Better responses to domestic violence in substance misuse and mental health services

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The rationale

Multiple studies with female substance users demonstrate high rates of partner violence, physical assault and stranger rape

56% of women experiencing domestic violence are diagnosed with a psychiatric disorder.

Rates of depression for survivors of domestic violence are around **four times** as high as the rates for victims of domestic violence than for non-abused women.

25-75% of people who have survived abusive or violent traumatic experiences report problematic alcohol use, compared with 10-30% of people who experience accident-, illness-, or disaster-related trauma

30% of rape victims report experiencing at least one episode of major depression in their lives compared with only 10% of women who have never been affected by violent crime.

Women survivors of childhood sexual abuse are **three times** more likely to use drugs and/or alcohol problematically than women who are not abused.

One third of women attending A&E for self-harming have experiences of domestic violence.

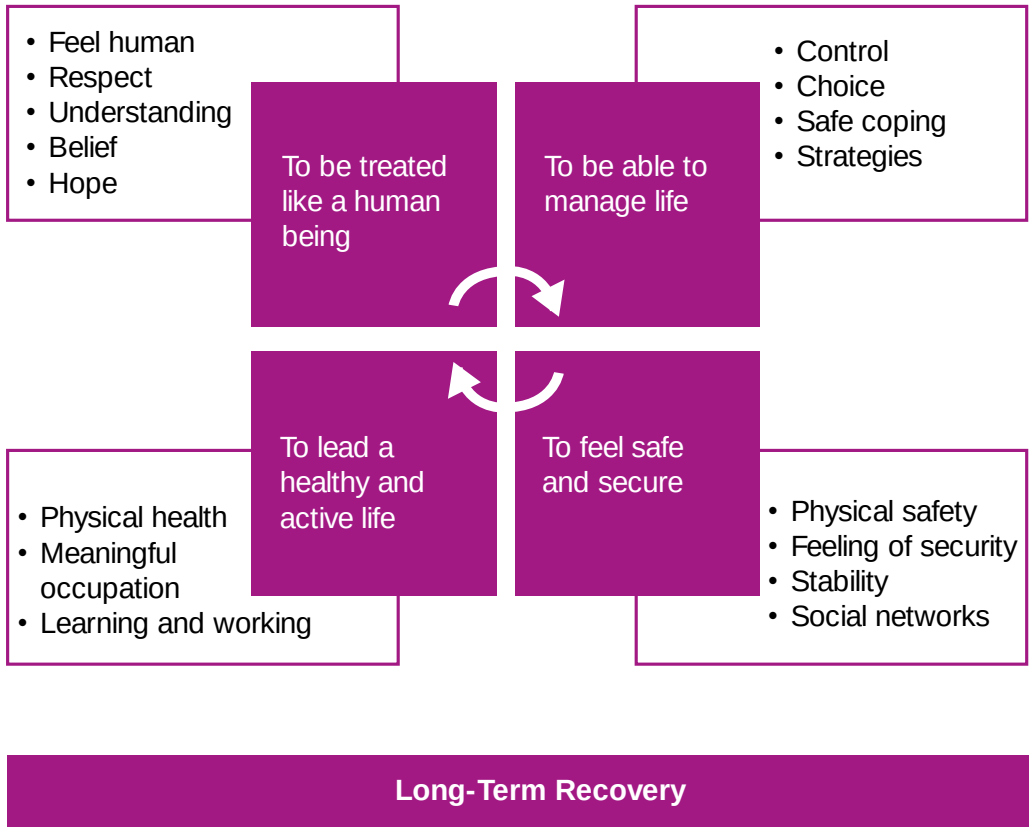
Victims of domestic violence who experience sexual violence are **five times** more likely to attempt suicide than those who have not.

On average, **64%** of abused women have PTSD, significantly more than lifetime prevalence of under 26% in the general population.

Around **two thirds** of domestic and sexual violence survivors suffer from anxiety.

Treat me like a human being

Figure 3 - Overview of survivors' needs



How to support survivors?

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[3] for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

Please explain that th and protection of the Tick the box if the fa end of the form to ex It is assumed that yo not the case please ir			Don't Know	State source of info if not the victim e.g. police officer
1. Has the current (Please state wh			☐	
2. Are you very frig Comment:			☐	
3. What are you af indication of wha whom, including Comment:			☐	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) .....) try to stop you from seeing friends/family/doctor or others?	☐	☐	☐	

Working with families

"Almost three quarters of the children in [the two-yearly overview report of] serious case reviews had been living with past or current domestic violence and/or parental mental ill health and or substance misuse – often in combination."

Professor Brandon

Mothers *and* Fathers

Irrespective of which parental figure is presenting the problem, professionals tend to focus their attention on working with mothers – usually as they are the main caregiver. This can, however, mean that mothers are placed to feel responsible for their partner's behaviour and in cases of domestic violence, does not hold perpetrators accountable for their own actions. Workers need to be supported to engage with fathers, including those who do not live in the same household as the children.

In supporting perpetrators who are parents, in addition to the activities above, practitioners should encourage perpetrators to reflect on their behaviour and how it impacts on their children – this is a key motivator for perpetrators

4. Working with the family

Children can rarely be supported in isolation. Working with the whole family, however, can be problematic, particularly when there is domestic violence. Practitioners should always prioritise children's and the non-abusing parent's safety when considering any intervention.

4.1 Safety in family work

Work with families affected by substance use, mental ill-health and domestic violence should include both parents wherever possible, rather than focusing on work just with mothers. When dealing with domestic violence, however, engaging both parents must be done in a safe way:

- Always see partners or ex-

What about perpetrators?

	In coercive control OVER partner/ex, because of own use of violence, abuse, controlling behaviour, threats etc	Under coercive control FROM partner/ex, who has used violence, abuse, controlling behaviour, threats etc
Uses or has used physical or non physical violence against partner/ex	**Perpetrator of intimate partner violence**	**Victim who has used some form of violent resistance**
Experienced or experiencing physical or non physical violence from partner/ex	**Perpetrator whose victim has used some form of violent resistance**	**Victim of intimate partner violence**

Figure 8 - Respect Matrix of use and experience of intimate partner violence (copyright Respect, www.respect.uk.net)

Making best practice a reality…

What do you need?

Let's talk about…

- Which agencies would you imagine are already involved in this case? Which services **wouldn't/couldn't** support the person in your case study?

- Who else needs to be around the table? How would a multi-agency approach be most effective?

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