Issues in Recovery

Addressing Intimate Partner Violence

DrugScope

Introduction

This is the first in a series of briefings by DrugScope on behalf of the Recovery Partnership which will examine some of the broader issues around recovery from substance misuse problems.

This briefing paper is based on a roundtable held in December 2014, attended by drug and alcohol commissioners, substance misuse and domestic abuse service managers, and academics. It draws upon service visits and published research and reports. The briefing considers how systems and services invested in recovery from substance misuse – from commissioners to frontline staff – can better address the needs of people affected by drug and alcohol addiction and Intimate Partner Violence (IPV), defined here as emotional, physical and sexual violence and abuse between current or previous partners. Whilst it is acknowledged that domestic violence often affects children and other family members, violence by and against children lies beyond the scope of this paper.

Executive Summary

Evidence points to clear links between substance misuse and intimate partner violence (IPV) in the UK. This briefing paper draws on research to suggest that the correlation between IPV and the use of alcohol is particularly strong, and that the prevalence of IPV among those accessing services for drug and alcohol problems is greater than in the general population. Government policy recognises the importance of recovery

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from drug and alcohol problems and addressing domestic violence and violence against women and girls. Associations are made between these two spheres however these links are subtle, requiring drug and alcohol service managers to make these links explicit in their conversations with commissioners.

There is concern that not enough is being done within substance misuse services to offer support to those who have experienced IPV as either perpetrators or victims. Services face a number of barriers in supporting the victims and perpetrators of IPV, in part as a result of workforce issues surrounding professional and cultural competence and the challenges associated with disclosing a behaviour which is both sensitive and normalised for many people within drug and alcohol services.

An absence of integrated support for substance misuse and domestic violence and abuse can impact negatively upon recovery from drug and alcohol problems; IPV might be thought of as a kind of 'negative recovery capital'. Recommendations for substance misuse services, domestic violence services, and commissioners and decision-makers emerged from the roundtable, aimed at supporting a wider range of service users' needs and working towards a more sustained recovery.

Background: Why is IPV relevant to the drug and alcohol sector?

Facts and figures

IPV affects many people entering drug and alcohol services, both as victims and as perpetrators. At least 29.9% of women and 17% of men have experienced IPV in their lifetime.[1] Females are more likely to be the victims of repeated and severe sexual and physical violence, as well as coercive control, in a domestic context.[2] In a recent statistical analysis of Strathclyde police databases, 61.4% of people accused of intimate partner violence (IPV) were reported to be under the influence of alcohol.[3] Studies from North America indicate that for people in treatment for drug and alcohol problems this correlation is stronger yet, with a 58 – 85% prevalence of male to female intimate partner violence among clients in these services.[4]

As well as an association with IPV perpetration, the academic literature suggests that there are strong links between substance misuse and being a victim or survivor of IPV. Women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance misuse problem over the course of their lifetime.[5]

Policy context

The attention given to the relationship between IPV and substance misuse in national policy is varied. The Call to end violence against women and girls[6] recognises that substance misuse often co-occurs with domestic violence and advocates partnership working. The 2010 Drug Strategy[7] highlights the value of a holistic approach to recovery and points to the benefits that family-focussed interventions in some local areas have had in preventing substance misuse. However, it refers to domestic violence directly only once and makes no mention of 'women' or 'girls', groups which are disproportionately affected by IPV.[8]

The 2012 Alcohol Strategy[9] on the other hand states that ending violence against women and girls, including IPV, is a government priority, and recognises that alcohol misuse can be linked to increases in the frequency and severity of IPV, suggesting that frontline staff should be equipped to deal appropriately with both perpetrators and victims.

NICE guidance on domestic violence and abuse

The NICE guidance on domestic violence and abuse aims to help commissioners and frontline staff to identify, prevent, and reduce the incidence of domestic violence and abuse.[10] The NICE guidance recognises the co-morbidity of substance misuse and IPV, championing integrated commissioning to meet the full range of health and social care needs of people who experience IPV. It suggests that commissioners should ensure that there are integrated pathways for identifying, referring, and providing interventions to support people who have experienced IPV and to address perpetrator behaviour.

Implications for the drug and alcohol sector

It is clear, then, that IPV is an issue which commonly affects people accessing drug and alcohol services. However, as DrugScope's Making the Connection report outlines, both IPV and substance misuse services have in the past failed to

offer integrated support.[11] Participants at the roundtable event suggested that so many of their clients are victims or perpetrators of IPV that it should be approached as a mainstream issue for the sector, one which substance misuse commissioners, service managers, and frontline staff should seek to address as a key part of their work with their clients towards recovery.

Opportunities for Services

Participants at the roundtable expressed concerns over funding for substance misuse services in the context of public sector cuts, the potential impact of removing the ring fence on the public health grant, and the perception of substance misuse service users as the "undeserving sick." However, the NICE guidance and the national policy context also present some possible avenues of opportunity for substance misuse providers.

CASE STUDY: The *Modern Slavery Strategy* 2014[12]

The Crown Prosecution Service notes that drugs and alcohol can be closely linked to modern slavery. People experiencing drug and alcohol problems may be targeted by traffickers owing to their vulnerability.[13] There is evidence to suggest that the misuse of drink and drugs is deployed as a control technique by modern slavery perpetrators, for instance to encourage women forced into sex work to work longer hours, take on more clients, perform acts that they might otherwise object to, and prevent escapes. It is reported also that victims of modern slavery may misuse drugs and alcohol as a coping mechanism. This can lead to long term substance misuse problems.[14] Research suggests that in addition to experiencing violence and abuse from their traffickers, it is common for women who have been trafficked to report a history of violence or abuse at home.[15]

Modern slavery is one political priority where IPV and substance misuse intersect, and could be a key area of engagement for drug and alcohol services.

a. Addressing IPV in substance misuse services could have positive outcomes for a person's sustained recovery

Participants at the roundtable related stories of clients completing treatment for their drug and alcohol problems then returning home to an abusive partner. They highlighted that substance use cannot be treated in isolation from IPV, because even if the abusive relationship has ended, relapse may occur if individuals are still dealing with past traumas, or as a result of 'negative recovery capital', including low self-esteem and a sense of being controlled by a partner. One participant reported that even after completing treatment, some clients were forced into sex work to buy drugs for a controlling partner. Having the mechanisms in place within substance misuse services to address IPV, and establishing appropriate referral pathways both for perpetrators and victims would, participants suggested, lay the foundations for a more sustained recovery, enabling services to better deliver on the recovery agenda set out in the Drug Strategy.

b. Addressing IPV in substance misuse services helps to achieve wider policy objectives

Participants at the roundtable emphasised the potential impact of understanding how addressing IPV for clients of substance misuse services contributes to broader policy objectives. It is important to frame conversations with commissioners and policy makers in ways which speak to those priorities.

Several terms associated with both national and local priorities, including 'women and girls', 'child safeguarding', 'recovery', 'victims', 'crime reduction' and 'modern slavery' also resonate closely with IPV. It was suggested that drug and alcohol services which are able to demonstrate an engagement with these priorities and produce positive outcomes around them would better command the attention of commissioners as funding decisions are made.

c. 'Health Economics': Addressing IPV in substance misuse services could reduce the financial burden of IPV

IPV cost the UK an estimated £15.7 billion in 2008.[16] The NICE guidance states that the cost of IPV is 'so significant that even marginally effective interventions are cost effective'.[17] Engaging with IPV on any level allows drug and alcohol services to fall into the category of a cost-effective intervention. Service providers

who are looking to engage local decision makers and communicate the benefits of their work, including cost-effectiveness, may wish to consult DrugScope's Making the Case resource.[18]

Barriers services may face in addressing IPV

Disclosure

Service managers at the roundtable reported that nondisclosure of IPV from both perpetrators and victims represents a real challenge in their work. Those who access drug and alcohol services often wish to address their substance misuse

CASE STUDY: Blenheim CDP — 'Evolve'

Blenheim CDP have a multi-stranded approach to addressing domestic violence within their Evolve service. Staff are trained to ask standard questions about IPV in a sensitive and confident manner, and are trained in what to do should a client disclose information relating to IPV.

Staff are also trained to indirectly assess whether their clients might have experienced IPV as a victim or a perpetrator, by understanding the nuances that come across when a client speaks about their partner. They ask additional questions around the issue, for example: 'Do you live in a place where somebody acts in an aggressive manner towards you?'

Staff at Evolve recognise that a client may be less likely to disclose about IPV during their initial assessment and highlight the importance of maintaining an awareness of IPV throughout the treatment process. Staff engage clients in activities such as goal setting and International Treatment Effectiveness Project (ITEP) mapping, and discussions that arise from these activities (around social functioning or improving health, for instance) could indicate experiences of IPV. Evolve's Men's Group and Women Only service both explore IPV and what it means to have healthy relationships. Referral pathways to specialist domestic violence services are in place for clients who do disclose, and service users who are in danger are referred to the Multi Agency Risk Assessment Conference (MARAC).

For more information on Evolve visit http://blenheimcdp.org.uk/services/evolve/

behaviour but may not feel comfortable discussing other aspects of their life, including abusive behaviour that they have perpetrated or experienced. This may be a consequence of the fact that coercion, isolation, emotional and physical violence are normalised behaviours for many service users. Perpetrators can be reluctant to recognise that their behaviour is abusive and some do not wish to engage with an intervention or even discuss their behaviour, particularly if their relationship has ended. Participants at the roundtable noted also that IPV is frequently an entrenched behaviour which can emerge from a lifetime of issues that are challenging to address, including childhood abuse.

There can also be reluctance amongst victims of IPV to disclose their experiences to drug and alcohol workers. Victims of IPV can experience shame and self-blame which may discourage disclosure. Participants suggested that attempts to address domestic violence operate within a wider culture of 'victim blaming', particularly when the victim has used drugs or alcohol and especially in the case of sexual violence, where consent is too often assumed on this basis.

Workforce issues

a) Professional competence

Considering that a significant proportion of clients accessing drug and alcohol services are also perpetrators or victims of IPV, there was agreement among participants at the roundtable that IPV should be perceived as a mainstream issue in drug and alcohol services. It was put forward that substance misuse workers should initiate conversations about IPV with their clients during their assessments and be equipped to offer at least a basic level of support to those clients. While establishing integrated referral pathways to IPV agencies remains fundamentally important to ensuring that service users in need of specialist support receive it, as one participant suggested, "we need intersecting professionals. If our clients have intersecting issues then we need to be intersecting ourselves."

A primary concern amongst participants at the roundtable, particularly drug and alcohol service managers, was that their frontline staff do not routinely ask clients about IPV. Staff do not always feel competent to include IPV in their conversations with clients. Some frontline workers fear that raising the subject

will trigger a violent incident, and it was suggested that some commissioners share these concerns.

Service managers have responded to this issue by providing training for their frontline staff to enable them to ask the appropriate questions which allow them to identify victims and perpetrators of IPV. It was reported that some frontline staff remained reluctant to engage clients in these conversations even after training, as they feel more confident referring clients out to specialist IPV agencies. Staff turnover means that this training is an ongoing process and a considerable time commitment.

In response to these issues, some drug and alcohol services have employed specialist, in-house IPV workers, who not only work with service users but also with colleagues to assist with challenging cases and to build their confidence in handling cases independently, developing a competent workforce. Encouragingly, IPV workers at the roundtable suggested that drug and alcohol

CASE STUDY: North Westminster Drug and Alcohol Service – Domestic Abuse and Substance Misuse

Since April 2014, North Westminster Drug and Alcohol Service have offered an 8-week intervention, developed in partnership with Essex Change, for perpetrators of IPV which raises awareness, insight and understanding of their abusive behaviour in conjunction with their substance misuse, rather than treating them as separate issues. This looks at triggers, signals and impact on the survivor and children with a view to them going on to a longer, behavioural change programme, and has been successful in raising awareness and insight into IPV. They provide safety planning and risk management plans for survivors of domestic abuse through partnership work with local agencies and via their own developed safety protocol.

They also offer one-to-one and group work interventions to the partner or family members of individuals misusing substances in order to address the whole family's needs.

For more information on the North Westminster Drug & Alcohol Service visit http://www.wdp-drugs.org.uk/pages/westminster-north.html

workers already have many of the relevant skills required to address IPV. Coupled with appropriate training, these existing skill sets can be deployed to support their service users who have experienced IPV.

b) Cultural competence

Participants at the roundtable also raised concerns that a lack of cultural competence amongst staff members meant that the IPV amongst certain groups are overlooked. It was suggested that a major issue for lesbian, gay, bisexual and transgender (LGBT) people is that disclosing their IPV experiences requires them to 'come out', which can be a substantial barrier for some clients preventing them from accessing support.

A related obstacle raised at the roundtable is the societal perception of IPV as a behaviour perpetrated by a man against a woman. Although 49% of gay and bisexual men have experienced IPV on at least one occasion since the age of 16[20] and 80% of transgender people have experienced physical, emotional, or sexual abuse from a partner or ex-partner[21], this is not always recognised as IPV. IPV in the context of 'chemsex' was one example cited – men attending services following abusive kinds of sex often accepted responsibility for abuse they had experienced because they had used illicit substances.

Competence among workers was also raised at the roundtable, in the context of race, culture and language. A fear of being perceived as culturally insensitive can inhibit workers from pressing clients for information about IPV.

Organisational barriers

Several organisational barriers in both the substance misuse and the IPV sectors prevent victims of IPV who also misuse substances from accessing the support they need. The Stella Project's Still We Rise report recommends that all women with multiple and complex needs, including those who use drugs and alcohol, should have access to refuges, however, their research highlighted a lack of refuge provision for women with drug and alcohol problems, with many refuges refusing these women access.[22]

A lack of 'safe spaces' within substance misuse services in which to disclose and address IPV issues was also cited as a barrier to recovery by participants at the roundtable. Participants stressed the importance of women-only provision and

CASE STUDY: Cranstoun and DVIP — Integrated Perpetrator Programme for men in Islington

Cranstoun and DVIP are in the second year of running an integrated perpetrator programme, running in accordance with Respect standards, it is the only substance misuse service perpetrator programme co-running with a (ex) partner support service.

The service is available to men in Islington and the partner service is offered to women wherever they live. Early indications are promising:

- In the first year 20 men started the programme and 18 continued to participate beyond 30 treatment hours.
- None of the participants have exited the programme on the basis of the material taught.
- The partnership programme has a linked partner support service which proactively contacts partners and ex-partners of the men on the programme to offer them safety services and support.
- Although several of the men have not been in relationships for many years, the linked partner service has established contact with 60% of the partners and ex-partners.
- The project has trained around 80 frontline staff and managers.

When working with perpetrators of domestic violence it is essential to work with those exposed to the risk. DVIP has learned repeatedly that it is the women involved with the men attending who have the most realistic picture of the risk, or indeed, the changes the men are making.

The work aims to increase the participants' self-awareness and self-reflection, it sets the violence in context and looks to build empathy for victims of their behaviour. It addresses early childhood experiences and issues of shame, and tries to break the link between the past and the present.

For more information on Cranstoun visit http://www.cranstoun.org/

For more information on DVIP visit http://www.dvip.org/

the need for victims of IPV to feel safe when they access drug and alcohol services, which may not be the case if they are coming into contact with perpetrators of IPV within the service itself.

Participants at the roundtable also expressed deep concerns about the lack of refuge provision for transgender people, and the fact that single sex refuges do not represent 'safe spaces' for someone whose partner is the same gender.

4. Conclusions and Recommendations

This briefing has focused on the challenges and opportunities that arise for drug and alcohol services that engage with their clients' experiences of IPV. Experiences of IPV are so common amongst drug and alcohol service users that it should be considered a mainstream issue for substance misuse services. Treating IPV and substance misuse together has some broader positive outcomes for clients accessing these services. This indicates that recovery is an individual process, the components of which vary between individuals, and elements of recovery including IPV may even be considered to be gendered.

Recommendations

a) Recommendations for commissioners and decision makers:

- Drug and alcohol misuse and IPV are problems which commonly intersect. Commissioners should support partnership work and the development of integrated pathways between substance misuse and IPV services.

- Commissioners should support IPV services which address substance misuse within their service, and support drug and alcohol services which address IPV. In addition to offering clients more easily accessible support, this will help to deliver more broadly on the recovery agenda by improving the chances of sustained recovery.

- IPV has an extremely high human and financial cost. Commissioners should recognise that addressing IPV in substance misuse services is a cost-effective intervention and encourage drug and alcohol services to engage with it.

- There should be a greater focus on commissioning IPV services which meet the needs of groups from minority communities, including LGBT people.

b) Recommendations for drug and alcohol services and service managers:

- Service managers should deliver training to empower frontline staff to ask service users about IPV as part of their common assessments, approach the issue indirectly to encourage disclosure, and maintain an acute awareness of IPV throughout treatment.

- Services should provide at least a basic level of support to victims in-house, such as sessions on healthy relationships. However, service managers should ensure integrated pathways to specialist IPV agencies are established, both for victims and perpetrators who require support further to that offered within the context of drug and alcohol services.

- Advocacy interventions, which can reduce the occurrence of physical and psychological IPV, should take place within the substance misuse service.[23]

- Service managers should ensure there is representation from the services in their area on the MARAC and refer clients who are in danger to the MARAC.

- Services should create 'safe spaces' in which victims and perpetrators of IPV feel comfortable disclosing their experiences. This might include women only provision and having separate sites for victims and perpetrators of IPV.

- Peer mentors could play an important role in relating to people who have experienced IPV and substance misuse, and providing encouragement that change is achievable. As advised in The Challenge of Change, these mentors should be 'real' peers – people with similar experiences, and should be matched sensitively, taking into account gender and sexuality.[24]

- Service managers should ensure that frontline staff receive adequate training to feel culturally competent, and to provide appropriate support for

LGBT and Black, Asian and Minority Ethnic (BAME) service users who have experienced substance misuse and IPV.

- Services should frame their conversations with commissioners around local and national priorities, emphasising the cost-effectiveness of their interventions and demonstrating how they make a positive contribution to the recovery agenda.

c) Recommendations for refuge and IPV service managers

- IPV services should not turn away clients on the basis of their drug or alcohol use, as this may compel them to return to an abusive home environment.

- Service managers should ensure that their services are 'safe spaces' for all of their service users, including those in relationships with people of the same gender.

Appendix

The roundtable on recovery from substance misuse with a focus on intimate partner violence took place on Friday 5th December 2014. We would like to thank PHE for hosting the roundtable and the participants of the roundtable for their valuable contribution to this briefing.

Attendees:

- Vivienne Evans, Adfam (Chair)
- Pauline Fisher, PHE (Presentation)
- Maggie Boreham, Blenheim CDP (Presentation)
- Rebecca Cheesman and Catrin Davies, Westminster Drug Project (Presentation)
- Jill Britton, London Borough of Newham
- Andrew Brown, DrugScope
- Ellie Cumbo, Clinks
- Colin Fitzgerald, Respect
- Lauren Garland, DrugScope
- Gail Gilchrist, National Centre for Addictions, King's College London
- Jennifer Holly, AVA
- Alison Keating, PHE
- Gjori Langeland, Domestic Violence Intervention Project (DVIP)
- Jain Lemom, Mayor's Office for Policing and Crime (MOPAC)
- Eileen McMullan, London Borough of Islington
- Wendy Wilde, Broken Rainbow

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About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and is the UK's leading independent centre of expertise on drugs and drug use. We represent around 300 member organisations involved in drug and alcohol treatment, supporting recovery, young people's services, drug education, prison and offender services, as well as related services such as mental health and homelessness. DrugScope is a registered charity (number 255030).

DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium formed the Recovery Partnership in May 2011 to provide a new collective voice and channel for communication to ministers and officials on the achievement of the ambitions set out in the 2010 *Drug Strategy*. The Recovery Partnership is able to draw on the expertise of a broad range of organisations, interest groups as well as service user groups and voices.

Further information is available at: http://www.drugscope.org.uk/

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