

Factsheet

Alcohol Concern's information and statistical digest

Grasping the nettle: alcohol and domestic violence

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Background

Alcohol's relationship with domestic violence is a controversial and sensitive subject. It brings together a sociable behaviour – drinking alcohol – with an anti-social behaviour – domestic violence. It is the marriage of the two that challenges our understanding and response.

On the one hand, drinking alcohol is a tradition, firmly rooted in British history and used widely in celebrations, religious ceremonies and other social occasions. Drinking to intoxication is tolerated, as is the uncharacteristic behaviour that may ensue. Drunken comportment is seen as amusing, irritating and sometimes embarrassing, but nevertheless it represents a time out from normal codes of conduct. On the other hand, when such behaviour involves violence, the lines of

responsibility and accountability become blurred. Our acceptance of alcohol's effect on behaviour jars with our sense of right and wrong.

Alcohol does not cause domestic violence, but there is evidence that where the domestic violence exists, alcohol is often present. Alcohol, however, does not delete our understanding of right and wrong. This factsheet will provide an updated overview of the research on the association between alcohol and domestic violence, and examine the implications for policy and practice.

Part 1 - The extent of alcohol-related domestic violence

There are currently no national figures on the prevalence of alcohol-related domestic violence in the UK. This is not surprising as the first nationally representative survey focussing on the single issue of domestic violence did not take place until 1995². Increasing attention to the issues of domestic violence and alcohol-related crime has seen some funding for surveys within local authorities and alcohol and domestic violence organisations seeking to improve their service response^{3, 4, 5, 6}. More recently Alcohol Concern was funded to set up the Embrace Project which supports alcohol agencies to improve their practice with domestic abuse and families. These data and developments are important as they focus on agency and staff development and support the growth of policy and practice. They are not, however, set up to provide prevalence figures on alcohol-related domestic violence among service user groups. The best estimate of alcohol-related domestic violence in the UK is based on national domestic violence figures, alcohol-related violent crime figures, US data or unpublished agency data.

The most recent figures for domestic violence are drawn from the annual Crime in England and Wales Survey. The figures for "partner abuse" are for people aged 16-59 only and are therefore limited. However, they estimate that 27% of women and 17% of men have suffered partner abuse since the age of 16-years⁷. In addition the survey reported 208 female homicides in the previous year with 73% of those homicides committed by somebody they knew. Nearly half were killed by a partner or ex-partner/lover (48% compared to 13% of men). Thus women remain most at risk of abuse and murder within the home and within their intimate relationships. Further, women are

Definition of Domestic Violence

Domestic violence is often misunderstood as physical violence or hitting only, rather than the range of violent and abusive behaviour it encompasses. This may include: emotional, sexual, physical, financial or psychological abuse. For this reason some people prefer to use the phrase 'domestic abuse' or will use both 'violence' and 'abuse'. The lack of an agreed definition means that service providers and researchers often use 'domestic violence' in different ways. Sometimes it refers to physical violence only and they fail to acknowledge other aspects of domestic violence, for example, psychological abuse, which women report as being more damaging than the shorter term effects of physical violence.

The Home Office¹ defines domestic violence as "*any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The violence can be psychological, physical, sexual or emotional. It can include honour based violence, female genital mutilation, and forced marriage*". As with Women's Aid, the UK's leading domestic violence organisation, the Home Office also stresses the "*pattern of abusive and controlling behaviour through which an abuser seeks power over their family member or partner*" as well as the connection between adult domestic violence and child abuse.



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more likely to experience multiple forms of violence and abuse, suffer repeated violence and abuse and more frequent violence and abuse⁷. They are also more likely to suffer sexual assault with more than half serious sexual assaults (53%) committed by a partner.

Gendered violence?

Povey et al.'s⁷ figures raise one of the controversial issues about domestic violence; the question of gender. The controversy stems from the attempts of some commentators and researchers to ignore the gendered nature of such violence or equate men's violence to women with women's violence to men (see Dobash and Dobash⁸ for a review of this issue). Domestic violence is not a gender neutral problem. Historical and current evidence shows that women, and children, suffer more domestic violence and abuse than men. There is now adequate evidence of the gender imbalance to counter any need people and organisations might have to avoid the issue of gender for fear of offending men or to defend, unnecessarily, men's experiences as victims. Of course men suffer domestic violence and it is a serious and inadequately addressed problem but it is not rooted in the political, legal and socio-cultural context that, historically, has ignored or condoned men's violence to women.

The private location of domestic violence, the shame that accompanies it, and its under-reporting to the police, are some of the factors that add complexity to the collection of accurate data. Adding alcohol to this mix, particularly problematic alcohol use by the perpetrator or victim, increases even further the stigma and shame of reporting the violence.

There are two main associations between alcohol and domestic violence; one is how it links with the perpetration of such violence and one is the victim's use of alcohol. Again, UK data is limited and therefore most of the statistics are taken from US research.

Alcohol and the perpetration of domestic violence

There are two main resources that provide information on the role of alcohol in perpetrating domestic violence: victims' reports and perpetrators' reports. Neither source provides a clear picture as there is a risk of over- or under-reporting alcohol's involvement, but they provide some indication as to the scale of the problem.

Gilchrist et al.⁹, researching the characteristics of domestic violence offenders, found that 73% of perpetrators had been drinking at the time of the assault. North American studies have also found increased rates of violence after the perpetrator has been drinking^{10, 11, 12, 13}. Finally, a number of studies have found that the perpetrators' use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober^{13, 14, 15}. In a recent study by Hester¹⁶ of domestic violence incidents reported to Northumbria police, she also found that men's violence was far more severe than women's and that perpetration of abuse usually included alcohol, particularly among men.

Treatment populations

To date, there has been no UK research examining the prevalence of domestic violence perpetration among men using alcohol services and relatively little elsewhere in the world. However, several US studies of alcohol treatment populations show clear evidence of high rates of perpetration among treatment populations. Schumacher et al.¹⁷ found that 44% of men (n=658) used one or more acts of physical violence in the year preceding treatment. Brown et al.¹⁸ found almost 58% (n= 59) of men in alcohol or drug treatment had perpetrated physical violence or abuse towards a partner or child in the last six months. With the inclusion of verbal threats, this figure was 100%. The American Medical Association estimated that "nearly 75% of all wives of alcoholics have been threatened, and 45% have been assaulted by their partners" (cited by Irons and Schneider)¹⁹.

These figures are likely to be under-estimates as many perpetrators will not disclose their violent behaviour or may not identify it as such. Further, most evidence is based on reports of physical violence only. The figures would be higher if, for example, psychological and emotional abuse were included.

The victim's use of alcohol

The victim's use of alcohol raises two key questions in relation to domestic violence: one is whether it increases the risks of victimisation, the other is whether the victim uses alcohol to cope with the domestic violence.

There is evidence that an individual's increasing alcohol consumption heightens their risk of becoming a victim of crime or violence^{20, 21}. In relation to domestic violence in particular, a British study by Mirrlees-Black² found that victims of domestic "assault" had higher levels of alcohol consumption than non-victims and that the risk of violence increased with increasing levels of drinking. Gutierrez and Van Puymbroeck²² found that once women began using substances they became more vulnerable to victimisation from both domestic violence and sexual assault. Other research evidence is equivocal. However, a number of researchers point out that there is evidence to suggest that women's drinking is a way of coping with abuse^{23, 24, 22}. Barnett and Fagan²⁵, in their study of 181 men and their wives, found that women who suffered violence from partners were twice as likely to drink after the abuse as their violent partner. Downs and Miller²⁶ in their study of more than 400 women found evidence that women's alcohol problems appeared to be worsened by their experiences of domestic violence with the women drinking as an effect of their abuse.

Treatment populations

Research from the UK and the USA consistently shows a high rate of prevalence of domestic violence victimisation among women presenting to alcohol and drug services^{27, 28, 29}. Some of this focuses on poly-drug use or on illicit drugs rather than alcohol. US data on women in alcohol or drug services (n=212) showed 60-70% had experienced physical

violence or abuse from a partner in the previous six months³⁰. A study of “female alcoholic patients” (n=103) by Chase et al.³¹ supports these figures. They found two-thirds of the women had suffered partner violence in the previous 12 months. Anecdotal evidence from a British women’s drug service found similar prevalence rates (Nottingham Women’s Drug Service, personal communication, 2002). Other US studies have shown slightly lower rates³² but nevertheless the rates are almost three times the levels among the general population samples.

Children at risk

The effect of parental substance use on children has been a hot topic of debate since the publication of *Hidden Harm*³³. While its focus was on illicit drugs there is plenty of evidence to demonstrate the equally negative impact on children of parental alcohol problems. While parental alcohol consumption does not automatically lead to harm to children, for some it does. One recent study in Scotland explored the views and experiences of children and young people³⁴.

Two of their main findings were as follows:

- Children provided accounts of multiple negative impacts associated with harmful parental drinking including severe emotional distress, physical abuse and violence and a general lack of care, support and protection.
- Children described a wide range of physical abuse, ranging from one-off slaps to being punched and kicked. Most children describe on-going assaults and the vast majority of children relate the violence as happening when the parent is drunk or has been drinking.

This finding clearly illustrates the harm children may suffer from parental alcohol-related domestic violence. The wider literature on parental substance use, be it alcohol or drugs, also supports the close link between problematic alcohol and drug use and child maltreatment³⁵. In addition there is a need to consider, and respond to, the link between experiences of childhood abuse and developing alcohol problems in later life.

Children’s experiences of domestic violence

There are well-established links between perpetrating adult domestic violence and child abuse^{36, 37}. Children have reported witnessing, and often experiencing, extreme violence^{38, 39}. Further, Home Office research shows that women with children are at nearly twice the risk of suffering domestic violence than those without children^{40, 7}. Harwin and Forrester’s⁴¹ study of social work with families with alcohol problems found that “alcohol misuse was strongly associated with violence in the home” (p5). Stanley et al.⁴² also found alcohol was a key factor in the perpetrator’s use of violence and abuse in the family. Family alcohol and drug services are also finding evidence of often severe domestic violence among families using their services (Aquarius Family Alcohol Service, personal communication, 2008, CASA Family Alcohol Service, personal communication,

2010, Option 2, personal communication, 2004)⁴³. As there is greater prevalence of domestic violence among women and men in treatment for alcohol problems, alcohol service providers need to recognise the potential child protection issues it raises. The recognition of domestic abuse and its implications for women and children’s safety has only relatively recently been reflected in government policy. In 2002 the *Adoption and Children Act*, s120, included witnessing the ill-treatment of another person, “such as domestic violence”, as one of the criteria for risk of harm to children’s health and development. This, in turn, amended the criteria of harm in s.31 of the *Children Act 1989* and is now firmly embedded in English law.

Domestic violence has a negative impact on parenting ability⁴⁴ and on the child’s development and security. Negative short and long-term effects result from children’s exposure to domestic violence including damage to family attachments, child aggression or withdrawal, sleep problems, fear, a wish for safety, and feeling responsible for the violence and powerless to intervene^{39, 45}. Longer term effects can include lack of self-esteem, relationship and trust problems⁴⁶.

Alcohol-related domestic violence increases the risks to children⁴⁴. Any discussion about parenting capacity and how it is affected by problematic drinking needs to be informed by an assessment of domestic violence, with staff being prepared to intervene if necessary. The recognition of domestic violence as putting children at risk of harm needs to be carefully considered in the current policy context of ‘Think Family’, including ‘Think Fathers’⁴⁷. Pressures to develop family and network responses within alcohol services need to ensure that in doing so they are not increasing risks, particularly to children. ‘Thinking Family Safely’, is the better mantra, with minimising risk and maximising safety the paramount principles when developing and delivering family services.

Child abuse and adolescent/adult problem drinking

There is increasing evidence that women and men who have been abused as children are at increased risk of developing adolescent and adult substance problems – either drugs or alcohol^{48, 49, 50, 51, 52, 53, 54, 55, 56}. In a study of 105 people entering treatment, Easton et al.⁵⁷ found 37% reported a history of physical violence. Those with a history of physical abuse as a child (14%) also had higher levels of depression and required more individual therapeutic input. Bear et al.⁵⁸, in their review of research linking childhood sexual abuse and adult substance use, found people experiencing childhood sexual abuse were “disproportionately represented among substance users”. Kantor and Asdigian⁵² suggest that childhood sexual abuse contributes to low self-esteem among adult women, which is further reinforced by violent partners adding their own accusations and abusive behaviour.

Thus, screening for domestic violence is a child concern issue in addition to the impact it may have on the adult’s alcohol problems. Based on existing



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evidence it may also prevent the children becoming clients of adult treatment services in later life. Such screening however has to consider that many women do not approach alcohol or domestic violence services for fear of their children being removed by social services. A carefully considered practice response is therefore vital to retain mothers in appropriate services while at the same time protecting any children.

Working to protect children

There is some guidance available on how to work with adults, children and families suffering alcohol-related domestic violence. While individual agencies improve their service delivery, joint working between specialist agencies is likely to provide a better service. Alcohol Concern has a number of resources addressing parenting and family work where there is alcohol and domestic abuse present including a series of knowledge sets by its Embrace Project and *Safeguarding Children: Working with Parental Alcohol Problems and Domestic Abuse*⁵⁹. The Stella Project toolkit also provides guidance on supporting children living with both issues⁶⁰. The DH has also published a toolkit, written by the Greater London Domestic Violence Project⁶¹, for any front-line practitioner needing information and practical guidance on working with children and young people affected by domestic violence. It is without doubt that children and families living with alcohol problems and domestic violence face a double dose of harm and have a greater need for support and adequate coping mechanisms. Supporting parents who suffer domestic violence at the same time as working with their alcohol problems increases the chances of improving family life and reducing risks to both adults and children.

Alcohol and the attribution of blame

The links between alcohol use and the suffering and perpetration of domestic violence are clear. However, an important issue for practice is the extent to which the perpetrator or victim blames alcohol for the domestic violence.

This can be done in several ways:

1. the perpetrator blames the alcohol for his violent or abusive behaviour rather than take responsibility himself
2. the victim blames the alcohol rather than assign responsibility to her partner for his violent behaviour
3. the victim blames her own drinking for her partner's violence to her.

Studies seeking the views of victims and perpetrators on the role of alcohol in domestic or sexual violence show varying degrees of blame placed on alcohol. Dobash et al.⁶² report women blaming alcohol for their partner's violence as a form of emotional or psychological self-protection. However, Galvani's^{63 & 64} study focusing on women's views found the majority of women did not blame alcohol for their partner's violence although they acknowledged a close link between his alcohol use and their experiences of violence. Studies by Scully⁶⁵ and Hearn⁶⁶ found

evidence that men used alcohol as an excuse for their violence. This is supported by research that has shown clear evidence of an expectancy effect between perpetrator drinking and subsequent violent behaviour^{11, 67}. As such, the perpetration of domestic violence is much higher where the perpetrator expects his drinking to lead to violent behaviour.

In many alcohol treatment settings the beliefs a person holds about their alcohol use are at the core of the intervention. It is therefore vital that alcohol treatment services reinforce the message that alcohol is not responsible for the perpetration or suffering of domestic violence.

There is also evidence that service providers view alcohol as a mitigating factor when attributing responsibility for violence or abuse. Leonard⁶⁸, in his review of studies on alcohol and domestic violence, reports "widespread belief among college students, social workers, and police officers that women's drinking is a cause and that this may mitigate the violent man's responsibility, at least to a degree". Other researchers have found similar evidence, particularly in relation to sexual violence and rape^{69, 70}.

What this suggests is the need for such erroneous beliefs to be addressed both on an individual and societal level. Cultural messages about the relationship between alcohol and any violent behaviour need to be clear. As Room⁷¹ states:

"If the power of alcohol as an instrument of domination is the power of a cultural belief that it causes violence, that power exists only so long as we go on believing in its power and acting and reacting on that basis."

Demonising alcohol will help no-one but conveying clear, simple messages about its effects and its positive and negative impact on people will go some way to shifting the culture of drinking which blames alcohol for violence and domestic violence.

To conclude, it is clear that alcohol plays a role in both the suffering and perpetration of domestic violence. UK research is limited but there is growing recognition that evidence is needed and that policy and practice must respond. To date this response has been limited. History shows that the difficulties faced by people suffering, or perpetrating, domestic violence and the difficulties faced by people with alcohol problems have been met by different agencies with different agendas. As a result people who are most at risk of suffering or perpetrating alcohol-related domestic violence are the very people who are falling through the gap in policy and service provision. The following section will examine what this evidence means for policy and practice, and offers suggestions about how agencies can respond.

The policy context

The following is a summary of key policy documents on these overlapping topics. All the policies mentioned can be downloaded free of charge from their host websites.

Alcohol

Policy on alcohol-related domestic violence is currently located in local level initiatives or at an agency level (see *Good Practice* section). The *Alcohol Harm Reduction Strategy for England*⁷² mentions the link between alcohol and domestic violence, briefly acknowledging the need for perpetrators and victims to be offered appropriate help by both alcohol and domestic violence agencies. It suggested this be written into future commissioning frameworks. The updated alcohol strategy, *Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy*⁷³ also highlights domestic abuse as an issue related to alcohol consumption and relevant for consideration in alcohol interventions. However it said little about how it was translating this awareness to policy changes, instead drawing on criminal justice initiatives or referring to national domestic violence policy, both of which are unlikely to have a major influence on alcohol treatment services. The updated strategy includes a target to ensure *MoCAM* (Models of Care for Alcohol Misuse) considered domestic violence victims' and perpetrators' needs⁷⁴. This was reflected in the assessment of risk of harm to and from others and the suggestion that treatment pathways include domestic violence. The *DANOS* standards⁷⁵ recognise the need for workers to be able to address aggressive and abusive behaviour as well as act to protect people at risk from harm. They also include supporting people with 'relationship problems'. Domestic violence clearly falls into these categories although it is not explicitly named among them and could potentially be overlooked.

Domestic violence

Domestic violence has clearly moved higher up the national policy agenda with national and local government initiatives ensuring its inclusion in a range of service delivery. In 2005 the first national domestic violence delivery plan was published to demonstrate government commitment to addressing domestic violence in practice. There are ongoing annual updates providing information on a range of initiatives across policing and the criminal justice system, assessment and intervention, prevention and provision of support services for victims. Multi-Agency Risk Assessment Conferences (MARAC) are now run in most areas of the country with the aim of bringing together a range of professionals from different specialist backgrounds and disciplines involved in supporting or responding to individuals and families at high risk of suffering serious domestic abuse. In November 2009 the Government published its new strategy, *Together We Can End Violence Against Women and Girls* recognising all forms of violence and abuse against women. This moves away from the narrower definition of domestic abuse to broader forms of violence to women and girls including sexual violence and abuse, female genital mutilation, forced marriages and so called honour based violence. It makes many recommendations and actions to improve the three 'Ps' - prevention, provision and protection - including addressing the attitudes and beliefs that support violence against women and girls. In particular it includes a focus on

ensuring front line staff have appropriate training and ongoing professional development.

Children

A raft of policy in the child care arena has emerged since the publication of *Every Child Matters: Change for Children* (ECM) in 2004. Following publication of the *Children's Act 2004* the ECM agenda identified five key outcomes for all children. These are to: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being. Clearly parental alcohol problems and/or domestic abuse can have a negative impact on all these outcomes. No longer is it the sole duty of child care professionals to commit to helping children to meet these outcomes but it is an expectation that all professionals working with families, parents and/or children, will be committed to them. This was reinforced by recent scrutiny of Serious Case Reviews (where children have suffered serious harm or have died whilst known to the authorities)⁷⁶. Among the top three factors overlooked by all agencies in contact with these families were parental drug and alcohol problems, domestic abuse and mental ill-health. Lord Laming's⁷⁷ report on the protection of children in England also highlighted the need for all agencies to be responsible for child protection, including a recommendation of "automatic referral" to children's social care where they are at risk of abuse or neglect due to parental alcohol or drug use and domestic abuse. The *Common Assessment Framework for Children and Young People* (CAF) was introduced in 2006 to enable all professionals to conduct an assessment where appropriate and includes domestic violence and parental alcohol and drug misuse among the factors that could prevent children from reaching the five outcomes. The requirement for interagency working to safeguard children, including specific mention of alcohol and drug services, was set out in the *Working Together to Safeguard Children* policy in 2006. (This key policy is under review at the time of writing). Further the 'Think Family' agenda, launched in April 2009, is a cross-departmental government agenda to ensure that services for adults and young people and children are working together to ensure that individual problems that affect the whole family are considered. Two of the core issues are parental substance use and domestic abuse. It is clear that the 'Think Family' agenda is extending to the development of alcohol and drug services and in light of this the DCSF, NTA and DH published joint protocols guidance⁷⁸ making it clear that all staff working with families or suspecting a child is suffering harm have a duty to make a referral to children's services.

What is apparent from this brief overview is the increasing attention afforded to the overlapping issues within each policy group. The further development of policy and practice within alcohol agencies must not miss the opportunity to work in partnership to address this issue.



Part 2 - The implications for practice

There is no gold standard for how this evidence can be translated into policy and practice improvement within alcohol services¹. Services are just beginning to work with these overlapping issues and evaluations are not yet available. Getting it right will take time, reflection and openness to a degree of change.

Working with domestic violence is not just a matter of screening for domestic violence during the assessment process. Simply adding a question on domestic violence to existing screening, assessment or intake procedures is not recommended. Policies and procedures need to be in place, staff and managers need to be trained adequately, and there need to be good links or partnership arrangements with domestic violence agencies. This cannot be achieved quickly, but there are things that can be done quickly while working on the slightly more lengthy processes of embedding safe responses to domestic violence within the agency.

There are two linked levels of response:

Basic level response

This is the basic level of response that all agencies can provide with minimal resource implications. This will include:

- Displaying domestic violence posters, leaflets, business cards in waiting areas, toilets and meeting or interview rooms
- The agency's position statement on domestic violence displayed in these areas, and, where appropriate, included in the agency information given to or discussed with service users
- Resource folder/box file of specialist domestic violence information available to all staff and service users
- Directory of local domestic violence services
- All staff and managers to receive basic awareness training
- Representation on the local domestic violence forum and MARACs (Multi-Agency Risk Assessment Conferences).

A basic level response will provide service users with information on local domestic violence services. It also shows them that the agency takes domestic violence seriously and is aware of its co-existence with alcohol problems. It equips staff with basic information on domestic violence if service users raise the issue during intervention or treatment. Staff will be able to give the client information on domestic violence and contact numbers. They will also know who, or which agency, to refer on to if the client wishes and what referral information is needed. (*NB. This level of response does not include direct screening for domestic violence*).

Enhanced level response

The enhanced level provides a more holistic

response. It includes the four elements of the basic response but does more to ensure working with domestic violence is integrated into the infrastructure of the organisation. It adds:

- Enhanced training for staff (as well as the basic awareness training), eg. recognising signs of domestic violence, how to ask about domestic violence during assessments, safety planning. This training curriculum may be informed by a training needs analysis
- Writing domestic violence policies and procedures. These will probably incorporate the agency position statement and approach to working with domestic violence issues, and provide clear staff guidance on what to do if someone discloses perpetrating or suffering domestic violence and how to record and follow-up on disclosures. They should include how and where to record domestic violence information in case notes and when and how to report it
- Reviewing agency policies to incorporate domestic violence, eg. child protection, confidentiality, fast-tracking through admissions procedures, to ensure safe data storage and safe information sharing
- Discussing and writing protocols around working with partners and children of people suffering or perpetrating violence and abuse, eg. couples' counselling is not suitable where domestic violence has been disclosed. This may also mean notifying partners when you believe they or their children are at risk
- Questions on domestic violence incorporated into all forms of assessment, eg. screening, comprehensive and risk assessments. Assessment of domestic violence issues also needs to be on-going and not just dropped if the service user denies domestic violence in the early assessment processes. With domestic abuse, situations and risks can also change and develop very quickly. Given the shame and stigma attached to it, people need time to see if they can trust their worker
- Partnership arrangements need to be in place with local domestic violence agencies – this may include a rolling programme of cross-training or priority access to each other's services. This may be formalised by service level agreements
- Supervision and staff support that considers the impact of working with domestic violence issues is a high priority
- Given the high rates of domestic violence, some agency staff may also have personal experience of domestic violence. Therefore workforce policies also need to be developed and line managers need to be prepared to respond appropriately to disclosures from staff.

While an enhanced level of response demands greater resources in the short term, the outcomes

¹The research evidence has practice and policy implications for a range of service providers including domestic violence service providers and non-specialist health and social care practitioners. The focus of this section, however, will be on the service response of alcohol service providers.

are likely to include better retention of domestic violence victims in treatment as well as greater completion rates^{79,80}. It will also stop vulnerable people falling through the net of split services and thus provide a more supportive service designed to meet the needs of the service user and their family.

Working with families and couples

As mentioned above, the Government's 'Think Family' agenda is reaching alcohol agencies at the same time as a growing awareness within the field that alcohol problems are likely to have a negative impact on families and communities. Given the high levels of overlap between alcohol and domestic violence and abuse, any family or couples' work needs to be done with great care⁸¹. The key message about working with families and couples is that safety must be the priority of the professional working with them and any interventions must be done without exacerbating domestic violence and abuse where it exists. In other words, no couples or family work should be conducted unless screening for domestic violence and abuse has taken place. If recent or current domestic violence and abuse is disclosed, or the victim is still afraid as a result of past experiences, no couples or family work must be conducted as the risks to her safety, and that of any children, are too high. Clearly under such circumstances she cannot fully engage in the therapeutic process for fear of reprisals for speaking openly⁸¹.

Disclosures of domestic abuse may occur at any point during the intervention process, thus procedures also need to be in place to clarify what to do if domestic violence and abuse is raised during couples or family work. For the confidence of staff and the safety of service users and their families these issues need to be carefully considered before starting family or couples' work. (See the Stella Project toolkit and Embrace literature for further information).

Working with perpetrators

As the research above shows, a significant number of men in alcohol services will also be perpetrators of domestic violence and abuse. These are not new service users, they are the same clients staff have been working with therapeutically for some time. Screening for the perpetration of domestic abuse is important, particularly alongside their beliefs about the relationship between their alcohol use and their violent and abusive behaviour. If disclosed, give positive feedback about their honesty for disclosing their abusive behaviour and how this will allow for exploration about their behaviour, its relationship with their drinking and its impact on their partner and family relationships. Care must be taken not to collude with any behaviours or views expressed by perpetrators during discussions, eg. "she provoked me", "we all lose it from time to time", "I didn't know what I was doing - I'd been drinking", "you're a man, you know how frustrating they can be". Emphasise the perpetrator's choice and responsibility for their actions. Remember that domestic violence and abuse is about power and control, not about anger. Anger management is not appropriate nor is couples'

work. Make sure the agency's domestic violence resource contains relevant contacts for perpetrator work – at the very least this can include the Respect 'phone line (see box below). Finally, recording disclosures on case notes is very important as well as actions taken. Consider if there are safety concerns for the victims, be they adult or children and discuss with colleagues and/or anonymously with specialist domestic violence partners if appropriate. People's safety must always be the priority of any intervention, no matter what the presenting issue or starting point. Further information, questions to ask, practice dos and don'ts are available in the Stella Project toolkit.

Respect is the UK's leading organisation on services for perpetrators. They provide a telephone line during office hours for perpetrators of abuse and for male victims of abuse - 0845 122 8609. They can also offer advice and good practice on working with perpetrators as well as a list of resources for professionals and perpetrators. www.respect.uk.net

Getting started

Whichever level of response agencies adopt, there is also a range of choices about how to start the process. The following is a selection of options with differing implications for resources and funding:

Specialist worker

Funding is sought for a worker to specialise in domestic violence within the alcohol agency. This may be a developmental role focusing, for example, on policy development, links with other agencies and resource development, or a member of staff working exclusively with service users who have disclosed suffering or perpetration of domestic violence. The latter role needs to be carefully considered as evidence shows a very high proportion of service users suffer or perpetrate domestic violence. Further, other staff may avoid engaging with domestic violence if the issue is not seen to be part of everyone's work and their clients' drinking behaviour.

Link/liaison worker

A nominated person within each agency or team takes the lead in resource development and instigating partnership arrangements with domestic violence agencies. This person may, for example, represent the agency at joint meetings or be responsible for collecting referral procedure information. They may also be the key contact for making and receiving referrals from the domestic violence agencies. However, this runs the risk of losing impetus and continuity if, for example, the link worker leaves the agency.

Exchange worker

This is a similar role to the link/liaison worker except the remit includes conducting individual or group work with services users from the partner agency. This could take the form of a regular specialist outreach session within the partner agency. Likewise, the partner agency will provide a specialist domestic violence slot within the alcohol agency.



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This model allows the workers to familiarise themselves with the partner agency staff and working practices and communicate this to their own team.

Team approach

No individual is expected to take the lead but all staff are expected to work with people disclosing domestic violence. The initiative will be management-led and staff will be consulted on policy and practice changes. Where possible, and appropriate, service user involvement will also be included in this consultation and in the development of an agency response to domestic violence. This has the benefit of domestic violence becoming 'mainstreamed' into the team's work and increases the chance that it will not fall off the agenda if one or two individuals change jobs.

A combined approach

As the title suggests, this would combine any of the above options. The most successful approach may be to have a specialist worker looking at agency policy and resource development, with a view to working towards a team approach longer term. This will allow planning and consultation on issues such as training, policy review and have the infrastructure in place to support front-line staff and managers. There is a need to mainstream the issue of domestic violence into the normal interventions of alcohol agencies rather than viewing it as a distraction from the focus of their work.

The impact of alcohol treatment on domestic violence^{①②}

If a perpetrator of domestic abuse believes his violence and abuse is alcohol-related, his violence and abuse should stop following successful treatment for his alcohol problems. However there is little evidence to support this. Individual treatment programmes have been found not to reduce violence⁸² and couples' therapies have shown only limited effects. A common approach to couples' work in substance use treatment is Behavioural Couples' Therapy (BCT). In evaluations of its impact on reducing domestic abuse^{83, 84, 85, 86} the authors found a decrease in the severity and frequency of abuse, particularly physical and verbal, among the people who completed the intervention, but reported that the abuse continued at a level that was significantly higher than a comparison community sample. Among men who relapsed there were high levels of violence and abuse.

In addition, some US literature has highlighted concerns about the impact of treatment on women who are experiencing violence and abuse and suggesting that for some women there is a conflict between sobriety and safety. Zubretsky⁸⁷ quotes one woman who said: "As an alcoholic, AA and treatment saved my life; as a battered woman, it nearly killed me" (p.321). This highlights the importance of recognising both issues and the need to support women with both and not just one. There are some services emerging, primarily in the USA, that are geared towards addressing both substance use and domestic abuse. Evaluations are just beginning to emerge finding that while women increased their perceived abilities to cope with domestic violence as well as reducing their substance use⁸⁸, they also saw themselves as more vulnerable to abuse following the integrated programme completion.

Receiving treatment for substance use may also threaten the perpetrator's control over the woman^{60, 89}. Anecdotal evidence suggests he may be involved in sabotaging her treatment through indirect strategies (eg. undermining transport and child care arrangements; actively encouraging her to drink) or directly threatening and abusing her. A US study showed that only 41% of women who were in current domestic violence relationships completed substance misuse treatment programmes, in comparison to 77% of women who were not being currently abused⁹⁰. This may not be surprising given that many women report using substances to cope with the pain of abuse^{86, 23, 22} and their patterns of usage suggest that they are more likely to use after a violent assault, rather than the perpetrator's pattern of prior to and during an assault²⁵.

Barriers to good practice

There are barriers to improving service provision. Change can be difficult, be it changing drinking behaviour or established working practice. Prochaska and DiClemente's⁹¹ 'Stages of Change' model can be applied equally well to changes in work-based policy and practice as it does to drinking behaviour. However, as demonstrated above, an increasing number of agencies are proving that barriers to change can be overcome where there is the political and management will to improve services to people suffering both alcohol problems and domestic violence. Some of the common barriers are:

Poor or non-existent relationships with agencies from the other sector

Agencies will benefit from making contact with a local domestic violence agency. This is best done at a management level. If you do meet resistance from the domestic violence agency, try elsewhere.

Lack of management commitment

This can range from managers not attending domestic violence training to not actively supervising and supporting development initiatives. This gives

Alcohol treatment is also likely to be a high risk time for the perpetration of domestic violence. While research evidence on this issue is lacking, it is clear that the discomfort of physiological or psychological withdrawal is likely to heighten a perpetrator's anxieties and irritability. It is therefore important that service providers are particularly sensitive to the service user's behavioural response at this time, especially when domestic violence has already been identified.

^① Parts of this section are taken from the 1st edition. These were co-written with Dr Cathy Humphreys, University of Melbourne (formerly University of Warwick).

staff a negative message about the manager's commitment to changing policy and practice, as well as their competence to supervise staff dealing with their client's or their own domestic violence issues. Ultimately such lack of commitment will sabotage the efforts of front line staff.

Overestimating the size of the task

Addressing domestic violence at an agency level may feel like adding an extra workload to already overburdened managers and staff. However, while models of best practice will incorporate domestic violence into existing practice in a holistic way, small scale changes can still make a difference (see the *Basic Level Response* above).

Underestimating the size of the task

A number of agencies are seeking funding to recruit a specialist worker to take on a developmental and training role, sometimes with a smaller therapeutic caseload. The risk here is expecting too much of one person or one fixed period of funding resulting in unmet targets or outcomes.

Fear of changes to policy and practice

This is the fear that any change brings extra work for staff. The result is avoiding the issue. In terms of domestic violence, this will mean not identifying a potential contributing factor to a client's alcohol use nor meeting their needs in terms of service response. It may also mean a failure to safeguard both adults and children.

Being unsure where to start in the process of policy development

There is no gold standard but there are policy examples emerging. Contact the Stella Project or Embrace team for their resources or contact other agencies who have done something already, ask a local or partner domestic violence agency to help you develop your policy, or take an existing policy that works and adapt it for domestic violence.

Ignorance of domestic violence

Working with people disclosing domestic violence requires a good understanding of the issues, for example, the fear of disclosing it – particularly if the person has children – and an understanding of why a person may choose to return to a perpetrator. Staff also need to know how domestic violence may impact the client's alcohol use.

Not knowing how to ask the right questions

'Other' people suffer domestic violence in the same way that 'other' people have drinking problems. Asking men and women about their experiences of domestic violence needs careful thought. The words 'domestic violence' may not be the right ones to use. Ask the advice of domestic violence agencies to help you to develop screening questions or contact other alcohol agencies who have already done so.

Dedicated projects

Embrace Project, Alcohol Concern

The Embrace Project is the first project of its kind in the UK and has a remit to support non-statutory alcohol agencies in England to improve their understanding of, and responses to, domestic violence within everyday practice. In addition it also works with these agencies to improve their work with parents, families and couples and to do so safely in light of considerations about domestic abuse. It also develops and disseminates information and practice guidance through its programme of training across the UK, its Knowledge Sets, regular newsletters, and resource supplements. Further information on the Embrace Project can be found at www.alcoholconcern.org.uk/embrace or by contacting embrace@alcoholconcern.org.uk.

The Stella Project

The Stella Project was established in 2002 through a partnership between the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance. It aims to raise awareness of the overlapping issues of substance use and domestic violence by bringing together alcohol, drug and domestic violence agencies to work towards inclusive and informed service provision. It also offers consultancy, training and has a policy development role. In 2007, the Project launched the second edition of its popular toolkit entitled *Domestic Violence, Drugs and Alcohol: Good Practice Guidelines*⁶⁰. The toolkit offers a starting point for alcohol, drug and domestic violence agencies in terms of summarising the links between substance use and domestic violence. It also provides an overview of the key issues, relevant legislation, policy and practice guidance and sample policies. For further details or to download the toolkit and other resources including guidance for working with perpetrators see the Stella Project website on www.gldvp.org.uk and select 'the Stella Project' from the left hand menu. Alternatively call 020 7785 3862 or Karen.Bailey@gldvp.org.uk.

Not knowing how to respond to disclosure of violence

Staff need adequate training to know how to work with the disclosure of domestic violence by a victim or perpetrator. This is more than basic domestic violence awareness training and has to consider the worker's own experiences of, and attitudes towards, domestic violence.

"Not my job"

Staff are not being asked to 'counsel' or intervene outside their specialism. This is not a threat to professional identity. It is about *knowing enough* to respond appropriately and to ensure that you can establish the safety of the victim and any children and act if they are at risk.

Fear of admitting ignorance to colleagues or seeking advice

Some staff may have counselling qualifications or other professional qualifications which they feel equip them to work with whatever issues are presented. Domestic violence has such potentially serious



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implications for the safety of the client and their family, as well as the person's drinking, that all staff require training in this area and should not hesitate in asking for advice.

Hesitation that this may be a 'private' issue

It is not. While this belief exists, victims and their children are at risk. Clients may minimise the violence to test staff reactions, eg. 'trouble at home'. Ask for clarity about what they have said and be prepared to support a victim or challenge a perpetrator.

Threats to the therapeutic alliance

Some staff may fear that if they raise the issue it will alienate their clients or result in a defensive response.

Similarities between alcohol agencies and domestic violence agencies

Service users

Seeking some kind of change or improvement in their lives

- History of emotional, sexual and physical violence or abuse as a child and/or adult
- This has a notable negative impact on some aspect of their lives, be it mental, emotional, physical, sexual, or financial
- Isolated in terms of self and family
- History of denying or minimising the problems/suffering they face
- Live with a sense of shame, stigma and covering up
- 'Relapse', ie. returning to alcohol use or abusive partner
- Live with insecurity about their housing or home environment
- Contact with legal, medical, and criminal justice systems
- Live with the potential for serious harm or death without intervention
- Children negatively affected by parental problematic alcohol use and/or domestic violence.

Staff

- Work with people in crisis (and post-crisis)
- Understand that change is hard
- Manage with limited resources
- Manage client ambivalence
- Work with uncertain outcomes
- Conduct on-going risk assessment
- Discuss safety planning or harm minimisation strategies
- Evaluate the clients' health problems and access appropriate treatment
- Take action if children are at risk
- Live with not knowing if they will make any difference
- Handle frustration and fear for the client's safety/health
- Work with sensitive and highly personal information
- Understand the need for trust and confidentiality
- Believe in the people they work with
- Keep trying (in spite of the revolving door).

Asking directly and sensitively will minimise this happening. Morally and legally, the safety of vulnerable adults and children has to be paramount and override any concerns about therapeutic alliance.

Different or conflicting political views or agency philosophies

The differences in the philosophical underpinnings of agencies are not threatened by working in partnership with an agency that doesn't share the same view if there is mutual respect for each other's expertise and focus and a willingness to learn from each other.

Belief that stopping drinking will stop the violence or abuse

There is no evidence that stopping alcohol use is enough to stop the perpetration or receipt of violence and abuse. Alcohol does not cause violence and abuse.

Barriers can be overcome if there is a commitment to do so and if the agency ethos is client centred and willing to overcome obstacles rather than be put off by them. Further, the focus on barriers has overlooked the similarities between the staff and client groups of alcohol and domestic violence services.

Similarities in treatment populations

There are considerable similarities between how alcohol and domestic violence agency staff work and the service user group both agencies receive (see *Table left*).

Thus, in spite of the barriers there is clear evidence of many similarities that should help to build working relationships between both domestic violence and alcohol service providers. The challenge is likely to be putting it on the agency development agenda in the first place.

Improving practice – where now?

The initial steps will obviously vary from agency to agency. A starting point is to assess what is already in place and establish where there are gaps. Agencies that have not addressed the issue can start by developing a *basic* level response (see above). Agencies that have begun work on this issue may want to consider moving to an *enhanced* level of response.

Other responses include:

- Contacting the local domestic violence forum and ask who is representing alcohol agencies on the forum. If there is no representation, agencies can ask to be involved. The same can be applied to the local MARAC (Multi-Agency Risk Assessment Conference)
- Calling local domestic violence agencies and asking if they would be interested in a partnership working arrangement. Many domestic violence services have historically excluded women who use drugs or have problems with alcohol use. Given the groundswell of opinion that this is failing women in need of support they will likely be happy to work towards bettering their own service provision. A

good starting point may be to suggest a free training exchange programme

- Contacting the local Crime and Disorder Reduction Partnership and/or Women's Aid and asking for information on domestic violence, for example, leaflets, posters etc. You could also ask about your local MARAC contact
- Go online and 'google' your Local Safeguarding Children Board or national agencies like the NSPCC and download relevant information
- Don't reinvent the wheel. Contact the Embrace Project at Alcohol Concern or the Stella Project or other agencies developing a policy and practice response and ask for copies of relevant information
- Establishing links with your local authority domestic violence co-ordinator. The co-ordinator may be able to provide information and training.

Conclusions

It is increasingly clear that services that provide support to people with alcohol or domestic violence problems need to be addressing the 'other' issue. For alcohol services this may have a potential impact on the adult clients' treatment outcomes, as well as on their safety and that of their partners or children. Alcohol workers need to develop safe and sensitive practice in response to the needs of their clients and families where domestic violence and abuse is an issue. At the same time, they need to feel supported to do this by demonstrable evidence of management commitment and sound policy and practice guidance. There is no ideal solution as to how to address alcohol-related domestic violence and abuse. Agencies' needs will vary according to their philosophy, working practices and existing policy frameworks. But, increasingly, there are examples of good policy and practice developed by agencies that are willing to share their ideas and experiences. There is going to be a wait for practice-based research evidence as well as evaluations of early models of intervention, but in the meantime it is important to ensure there is a sturdy enough safety net to catch the victims experiencing alcohol-related domestic violence, and to hold responsible alcohol-using perpetrators of domestic violence who are falling through the current gaps in services.

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Useful websites

- Embrace Project (Alcohol Concern) www.alcoholconcern.org.uk/embrace
- Stella Project www.gldvp.org.uk – click on Stella Project from left hand menu
- Women's Aid Federation of England (Women's Aid) www.womensaid.org.uk
- Refuge (National organisation providing safe houses and refuges for women and children) www.refuge.org.uk/
- Respect (National network of practitioners working with perpetrators of domestic violence) www.respect.uk.net/
- Broken Rainbow (Working to support survivors of same-sex domestic violence and abuse) www.lgbt-dv.org/
- Find your local domestic violence forum (via Women's Aid website) www.womensaid.org.uk/network/a-z_fora.htm
- The Home Office Domestic Violence website www.homeoffice.gov.uk/crime/domesticviolence/index.html

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This Alcohol Concern factsheet provides an overview of the research on the association between alcohol and domestic violence and examines the implications for policy and practice.

Grasping the nettle: alcohol and domestic violence is one of a series of factsheets produced by Alcohol Concern. Full details are available on the Alcohol Concern website: www.alcoholconcern.org.uk

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