violence.
- Perpetrators must be held accountable for their violence, even if they are substance misusers.
- Perpetrators do have control and make choices about the abuse which they use

- Perpetrators may help to create a dependency on, or even enforce the use of, drugs and alcohol as a tool of control
- Many perpetrators define themselves as victims as well.
- Men are often excluded from perpetrator programmes if they are using drugs or alcohol
- Workers can miss dynamics of control in a violent relationship where there is also substance misuse because of the additional layers of complexity.
- Work with perpetrators which addresses their violence should always have women’s services attached.

Myth: Alcohol and drugs cause violence and abuse

Fact: There is little evidence of a causal link. However, alcohol, drugs and violence to women often co-exist and cannot be ignored. Statistics from the UK are limited; most of the existing research is based in the US.

2.4 Children

“Too many of us in both sectors assume that in providing services for mothers we have done enough for the children.”

Marai Larasi – Director of Hackney Women’s Aid

- 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

Myth: Children can be protected from the violence and abuse (and the messages about substance abuse that go with it)

Fact: Children usually do know, are often scared, feeling guilty and wanting to make it all better.

2.5 Focus on safety is critical

“The safety of the woman and any children has to be the focus. Why? Because we know that each week in the UK two women are killed by a partner. Because we know the tremendous emotional, psychological and physical damage done to children exposed to, or caught up in, such violence and abuse.”

Sarah Galvani – University of Birmingham

- 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 counselling are likely to put the woman at greater risk
- Silence is collusion

2.6 Barriers:

“We may have some barriers to pull down, but while we wait for better research and evaluations, we need to do something in the meantime.”

Sarah Galvani – University of Birmingham

- 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

2.7 The way forward

“Stop discriminating! Stop being judgemental! Stop making excuses! Feel the fear and do it anyway! Take women with substance misuse issues into refuges – work with them. Develop more women only substance misuse services – gender specific spaces might help women to make that first step to disclosing that she is experiencing domestic violence. We need more services that work with women and children. We also need more services that focus on children as survivors of violence in their own right. Some of this will take a while. Some of it can happen quite quickly”.

Marai Larasi – Director of Hackney Women's Aid

- Ask clients what they want
- Develop questions and guidelines that don't alienate women and allow for positive screening
- Train staff
- Develop networks and ways of joint working
- Critically assess the work that your agency is doing with women's safety as your key criteria
- Develop specialist services as well as making sure that the issues of domestic violence and substance misuse are mainstreamed effectively.

2.8 Case studies

A number of examples of good practice emerged during the Separate Issues ~ Shared Solutions Seminar; two are highlighted below. The first is Hackney Women's Aid, which represents one example within the domestic violence sector, which is working to develop services for women who also have substance misuse problems. The second is Alcohol East, which is carrying out ground-breaking work in the substance misuse sector to work proactively with both perpetrators and survivors of domestic violence.

Hackney Women’s Aid (Now Renamed the Nia Project)

Firstly we are trying to stop discriminating! We are in the process of developing a new equalities and diversity management strategy. This will include a clear statement of intent around this issue and relevant policies.

We have had in-house training and workshops in domestic violence and substance misuse. This has been geared at increasing knowledge but also encouraging all staff to challenge their assumptions and mind-sets around substance misuse. In January 2003 we started a rolling programme of more intense training especially for refuge-based staff. This is really important.

We’ve also gotten creative. Refuges aren’t the answer for every domestic violence case. Our advice service can offer domestic violence support for women who can’t / choose not to go into a refuge. This is good for lots of women including those with substance misuse problems.

All women referred to any of our services go through what we call a positive screening process – we ask women if they have substance misuse issues. But before we ask we explain that they won’t be excluded – that it’s not just for statistics – but that we want to try to make sure that they receive as holistic a service as possible.

We are working on developing a specialist refuge for women with substance misuse issues. Now this is not to stop the other workers from doing their work! Specialism is important – women need that choice and it shouldn’t stop mainstream providers delivering as well.

Contact: Marai Larasi on: 020 7683 1278 or hwadirector@hotmail.com or info@niaproject.info for further information or to receive copies of the handbook/annual report.

Alcohol East Domestic Violence Project (Now renamed the Drug And Alcohol Service for London (DASL))

Alcohol East is a medium size alcohol agency in the voluntary sector in East London that provides services to the residents of the boroughs of Newham, Tower Hamlets and Redbridge. Their clients are concerned about their own drinking as well as people who are concerned about the drinking of someone else.

Alcohol East does not see problem drinking as an illness, but as a learned behaviour, affected not only by individual factors such as family norms, and heredity, but also by social, cultural, environmental and occupational specifics.

Alcohol East’s Domestic Violence Project is a new pilot project. The aim in setting it up was to develop an integrated model of working with perpetrators and substance use incorporating good practice for substance agencies. We know from all the research done on good treatment outcomes for substance use agencies that they are dependent upon the quality, empathy and rapport that clients encounter in their contact with services. The project will have a woman’s service attached, where Alcohol East can begin more thoroughly to establish a way of working which is safe and supports women in relationships where there is substance use and violence, and men to change their substance-use, along with understanding and addressing their controlling and violent patterns of behaviour.

The project is still at its early stages but the work will be evaluated and written up in the near future.

Contact: Nicola Saunders on 020 8257 3068 or services@dasl.org.uk
Capital House, 134-138 Romford Rd, Stratford, London, E15 4LD

2.9 Workshop questions and responses

Two workshops were held during the Separate Issues ~ Shared Solutions seminar. The first asked delegates to define domestic violence and substance misuse and to explore the links between the domestic violence and mental health sector. The second asked delegates to list both barriers and opportunities for working across these two fields.

Workshop One – Definitions and relationships between domestic violence and substance misuse

The diversity of the responses when delegates were asked to define substance misuse and domestic violence highlighted one simple barrier to carrying out work across these two fields – neither sector has a clear understanding of the areas of work actually covered by the other. There is not space here to list all the responses to these critical questions. However, it is vital that all agencies spend time understanding the terminology of both their own and the other sector; it is only when there is clarity over terminology and meanings that effective interventions will be able to be developed.

The relationship between domestic violence and substance misuse

Understandings of the links between the substance misuse and domestic violence sectors were also multiple and varied. The main themes that emerged are summarised below:

Substance misuse and domestic violence: causal or non-causal link?

The most critical difference in understandings of the relationship between substance misuse and domestic violence was between those delegates who understood substances to be a *cause* of domestic violence, and those who saw the use of substances as a ‘disinhibitor’ which gave a perpetrator the belief that they would not be held accountable for their violent behaviour i.e. these delegates believe that the link is *not* causal. This core difference in understanding impacts massively on the type of interventions which different projects choose to use when working with domestic violence perpetrators and lies at the heart of many of the tensions involved in trying to work across these two sectors. For example, those who believe in a general causal link believe that working with a perpetrator’s substance misuse will also represent an effective intervention with their violent behaviour. However, those projects who do not believe there to be a direct *causal* link between substance misuse and domestic violence see the need to address both issues concurrently. The Stella Project strongly supports the latter view.

Women’s use of substances – explanation of violence or coping mechanism?

A small number of delegates at the Separate Issues ~ Shared Solutions seminar believed that there is some causal link between a woman’s use of substances and her experiences of domestic violence. However, the majority saw the misuse of substances (both legal and illegal) and self-

medication by women who are experiencing domestic violence as a coping mechanism, this view is supported by research in the U.S.¹²

Substance misuse as part of the dynamics of power and control in violent relationships

There was much discussion as to how substance misuse can form an integral part of the complex dynamics of violent relationships. This was seen to manifest itself in multiple ways including:

- The perpetrator acting as supplier and using access to substances as a form of control
- The perpetrator forcing their partner to use substances
- The perpetrator threatening to disclose their partner's use of substances to the authorities, particularly where there are children in the family who the mother fears will be taken away
- The perpetrator limiting access to information or treatment
- The perpetrator using their partners earnings to buy substances
- The perpetrator may take out his frustrations / aggression during a detox. phase on his partner.

Substance misuse limiting access to other services

Many delegates discussed the fact that women who are misusing substances are often excluded from services such as refuges. This group of women are therefore particularly vulnerable to long-term experiences of violence in that they have fewer options as to where to go to find help, support or safety.

Substance misuse masking violence and vice versa

Both sectors agreed that the primary presenting issue often masks additional needs i.e. if a client presents with substance misuse problems, any domestic violence issues are usually submerged and vice versa. This is at least partly due to the secrecy and shame that surrounds both issues as well as fear of being misunderstood or excluded from services.

2.10 Workshop Two – Barriers and opportunities for future work

In the second workshop delegates were asked to discuss the barriers and opportunities for working across the domestic violence and substance misuse fields. The key barriers mentioned will be listed below. The opportunities highlighted by delegates are included in Section Three.

Barriers to cross-sectoral work

Unsurprisingly, many of the barriers which delegates identified mirror their recommendations for change. The barriers are summarised below:

Lack of resources

A lack of resources including funding, time, skilled staff and knowledge was identified as a key inhibitor to the development of work across the substance misuse and domestic violence fields. Many delegates felt that the provision of effective and relevant support for both perpetrators and survivors of violence who also have substance misuse problems is by nature resource intensive in that there need to be high staff to client ratios. Staff from both sectors spoke at

¹² The Links Between Substance Misuse & Domestic Violence: Current Knowledge & Debates

length about their existing feelings of overwork and pressure and were concerned about taking on additional areas of work without substantially increased support – financial, emotional and practical.

Poor links between sectors and services

After lack of resources, delegates identified the weak links between the substance misuse and domestic violence sectors as the key barrier to the development of effective interventions. The weakness of these links was seen as both passive (due to lack of knowledge and awareness of the other sector, a limited history of joint working and poor communications) and active (conflict over working models and understandings, hierarchy of issues, territorial feelings about clients and funding, mutual suspicion, differing agendas and motivations and failure to develop mechanisms for joint working). This leads to vulnerable clients being caught in the intersection between services unsure as to what to disclose to whom, and where to go for comprehensive, integrated support.

Different working models

Many delegates discussed the challenges which different perspectives place in the way of developing effective joint working. Most domestic violence agencies work from a social understanding of domestic violence wherein the spiral of power and control is contextualised within a predominantly patriarchal society. Most drug and alcohol agencies work from a medical model that sees substance misuse as a disease that is treatable, and understand the treatment process to concurrently reduce or eliminate violence in perpetrators. These understandings shape the type of interventions that are believed to be appropriate and effective and there are bound to be tensions in the joint working process until shared understandings have been developed.

Workers' fears

A great deal of fear and uncertainty about how to develop work across these two sectors and the possible repercussions for workers were expressed throughout the seminar. There were two distinct areas of concern, firstly a fear of physical violence by perpetrators against workers if they were challenged about their violence and against other clients in group settings. Secondly, front-line workers vocalised many concerns about their ability to carry out this complex work effectively and about 'not doing the right thing.'

Negative attitudes

The attitudes and values of many staff and other clients were seen as an area where positive change was needed. In particular, many delegates cited negative attitudes to both the complex needs of the client group and to change by sector workers as barriers to effective change. Several delegates first also described an absence of vision and compassion and a failure to put the needs of clients. It was felt that stereotypes about both survivors and perpetrators of domestic violence as well as substance misusers were also still very prevalent and prevented the development of relevant work.

Lack of knowledge and skills

Many delegates expressed feelings of inadequacy or being unequipped to carry out work across these two complex areas. In particular their lack of training, knowledge, skills and experience were seen as reasons why they had not had the ‘courage’ to develop more inclusive work.

Limitations of existing services

The lack of services within both sectors makes effective referrals and joint working particularly difficult. This can lead to clients being asked to travel long distances to access services that are often impossible due to time; cost and child care among other things. In particular:

- There is a lack of support services for children whose parents are substance misusers or experiencing domestic violence. This was seen to be critical by delegates. Even the most basic level of child care within services is rare, and additional therapeutic interventions are almost non-existent.
- Exclusions by the refuge sector if women are found to be using substances prevents disclosures. Staff need to challenge the legal position and educate other residents to be empathetic.
- The male dominated world of drug and alcohol services is particularly exclusive and alienating for female clients who are experiencing domestic violence.
- The lack of safe housing options limits service users ability to disclose substance misuse problems due to their fear of exclusion.
- The absence of guidance / policies on cross-sectoral issues limits existing agencies ability to develop their work further to improve inclusivity.
- There is a lack of safe services working with perpetrators.

3. Recommendations

Numerous recommendations were made during the day in both the presentations and during the workshops. Both the delegates and speakers were encouraged to contribute and the list that follows summarises their key recommendations.

3.1 Funding

A key concern expressed throughout the day was the need for additional funds to be made available in order to pursue effective working across the domestic violence and substance misuse sectors. Possible suggested sources included the Recovered Assets Fund and Drug Action Teams. Both short and long term funding were seen to be necessary: in the short term to provide training and awareness-raising sessions for both sectors and in the longer term to support the development of existing projects or the initiation of new work. It was generally accepted that joint funding across the sectors or partnership working, where two or more projects share funding, could be a positive way forward.

3.2 Joint working

Joint working across the domestic violence and substance misuse sectors was the recommendation that was made most frequently. It was felt that substance misuse and domestic violence support workers should foster a new way of thinking about links between the two sectors. Many delegates expressed the belief that both fields would benefit from a coordinated system that could address the multiple social service needs of substance-abusing victims and perpetrators of violence. Therefore, services need to be developed which work together and address concurrently both substance misuse and domestic violence, share information, dispel myths, encourage dialogue, create working definitions and create awareness and education for workers so that they are able to sensitively identify people at risk.

- Stop looking at substance misuse and domestic violence as separate issues
- Joint working should address needs for housing, children's services, emotional and physical safety, health and mental health care, economic stability, legal protection, vocational and educational services, parenting training, and support and peer counselling, among other things.
- Services should be holistic, flexible, collaborative, coordinated, and accountable.
- An inter-agency approach is needed, at both a local (borough wide) and wider level, to share resources, information and skilled expertise etc. This should include both formal and informal networks. In addition a regular forum is needed to improve networking, lobby for funding, share information and effective practices between the substance misuse, domestic violence and other sectors and organisations. Again this was seen to be necessary at both borough and London-wide levels.
- The sectors need to develop shared working practices, common minimum standards, service level agreements, policies, understanding of terminology etc
- Substance misuse services need to acknowledge domestic violence as a key part of their work and domestic violence services need to acknowledge substance misuse as a key part of their work. Both sectors need to be aware of the services offered by the other so that they can make informed referrals.

- Both individual projects and geographical areas could have linked or shared workers e.g. cross sectoral advocates or workers
- Agencies should develop mechanisms for mutual support to develop trust
- Projects should proactively introduce themselves to other local agencies, initiate meetings, swap information, contacts, work ideas and training
- Effective referral mechanisms need to be developed. At a minimum, a referral directory needs to be compiled.
- One-stop shops are a possible solution.

3.3 Training & awareness raising

Both sectors stressed their urgent need for training and awareness-raising about the philosophy, working practices and policies of the other sector, in order to be able to work effectively with their shared client base. However, many agencies highlighted their budgetary constraints as a limiting factor in providing comprehensive ongoing training programmes for staff. It was felt that this was a priority area for future funding initiatives, but that in the short-term creative solutions such as cross-sectoral training swaps could be used.

The importance of public awareness raising campaigns about the links between substance misuse and domestic violence was also seen as a vital part of ongoing work.

3.4 Minimum standards & best practice

Many delegates identified a need for minimum standards and models of good practice as tools that would support the development of effective cross-sectoral interventions. It was acknowledged that there can never be definitive blueprints for such interventions, however the lack of work across these two fields to date and the numerous challenges and barriers to progressing work have created a need for broad guidelines as to possible ways forward. It is critical that these are flexible and responsive to the individual needs of clients.

3.5 Agency self-interrogation

The Separate Issues ~ Shared Solutions Seminar uncovered the need for agencies to take a critical look at their existing working practices, staff skills, understandings of work in the other sector and capacity to develop their work further. This 'stock-taking' should revisit their service-users needs to ensure that their services remain relevant and appropriate, re-evaluate the tools and interventions used and assess the opportunities for developing work across the domestic violence and substance misuse fields.

In particular it was felt that 'lack of capacity' should not be used as an excuse to exclude service users with multiple needs. Often lack of resources is used as a 'smoke screen' to disguise other barriers to developing work with clients with complex support needs, for example worker's fear of the unknown or a lack of willingness to review service provision in order to provide additional services for an increasingly complex client group. Agencies need to constantly review their provision to take account of complex client groups and to ensure that they are providing a relevant and appropriate service for all of their potential client groups.

It was also suggested that each agency could nominate a member of staff to co-ordinate work across the two sectors.

3.6 Service user involvement

The key guiding principal in both agency self-interrogation and future development of services and new initiatives should be service user consultation and involvement. While many domestic violence agencies have already firmly established this principal in their work, it is critical that other services are client led in order to provide relevant and effective interventions. This also prevents the replication of experiences of power and control that domestic violence survivors have experienced. It was therefore felt that safe space for service users to talk about their multiple needs should be created

3.7 Specialist services

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.

3.9 Policy

The development of policies around domestic violence and substance misuse was seen as necessary at various different levels. Firstly, it was felt that individual agencies need to take responsibility for improving their response to these overlapping issues by developing or reviewing relevant internal policies such as equal opportunities policies. Secondly, delegates also felt that there was a need for changes and guidance at both local and national government level. Finally, it was suggested that linking in to existing processes and policies such as the

forthcoming National Alcohol Strategy, Section 8 (d) of the Substance Misuse Act, Women's Mental Health - Into the Mainstream and Supporting People would help to put the dual issues of domestic violence and substance misuse on policy and funding agendas.

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.

3.11 Monitoring and evaluation

As work in this area remains undeveloped, and there is much uncertainty as to what constitutes best practice, it was felt that rigorous monitoring and evaluation of existing projects and new pilot initiatives was essential in order to determine the effectiveness of various interventions. In particular it was felt that such monitoring and evaluation should be user-led.

3.12 'Don't be afraid to experiment!'

Work across these two sectors is as yet largely undeveloped. Many delegates expressed uncertainty about how to progress and the fear of 'doing the wrong thing'. Those projects that are making headway and developing pilot initiatives have accepted that there are bound to be elements of both success and failure throughout the process of new projects. In particular it was felt that organisations need to create safe spaces for workers to talk about ideas and develop new work.

3.13 General

While the headings above represent the main themes which emerged from the Separate Issues ~ Shared Solutions Seminar, there were also many other ideas a few of which are listed below:

- Staff need to have compassion and take personal responsibility for improving their work with clients with multiple needs
- Projects need to be ready to admit the gaps in their knowledge. It is acceptable not to be an expert in both fields. Just having the willingness to learn and develop new work is enough.
- Further research is needed both on the extent of the overlap between domestic violence and substance misuse and the effectiveness of different interventions.
- Start small. Development of work across these two areas does not need to be expensive or complex. Simply linking to other local agencies or developing sympathetic working practices is a good start.
- While the overlaps between domestic violence and substance misuse are strong, work across these two areas also needs to make links with other sectors such as housing / homelessness, prisons and probation, mental health, children's work and others.

4. The way forward

Following the Separate Issues ~ Shared Solutions Seminar in December 2002, the Stella Project has established a Working Group and a Steering Group.

The Working Group is a small group of approximately ten agencies that has been created in order to direct the ongoing work of the Stella Project and to deliver the Stella Project objectives. Members include: Alcohol Concern, Alcohol East, Directorate of Health and Social Care in London, Domestic Violence Intervention Project (DVIP), the Government Office for London, Greater London Authority (GLA); the Greater London Domestic Violence Project (GLDVP), Hackney Women's Aid, and the Metropolitan Police. The first meeting of this group was in early March 2003.

The Steering Group is a larger group of approximately twenty agencies that has been created to oversee the work of the Stella Project and to act as an information sharing and networking forum. Members include: ADFAM, Birmingham University, Brent Drug and Alcohol Team, Equinox Outreach, the Federation of Black and Asian Drug and Alcohol Workers, Government Office for London Drugs Team, the Greater London Authority (GLA), HAGA, Home Office Drug Strategy Directorate, Home Office Research and Statistics Directorate, INVOLVE, Lambeth Social Services, Three Rivers Council, Tower Hamlets Domestic Violence and Substance Misuse Team and Watford Women's Centre.

It is hoped that the Working Group and Steering Group will aid the Stella Project in its development to a fully-fledged project with at least one full-time member of staff who is able to progress this critical piece of work further. Our aim is to create a project that is able to co-ordinate and support the development of front line service provision across the domestic violence and substance misuse fields in Greater London.

APPENDIX ONE: Biographies

Professor John Grieve CBE QPM and Independent Chair of the Greater London Alcohol and Drug Alliance:

John Grieve joined the Metropolitan Police in 1966 at Clapham. He served as a Detective throughout South London, in every role from undercover officer to policy chair on drug squads. His duties also involved the Flying Squad, Robbery Squad and Murder Squad senior investigator. He was a Divisional Commander at Bethnal Green in East London. John Grieve has worked in Europe, America, South East Asia and Australia. He introduced Asset Seizure Investigation in the United Kingdom. As Head of Training at Hendon Police College, he organised the 'Community Fairness, Justice' Conference. As the first Director of Intelligence for the Metropolitan Police, he led the MPS Intelligence Project and the Anti-Terrorist Squad as National Co-ordinator during the 1996-1998 bombing campaigns. In August 1998, he became the first Director of the Racial and Violent Crime Task Force, until retiring in May 2002.

Now Senior Research Fellow at Portsmouth University and Honorary Professor at Buckingham Chiltern University College, John Grieve has also been appointed independent Chair at the Greater London Authority's Alcohol and Drugs Alliance. He has an Honours Degree in Philosophy and Psychology (Newcastle University) and a Masters Degree (Post Graduate research in Drugs Policy Analysis from Cranfield University). He was awarded the QPM in 1997 and appointed CBE in the Millennium Honours list.

Sarah Galvani, Lecturer in Social Work, University of Birmingham:

Sarah Galvani joined the University of Birmingham as a Lecturer in the Department of Social Policy and Social Work in June 2001. Her interest in the addiction and domestic violence field stemmed largely from her work experiences in the late 1980s. Sarah worked primarily in London and New York with homeless men and women, many of who also had mental health problems. Her post-qualifying social work experience was spent primarily working with homeless mentally ill people in central London. Sarah has also worked in the probation service, in residential and community drug and alcohol projects, with women fleeing violence and with people with HIV/Aids. She moved to social care from an early career in industrial journalism and editorial work. She is currently completing research into the role of alcohol in violence to women, from the perspective of women living with violence from men partners. Her broad research interests are alcohol, drugs and interpersonal violence, gender and alcohol, and dual diagnosis. She is also keen to continue the battle to get alcohol and drug and domestic violence education higher on the social work training agenda.

Marai Larasi, Director of Hackney Women's Aid:

Marai has been Director of Hackney Women's Aid since January 2000 but has worked in Women's Aid since 1994. She describes herself as privileged to be able to 'work her politics' and is completely passionate about eradicating violence against women. In addition to managing the organisation, she also facilitates groups for survivors as well as delivering training in domestic violence, anti-discriminatory practice and other areas.

Kate Iwi, Domestic Violence Intervention Project:

Kate has been the Training Co-ordinator at DVIP for the last nine years. She is also involved in the Safe Contact Project (a collaboration between DVIP, The Thomas Coram Centre and the Child and Family Court Advisory and Support Services), which assess perpetrators in child contact cases.

Chris Newman, Domestic Violence Intervention Project:

Chris has been the Project Worker at DVIP for the last seven years. He facilitates the Perpetrator Group Programme, carries out assessments for admission to this programme and does risk assessments for the Courts in child contact cases. He previously carried out research into violence offenders.

Nicola Saunders, Alcohol East:

Nicola is a trained Counsellor who has worked in the alcohol field for 6 years. She has been at Alcohol East for the last 4 years and is responsible for implementing Alcohol East's Domestic Violence strategy.

Collette Williams, Women's Drug Service (Nottinghamshire):

Collette Williams works for the Women's Drug Service based in North Nottinghamshire. This service offers one to one support to women who are using, have used or are at risk of using drugs. It also seeks to inform the policy and Practice of all agencies who work with women who use drugs. The service has been in existence since 1999. A high proportion of the women who present to the Women's Drug service are or have experienced domestic violence. The Women's Drugs service has and continues to work in partnership with local refuges and domestic violence fora.

Cathy Symes, Women's Drug Service (Nottinghamshire):

Cathy Symes works for the Women's Drug Service based in North Nottinghamshire. This service offers one to one support to women who are using, have used or are at risk of using drugs. It also seeks to inform the policy and Practice of all agencies who work with women who use drugs. The service has been in existence since 1999. A high proportion of the women who present to the Women's Drug service are or have experienced domestic violence. The Women's Drugs service has and continues to work in partnership with local refuges and domestic violence fora.

APPENDIX TWO: Presentation by Sarah Galvani, University of Birmingham

Opportunities and Challenges

Good morning. When I first heard about this seminar I was both thrilled and terrified. Thrilled because two organisations had at last taken the brave step of daring to stage an event like this, the focus of which is both controversial yet essential and overdue. Terrified because my own experience of having a foot in both camps has not been a particularly positive one. I only had to mention the word 'alcohol' in two violence against women networks to which I belonged, to reap, at best, covert hostility and marginalisation. I think their fear was that I was suggesting alcohol was responsible for men's violence to women, or that discussing alcohol would detract from the focus of holding the perpetrator responsible for his actions. In the substance use networks, my experience has been slightly better, but nevertheless the polite smiles and listening have often felt underpinned by a concern that violence to women is a marginal issue in the everyday work and management of most agencies working with people who use alcohol or drugs.

Today marks a turning point in this controversial debate. Please forgive me for being presumptuous, but I have made certain assumptions about why you and I are here. I assume we are here out of a concern to do the best we can for the people we serve. I assume the people here in this room are some of the people who are willing to learn from each other and mould this learning into better practice. I also assume that this will be no easy task and that we will need patience and persistence to succeed in this goal and overcome the barriers some of our organisations and colleagues may build.

But today is not about barriers, it is about bridges. This may not be a particularly original goal, but it is nevertheless a hugely important one. Today is not about feeling entrenched in our disciplines and resistant to change; it is about daring to hear the other view, however uncomfortable this might be. It is about focussing on the women and children who we work with and for and asking if there is something we are missing or something we could do better.

I would like to take a little of your time to provide a brief overview of, and background to, the issues we will be exploring today.

I will begin by looking at some of the key myths and facts of the link between alcohol and domestic violence, illustrating this with what some women have told me about their experiences during my own research.

I will examine what we know about the prevalence of the dual problem to date and the reasons we need to rethink policy and practice.

I will examine some of the barriers to joint working before finishing with the reasons I believe our efforts today are important and worthwhile

So, if you're sitting comfortably, I'll begin.

Myth 1: Women who use alcohol or drugs deserve or provoke violence from their partner
While we know there are NO circumstances in which women ‘deserve’ or ‘provoke’ violence, the fact is

Women who use alcohol or drugs often say they do so to cope with the violence from their partner

As Tracey told me...

“Well, the past few months I think it's just made me miserable really. ... I think it's because of the situation what we've like been through that's made me feel like that. Because actually, I have been sitting on a night drinking quite a bit and that's not me neither. And that's been the past three or four months, the odd times, two or three times during the week I've been sat having a drink and I think that's to drown out my hurt really.”

So to myth no. 2

Myth: Men who abuse women after using drugs or alcohol are not wholly responsible for their actions

There is an argument that if there are men who, from past experience, believe that substance use increases their propensity to violence then, on occasions when they have used substances and then become violent, they should, if anything, be regarded as MORE culpable, not less. The fact remains...

Fact: Men are violent to women with and without alcohol or drugs

As Tricia said...

“A. Some time like...he was alright when he had a drink. Some days he used to lose his temper that's all.

Q. But did he lose his temper without the alcohol?

A. Yeah, so it didn't make a difference in this case.”

Myth no. 3

Myth: Alcohol and drugs cause violence and abuse

There is plenty of research on the link between substance use and violence but there is

Fact: Little evidence of causal link. However, alcohol, drugs and violence to women often co-exist and cannot be ignored

Men need to take accountability and responsibility for their own conduct. Substance use is neither a reason nor an excuse for individual violent conduct.

Lisa summarises the debate.

“I think if they're violent anyway they're going to be like that when they're drunk and if they're not, then when they're drunk they won't be like that anyway. I mean sometimes like a few

might turn when they're drunk and they might make a mistake but I think the rest of them if they're violent when they're sober then they're violent when they're drunk and if they aren't, they aren't."

Myth no. 4

Myth: Children can be protected from the violence and abuse (and the messages about substance use that go with it)

We know from research into the impact of domestic violence on children and research based on children's responses to parental drinking and drug use that there are striking similarities in how they perceive these problems. In both cases...

Fact: The children do know, are often scared, feeling guilty and wanting to make it all better

Kris's experience illustrates this clearly.

"You see at one point...because they'd been through so much I started protecting them and not letting them see what was going on and then it just got worse and they know. Especially when they turn round and say 'oh but me dad had a drink he didn't mean it, it'll be alright won't it tomorrow'."

So how much evidence is there of the association between substance use and domestic violence? What kind of prevalence are we talking about? UK-based research in this area is 'limited' to 'non-existent'. The Government has recently begun to acknowledge the paucity of provision for women and children living with violence and the lack of policy that has supported this. There is still a long way to go. The Government is also finally working on the long-overdue alcohol strategy and the time for us to influence this strategy is now. We need the funding to evaluate our services, research our clients needs and generate models that stand for good practice without this adding to our already high workloads. So what do we know?

Fact: alcohol, drugs and 'domestic' violence are associated

Little UK evidence on the prevalence of this association outside the limited British Crime Survey.

Urgent need for UK research and for practice partnerships between the sectors to provide preliminary data

Primary research evidence is US based

...And I'll be drawing on the US research for the statistics that follow.

US: 60-70% of women in alcohol or drug treatment have experienced violence or abuse from a partner in the last 6 months

Lifetime rates take this figure as high as 98% of women in treatment (Downs et al. 1999)

What we don't know is the prevalence of alcohol or drug use among survivors in touch with domestic violence services

So, even if we take the lower estimates we still need to consider how this will impact our practice.

In terms of perpetrators, there is very limited UK data provided by the British Crime Survey. According to victim reports only...

BCS (2000): 44% of assailants had been drinking at the time of the assault

BCS (2000): 12% of assailants had been using drugs

US: 57% of men in alcohol/drug treatment have perpetrated violence or abuse towards a partner or child (Brown et al. 1998)

Other estimates: 44-86% of men used alcohol and/or drugs on the day they were violent to women

UK police do not have a systematic record of alcohol or drug involvement in violent crimes. Their data is currently reliant on individual officers writing 'in drink' on the incident forms.

Again we do not know the prevalence for alcohol or drug use among men in UK perpetrator programmes.

Such figures give a clear message. It is hard, if nigh impossible, to avoid the conclusion that this is going to impact our work with our clients. It is easier to doubt the figures and not look at what this means for service delivery. It is easier to stick our heads in the sand and continue to do what we already do and what we know we're good at.

We need to think again about some of our current practices and begin to meet this dual problem with dual solutions. Currently...

Fact: Women may be excluded from domestic violence service provision if they are using drugs or alcohol

Fact: Men may be excluded from perpetrator programmes if they are using drugs or alcohol
So who is working with, or supporting, these people?

Fact: Most agencies working with people using substances do not know the extent of domestic violence among their client group

So what does this mean for our practice? How safe or unsafe is our practice?

Work which only addresses one of these needs can put women (and children) in danger e.g. violence during detox phase

The detox and initial rehabilitation period is emotionally, mentally and physically uncomfortable. Tensions and anxieties are increased. In a relationship where the man is violent, the odds for no violence during this time are probably not good.

Silence is collusion – have to say something

Perpetrating or suffering violence is not something people will disclose easily. Not challenging or supporting a disclosure of this kind gives a clear message that you either agree with what is being said or have chosen to ignore or not hear it.

Mediation and couple counselling is likely to put the woman at greater risk

Such interventions are often facilitated by people who do not have sufficient knowledge about domestic violence and thus will not understand the dynamics and subtleties of abuse and violence that can be communicated through looks, gestures and particular words. Similarly, couples counselling can suggest the woman has a role to play in the 'relationship violence'. The woman is NOT responsible for the man's violence.

Practice has to focus on safety for the woman and children – this has to be the priority

This is not to say the needs of the men you work with are unimportant, but the safety of the woman and any children have to be the focus. Why? Because we know that each week in the UK two women are killed by a partner. Because we know the tremendous emotional, psychological and physical damage done to children exposed to, or caught up in, such violence and abuse. Because of this...

Practice needs to focus on holding men accountable

Coming from a social work background I know this is something that our social service systems and policies do not do well, if at all. I guess I'm suggesting you question whether yours do any better.

Need training for both sectors

We need training for both sectors to ensure our practice maximises the safety for our clients and to ensure our practice is neither collusive or placing others at risk of further harm.

This brings me to barriers – the barriers that can get in the way of good joint working or integrated care. One of the barriers is...

Not knowing how to respond to disclosure of violence or substance use

...That split second when you know you need to say something but maybe weren't expecting to hear this....

Not knowing how to ask the right questions

Ignorance of the 'other' issue or assumptions based on labels

Fear of admitting ignorance to colleagues or seeking help

Hesitation that this may be a 'private' issue

Fear of additional work or of having to 'counsel' outside your specialism

This last point is important. The fear of opening a can of worms is a very real barrier. I am not suggesting you have to become a counsellor in a different specialism but you need to know enough to assess the risks and respond appropriately. You need to know enough to know who your allies are, who to refer to, who to work alongside and who to ask for advice.

Different or conflicting political views or treatment philosophies

...Which can lead to the 'you don't understand' syndrome

Belief that addressing substance use will stop the violence or abuse

Belief that the substance use is not relevant to your support of the survivor or work with the perpetrator

Poor or non-existent relationships with agencies from the other sector

I could go on...

...And I'm sure you could too.

So, we may have some barriers to pull down, but while we wait for better research and evaluations, we need to do something in the meantime. We, here today, are brave enough to acknowledge there are gaps in our knowledge base, leading to gaps in our service provision. We are missing opportunities to make things better and safer for our clients and their children, and that is what today is about. You are ideally placed to intervene and make a difference. We have to consider the costs of not intervening – the social, economic and moral costs. We need and want to serve our clients the best way we can and to give them the best chance we can to stay safe and healthy.

We are here to learn and to look ahead. It is not about:

Losing your identity

Losing your ideologies

Losing your treatment philosophies

It is about:

Overcoming the boundaries we sometimes let them pose

Thinking creatively for the sake of people we serve and support

Providing practical solutions to complex problems

Building bridges, not barriers

So my hope is that today we can work to

Educate each other

Seek out what can be done

Focus on the possible

Exchange, or develop, ideas and models for practice

Seek out like-minded people to work alongside

We need to do this for...

Report from the Launch of the Stella Project – Separate Issues Shared Solutions

For the Traceys, Lisas, Tricias, Kris's and their kids. We need to work together to keep them as safe as we can.

Thank you for listening.

APPENDIX THREE: Presentation by Marai Larasi: Director of Hackney Women's Aid

Many women experiencing domestic violence misuse drugs (including prescription drugs) and or alcohol as a direct result of this violence.

Women misusing drugs and or alcohol are more vulnerable to abuse including domestic violence.

Many women use these substances to cope with emotional trauma – to 'self-medicate' if you like. So women experiencing domestic violence may actually start 'using' or increase their 'using' to deal with the pain of being abused. For those of you from the domestic violence sector – think about the feelings that we associate with victims of domestic violence: lack of confidence, low self-esteem, isolation, feelings of helplessness, powerlessness, shame, guilt, self-blame, feeling out of control etc. etc. None of these words will be unfamiliar to people in the substance misuse sector. Given that kind of situation, I often ask myself – why would a woman not drink or misuse drugs?

In addition, perpetrators may help to create a dependency on, or even force the use of drugs and or alcohol as a tool of control. I'm sure frontline workers from both sectors could confirm this. Many of us know of cases where women are forced into prostitution by their partner / pimp in order to facilitate a dependency that he created in the first place. The woman's attempts at sobriety are therefore viewed as steps towards not just breaking dependency on a drug but ultimately a move towards independence. Such attempts are then sabotaged or quashed.

If a woman is drinking or using then her judgement and her ability to assess risk may deteriorate. This can make safety planning difficult – but not impossible. But also means that a woman may not recognise the degree of danger she is facing. In fact some work done in the U.S. has shown that women who are using are more likely to think, in most cases quite mistakenly, that they can defend themselves against their partner during a physical assault.

Where do children fit into all of this? I found what I think is a really good quote from a study into parenting by H. Cleaver et al.

'Many adults have times when they suffer from anxiety or depression, have relationships with partners which are unstable, drink alcohol and increasing numbers have used drugs, both licit and illicit, but this does not mean they are poor parents. It is the extremity or combination of these situations, particularly the association with violence, which may impair children's health and development.'

I am completely opposed to the wholesale assumption that adult (meaning women) victims of domestic violence including those that misuse substances, being viewed as 'bad' parents. Many women are well able to manage their parenting despite their situations. However, we cannot ignore the impact of domestic violence and substance misuse on a child's life. A child being exposed to violence is a victim of that violence and is a child at risk. The risk may be emotional – but can also range from neglect to physical abuse. We need to recognise that this risk may be compounded if a woman is using.

Many agencies providing domestic violence services do good work with children. However they still are sometimes the after thought. The lack of adequate substance misuse provision for women with children speaks volumes about the sector's relationship with women and their children. Too many of us in both sectors assume that in providing services for mothers we have done enough for the children.

But what do we do about all of this?

Women in violent relationships can get caught in an endless cycle that seems impossible to break. Women battling addiction go through the same thing. They are viewed with contempt, or ignored – they've broken the rules of appropriate female behaviour. What happens when a woman is faced with these dual issues?

A question often asked to us in the domestic violence sector is: why doesn't she just get out. I'm sure the same thing gets asked to our colleagues in the drugs and alcohol field.

So I'd like to talk a bit about the barriers that women face when dealing with these issues – these are not in order of severity or importance.

Firstly there are those barriers that occur before a woman even tries to get safe and or sober.

Trust – many women who are experiencing domestic violence are scared of having their children removed by social services, this is the same for many women who are using – I think it is safe to say that if you dealing with both issues then this would be compounded. I also think that there are particular groups of women that may be even more concerned about this e.g. Black and minority ethnic women, Disabled Women, lesbians and working class women. Women who are probably more likely to have their parenting ability questioned anyway.

The issue of trust also relates to women's relationship with the criminal justice system. Many women fear that reporting the violence may have consequences for them especially if they are involved in illegal activities. Hackney Women's Aid runs domestic violence workshops in Holloway Prison. I have heard of too many cases where domestic violence is ignored in attempt to secure a drug conviction.

The 'Us and Them' / Bonnie and Clyde factor that is if a woman is using with her abuser. It can be harder to break away from the relationship and the network associated with using. This combined with distrust for the system is difficult to break.

Stigma. I've already spoken about negative perceptions of women who use. Why would a woman feel safe to approach services – knowing that there is a strong likelihood that she will be viewed negatively?

Fear. Women are concerned that if they leave they may be at greater risk. The thing is they are not wrong. Women are statistically more at risk when they leave or start to show signs of independence.

Lack of information – what do we tell women? How much information is out there? It's pretty hard as a provider to get information about domestic violence and substance misuse. What women need is something that tells them they aren't alone, or to blame and then where they can get help.

Lack of consistent, cohesive services – no joined up thinking etc. etc.

Both sectors are guilty of at best patronising or ignoring this client group, at worst we actively discriminate citing lack of expertise, not wanting to be all things to all people etc. etc. I'd like to say that Hackney Women's Aid is a shining beacon of good practice but we are not there yet. For years we have accepted women with substance misuse issues and we have failed some of them by not providing appropriate services. We are just beginning to truly explore and develop our provision. Some refuges are desperately trying to do the right thing – others just haven't bothered.

Just as an observation from my work in refuges, for many women dealing with substance misuse issues life in a refuge can be tough. The system hasn't been set up to respond to this issue and has many inherent shortcomings including:

Prejudice

Lack of expertise or understanding or even information about drugs and alcohol

Inappropriate staffing levels

Sometimes draconian house rules

Lack of women-specific services in the substance misuse sector. If women aren't asked, if there aren't safe spaces to disclose, then women may never ask for help. For example a survivor trying to work through her alcohol issues in a support group where men might disclose information about their violence – may well be silenced and afraid. Sectoral language – words such as co-dependency, enabling etc. may be wrongly interpreted by a woman and transferred to her perception of her abuse....

As a feminist, I respond to questions about domestic violence by talking about power and control, gender roles and a wider socio-political context. My answer would be in stark contrast to the individually based disease model I might use if the question was asked about addiction. That for me may well be at the heart of why women aren't getting help from us as agencies. We make it really hard. We are stuck within our particular paradigms – established for all the right reasons, but which are now stopping women from getting help. The two models have to be able to combine to produce solutions. They don't have to conflict. You can work with a woman around her addiction using a disease model. You can work with her about her loss of control over this chemical. However you can also acknowledge that the violence that she is experiencing is wrong. That it is not her fault and is not about loss of control, but about her partner controlling her. A woman trying to stop using might have to face escalating violence from her partner. If this isn't picked up she is being placed at risk.

Hackney Women's Aid.

1. Firstly we are trying to stop discriminating! We are in the process of developing a new equalities and diversity management strategy. This will include a clear statement of intent around this issue and relevant policies.
2. We have had in-house training and workshops in domestic violence and substance misuse. This has been geared at increasing knowledge but also encouraging all staff to challenge their assumptions and mind-sets around substance misuse. In January we intend to start a rolling programme of more intense training especially for refuge-based staff. This is really important. We had a case last year of a woman who was a heavy drinker – in the need to respond to her safety we placed her in the only available space – in our 2nd stage low-support house. I shouldn't need to go into detail – she left the house really quickly! Now she might have left anyway. But we'll probably never know. Because we didn't do the work with her!
3. We've also gotten creative. Refuges aren't the answer for every domestic violence case. Our advice service can offer domestic violence support for women who can't / choose not to go into a refuge. Good for lots of women including this group of women.
4. All women referred to any of our services go through what we call a positive screening process – we ask women if they have substance misuse issues. But before we ask we explain that they won't be excluded – that it's not just for statistics – but that we want to try to make sure that they receive as holistic a service as possible.
5. We are working on developing a specialist refuge for women with substance misuse issues. Now this is not to stop the other workers from doing their work! Specialism is important – women need that choice and it shouldn't stop mainstream providers for not delivering.

General Ideas

Stop discriminating! Stop being judgemental! Stop making excuses! "Feel the fear and do it anyway!" Take women with substance misuse issues into refuges – work with them. Develop more women only substance misuse services – gender specific spaces might help women to make that first step to disclosing that she is experiencing domestic violence. We need more services that work with women and children. We also need more services that focus on children as survivors of violence in their own right. Some of this will take a while. Some of it can happen quite quickly.

Ask clients what they want – it helps.

Ask women about domestic violence. Ask women about substance misuse. Develop questions and guidelines that don't alienate women.

Train staff -throughout your organisations. Yes, we are all struggling – but do training exchanges if needs be – swapsies! Learn about the language and ideologies of the other sector – it helps when you need to make a referral.

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Network – create links – operationally and strategically. So work together on a case-by-case basis – but also form partnerships – develop working protocols and so on.

Long-term pieces of work could include –

Development of specialist services that may for this client group

Certified Training programmes for staff in both areas

Education programmes in schools

Remember:

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

APPENDIX FOUR: Presentation by Kate Iwi & Chris Newman: the Domestic Violence Intervention Project

Kate and Chris performed a role-play of a violent incident and subsequent counselling sessions with the perpetrator, Dave, and the victim, Mary.

Scripted role play – loss of control:

Counsellor: To help you in stopping your violence towards your partner I will need to ask you very direct questions about what you have done. Is that okay?

Client: Yes, of course.

Counsellor: Can you tell me about the last time you were violent towards your partner, what's her name?

Client: Err... Mary. Well, I don't really remember that much about it. We were arguing and I sort of lost it.

Counsellor: How many times did you hit her?

Client: I don't remember. I just blew and lost it. Its all a bit blurred.

Counsellor: Why didn't you stab Mary?

Client: (*shocked*) I wouldn't stab her. I'm not crazy – she's my wife.

Counsellor: I thought you said you lost control? If you lost control then anything could've happened.

Client: Well, I sort of lost control – but it just wasn't like me.

Counsellor: Well, lets have a look at how much control you chose to lose. Did you try to strangle Mary?

Client: Listen, I don't know. I just hit her. I don't remember the details.

Counsellor: What did you hit her with?

Client: It was only my hands.

Counsellor: How did you hit her with your hands ... did you punch her?

Client: (*horrified and speaking louder*) I slapped her; I wouldn't hit her like she was a man.

Counsellor: Okay, okay. So you chose to slap her rather than punching her. Where did you decide to hit Mary?

Client: I don't know. I don't decide where to hit her.

Counsellor: How did you decide to stop hitting her?

Client: One of the children came in – they must've heard us shouting.

Counsellor: Okay, lets see. First, you hit her instead of stabbing, choking or throwing something at her. You're exerting control there. Then you slap instead of punching her. You wouldn't hit her like she's a man. You're again making choices and decisions. Finally, you stop your violence when the children come in – again you're showing that you can stop in some circumstances. Sounds like you've got much more control than you thought you had.

Working With Mary: Key Messages

Work with where she is at

Keep the focus on safety

Staying with him and safety planning can only ever reduce the risk

Her drinking is not even partially responsible for his violence

Working With Dave: Key Messages

Drink and violence can be related in a number of ways:

The alcohol can act as a disinhibitor

The alcohol can become a cause of arguments

Her drinking can be used as an excuse

He can use alcohol to give him permission to be more violent

Alcohol or other substance misuse does not cause violence.

The decision to drink may be seen as a decision to give him a 'licence' to place his partner at risk.

Where a man knows that alcohol exacerbates violence and he still drinks, then his drinking is a problem as well as his violence – and he should address this.

Domestic violence can be understood as an attempt to control the partner's behaviour – this is irrespective of level of sobriety.

The abuser need to recognise the control he has around his use of violence, and the limits he has set himself, in order to make different choices in future. To help him to do this we can bring his attention to:

His use of abuse when sober

That he isn't always violent when drunk

That he isn't randomly violent to anyone (adults, children, judges, very large armed men) when drunk

That he sets limits to his levels of violence when drunk

Irrespective of substance misuse issues, an increased sense of responsibility for the violence and increased empathy and concern about the impact of it, will help him to stop.

APPENDIX FIVE: Presentation by Nicola Saunders, Alcohol East

I work in the counselling service of a medium size alcohol agency in the voluntary sector in East London; we provide services to the residents of the boroughs of Newham, Tower Hamlets and Redbridge. I will begin by outlining the model of alcohol use, we use in our work. Secondly how we have begun to think about and work with domestic violence in relation to our existing alcohol model. Thirdly, the implications of this for our clients and workers and how this may affect other alcohol agencies.

At Alcohol East we see clients who are concerned about their own drinking and people who are concerned about the drinking of someone else. Problem drinking is not an illness, it is a learned behaviour, affected not only by individual factors such as family norms and heredity, but it is also influenced by social, cultural, environmental and occupational specifics. We regard harmful drinking as a learned process, reinforced by various conditioned responses, which means that anyone can be at risk from developing an alcohol problem. Excessive drinking is not a lifetime condition and that as people have learned to drink in a particular way, they can learn to change their drinking, when motivating factors exist.

We began to think about domestic violence 5 years ago, and it was a couple of years later as members of the domestic violence forum we were asked to sign up to the boroughs policy that we began to consider specifically how we worked with domestic violence, across the clinical services. This was with a view to how we could provide a service for clients where domestic violence was an issue.

However, before we could provide any service we needed to have the training and skills to respond to clients, so they weren't left feeling unsupported and workers weren't left feeling anxious and de-skilled. We identified that we needed a way of thinking about male to female violence which provided us with a clear framework for working both with women who have or are experiencing domestic violence, and with men who may be violent to their partners.

The most widely accepted model and way of working with domestic violence is the feminist model. The fundamental principle of the feminist model is that domestic violence is intentional and focuses around issues of power and control. Issues of power and control exist in all relationships, the difference here is that men are socialised into a belief that they are entitled to having power and control over women, and that this entitlement is supported and perpetrated within society through our institutions and the norms and values of our culture. Domestic violence is a way that some men will use to exert power and control over their partners. The focus of the intervention is on men accepting responsibility for their violence and abuse and stopping it. Importantly this model emphasises the possibility of change and that change is a choice men can control. And this model is congruent with how we work with clients around their drinking.

Thirdly, what are the implications of this model for our work with women who have or are experiencing violence in their relationships?

I will talk about partners first, who often associate their partner's violence to his drinking and excuse it. Also workers can miss the dynamics of control in this relationship because it becomes complicated by the presence of alcohol. For example, women who live with drinkers become pre-occupied with his drinking and worry about his behaviour, where he is, who he is with, will he come home, will he lose his job. In an effort to try and find some control and stability, she will try and control his behaviour; such as limiting the amount of money available for alcohol, she'll search for alcohol and throw it away, try and talk to him, invariably argue with him about his drinking. She will hear herself nagging and will be told by her partner, that her nagging and over-control are the reason why he drinks. She will try and change her behaviour to please him, make excuses for his drinking, phone up work, clean up after him; she may even try drinking with him. She will undoubtedly take on increased responsibility for the family and keeping the household running. Partners of drinkers in my experience are exhausted emotionally and physically; they are depressed and have usually become extremely isolated. They are often ashamed about their partners drinking and try very hard to work out why he is drinking. Alcohol becomes central, and the focus of the relationship becomes on whom will control whom. Paradoxically, no matter how out of control the drinker feels he is about his drinking, he is in control here.

Partners of drinkers are often described as co-dependent, or even worse enabling, which not only misses the point, this can mean we don't always respond to them sympathetically, and there is often an underlying assumption she should leave. However, by naming the domestic violence, we can then let them know that this is unacceptable, and that it isn't their fault. Nor is it their responsibility to change their partners or stop him from drinking. Safety Planning works well with other behavioural changes we suggest and can work with supporting partners to begin to think about and find ways she can start to make tangible behavioural changes. There is also the very real issue of safety that women are at greater risk from violence when they are planning to leave their partner or after they have left the relationship, and that advising them to leave may be placing them at greater danger.

Turning to women who start drinking as a result of domestic violence, again I feel the feminist model has much to give us in broadening how we work with women who experience a range of awful feelings as a consequence of the violence, often compounded by a tremendous sense of shame and anger with themselves for drinking. They may feel their drinking left them more defenceless to his violence and abuse, or they provoked him. Their drinking is often used against them, especially if their drinking affects their memory, for example they may be told they can't remember things that were said, things around the house could be deliberately moved and she'll be told she's mad. By understanding that this is part of a deliberate pattern of behaviour to frighten and control her, to make her behave in ways which aren't of her own free will, rather than seeing her as some how complicit or even to blame because of her drinking, we won't end up repeating the abuse. We can support her in making sense of her experiences and their relationship to her drinking.

This could also be an important issue for domestic violence agencies, who may not always be sympathetic to women drinkers, and may reinforce her sense of guilt and shame by inadvertently reinforcing the social stigma associated to women's drinking. Especially if there

are strict cultural and religious rules against alcohol. Their partners will have been critical about her drinking, even if they drink.

In short, the feminist model has enabled us to develop a clear understanding of the political, social & personal context of domestic violence. We have a way of differentiating on the lines of gender between types of violence and the reason and motivations for violence. This has been important, as we have learned from asking all clients about violence in relationships, which we started doing in April this year; men will describe themselves as victims of women's violence. Out of 30 men who had been violent 25 of them said they had experienced violence from their partners. All of the 24 women, who had experienced domestic violence, described themselves as being violent to their partners. Obviously men's perception as victim needs to be challenged, as all violence is not the same. Also, this is particularly necessary for alcohol agencies when we do encounter women who may use alcohol to act out anger, having been socialised not to be angry.

However, there are differences for our work. Our aim of setting up the domestic violence project was so that we could develop an integrated model of working, with perpetrators and substance use and one that incorporates good practice for substance agencies. We know from all the research done on good treatment outcomes for substance use agencies that they are dependent upon the quality and empathy and rapport that clients encounter in their contact with services. This seems to us to be at odds with the concept of relentless challenge.

Also, we work a lot with clients who have experienced abuse and violence as children. Research has shown that a disproportionate number of clients who attend substance use agencies will have suffered sexual abuse as a child. Which means that some perpetrators of domestic violence will have been victims of abuse, this doesn't mean that they should not take responsibility for their violence. It does mean that this is skilled work and can be very challenging. This raises a number of issues, not least the question of resources such as time, training, the skills and experience of workers and supervisors.

The project will have a woman's service attached, where we can begin more thoroughly to establish a way of working which is safe and supports women in relationships where there is substance use and violence, and men to change their substance-use, along with understanding and addressing their controlling and violent patterns of behaviour. The project is at its early stages; we will evaluate the work and write up our experiences.

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APPENDIX SIX: Delegate List

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Pat Wallace	The Sunlight Project	01296 383 701	thesunlightproject@buckscc.gov.uk
Judy Watson	L.B. Camden	020 7974 2306	judy.watson@camden.gov.uk
Susan Watts	Lambeth Social Services	020 7926 4566	swatts@lambeth.gov.uk
Chris Williams	Turning Point: ACAPS	020 7737 3579	chris@acaps.co.uk

APPENDIX SEVEN: Suggested Further Reading:

Bennett & Lawson (1994)

“Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs.” *Families in Society: The Journal of Contemporary Human Services*

Hamilton & Collins (1982)

The role of alcohol in wife beating and child abuse: A review of the literature.

John Jacobs (1998)

The links between substance misuse and domestic violence: current knowledge and debates. Published by Alcohol Concern.

Kauffman, Kantor & Straus (1989)

Substance abuse as a precipitant of wife abuse victimisations.

Newton-Taylor, Beatty, Chalmers (1998)

Co-Occurring Substance Abuse & Aggressive Behaviour: Literature Review.

Roberts (1996)

Helping Battered Women. New York: Oxford University Press

Swan, Farber & Campell (2000)

Violence in the lives of Women in Addiction Treatment.