

## **Women Affected by Domestic Violence or Abuse and Someone Else's Substance Use**

**Consultation Report - February 2018**

### **About this consultation**

This consultation was carried out as the first stage of a project funded by the Department for Culture, Media and Sport's 'Tampon Tax', enabling Adfam to build on earlier work addressing the dual issues of substance use and domestic violence and abuse. Previous work in collaboration with AVA had highlighted the issue of Child to Parent Abuse, and the challenges in identifying such abuse and supporting those affected. Informal feedback from practitioners at Adfam's regional network meetings continued to raise issues of domestic violence and abuse within the context of substance-using families, the impact on women, and the need for further work to understand these challenges and amplify the voice of those affected.

Consultations have been carried out via Survey Monkey and focus groups in Newcastle-Upon-Tyne in Autumn 2017. The online surveys were live for four weeks and were circulated nationally to practitioners in substance use family support services and those in domestic violence and abuse services using Adfam's existing networks and social media. Practitioners from a wide range of substance use family support services, domestic violence services, women-only services and others have contributed. Women who have been personally affected by the issues have also contributed to the consultation, although the sensitivity of the issues has affected the numbers willing to self-identify.

Enthusiasm about the project has been notable with large numbers of practitioners emphasising the need for such work.

## **Substance Use Family Support Services**

Almost 60% of practitioners in substance use family support services frequently or very frequently meet female clients experiencing abusive behaviour<sup>1</sup>. All practitioners meet such clients in their work to some extent. However, almost 10% of practitioners don't necessarily ask questions that would identify abusive behaviour and less than 60% ask questions that would identify all forms of abuse. Asking questions which identify violent behaviour is most common, and this frequently takes place as part of a risk assessment process.

Practitioners report that women rarely identify the behaviour they experience as abusive, though some identify it as problematic whilst not using the word 'abuse'. A lot of women identify violent behaviour as problematic, but recognition of other forms of abuse as a problem is far less likely. Almost 60% of practitioners will make a point of naming the behaviour as 'abuse', whilst for others it will depend on the situation, or they will mirror the client's use of language.

One in five workers are not sure how they would address issues of abuse, or would address it only as part of the substance use rather than as a distinct issue.

It is common to work with such women in a range of ways, including by providing practical support and information, safety planning, de-normalising the behaviour, building resilience and self-esteem, assessing risk, challenging thinking, considering safeguarding and helping them understand their own needs. Specific tools such as the 'power and control' and 'equality' 'wheels' were mentioned by some practitioners but there is no standard practice apparent. Levels of training are variable, with 25% having received no specific training in domestic violence and abuse. Almost all practitioners said that they would like more training on the issue and a wide range of topics were suggested for inclusion in Adfam's training for both healthy relationship champions and practitioners.

Almost 100% would also refer women to specialist services which address Violence against Women and Girls (VAWG) and domestic violence, although the circumstances in which this would take place seem variable depending on the type of abuse identified and the processes within specific services for identifying affected women and assessing risk.

## **Domestic violence and VAWG Services**

Those working in services specialising in domestic violence support or VAWG all come across clients who talk about the impact of someone else's substance use.

Whilst some questions about drug and alcohol use within the family are common, 35% of practitioners do not ask questions that would necessarily pick up problem drug or alcohol use

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<sup>1</sup>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional <https://www.gov.uk/guidance/domestic-violence-and-abuse>

within the family. Less than 50% have received training on the impacts of drug/alcohol use on family members and how it relates to domestic abuse and over 40% do not feel equipped to support women around this issue. Almost all, however, would refer to specialist substance use family support services and are aware of such services in their area. Almost all staff would like further training on substance use, its impact on the family and its relationship to domestic abuse. A wide range of topics were suggested for inclusion in Adfam's training for both practitioners and women becoming healthy relationship champions.

### **BAME Women**

A large number of responses were received from BAME women's organisations, and a women's consultation was carried out at a specialist BAME women's service in Newcastle Upon Tyne. Specific additional challenges were identified in engaging and working with BAME women and communities on the issues of substance use and domestic violence and abuse:

- Significant additional stigma in certain communities preventing women from discussing such issues.
- Cultural and religious factors contributing to a 'normalising' of abusive behaviour in certain communities.
- Even less knowledge and understanding around drugs and alcohol in some communities, including how to identify when a family member may be using them.
- Lack of knowledge of local services and greater barriers to engagement with them (e.g. language barriers).

### **Child to Parent Abuse and Hidden Abuse**

Abuse from substance-using children (often an adolescent or adult male) towards parents (usually a mother) was frequently mentioned by substance use family support services. Abuse from adult sons towards often elderly mothers who do not recognise such behaviour as abusive and may have lived with it for decades, is particularly troubling due to the known increased vulnerability and isolation of older adults. Services designed to address domestic violence are not typically designed with such women in mind and new approaches are needed to provide support for this very vulnerable group of women.

It was also clear that physical forms of abuse and violence are far more likely to be identified and referrals made than more hidden forms such as psychological, emotional and financial abuse. Given the well-documented devastating impact on women of such abuse, such a bias is troubling and it is clear that new ways must be found to offer women experiencing such insidious abuse support at earlier stages.

## **Age**

It was notable that most of the women participating in the consultations, and enjoying far higher representation through substance use family support services and many of the other services, are over the age of 40.

It is possible (and some respondents commented) that younger women similarly affected face different issues and challenges, and there is a need to find ways to amplify the voice of this group through the duration of the project.

## **Systemic factors**

Many practitioners talked about the way in which commissioning contributes to a lack of effective provision and significant gaps in services for women experiencing multiple need and disadvantage. The paucity of provision for women in substance use treatment services has received some media attention<sup>2</sup> in recent months. The challenges of addressing multiple needs are well documented given the siloed frameworks within which commissioning services takes place, and decreasing funding provision and there is the suggestion that women are currently under-represented in existing data sets of this group<sup>3</sup>.

It has been posited that drug policy is biased in favour of men<sup>4</sup>, and practitioners have commented that other services designed to address the needs of families often prioritise the needs of children with less regard for their mothers, or women who do not have children. Moreover, women who care for someone with problematic drug or alcohol use are frequently seen as the solution to over-stretched and insufficient mental health and substance use treatment systems, as they provide unpaid care and support, rather than identified as human beings and service users with needs in their own right. We heard frequent stories of female carers left to manage abusive behaviour whilst statutory workers removed themselves from the situation as being too 'high risk'. Comments like 'you know how to deal with him'; 'we can't stay, it's not safe' were commonly cited.

The societal view of women as natural caregivers and the resilience and fortitude of many women in the face of significant distress and harm thereby result in their own needs remaining invisible or under-appreciated resulting in a failure to provide the support and protection so desperately needed by many. A systemic approach which recognises the inter-connected nature of family wellbeing (especially mothers and their children) is urgently needed.

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<sup>2</sup> <https://www.theguardian.com/public-leaders-network/2017/sep/25/women-disadvantage-risk-local-council-support-services>; The Fix, Women and Addiction, Radio 4 2017.

<sup>3</sup> <http://meam.org.uk/wp-content/uploads/2015/05/Individuals-with-multiple-needs-the-case-for-a-national-focus.pdf>

<sup>4</sup> <http://www.independent.co.uk/news/health/drug-policy-women-in-uk-accessing-treatment-a8081876.html>