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Substance Use and Domestic Abuse

Essential Information for Social Workers



BASW

The professional association for
social work and social workers



Manchester
Metropolitan
University

Who is this guide for?

This pocket guide is for social workers and is relevant for social and health care professionals who support someone affected by substance use and/or domestic abuse.

Terminology

- We use the term ***domestic abuse*** to denote all forms of violence and abuse including non-physical forms of abuse, as outlined in the Domestic Abuse Bill.
- We use the word ***victim*** for people who are on the receiving end of the abuse, however, acknowledge that many individuals and organisations use the word ***survivor***.
- We use the word ***perpetrator*** for people who have inflicted abuse.
- Substance use includes alcohol and other drugs.
- We use the terms '***problematic substance use***' or '***a person who uses substances problematically***' to distinguish between levels of use which lead to social or health-related problems and non-problematic use.
- It is important to respect people's choice of language. For example, the term 'alcoholic' is associated with the 12-step movement (e.g. alcoholics anonymous), so some people may choose to use this terminology. Others will not.

What is domestic abuse?

Domestic abuse can include coercive control (a pattern of intimidation, degradation, isolation), psychological and/or emotional abuse, physical or sexual abuse, financial abuse, harassment and stalking, online or digital abuse (Women's Aid, 2019). In the vast majority of cases it is experienced by women and is perpetrated by men, but in some cases it is perpetrated by women towards men, or between same sex partners.



Do's and don'ts

- 1 DO believe** you can make a difference. Brief interventions can be effective and offering a listening ear, signposting to a service and sharing information can help.
- 2 DO listen** carefully to your client's wants and needs and listen for warning signs such as 'he doesn't like me doing that', 'he has a bad temper', or, 'he does that only when he's drunk', among others.
- 3 DO acknowledge** your bias. Nearly all of us have an opinion on substance use, particularly about parents who use substances. The same is true for domestic abuse.
- 4 DO take** a holistic approach to understanding – substance use and domestic abuse is complex and requires a multi-agency, trauma-informed approach.
- 5 DON'T judge** the person in front of you, especially if they are the victim and do not want to leave their partner.
- 6 DON'T fall prey** to myths that substance use causes domestic abuse. People are responsible for their behaviour even when intoxicated.
- 7 DON'T presume** someone 'isn't the type of person' who would be a victim or perpetrator of domestic abuse or problematic substance use.
- 8 DON'T presume** someone else will ask about substance use or domestic abuse. Be ready with questions to ask and mindful of safeguarding issues.
- 9 DON'T despair** – substance use and domestic abuse is a complex relationship that takes time to unravel for those who experience it. They will need your support.

Overview

Social workers play a crucial role in **identifying and supporting** people affected by co-occurring substance use and domestic abuse.

For many people who receive adult or children's social care services, problematic substance use and co-occurring domestic abuse can play a significant role in their lives. Social workers are often on the front line supporting these people, although an understanding of the relationship between the two issues is not widespread.

Not every domestic abuse victim or perpetrator will experience problematic substance use, and not all problematic substance users will experience domestic abuse victimisation or perpetration. Yet, evidence



shows there is a strong association between the two. The relationship is not a simple one. Problematic substance use can exist before, alongside, and after experiences of domestic abuse.

Children often witness domestic abuse and problematic substance use. Data from the Children's Commissioner (2018) estimates that there are over 500,000 children living in households with domestic abuse and substance use in England. While research shows that many children who witness substance use and/or domestic abuse are at greater risk of experiencing these adversities as adults, protective factors such as a safe environment, education and therapeutic support can help prevent adverse outcomes in adulthood.

Links between perpetration of abuse and substance use

Not all domestic abuse perpetrators use substances and not all people who use substances perpetrate domestic abuse. Many perpetrators of abuse do use substances problematically.

However, a case analysis of domestic homicide reviews found that substance use was a common feature of both intimate partner and adult family murders (Sharps-Jeff & Kelly, 2016). Recent findings by Gilchrist et al (2017) have also shown that domestic abuse perpetration is common among men attending treatment for substance use in England.

While there is a relationship between substance use consumption and violent behaviour, **substance use and intoxication is no excuse**. Many perpetrators are abusive without the use of substances so the cause of abuse cannot be related to substance use alone. There are many examples of perpetrators stopping their abuse, even while under the influence of substances, when a third party, such as family member or police are present. This clearly demonstrates their ability to control their behaviour. Underlying issues such as power dynamics in the relationship, controlling behaviour and the normalisation of abuse, must also be considered when assessing substance use and domestic abuse perpetration.



Links between victimisation and substance use

For those who experience problematic substance use, domestic abuse victimisation is also common.

Research by the UK women's organisation *Agenda* shows that women who have experienced extensive physical and sexual violence are more likely to use alcohol or drugs problematically, when compared to women who have not experienced extensive abuse. Although using substances to cope with the pain and trauma of domestic abuse is the most popularly cited theory to explain the relationship between the victim's use of substances and experiences of abuse, for many victims, problematic substance use pre-dates an abusive relationship.

Some victims may use substances during a relationship with their partner as a form of bonding; others may begin to use substances post separation. For some victims of abuse, during times of turmoil, substances may be the only constant in their lives that they can depend on.

Perpetrators may also use substances to control their victims, in such ways as limiting victim's access to substances, demanding sex for substances, or using substances as an apology after an abusive episode. Among victims of abuse, the relationship with their partner may be intertwined with their relationship with substances, making separation more complex.

Children and safeguarding



Children who grow up with domestic abuse and substance use in the home are at greater risk of substance use and domestic abuse in adulthood. Various theories suggest that children who witness substance use and/or domestic abuse may grow up to normalise the behaviour.

Children who grow up in homes with substance use and domestic abuse may also fear speaking out because they do not want their parents to get in trouble. Some may be threatened into silence by their parents. However, children who live in homes with domestic abuse and substance use are at increased risk of experiencing childhood abuse, including neglect, as well as psychological issues including withdrawal, depression, anxiety, eating and sleep disturbances, obsessive behaviour and self-harm.

Children and young people may take on a caring role for parents or siblings and may appear more mature than their peers because they have to take more responsibility for themselves and others. They may have low attainment in school, experience social

isolation, and engage in substance use or sexual behaviour at a young age. It is therefore essential that protective factors are in place to increase their resilience and help minimise the harms.

Protective factors include:

- A safe environment – somewhere children’s basic physical and psychological needs are met, both at home and in school.
- Education about domestic abuse and substance use – so children can learn about healthy relationships and healthy use of substances.
- Therapeutic support – someone that they can talk to about what’s going on in their lives, such as a teacher, school counsellor or support worker.
- Stable and nurturing adult influences – ideally a parent, but also adult relatives such as aunts, uncles, or grandparents, where the child can see an alternative to abuse and substance use.
- Friendships and extra-curricular activities – where they can play and interact among peers in a safe environment.

TALKING TO CHILDREN ABOUT DOMESTIC ABUSE AND SUBSTANCE USE

- 1** Children impacted by domestic abuse and substance use are often too afraid to speak up.
- 2** It is therefore essential that a responsible person, such as social worker, teacher, practitioner or relative asks about their home life in a non-threatening tone, using age appropriate language in a way that enables the child to communicate what is happening.
- 3** Never presume the child will speak up first. Be aware they may try hide what is going on initially, so be patient.
- 4** Give them space to talk when they are ready to.
- 5** Be sure to use a calm and understanding tone and age/development appropriate language.
- 6** Recognise that domestic abuse and substance use at home can be a common problem in children's lives, so they do not feel like they are the only one.
- 7** Access the child's safety needs but do not overwhelm the child with questions of detail.
- 8** Many children who are impacted by parental domestic abuse and substance use may blame themselves, it is vital that children know that they are not responsible for their parents' actions.
- 9** Do not minimise the child's descriptions or experiences – believe what they say.
- 10** Do not assume that they have disclosed everything; be willing to prompt for more information.
- 11** Explore and acknowledge their feelings of fear, guilt, anger and shame.
- 12** Be realistic and honest, do not make promises, tell them what you plan to do with the information they have shared.

Identifying and responding



Victims of domestic abuse often experience fear, shame and stigma and will do their best to hide the abuse from authorities, family and friends. In most cases, they fear their children will be taken into local authority care.

Repeated psychological abuse inflicted by perpetrators may affect the victim's sense of self, resulting in a belief that they deserve the abuse because of their substance use. Substance use among mothers, in particular, is also kept secret for fear of the children being removed by social care.

While it is vital for child and adult protection to be at the forefront of social work action, it is also important to approach victims with a non-judgemental, caring attitude. This can be achieved by:

- Being open and honest with victims.
- Acknowledging their fears.
- Acknowledging (for parents) that they want what is best for their children.
- Understanding why they may be reluctant to speak out.
- Enabling victims to speak about their experiences.
- Never telling them to '*just leave*' or '*stop using*'.

Similarly, among perpetrators of abuse, there may be feelings of shame and guilt and a desire to change their behaviours. Listen to their needs if they want to access support and make contact with the necessary perpetrator services to engage them in support. Similarly, encourage engagement in substance use services.

Questions to ask about substance use and domestic abuse

Influenced by AVA – The Stella Project Toolkit (2007)

FOR PERPETRATORS:

- 1** Has your drug or alcohol use affected your relationships with your partner and family?
- 2** What do your partner and family think about your substance use?
- 3** Has anyone in your family been frightened or harmed when you've been using substances?
- 4** Have you ever harmed or frightened your family when you were sober?
- 5** Have you ever hit, kicked or pushed your partner or child when intoxicated?
- 6** Are you aware of any patterns in your substance use or domestic abuse – is the abuse getting worse or more frequent?

FOR VICTIMS:

- 1 Some people find that the use of drugs and alcohol help them cope with the abuse – does drinking or using drugs help you cope with your situation?
- 2 Does your partner ever make you feel you have to use drugs or alcohol? If so how often and when has this occurred?
- 3 What does your partner think about your substance use?
- 4 Does your partner ever cause you physical harm when you or him/her are using substances?
- 5 Could you attend an alcohol or drug service without your partner?
- 6 Is there anything you would like to change in your relationship?

From assessment to support



Despite the relationship between domestic abuse and substance use, few victims access specialist support. This is due, in part, to the lack of services that respond to the multiple needs of victims. Research has shown that the lack of

integrated or coordinated services, can see victims prioritising one need over another (i.e. domestic abuse OR substance use).

The types of services that exist for domestic abuse include:

- 24-hour phone line such as the domestic abuse helpline, available on: 0808 2000 247
- Men's advice line for male victims of domestic abuse, available on: 0808 801 0327
- Refuges that support women and children including Women's Aid and Refuge
- Outreach support from services including Women's Aid, Safe Lives and Refuge
- Peer support and educational programmes, including The Freedom Programme
- Online peer support from Women's Aid
- Front-line services including GP's, health services and Police

The types of services available for people using substances includes:

- Front-line services such as GP's and other health related services
- Residential rehabilitation services
- Detox programmes
- Medical alternatives – methadone programmes
- Day services and outreach support
- Peer support programmes such as SMART recovery and 12-step programmes

What you can do to help

People can be afraid to seek specialist help. Simply listening to the person or sitting with them to make a referral or phone call can help.

You should find out what help specialist services offer before making a referral or suggesting people self-refer:

- Contact alcohol and drug services to find out what support they can offer to someone who also experiences or perpetrates abuse.
- Contact domestic abuse services to find out what help they can offer someone who also has problems with alcohol or drug use.

Other ways to help include:

- Putting victims in contact with domestic abuse services.
- Arranging for support workers or volunteers to accompany people to appointments where possible.
- Where children are at risk of harm, refer to social care giving accurate information about the domestic abuse and substance use.

Wherever possible, stay involved so the person has a safety net if their service contact doesn't work out.

Trauma-informed support

Elliot's (2005: 465-469) principles of trauma-informed care include:

- Recognising the impact of violence and victimisation on the victim's development and coping strategies.
- Seeing recovery from trauma as a primary goal.
- Using an empowerment model where 'the ultimate goal [expands] a woman's resources and support network such that the woman becomes less reliant on professional services' Eliot (2005:466).
- Aiming to maximise a women's choice and control over her recovery.
- Building collaborative relationship with victims (recognising the power imbalance inherent in your role and the abuse of power by the perpetrator).
- Creating an atmosphere that is respectful of survivors' need for safety, respect and acceptance.
- Emphasising women's strength, focusing on their resistance strategies and resilience.
- Minimising the risk of re-traumatising the person by avoiding an inappropriate and dominant relational style or procedural assessment processes.
- Being culturally competent, understanding each woman in the context of her life experiences and background.
- Including women in treatment design and evaluation.

As the above principles show, it is important that the victim has a say in the support services she receives, therefore start with the service recipient's priorities.

Self-care

Working with people receiving or perpetrating domestic abuse can be hard, emotionally and practically. Self-care is vitally important.



Examples of how to care for yourself:

- Ensure you have adequate supervision and if not ask for it.
- Ensure you have training in both substance use and domestic abuse so you feel comfortable and confident in how you are talking to, and supporting, people.
- Call your local substance use and domestic abuse services to introduce yourself and ask for a contact if you need advice and support.
- Think about the ways you like to relax and wind down.
- Keep perspective – plan time to have fun with friends and family.

Policy framework

The policy response to the overlapping behaviours of substance use and domestic abuse has been slow. National substance use and domestic abuse policies and Government strategies minimally acknowledge the overlap with domestic abuse for both victims and perpetrators.

When supporting individuals with co-occurring substance use and domestic abuse, guidance from the National Institute for Health and Social Care Excellence (NICE, 2014) recommend that:

- All staff are trained to ask about domestic abuse.
- Individuals referred for substance use treatment should be referred to the necessary health and social care services including domestic abuse services.
- Support is offered in settings where individuals may disclose abuse.
- Basic training is available to all staff on the dynamics of substance use, domestic abuse and mental health.

Although these guidelines are broad, they do underpin the basic principles of offering support to individuals affected by co-occurring substance use and domestic abuse. Namely the importance of **multi-agency working with relevant health and social care services**, the importance of **training for all staff** and the importance of **asking about domestic abuse and substance use** in all cases.

Key messages

- Co-occurring substance use and domestic abuse is complex and exists in all levels of society regardless of age, gender, race, sexuality or socio-economic status.
- Substance use is linked to domestic abuse perpetration but should not be viewed as the cause of abuse – domestic abuse perpetration is rarely an isolated incident, and it is not just physical.
- Victims of domestic abuse may use substances to cope with the abuse, they may use substances prior to the abuse, and they may be coerced into using substances.
- Both victims and perpetrators who use substances should receive a non-judgemental and caring response.
- Children who grow up with parental substance use and domestic abuse may experience a range of physical and psychological problems. They require support and education to minimise the chances of adversities in adolescence and adulthood.
- Children need to be listened to, given time to talk and to have their safety prioritised.
- Multi-agency, trauma-informed support is vital to support victims of domestic abuse who use substances problematically. You may need to coordinate that support.
- Ensure you have support when working with people affected by substance use and domestic abuse. You should feel comfortable to talk about it, and confident to support people affected by it.

Resources and further reading

Adfam

National charity supporting families and people close to someone using substances problematically.

<https://adfam.org.uk>

AVA – The Stella Project

Leading UK charity offering practical advice on supporting people living with domestic abuse and substance use.

<https://avaproject.org.uk/resources/stella-project-toolkit-domestic-abuse-substance-use-2007>

Factsheet – Grasping the nettle: alcohol and domestic violence

www.equation.org.uk/wp-content/uploads/2012/12/Factsheet-Alcohol-and-Domestic-Violence.pdf

Women's Aid

National domestic abuse charity

<http://respectphoneline.org.uk/help-information/domestic-violence-prevention-programmes>

Stephanie Covington

Researcher and trainer focused on trauma informed practice

www.stephaniecovington.com/articles-and-publications.php

Respect

Leading charity setting standards for perpetrator work in the UK

<http://respectphoneline.org.uk/help-information/domestic-violence-prevention-programmes>

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