

NOTTINGHAMSHIRE COUNTY COUNCIL

AND

**NOTTINGHAMSHIRE
DRUG AND ALCOHOL ACTION TEAM**

**GOOD PRACTICE GUIDELINES
FOR WORKING WITH
SURVIVORS AND/OR
PERPETRATORS OF DOMESTIC
VIOLENCE WHO ALSO USE
ALCOHOL AND DRUGS**



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1. **INTRODUCTION**

- 1.1 Nottinghamshire County Council and Nottinghamshire Drug and Alcohol Action Team work firmly from the perspective that there is not a causal link between substance use and violence; alcohol or drug 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 Compared with men, women are more likely to experience domestic violence at some point in their lives, more likely to experience repeat victimisation, more likely to be injured and to seek medical help, more likely to experience frightening threats and more likely to be frightened¹. For this reason, this document refers to victims as women, although it is recognised that men are sometimes abused by their female partners, parents are sometimes abused by their children and that domestic violence also occurs within same sex relationships.

2. **DEFINITIONS**

2.1 **Domestic Violence**

Domestic violence (physical, sexual, emotional and/or other abuse) occurs between current or former partners, for the purpose of gaining power and control. We acknowledge that abuse can occur in same sex relationships and to men by women they know, to older people and children. **The overwhelming majority of domestic violence is experienced by women and children and perpetrated by men.**

The result of domestic violence may include physical or sexual injury and the erosion of mental and emotional well being. Domestic violence for the individual and any children will have both short and long term effects.

2.2 **Substance Use**

For the purposes of these guidelines substance use refers to the use of illicit drugs, prescription medicines, solvents or alcohol, which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

¹ Mirrlees-Black C, Mayhew P & Percy A (1996) The 1996 British Crime Survey in England and Wales, Home Office Statistical Bulletin 19 / 96 London: Government Statistical Office.

3. GOOD PRACTICE GUIDELINES

The following guidance is aimed at:

- 3.1 Alcohol and drug services and domestic violence services who are working with women survivors of domestic violence who also have substance use issues.
- 3.2 Alcohol and drug services who are working with men who are also perpetrators of domestic violence.
- 3.3 Domestic Violence services who are working with women who also have substance use issues.
- 3.4 All services who may be working with the issues of domestic violence and substance use.

4. CONTEXT

4.1 Survivors, domestic violence and substance use

- 4.1.1 Women who experience domestic violence are more likely to use prescription drugs, alcohol and illegal substances and vice versa².
- 4.1.2 For a woman experiencing domestic violence, alcohol and drugs can represent a wide range of coping and safety strategies. Women may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Women may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic violence. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse³.
- 4.1.3 Women can be coerced and manipulated into alcohol and drug use. Evidence exists to show that perpetrators may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour⁴. Furthermore, any attempts by the woman to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage women to leave treatment.

² Jacobs, J (1998) The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates (London: Alcohol Concern) p6.

³ The Stella Project (2003) Separate Issues Shared Solutions – Report from the Launch of the Stella Project (Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project) p3.

⁴ The Stella Project (2003) Separate Issues Shared Solutions – Report from the Launch of the Stella Project (Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project) p3.

- 4.1.4 Women in abusive relationships are also at risk of sexual exploitation. Women working in prostitution may be subjected to domestic abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.
- 4.1.5 However, the relationship between a woman's alcohol and drug use and her experiences of domestic violence may not be linked; they may use for reasons outside of, or pre-dating the domestic violence.
- 4.1.6 For women who are using substances, leaving a violent relationship may have extra difficulties. Women may also have their cognitive functioning and motor co-ordination impaired and are therefore less able to make plans for their safety. She may face greater isolation because of her drug use. The stigma of drug use may act as a real barrier in people seeing her experience of domestic violence or in offering support. The illegality of drug use may mean that she does not see calling the police to be an option. If she leaves she may also be leaving her access to drugs and facing possible withdrawals with no support and regardless of whether she feels she wants or is able to do this. In going to another area her ability to maintain her anonymity and safety can be jeopardised by her need to access substances.
- 4.1.7 A women's cultural background may further cause her isolation as she may be stigmatised within her own community due to her alcohol or drug use; she may be labelled as 'bad' or seen as a potential 'bad influence' on other women in her community.
- 4.1.8 Historically services have often not felt able to meet the needs of women fleeing domestic violence who use substances. As such these women have often been officially excluded from services such as refuge; although it is acknowledged that refuges do in fact unofficially accommodate such women. However, it remains that this group of women are 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. It is therefore important to ensure a woman is referred to appropriate services in order to address both her domestic violence and substance use support needs.
- 4.1.9 Given the overlap of the two issues, it is not surprising that both sectors will often serve the same women. While services that deal specifically with domestic violence or substance use exist, few agencies are currently equipped to provide the range of services needed by survivors or perpetrators of domestic violence who also experience substance use problems.
- 4.1.10 Studies suggest that outcomes for the survivor are more likely to be positive if the domestic violence and substance use are addressed at the same time. The two issues need to be approached in an integrated, holistic way; joint working across the domestic violence and substance use sectors is therefore the only logical way forward.

4.2 Perpetrators, domestic violence and substance use

- 4.2.1 Workers need to be aware that domestic violence does not just happen in heterosexual relationships. It can and does occur in same sex relationships and where relationships involve bisexual or transgendered people (LGBT people).
- 4.2.2 Whilst it is important to recognise that abuse can occur in same sex relationships and to men by women, the overwhelming majority of domestic violence is experienced by women and children and perpetrated by men.
- 4.2.3 Men who abuse may use their own or their partners' alcohol or drug use as an excuse for his violence. He may threaten to expose her use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs⁵.
- 4.2.4 Despite the fact that alcohol, drugs and violence to women often co-exist, there is no evidence to suggest a causal link. 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 drunk.
- 4.2.5 Even when physical assaults are only committed whilst intoxicated these perpetrators are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with a perpetrator's substance use the violent behaviour will also be reduced, in fact the violence may increase when substance use is treated. It is therefore vital to include assessments of whether someone may be a perpetrator of domestic violence in any assessments and interventions in relation to substance use.
- 4.2.6 Intervention outcomes are more likely to be positive if the perpetrator's domestic violence and substance use are addressed at the same time.

⁵ Holly Taylor (2003) Making the Links between Domestic Violence and Substance Misuse – An Evaluation of Service Provision in Tower Hamlets (Tower Hamlets Domestic Violence Team) p8.

5. INITIAL CONTACT AND ASSESSMENT – Alcohol and Drug Services

- 5.1 Where women approach a substance misuse agency they should automatically be asked about past & current domestic violence as part of the assessment process. Research has shown that women prefer to be asked and find it easier to disclose if asked. Assistance in how to ask the question sensitively can be found in the 'Domestic Violence a Resource Manual for Health Care Professionals' available on Department of Health website (www.doh.gov.uk).
- 5.2 Assessments must occur in a safe place so that women have the safety in which to disclose domestic violence. Whenever possible, women should be given the choice of talking to a female worker and being offered a female support worker for ongoing work.
- 5.3 Assessment of women should take place away from the presence of their partners.
- 5.4 Many women are unaware that acts of restraint, coerced sex and threats of violence are considered domestic abuse. They may answer "no" if asked if they have ever been abused but may answer differently if asked if they have ever been pushed, grabbed, shoved etc. Workers therefore need to ask direct questions and actively look for signs of domestic violence. Some women may not be ready to disclose domestic violence during an initial assessment, but may do so at a later stage.
- 5.5 Failure to identify abuse will have a detrimental impact on support plans and effectiveness of interventions.
- 5.6 Domestic violence is an important indicator of risk of harm to a child or young person. Where domestic violence and/or substance use is disclosed the needs of children and young people must be assessed including an assessment of risk. Workers need to ensure children or young people are safe and should refer to child protection procedures. (See section 8: Working together to protect children and young people)

6. ASSESSMENTS AND SUPPORT FOR WOMEN EXPERIENCING DOMESTIC VIOLENCE – Alcohol and Drug Services

- 6.1 All service users need to have confidence in the agency's policies and workers' attitudes before they are likely to disclose. It is important not to make assumptions, but to listen and encourage the client to discuss their experience.
- 6.2 The disclosure of domestic violence should be seen as a reason for prioritising a woman for treatment whenever possible. There is a clear

link to child protection issues; exposure to domestic violence can be harmful to children and young people, both emotionally and physically.

- 6.3 Women may disclose domestic violence at any point during the support process. Once domestic violence is identified assessment and support plans should focus on the impact of interventions and non intervention on a woman's safety.
- 6.4 Considerations of reducing harm should include a consideration of how interventions and treatment may reduce the harm of domestic violence. (eg. Prescribing may enable a woman to either leave her partner, to stay in refuge, or, to gain her own control of her use if she is remaining in relationship.)
- 6.5 Support plans must include safety needs. Short term and long term safety planning should be undertaken with the Woman. (Appendix 1).
- 6.6 Workers should support the woman to make her own choices. Women should be given the choice of accessing specialist services (for example Roshni Women's Aid for South Asian women).
- 6.7 Substance use may be used as a way of controlling the woman and therefore the violence may increase or resume when her alcohol or drug use is changed or treated.
- 6.8 Accessible information should be given about specialist domestic violence support services, refuge provision and legal options (Appendix 2). The Nottinghamshire Domestic Violence Forum credit card size information leaflet should be given to all women accessing the service, whether or not they disclose domestic violence. Supplies of these leaflets (available in different languages) can be obtained from NDVF on 0115 962 3237.
- 6.9 Women's alcohol or drug use should be seen in the wider context of the woman's relationships and her health. As such workers need to help the woman explore the relationship between her experience of abuse and her alcohol or drug use. This may also include the trauma of past abuse.
- 6.10 There is a high risk to women and children's safety whether or not they stay with or leave the abuser. However, the point at which women leave is the most dangerous time; workers need to be aware of this when assisting a woman to plan to leave.
- 6.11 If a woman using substances is fleeing domestic violence there are a number of accommodation options open to her such as; refuge, local authority emergency housing accommodation, hostel accommodation, friends or relatives. In looking at the suitability of each of these options workers should consider with the women the following:

- Her safety needs and any continued risk posed to her and her children by the perpetrator.
 - Her support needs both in relation to the domestic violence and her alcohol or drug use.
 - Her feelings about living communally taking into account her continued alcohol or drug use, the rules of the refuge or other accommodation and the potential impact her use may have on other residents and their children.
 - Whether she is presenting as stable or chaotic.
 - Her feelings about sustaining independent living.
- 6.12 Assessments as to the suitability of accommodation should be made jointly by the alcohol/drug worker, the refuge (or other accommodation provider) and the woman.
- 6.13 If supporting a referral, alcohol/drug workers have a duty to share relevant information and as such need to be honest with refugees about a woman's drug-taking status. If the woman does not give consent to share this information, the worker should ask the woman to make the referral herself and encourage her to disclose her drug use to the refuge in order that she can continue to access the appropriate support.
- 6.14 If a woman does not want to leave her accommodation there are still options open to her under Criminal and Civil law. Workers should provide the woman with support in accessing legal advice and specialist housing advice and assistance. (Appendix 1)
- 6.15 Women may choose not to leave their violent relationships or stop their alcohol or drug use. As such workers should acknowledge the obstacles which woman face and work with her to identify and reduce risk. The safety of a child is paramount and workers should refer to their service's child protection procedures when necessary (See Section 8).
- 6.16 Workers need to be aware of the potential impact a woman's culture and traditions may have on her experience of domestic violence. Cultural issues and potential racism may also exacerbate a woman's isolation when resettling into a new community.
- 6.17 Abused lesbians and gay men may also face the probability of added victimisation by a homophobic community, legal system or service providers. Perpetrators may use additional control mechanisms such as the threat of 'outing' (disclosure of his/her sexuality to family members, friends, employers, community etc.) or by reinforcing fear of homophobia.
- 6.18 A woman's need to survive may conflict with alcohol and drug interventions. Constant review of support plans is essential. Returning to or staying in a violent relationship may be a prediction of relapse.

619 Workers should be aware that the perpetrator might attempt to prevent contact and use increased threats and violence to prevent a woman accessing support.

6.20 Partners should not be invited to participate in a woman's support plan if abuse has been disclosed or is suspected.

7. WORKING WITH PERPETRATORS- Alcohol and Drug Services

7.1 Agencies should be pro-active in identifying domestic violence including implementing routine screening. Therefore alcohol/drug workers should automatically ask men about possible abuse at the assessment stage, if they feel it is safe to do so. Perpetrators may not acknowledge their abusive behaviour at assessment, but may wish to receive assistance with their behaviour later once they trust the worker.

7.2 A male perpetrator should address his substance use and also carry out work on his abusive attitudes and expectations of women. Addressing the substance use alone will not stop his abuse towards women. It is therefore important that alcohol and drug workers access 'Working with Perpetrators' training which can be accessed by contacting NDVF Tri Project on 0115 962 3237.

7.3 Men who abuse women partners believe that their use of violence and abuse is justified and expect to get away with it. It is intentional behaviour that abusers seek to benefit from. Perpetrators will want to deny, blame and minimise their abuse. Staff should be aware of not colluding with the perpetrator.

7.4 Hold the perpetrator accountable for his violence and abuse against his partner and children. Assist him to acknowledge this by exploring his beliefs about women and relationships and the intentions behind his abuse.

7.5 Although alcohol and drugs do not cause violence workers should be aware that violence may increase when men are withdrawing from drugs or alcohol and they therefore need to pay close attention to the increased danger in which women partners and children may be placed.

7.6 Men who perpetrate domestic violence generally seek help when they are under pressure or when they feel that they are losing the control of the situation. For example when his partner has left him or when social services, the police or the courts are involved. This is not genuine motivation for change no matter how convincing they might present themselves. However, projects will still be working with perpetrators whether or not they are genuinely seeking assistance with their behaviour.

- 7.7 If a woman and her abusive partner are both receiving substance use treatment, the male perpetrator should be given a different worker to his partner. Abusers may try and sabotage this work so it should be carefully planned and managed so that workers maintain good working relationships with each other.
- 7.8 Couples/mediation work is not an appropriate setting in which to address men's abusive behaviour towards women. Research shows that men continue to assert their control in 'couples' settings; this can further dis-empower women and give the abuser more control. Couples work should not take place except subsequent to a man completing a perpetrator programme and after a suitable period of non-violence and only where the woman feels able to freely enter into couples work.
- 7.9 Anger management courses are not helpful as domestic violence is not about anger but about asserting power and control. Anger management techniques can sometimes assist a perpetrator to further exert power and control. Anger management also assumes that the survivor has somehow provoked anger and this is not helpful when working with survivors on not blaming themselves for their partners' behaviour.
- 7.10 The effectiveness of perpetrator programmes has been questioned and as such none are currently available in Nottinghamshire. Whilst anger management and couples work is not appropriate, it is possible that agencies working together to challenge the perpetrator's behaviour may have a positive impact.
- 7.11 Workers should consider the need to alert other professionals of an abusive relationship. When working with a perpetrator it is helpful to share with other agencies involved and with his partner information about your work with him. This would need to be done with the perpetrator's knowledge and agreement.
- 7.12 Workers will be the best judge of how safe they feel to work with and challenge the perpetrator. If a worker feels unsafe they should talk to their line manager about how to manage the case. Workers should be aware that if they are afraid then that is how the woman and children may be feeling.
- 8. WORKING WITH WOMEN WHO USE SUBSTANCES - Refuges and Specialist Domestic Violence Outreach Services**
- 8.1 Best practice works from the principle that women who use substances should have equity of service. As such, refuges should assess all referrals on an individual basis to determine whether refuge accommodation is appropriate for a woman who has alcohol or drug

issues. Assessment criteria should be based on the stability of the woman, the needs of the woman and the needs of the refuge and its residents; rather than on the woman's alcohol or drug use alone.

- 8.2 Any refuge or domestic violence service in the County which accepts a referral from a woman who also has substance use issues should consider referring her (with her consent) to the Women's Drug Service (01623 785444) and/or other alcohol or drug services or other appropriate specialist services (Appendix 3).
- 8.3 Refuges and other domestic violence services can also use the Women's Drug Service (01623 785444) for consultation and advice on any matters relating to women and substance use.
- 8.4 Domestic violence workers should have enough knowledge (through training) to be able to give basic drug / harm reduction information.
- 8.5 The point at which a woman enters refuge may not be the right time for her to stop her substance use. Refuges should therefore work to empower women who have substance use issues by *asking* what a woman wants, rather than *telling* her she must stop her drug use.
- 8.6 Refuges need to be clear about the legal implications of drug use / intoxication in the refuge. This should be stated in licence agreements.
- 8.7 Workers should prioritise personal safety issues, conduct risk assessments and work within the legal framework when supporting women within refuge or in an outreach setting (Appendix 4).
- 8.8 Refuges have a duty to ensure that women fleeing domestic violence who also have substance use issues are not discriminated against by other women staying in the refuge.
- 8.9 Domestic violence outreach, floating support and resettlement services should assess all referrals on an individual basis to determine whether the service is appropriate for the woman's needs. The safety of children and of the worker should be paramount and workers must conform to health and safety procedures and legal requirements at all times (Appendix 4).
- 8.10 Domestic violence outreach, floating support and resettlement services should build good links with drug and alcohol services in order to work jointly to support women.
- 8.11 In order to assess the extent of need and to inform future service provision, refuges should monitor the number of women who have substance use issues being referred to them. Refuges should also monitor the number of these women who are accepted into the refuge and the number not accepted, with reasons for negative decisions noted.

9. WORKING TOGETHER TO PROTECT CHILDREN AND YOUNG PEOPLE

- 9.1 This guidance should be read in conjunction with services' own child protection policies and procedures.
- 9.2 Domestic violence is likely to have a detrimental impact on children and young people. Where there is substance use domestic violence may not be seen or prioritised and as such risks to children and young people may be overlooked.
- 9.3 In the same way children know when they are living with domestic violence, they will also know that they are living with alcohol or drug use.
- 9.4 Domestic violence is an important indicator of risk of harm to a child or young person. Where domestic violence is disclosed the needs of children and young people must be assessed including an assessment of risk. Workers need to ensure children or young people are safe.
- 9.5 The protection and empowerment of women can be effective child protection. In considering the safety of the woman, and in making support plans workers need to have the needs of the child or young person as paramount.
- 9.6 Substance use does not automatically mean a woman is a bad parent; it is recognised that such use in itself may not affect a parent's capacity to look after their child well. However, substance use can be a source of stress and in some cases it may adversely affect the quality of care that a child receives and consequently poses a risk to their health and development. As such individual assessments need to be made.
- 9.7 When refuges or other domestic violence services are supporting women who have substance use issues who also have children, a referral (with consent) should be made to WAM or Stars in order to offer the children support around their parent's substance use (Appendix 3).
- 9.8 Workers should be aware that referrals can be made to the children's outreach services provided by the refuges.
- 9.9 All workers should be familiar with the:
- Nottinghamshire and Nottingham City ACPCs ***Drug and Alcohol Using Parents: Practice Guidance for all Agencies.***
 - Nottinghamshire County Council/Nottinghamshire DAAT ***A Policy for U & S: Children and Young People and Substance Use Policy.***
 - Nottinghamshire and Nottingham City ACPCs ***Inter-agency guidance on the Assessment of Children in Need and their Families including the ACPCs Child Protection Procedures***

10. RECORDING DOMESTIC VIOLENCE – All Services

- 10.1 Records should record domestic violence in an accurate, objective and professional manner.
- 10.2 This should include evidence of bruising or other injuries, what the woman said occurred, and her presentation (eg. presenting as fearful).
- 10.3 When working with a male perpetrator, keep detailed records of your contact with him as he may contradict himself at times and also change his story. These records will help you remain confident during your ongoing work with him.
- 10.4 Remember that all written records can be used in court and it is important that they are accurate, factual, written at the same time as the meeting and dated.
- 10.5 All alcohol and drug services should monitor domestic violence.
- 10.6 All domestic violence services should monitor substance use.

11. MULTI-AGENCY WORKING

- 11.1 Substance use and domestic violence are two separate problems which in practice, commonly co-exist. In order to reduce the violence either both must be simultaneously addressed or the violence must be addressed separately. Closer referral and working arrangements need to be developed between domestic violence and substance use services.
- 11.2 A named worker in all domestic violence and alcohol and drug services should be responsible for attending appropriate domestic violence and drug and alcohol forums and meetings to develop and sustain good working relationships and referral networks across the sectors and to ensure services have access to up to date information and advice.
- 11.3 Alcohol/drug workers should have a comprehensive knowledge of domestic violence support services including residential and non-residential support.
- 11.4 Domestic violence services should have a comprehensive knowledge of alcohol and drug services; what they provide and their referral process.
- 11.5 Women should be proactively supported to access services.

- 11.6 For safety reasons a woman should be given confidentiality and workers negotiate with her about any information she wants her partner or another agency to receive.
- 11.7 Women should be supported in their disclosure of domestic violence and/or substance use to other agencies. Workers should seek to offer advocacy to women and to inform the practice of other agencies.
- 11.8 Joint working and training increases mutual respect and understanding and enables workers to offer an improved service to women with complex needs.

12. TRAINING

- 12.1 All alcohol and drug workers should receive training on domestic violence, including basic awareness training, assessment, interview skills, interventions and local resources. To access this training contact NDVF on 0115 962 3237.
- 12.2 All domestic violence workers should receive training on substance use, including basic awareness training, assessment, interview skills, interventions and local resources as well as parental substance misuse and child protection training. To access this training contact Nottinghamshire County DAAT Training Team on 01623 414 114.
- 12.3 Further training on the relationship between domestic violence and alcohol and drug use and on working with perpetrators should also be accessed.
- 12.4 Training and awareness-raising must be on-going.
- 12.5 All alcohol and drug services should possess a copy of the NDVF Directory of Domestic Violence Services in Nottinghamshire.

13. OTHER RELEVANT DOCUMENTS

- Nottinghamshire County Council *Prevention of Substance Misuse Strategy*
- Nottinghamshire County Council/Nottinghamshire DAAT *Domestic Violence and Substance Misuse Action Plan*
- Nottinghamshire and Nottingham City ACPCs *Drug and Alcohol Using Parents: Practice Guidance for all Agencies.*
- Nottinghamshire County Council/Nottinghamshire DAAT *A Policy for U & S: Children and Young People and Substance Use Policy.*
- Nottinghamshire and Nottingham City ACPCs *Inter-agency guidance on the Assessment of Children in Need and their Families including the ACPCs Child Protection Procedures*

14. APPENDICES

1. Safety Planning
2. Domestic Violence Services in Nottinghamshire
3. Substance Misuse Services in Nottinghamshire
4. Drugs and the Law

15. CONTACTS

For further information please contact:

- Linny Beaumont, Domestic Violence Policy Officer, Nottinghamshire County Council – Tel: 0115 9772040 or email: Linny.beaumont@nottscc.gov.uk
- Cathy Symes, Women's Drug Service
Tel: 01623 785444
Cathy.symes@ach.cnhc-tr.trent.nhs.uk

16. ACKNOWLEDGEMENTS

This document has been written in partnership by:

Nottinghamshire County Council Domestic Violence Policy Officer
Nottingham City Council Domestic Violence Policy Officer
Women's Drug Service
Nottinghamshire Domestic Violence Forum Tri Project

Consultation has also taken place with all specialist alcohol, drug and domestic violence service providers, as well as with other key agencies.

APPENDIX 1

SAFETY PLANNING

Workers should assist women to maximise their safety, both in terms of their experience of domestic violence and their substance use. Workers need to be able to help a woman explore her options and access specialist advice and information such as legal advice.

1. During violent incidents

Workers should talk to women about strategies for increasing their safety during a violent incident:

- Think about how to get out safely; what doors, windows could be used?
- Keep purse / keys ready in order to leave quickly.
- Think about telling a neighbour about the violence and request they call the police if they hear suspicious noises coming from the house.
- Teach the children (if appropriate) how to use the telephone to contact the police.
- Agree a code word with the children so they know to call for help or leave the house.
- Think in advance where you will go if you need to leave in a hurry.
- If you think he is going to become violent try to move into a space that is low risk. Try to avoid bathroom, kitchen, garage or rooms without access to an outside door.
- If possible leave money, spare set of keys, copies of important documents with a neighbour or friend.
- Know the Women's Aid Advice Centre 24 hour free phone helpline number – 0808 800 0340.
- Review safety plan on a regular basis.
- Rehearse escape plan and if appropriate practice it with children.

2. Planning to leave

If a woman is thinking of leaving, the worker should discuss with her which other parts of the city/country where she might be unsafe (eg. near his place of work or where his family or friends live).

The following items would be useful for a woman to take with her when she decides to leave:

- Clothes for herself and the children
- Towels and toiletries
- A favourite toy
- Benefit books, bank books and other forms of identification
- National insurance number
- Birth certificates

- House documents (mortgage / rent details)
- Passport/visas and related documentation
- Address book / useful telephone numbers
- Photographs /sentimental items
- Set of keys to the house
- Money, cheque book, credit cards
- Children's medical / school records

When a woman is ready to leave, the worker should assist her to access appropriate accommodation. Workers and women can get immediate advice and assistance via the Women's Aid Advice Centre 24 hour helpline on: **0808 800 0340**.

3. Safety in a woman's own home

Women usually have the right to stay in their home, whether it is rented or owner-occupied. In Local Authority or Housing Association housing domestic violence will be a breach of tenancy conditions and the perpetrator can be evicted. If a woman chooses not to leave her home there are a range of options open to her under Civil and Criminal law.

Workers should assist the woman to access specialist housing advice and assistance; the Local Authority housing department can provide details of local services and will work with owner occupiers and tenants of Housing Associations and the private sector as well as their own tenants.

Workers should assist women who do not live with the perpetrator to look at ways of increasing their home security:

- Changing locks
- Fitting window locks
- Fitting smoke detectors
- Fitting outside lighting
- Police can advise on making a house more secure against intruders and will have details of emergency call systems available locally.
- Tell people who look after the children (school, nursery, babysitter etc.) which people have permission to pick up the children and that partner is not permitted to do so.
- Tell neighbour that partner no longer lives at the address and to call the police if they see him nearby.
- Discuss a safety plan with children, including teaching them to make a reverse charge call. If appropriate, talk to them about not passing on information.

NOTE: Workers should consider assisting women to fill in a Personal Safety Plan which covers all the above issues.

APPENDIX 2

DOMESTIC VIOLENCE SERVICES

All substance misuse services should have a copy of the Nottinghamshire Domestic Violence Forum Service Directory. Workers should also have a supply of NDVF credit card sized information cards to give to women. To obtain a directory or leaflets contact **NDVF on 0115 962 3237**.

Women's Aid Advice Centre	
Freephone 24 Hour Domestic Violence Helpline	0808 800 0340
Text phone	0808 800 0341
City Outreach Service	(Agencies) 0115 947 5257
Drop-in (Mon - Fri 9am - 5pm)	

Nottinghamshire

Bassetlaw Women's Aid Refuge	01909 478 065
Women's Resource Centre	01909 533 610
Helpline	01909 500 522

Broxtowe Women's Project (Agencies)	01773 718555
Helpline (10am - 1pm Mon - Fri)	01773 719111

Mansfield and Ashfield Women's Aid Refuge	01623 420 652
Outreach Service	01623 473 014

Midlands Women's Aid Refuge	0115 925 7647
Outreach Service	0115 925 7647

Newark and Sherwood Women's Aid Refuge	01636 679 687
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Roshni County Outreach Service	0115 988 1414
(for South Asian women and children)	

Nottingham City

Amber House Women's Aid Refuge / Outreach	0115 927 8626
Women's Support Group	0115 927 8626

Central Women's Aid Refuge / Outreach	0115 960 7943
Women's Support Group	0115 934 8487

East Women's Aid Refuge	0115 9483 794
Floating Support	0115 934 8445

Roshni Asian Women's Aid Refuge	0115 948 3450
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Umuada Refuge / Outreach	0115 979 4141
(primarily for African Caribbean women)	

Additional Support

Emergency Accommodation for Women 0115 911 0289
(16-25 single)

Imaani 0115 847 0335
Temporary accommodation for African Caribbean and Asian young women – 16-25 (but can take women aged up to 30 years)

ISAS 01636 610 313
Incest and sexual abuse counselling service

Lesbian and Gay Switchboard 0115 934 8485
Mon – Fri 7pm-10pm

Nottingham Domestic Violence Forum 0115 962 3237
For training, information leaflets, advice

Rape Crisis 0115 941 0440

Children and Young People

Childline 0800 1111

NSPCC 0800 800 500

Number 28 0115 985 8308
Support and counselling service for child survivors of sexual abuse

Saath: Saath 0115 988 1414
Roshni Children's Outreach Service

County and City Refuges: Children's Outreach Services

Most of the County and City refuges provide outreach support to children which can be accessed by contacting individual refuges – see previous page for contact details.

Appendix 3

DRUG AND ALCOHOL SERVICES

APAS (Alcohol Problems Advisory Service)	0845 7626 316
Compass Adult Drug Service Info and advice, drop In, outreach clinics	0115 9114 490
Compass Connect (for Black and Ethnic Communities) Helpline (Mon 10 - 1pm, Thurs 1 - 4pm)	0115 9114 438 07900 814 304 0115 9114 489
Compass Outreach Service Broxtowe Gedling Rushcliffe	07900 814 305 07900 980 145 07900 980 146
Health Shop Services, information and support about sexual health and substance use	0115 947 5414
Hettys Confidential support for parents, carers, partners, family and friends of drug and alcohol users	01623 659 136
National Drugs Helpline (24 hours)	0800 77 66 00
North Notts Alcohol and Drug Services The Maltings Needle and syringe exchange	01623 620121
Nottingham Alcohol and Drug Team (John Storer Clinic)	0115 941 8964
Priory Clinic Residential and day care services	0115 969 3388
Sorted Support for current and ex-drug users	01623 633 510
Support Helpline (Mon – Fri 5pm – 10pm) Support and information for carers of drug users	0115 912 8011 07753 822 529
Women’s Drug Service Text phone Confidential support for women who use, have used, or are at risk of using drugs	01623 785 444 07887 556 149

Children and Young People

Base 51

Centre for young people aged 12-25 years

0115 952 5040

Compass Young Persons Service

Young people's drug and alcohol service

0115 847 0445

Face It

Support, advice and information to young people
at risk of using / already using substances

0800 587 7878

Stars Project

Support for children aged 5-13 who are affected by the
substance use of someone close to them

0115 927 7992

W.A.M. (What About Me?)

Confidential support service for children and young people
who are affected by someone else's substance use.

01623 635 326

Appendix 4

DRUGS AND THE LAW

The following guidance is taken from the U&S (You and Substance Use) – Children and Young People Substance Use Policy. For more in-depth advice and information, in particular relating to children and young people, please refer to the U&S Policy.

It aims to:

- Clarify the legal position for workers who may need to handle, or come into contact with illegal substances.
- Give guidance on the management of prescribed or potentially dangerous substances.

Misuse of Drugs Act 1971:

A	B*	C
MDMA (Ecstasy) Cocaine Crack Cocaine Heroin Morphine Methadone LSD Processed Magic Mushrooms Cannabis Oil	Amphetamine Barbiturates	Temazepan Diazepan (most) Anabolic Steroids Valium GHB Cannabis

* Any Class B drug prepared for injection is Class A

Penalties:

Class	Possession	Supply
A	7 years imprisonment OR a fine OR both	Life imprisonment OR a fine OR both
B	5 years imprisonment OR a fine OR both	14 years imprisonment OR a fine OR both
C	2 years imprisonment OR a fine OR both	14 years imprisonment OR a fine OR both

Workers should also be aware of the legal and social problems posed by well known and readily available substances such as tobacco, alcohol, solvents, volatile substances, prescription and over the counter medication.

Managing Substance Use Related Incidents and Situations:

- 1 All workers should prioritise personal safety issues, conduct risk assessments and work within the legal framework when working within premises or away from premises and consult their line managers.
- 2 Immediate action, in a controlled and open manner, must be taken to stop the use, production or supply of illegal substances on premises owned, managed or used by agencies across Nottinghamshire.
- 3 Recommended Action:
 - Conduct full Risk Assessment.
 - Consider confidentiality and child protection.
 - Discuss situation with line managers at earliest opportunity.
 - Consider contacting the police (see U&S Policy Recommended Action Checklist for guidance on when to involve police).
 - Fully record situation stating any actions and follow up work.
- 4 If illegal substances are discovered on the premises, in the possession of a person or handed over by a service user or staff member:
 - Check there is no immediate medical emergency or danger.
 - If a child is involved, an appropriate adult witness is necessary immediately (Refer to the U&S Policy).
 - Place the substance in a bag and secure.
 - Label: detail of content and date. Sign and countersign by witness.
 - Store confiscated/found bagged substance immediately in a “safe place”. Where possible agree in advance with line manager and police.
 - Contact the police as soon as possible. Describe what you have found and where it is stored. Record name and number of the officer contacted. Agree collection procedure with the officer contacted. Police officer to sign to confirm their receipt of substance.
 - Record on an incident form as soon as possible; where found, date, name and number of police officer, arrangements for collection, description of substance, sign and countersign.
- 5 Recording of substance related situation or incident:
 - Record on incident form as soon as possible the names of persons involved, description of events, where situation occurred, date, time and any other significant features of the event. Clearly state how the situation was challenged. Clearly state any ongoing monitoring and follow up plan including referrals to other services – sign and countersign.

6 For work conducted away from base premises:

- Workers should leave details of planned work session with base or line manager (including estimated start and end times, venues etc).
- If a worker becomes aware that a person is using illegal substances they should leave and arrange to return at a different time.
- For personal safety the police need to be informed at the earliest possible moment that you are in possession of any illegal substance.
- “Safe place” for storing found substances – where possible agree in advance with line manager, could be boot of car or as negotiated with police.
- Workers should ensure that they have the following items with them when working away from base premises: mobile phone, list of emergency contact numbers (programmed into phone), pen and paper, plastic bag which can be sealed and labelled.
- Record any incident as already stated.

Note Ensure all records of incidents are discussed and countersigned by line manager as soon as possible.

Workers should be confident that information is accurate.

Workers should consult service policy on Health and Safety and also legal issues alongside this guidance.