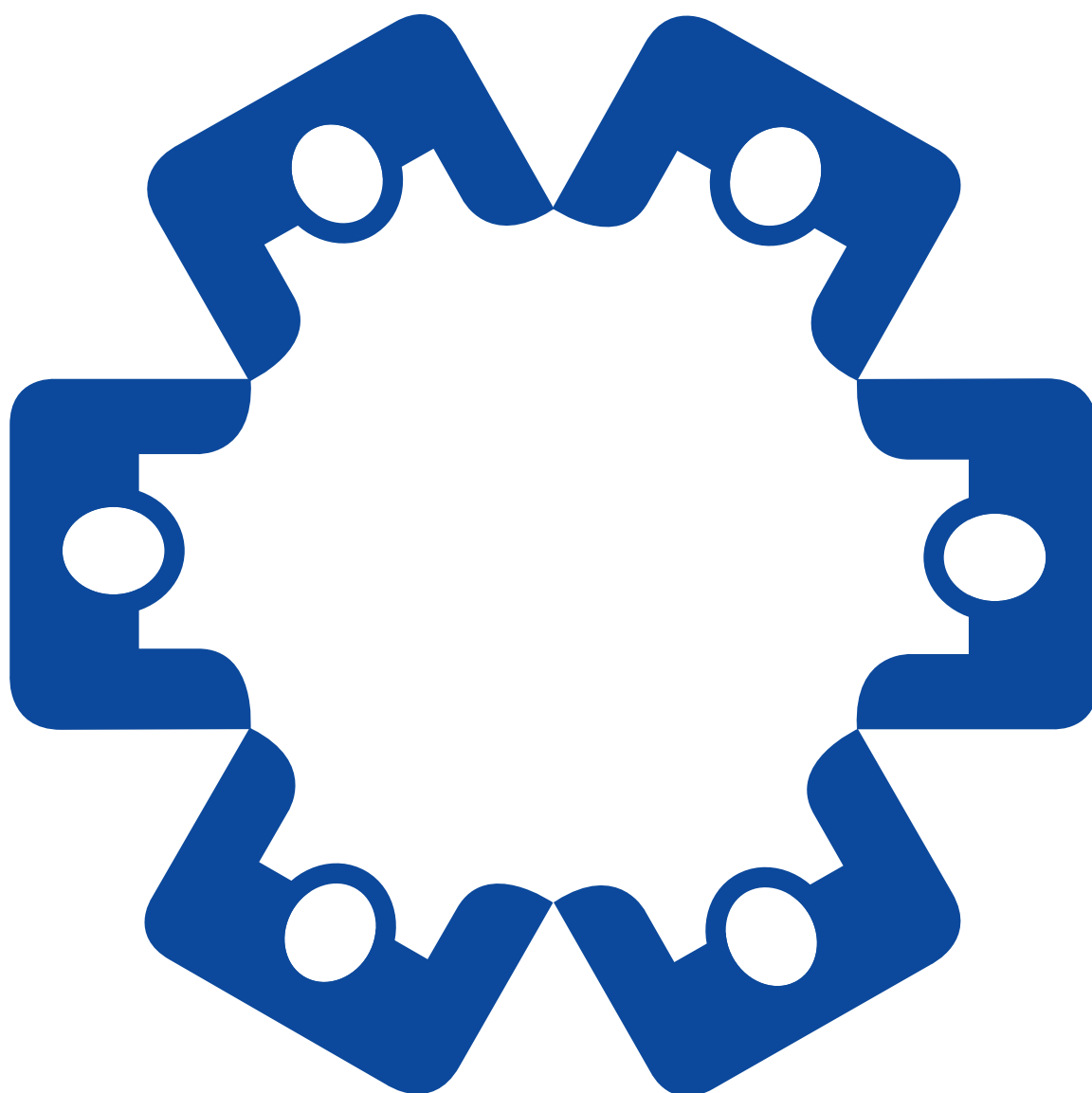


Staffordshire Domestic Violence, Drugs and Alcohol Practitioner's Tool Kit



First Edition

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It gives great pleasure to introduce this first Domestic Violence, Drugs and Alcohol Toolkit for Practitioners in Staffordshire.

A lot of excellent work already goes on across the county to meet the needs of those affected by domestic violence or drugs and/or alcohol, and the launch of this toolkit will undoubtedly forge new links and strengthen existing one's between services dealing with these dual issues.

The toolkit brings together the knowledge and expertise of those working in both fields to provide basic information, guidance and advice to frontline staff, as well as providing case studies of past and present service users to bring the toolkit to life. There is also a useful service directory with contact details for both local and national services that are able to provide advice or support for people affected by domestic violence, drugs or alcohol.

It is hoped that this toolkit will further enhance this joined-up working between the domestic violence and substance misuse sectors, leading to more holistic service delivery that will ultimately benefit the most important people to all of us – the service users and their families.



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1.0 Introduction

Substance misuse and domestic violence agencies often serve the same client base. Whilst numerous local agencies deal specifically with one issue, few organisations are currently equipped to provide the range of services needed by those experiencing domestic violence as well as substance misuse.

The term “substance misuse” refers to problematic use of either drugs or alcohol, both of which can contribute to violence and abuse in the home or be used as a coping mechanism by victims of domestic violence.

Domestic violence is sometimes referred to as domestic abuse, although both terms are acceptable and are frequently interchangeable. Whilst it is recognised that both men and women can be victims of domestic violence, evidence and research shows that it is predominantly women who are affected.

Figures taken from the Staffordshire Supporting People Client Record Form from April 2006 to September 2009 show that 136 new clients accessed supported housing services during this period, and cited either domestic violence, drugs or alcohol issues as their primary need. Many of these clients are also parents and carers of children and issues such as parental substance misuse and domestic violence often have an adverse impact on the welfare and safety needs of their children. Research suggests that female victims of domestic violence are more vulnerable to substance misuse as a coping mechanism for their abuse, and with 21.6% of the above stating substance misuse as their secondary need, this further confirms research findings.

It is also recognised that the numbers of women accessing drug or alcohol services is low across the county, with figures for people in drug treatment on 31st March 2009 showing that just 24% of them (342) were women.

However, admitting to being at risk of domestic violence and/or having a drug or alcohol problem can be a major hurdle for many, particularly where there are concerns that children may be taken away, and this can sometimes result in many cases not being disclosed.

With the introduction of this countywide domestic violence, drugs and alcohol toolkit for practitioners, it is hoped that staff will be better able to identify the signs and respond appropriately, leading to greater synergy between the two sectors.



1.1 Development of the Toolkit for Practitioners

This is the first version of the Staffordshire Domestic Violence, Drugs and Alcohol Toolkit for Practitioners, and over time it should evolve into a robust and informative aid manual for staff working in both sectors.

The development of the toolkit was initially proposed by Newcastle Crime and Disorder Reduction Partnership in summer 2009 following the publication of key local strategic documents that highlighted the need to strengthen links between domestic violence and drug and alcohol services.

Early discussions amongst partners identified the benefits of making the toolkit a countywide resource and it was agreed that the other districts across Staffordshire should be invited to get involved, leading to a joined-up approach to working across the whole of the county.

A project group consisting of Community Safety Partnerships and the Staffordshire Substance Misuse Commissioning Team has overseen the development of the toolkit and has been responsible for identifying the key elements included.

There has been extensive consultation with service providers and partners on the toolkit, and future developments will hopefully include Agency Champions who will help to promote its use as well as having the responsibility and commitment to meet on a six-monthly basis to review and update the content and to make any necessary amendments. These meetings will also provide an opportunity to share good practice and incorporate this into any future versions of the toolkit. However, if there is a change in legislation that may have an impact on substance misuse or domestic violence, these changes will be communicated as soon as possible to ensure that the toolkit remains up-to-date and accurate.

1.2 About the toolkit

This toolkit has been developed as both a learning aid and reference manual for front line staff working in domestic violence or drug/alcohol services. It provides basic information on these issues and gives guidance on some of the things to look out for and actions to be taken should domestic violence or substance misuse be identified or suspected. It can be used as part of the induction process for new staff or as refresher training for longer-serving staff.

Some of the terms used in the toolkit are interchangeable and whilst the context in which they are used is the same, their definitions may be slightly different:

Drug Use/Alcohol Use/Substance Misuse

Throughout the toolkit, the term 'substance misuse' is used to describe the problematic use of alcohol or drugs, where the drugs may be either illegal or prescription drugs/medicines.



Domestic Violence/Domestic Abuse

There are a number of different definitions of domestic violence, some of which use the term 'abuse' rather than 'violence'. Domestic abuse or domestic violence is a complex form of power and control within a relationship, and neither term can adequately capture the different ways in which control is exerted, nor the experience of being a victim or a survivor. Different agencies will use definitions which help clarify their views and aims. In this toolkit the term 'domestic violence' is used.

Victim / Survivor

The term 'survivor' can be seen as an assertive response to abuse, whereas a 'victim' is seen as more passive. However, the latter also emphasises the seriousness of the abuse. This toolkit uses the term 'victim' although both can be used interchangeably.

Gender

Crime statistics and research focusing on domestic violence have both found that the vast majority of cases involve violence from men to women, with women experiencing the most serious physical and repeat assaults¹. With this in mind, in this toolkit we will refer to those experiencing domestic violence as women, whilst acknowledging that domestic violence also happens to men.

1. Walby S and Allen J (2004) Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey, Home Office Research study

Child

A child is anyone who has not yet reached their 18th birthday. 'Child/children' therefore means 'children and young people' throughout. The fact that a child has reached their 16th birthday and is living independently, in further education, the armed forces, custody or hospital does not change their status as far as services are concerned or protection under the Children Act 2004.

(Working Together to Safeguard Children, 2010. DCSF).

Equality and Diversity

You should work in line with your own organisation's policies and procedures in relation to fair access, diversity and equality.

The UK and other states of the EU have established a common framework to tackle unfair discrimination on six grounds: sex, race, disability, religion or belief, sexual orientation and age. Legislation covering equality and diversity in the UK includes:

- Race Relations Act 1976 (Amendment) Act 2000
- Sex Discrimination Act 1975
- Sex Discrimination (Gender Reassignment) Regulations (1999)
- Employment Equality (Religion and Belief) Regulations 2003 (Amendment) 2007
- Disability Discrimination Act 1995 (Amendment) Regulation 2003 & 2007



- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Human Rights Act 1998

Lone Working

You should work in line with your own organisation's policies and procedures in relation to lone working.

It is important to note that using this toolkit will NOT make you an expert in any of the areas covered. Increased knowledge, skills and experience are obtained by attending more in depth and relevant training courses and through on-the-job training, and you should work with your manager to identify areas for personal development and interest if you wish to expand in any of the areas covered in the toolkit.

Section 1 gives an introduction to the toolkit, how it was developed and details of the target audience.

Section 2 gives information and guidance on drugs and alcohol for those working in domestic-violence services, and includes a section on the legalities surrounding substance misuse.

Section 3 focuses on domestic-violence issues and provides guidelines for those working in the substance-misuse field.

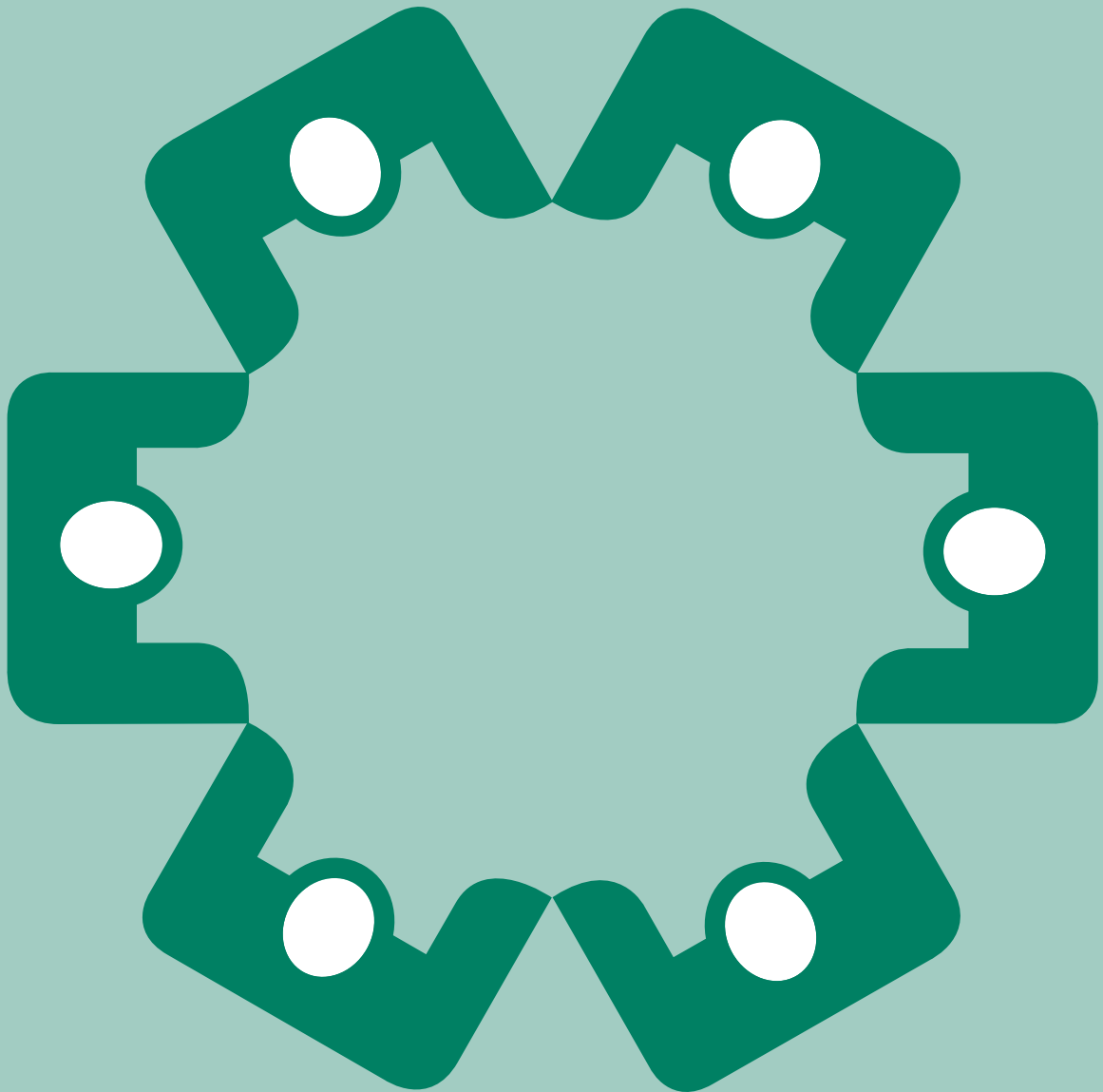
Section 4 looks at the impact of drugs, alcohol and domestic violence on children and young people, and provides information on promoting the welfare and safety of children through the use of the common assessment framework (CAF) and safeguarding procedures.

Section 5 explains the Multi-Agency Risk-Assessment Conference (MARAC) for local agencies.

Section 6 contains a service directory, details of local forums and groups that cater for either or both sectors.



Substance Misuse Information for the Domestic Violence Sector



2.0 Substance Misuse for the Domestic Violence Sector

Many domestic-violence victims do not have a problem with drinking or illegal drugs, but their partners or ex-partners may. It is not uncommon where this is the case for violence to be linked to the addictive substance. It may be that financial abuse has taken place in order to fund the substance, or that alcohol has been used as a means of triggering violent events. It is also often used as an excuse for the violence, or even a denial where the perpetrator claims 'I was drunk' or 'I don't remember doing that'. It is important to stress that while the addictive substance may be used as a catalyst, this does not in any way justify abuse or violence.

2.1 Definition of Substance Misuse

A commonly used definition is:

“The use of substances (such as illegal drugs, prescription medicines or alcohol) in such a way that results in harm to the individual user or to the wider community. The range of harms includes problems for physical health, psychological health, violence, financial problems, family problems or social problems.”

2.2 General Drug Information

Substances are often referred to in relation to their illegality or their effects on the users. In this section, substances are described as depressants, stimulants or hallucinogens and include both illegal and legal drugs.

At a Staffordshire-County level, data for drug treatment shows the following:

- The gender split remains at 75% male to 25% female, although the district profiles vary.
- The numbers of black and minority ethnic groups in drug treatment is proportionate to the ethnic breakdown of the county.
- Most individuals in drug treatment are aged between 20 and 49, although the age range is expanding in both directions.
- Heroin remains the main presenting drug across Staffordshire, with 77% citing it as their primary drug of use.
- Where a secondary drug is cited, crack remains the most common at 14%.

(JCU, Substance Misuse Commissioning Team Draft Needs-Assessment 2010/11)



2.3 Paraphernalia

The tools that are sometimes used to assist in taking drugs are commonly known as 'paraphernalia'. These include hypodermic needles used for injecting, spoons used for mixing drugs for injection, snorting tubes such as rolled bank notes for snorting cocaine, and pipes or plastic bottles used for smoking. The law has recently changed to make it legal to supply certain types of paraphernalia to drug users. Please see the service directory for a list of drug agencies that are able to provide more information.

2.4 Types of Substances

This section gives a brief overview of some of the more commonly used drugs. Some of the images used have been taken from the 'Talk to Frank' website, and further information can be found on www.talktofrank.com.

It should be remembered that street names for drugs can vary around the country and therefore clarification must always be sought on what users mean when they use colloquial references in regards to drug names.

Please also remember that people can become addicted to prescribed and over the counter drugs when they are engaging in risky behaviour.



2.4.1 Cannabis



Appearance

Green dried leaves and plant material. Compressed brown or black plant material.

Method

Smoked with or without tobacco hand rolled into a 'joint', smoked in pipes, bong, hookah or taken orally in food.

Effects

Euphoria, relaxation, hallucinations, hilarity and increased appetite

Things to Look out for

Glazed eyes with large pupils, distinctive herbal smell, torn cigarette papers and packets

Street Names

Bush, ganga, grass, home, marijuana, weed, Skunk, sensimilla, joint, toot, spliff

Risks

Physiological dependency, accidents (particularly when driving or operating machinery), damage to lungs, poor performance at work or whilst studying, paranoia

2.4.2 Heroin



Appearance

White powder in its pure form but can vary from white, through grey and brown

Method

Can be taken orally or snorted but is usually smoked or mixed with liquid and injected

Effects

Feelings of wellbeing, some nausea and vomiting

Things to Look out for

Burned pieces of foil or burned spoons, paper or cling-film wraps, torn magazines and homemade tubes, empty citric sachets, needle-disposal boxes. Injecting equipment and needle marks

Street Names

Smack, horse, gear, H, skag, brown, stuff.

Risks

Sometimes cut with other/unknown substances, so hard to judge the purity. If the purity increases suddenly and dramatically, this can often lead to overdose which can sometimes be fatal. Can be highly addictive and withdrawals can be extremely unpleasant. There is a high likelihood of dirty/previously used needles and unsafe injecting practices infecting injecting users with blood borne viruses such as Hepatitis and AIDS.



2.4.3 Opium



Appearance

Black or brown resin from the opium poppy

Method

Smoked in pipes

Effects

Hallucinations, heightened awareness, calming and relaxing, constipation

Things to Look out for

Highly addictive, similar to heroin and cocaine

Street Names

Poppies

Other

Raw opium is not generally seen outside of Asia and the Orient, but forms the basis of 'opiate' drugs such as heroin and morphine

2.4.4 Methadone



Appearance

Green syrup like liquid, occasionally small white tablets

Method

Orally or injected

Effects

Similar to heroin. Feelings of wellbeing, dilated pupils, body temperature decrease, reduced blood pressure and heart rate

Street Names

Dolly and meth

Other

A dangerous prescription drug which should be taken under medical supervision. Used to control the withdrawal effects of heroin addiction. Increased sweating, constipation and sexual problems. There can be a strong physical/psychological dependency.



2.4.5 Solvents



Appearance

Solvents occurring in a huge number of substances: gas-lighter refills, aerosols containing hairspray, deodorants and air fresheners, tins or tubes of glue, some paints, thinners and correcting fluids, cleaning fluids, surgical spirit, dry-cleaning fluids and petroleum products

Method

Solvents can be sniffed from a cloth, a sleeve or a plastic bag. Some users put a plastic bag over their heads and inhale that way. Gas products can be taken orally or injected

Effects

When inhaled, solvents have a similar effect to alcohol. They make people feel uninhibited, euphoric and dizzy. Hallucinations, vomiting and blackouts can also occur.

Street names

Thinners, volatile substances

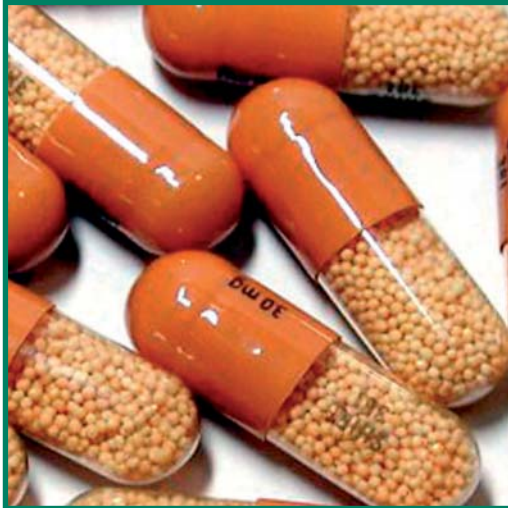
Risks

Possible psychological dependency, death

Other

Using solvents combined with alcohol can be fatal

2.4.6 Stimulants



Amphetamine

Appearance

White, grey, pink or yellow powder or tablets. Also in ampoules containing clear liquid

Method

Taken orally, sniffed, or injected after being dissolved in water

Effects

Increased alertness, pulse rate, blood pressure and feeling of high energy

Things to Look out for

Enlarged pupils, insomnia, loss of appetite, loss of weight, irritability, depression, injecting equipment

Street Names

Amphet, billy, speed, sulph, whizz, uppers

Risks

Delirium, panic, hallucinations, paranoia, loss of body weight, psychological dependence, depression, lethargy, toxic reactions, heart failure, blood clots, HIV, hepatitis from needles



2.4.7 Cocaine



Appearance

White and slightly crystalline in powder

Method

Sniffed, or in extreme cases, injected after being dissolved in water

Effects

Increased alertness and pulse rate, increased blood pressure, a false sense of high energy and euphoria often accompanied by feelings of paranoia and aggression.

Things to Look out for

Nervousness, loss of weight, irritability, mood swings, erratic sleep patterns

Street Names

Coke, blow, C, candy, snow dust, charlie, crack, rock, freebase

Risks

Psychological dependency, nasal-tissue damage, blood clots, loss of sex drive, cardiac arrest, respiratory collapse, death from overdose (as with any other injected substance) birth defects if used in early stages of pregnancy, premature births



2.4.8 Crack Cocaine



Appearance

White or dark cream 'rock' crystals in various sizes

Method

Smoked in pipes or, in extreme cases injected after being dissolved in water

Effects

Increased alertness and pulse rate, increased blood pressure, a false sense of high energy and euphoria often accompanied by feelings of paranoia and aggression

Things to Look out for

Nervousness, loss of weight, irritability, loss weight, mood swings

Street Names

Crack, rock, freebase

Risks

Psychological dependency, nasal tissue damage, blood clots, loss of sex drive, cardiac arrest, respiratory collapse, death from overdose (as with any other injected substance), birth defects if used in early stages of pregnancy, premature births



2.4.9 Alkly Nitrites

Appearance

Poppers are small bottles filled with liquid chemicals

Method

Sniffed from the bottle



Effects

Deliver a short, sharp high lasting only 2-5 minutes giving a rush that dilates the blood vessels and allows more blood to get to the heart making the heart beat increase

Things to Look out for

Bottles, pungent smell, fused face and neck, dizziness, giddiness, light headedness and headaches

Street Names

Ram, thrust, rock hard, kix, TNT, liquid gold, rush, snapper, stag, stud, locker room, hardware

Risks

Dermatitis, swelling and pain in the nasal passages, pressure in the eyes, reduced blood pressure, fainting, severe vomiting, shock, unconsciousness and in extreme cases death

2.4.10 LSD



Appearance

Tablets, capsules but most commonly 'tabs' bearing various designs

Method

Taken orally, the 'tab' is usually placed on the tongue

Effects

The experience is known as a 'trip' and these trips can be good or bad. A trip can take from 20 minutes to an hour to start and usually lasts about 12 hours. Once started, the effects cannot be stopped

Street names

Acid, blotter, cheer, dots, drop, flash, hawk, L, lightening flash, liquid acid, Lucy, micro dot, paper mushrooms, rainbows, smilies, stars, tab, trips, tripper, window. Sometimes LSD is known by the design it bears e.g. strawberries.

Risks

Impaired judgement sometimes leading to accidents, panic and paranoia, irritated and dangerous behaviour, disturbing flashbacks



2.4.11 Magic Mushrooms



Appearance

Psilocybin semilanceata, or 'liberty caps', are small and tan-coloured and they bruise blue when they're touched. *Amanita muscaria*, or fly agaric, mushrooms are more like the red and white-spotted toadstools you see in fairytales.

Method

After picking, they're often eaten raw or are dried out and stored. Most people take between 1-5 grams.

Effects

The fly-agaric mushrooms tend not to be consumed raw as they can cause severe nausea. The effects for both mushrooms can take between 30 minutes and two hours to start. The strongest part of the trip takes 4-10 hours and the after-effects usually last a further 2-6 hours. The more you take, the longer your trip lasts. Mushrooms can make you feel confident, relaxed and in good spirits. They can distort colour, sound and objects. Senses get mixed up so that, for example, you think you can hear colours and you can see sounds. There may be a slowing down of the sense of time and movement, dreaming when awake, emotional sensitivities, creativity and feelings of enlightenment.

Risks

Nausea, tiredness and disorientation, bad trips, which can be seriously frightening and unsettling, flashbacks some time afterwards. A loss of control and therefore a higher likelihood of accidents, changes in perception and the world may appear distorted. Eating the wrong kind of mushroom can make you seriously ill, and even kill you. Magic mushrooms can complicate any mental-health issues you may have.

Street Names

Magic mushrooms, liberties, magics, mushies, liberty cap, shrooms, amani, agaric

2.4.12 Ecstasy

Appearance

Various coloured and shaped tablets with or without indented motifs.

Method

Commonly taken orally.



Effects

An energy buzz giving feelings of being alert and alive, a feeling of being in tune with the surroundings, sounds and colours are more intense, feelings of great love for others with talkativeness; however conversations may not always make sense to people who aren't taking ecstasy. The effects tend to last between 3 and 6 hours, followed by a gradual comedown.

Street Names

E, pills, brownies, Mitsubishis, Rolexes, dolphins, XTC

Risks

Anxiety, panic and confusion, lack of sleep, depression, lethargy, blood clots in the lungs, kidney or liver damage, damage to the immune system, overheating and dehydration, death



2.4.13 Anabolic Steroids



Appearance

Tablets, capsules or as a liquid

Method

Orally or injected

Effects

Help build muscle mass if used as part of a strict programme of exercise. Can aid a fast recovery after being involved in strenuous exercise.

Risks

Aggression, mood swings, risks associated with young people and normal growth, mood swings, paranoia, erratic sleep patterns, confusion, high blood pressure, an increased risk of liver failure, stroke and heart attack. Also all damage associated with injecting such as vein damage, ulcers, HIV/AIDS, hepatitis. In males, sexual functioning, growth of breast, sterility, shrinking testicles. In females, acne, shrinking breast, enlarged clitoris, extra facial hair, increased risks of menstrual problems, voice may deepen.

Street Names

Roids

2.4.14 Mephedrone

Appearance

A white, off-white or even yellowish powder but can come in capsules and pills

Method

Usually snorted, but can be swallowed by a process known as 'bombing'. Can be smoked, and it is smoked, but this is a rare occurrence.



Effects

Confidence, euphoria, alertness, empathy towards the world around them, more talkative. These effects can last an hour but this can vary with the individual.

Risks

Can be a threat to the nervous system by overstimulating it, which results in fits, agitation and hallucinations along with anxiety and feelings of paranoia. Nose bleeds, short-term memory loss, vertigo, palpitations, swift changes in body temperature. There are also greater risks if the drug is combined with alcohol.

Street Names

Meph, MC, MCAT, m-cat, 4-MMC, miaow, meow meow, bubbles, bounce, charge, drone, white magic.

NOTE: Mephedrone is now a Class B drug and has been illegal since 16th April 2010.



2.5 Drug Overdose

Drug overdose is life threatening, but preventable. Most overdoses occur with the misuse of heroin, morphine, and benzodiazepines. The threat is also exaggerated when illegal drugs are injected, other drugs are being used simultaneously, or when alcohol is being used in conjunction with other drugs (prescribed, over-the-counter or illegal), when someone who has just left prison after a period of custody and their tolerance is reduced, has had a previous overdose, has newly entered onto a methadone programme, when someone is experiencing depression, or has high risk-taking and suicidal tendencies.

Someone who has overdosed may show the following warning signs or symptoms:

- May experience nausea or vomiting
- May appear to be sleeping
- May fail to respond if you shake them or say their name
- May make a snoring or gurgling sound
- Lips and/or fingernails may turn blue

If you feel that someone may have overdosed CALL AN AMBULANCE IMMEDIATELY on 999 and put the person into the recovery position.

Familiarise yourself with your organisation's policy and procedures on first aid!



2.6 Drug Use in Pregnancy

There is no evidence to prove whether alcohol or substances such as crack cocaine do more harm to an unborn baby as there is no proven statistical data on which to base this evidence.

- Premature birth and low birth weight
- A baby may experience withdrawal symptoms, some of which may have long lasting effects on the child
- Learning and behavioural difficulties
- There can be a variety of physical problems such as congenital heart defects
- Mental abnormalities, slow development after birth due to the slow growth of the brain and body
- Infancy may be made difficult as the child appears to cry excessively
- The child may experience the 'jitters' after birth, shaking violently
- Tiredness and breathing difficulties
- Stillbirth

These facts indicate what could happen, however, it is wise to remember that people are unique and their reaction to substances is also unique. It is good practice to give these facts to a woman who may be using alcohol or drugs and is either contemplating having a child or is already pregnant. The women should be signposted immediately to a treatment centre and you should consult your policies regarding the unborn child.



2.7 The Law and Drugs

This section has been adapted from Release – an independent charity and the national centre of expertise on drugs and drugs law. Release provides free and specialist advice to the public and professionals about drugs, the law and human rights. Both the legal team and drugs team can provide advice via email through ask@release.org.uk, via their website www.release.org.uk, or through their helpline on 0845 4500 215.

In July 2008, Release launched a new online service, 'The Drug Worker's Legal Manual' which provides comprehensive advice.

Legal Issues: The law in relation to a service provider's legal responsibilities can appear very complicated. However, there are some basic principles which individuals and service providers should follow when working with drug users or people misusing other legal substances.

It is perfectly legal to discuss the details of a client's substance misuse in order to support them and provide treatment. It is also legal to discuss the impact of substances upon the person and to provide advice to minimise the level of harm that substance misuse may cause.

However, there is legislation to control the possession, use, supply and production of drugs, the most important ones being:

- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The Drugs Act 2005
- The Anti-Social Behaviour Act 2003
- Misuse of Drugs Regulations

The Misuse of Drugs Act 1971 regulates the flow and use of drugs. The Act specifies certain drugs as 'controlled' and makes it illegal to import, export, produce or supply them. In addition, the cultivation of cannabis and smoking of opium is prohibited, together with the use of any premises or utensils in relation to the above.

All illegal drugs are controlled although there are circumstances where controlled drugs are not illegal. A doctor for example may possess and supply certain drugs on prescription, or a person may possess a controlled drug such as methadone on prescription.

The Misuse of Drugs Act 1971 classifies drugs based on the potential dangers and harms attached to them. The classes of drugs are as follows:

- i) **CLASS A** (i.e. narcotic drugs – cocaine, morphine, opium, pethidine and heroin. Hallucinogenics: LSD and (MDMA) ecstasy)



- ii) **CLASS B** (i.e. Amphetamine, mandrax, cannabis & cannabis resin, synthetic cannabinoids)
- iii) **CLASS C** (i.e. benzyphetamine, chlorphentermine, mephentermine, methaqualone, temazepam, ketamine, anabolic steroids, oripavine)

New Legislation

From 23 December 2009, 'new psycho-active substances' - also previously known as 'legal highs' - have become controlled drugs. These are BZP, GBL, 15 anabolic steroids, oripavine and synthetic cannabinoids.

2.7.1 Unlawful Possession and Possession with Intent to Supply

The supply of drugs, including selling or giving to friends, is a serious offence and can result in lengthy custodial sentences. Sentences for drug offences depend on the classification, the quantities involved, previous convictions and other circumstances, such as whether young people have been supplied.

It would be considered an offence in any of the following situations:

- A person in possession of a controlled drug that is not authorised, licensed or on a doctor's prescription.
- A person who looks after the drug for somebody else. If a substance is suspected to be a controlled drug and you then took possession of it in order to prevent another person from committing an offence, you must destroy or hand in the drug as soon as possible to someone who can lawfully possess and destroy it (i.e. the Police).
- A person looking after a controlled drug for somebody else with the intention of giving it back to them (even if they promise to destroy it) – this would mean they were in possession with intent to supply.

Your organisation will have detailed policies and procedures in relation to what to do if you find or confiscate a controlled drug and you should adhere to these if and when necessary.



2.7.2 Production, Supply or use of Drugs on Premises

This section is particularly relevant to refuges and clarity will need to be obtained from individual agencies as to the process to follow if and when suspecting or finding drug use on premises suspected or found.

Under Section 8 of The Misuse of Drugs Act 1971 it is an offence for occupiers of premises to knowingly permit any of the following activities to take place on those premises:

- The unlawful production or attempted production of a controlled drug
- The unlawful supply or attempted supply of a controlled drug
- Preparing opium for smoking
- Smoking cannabis, cannabis resin or prepared opium

'Occupiers of premises' includes being involved with the management of premises and includes managers and some employees working on projects operating at residential or day centres, refuges and hostels.

2.7.3 Powers of Stop and Search

The Misuse of Drugs Act gives police powers to stop and search persons or vehicles for controlled drugs

Search Warrants

Section 23 of The Misuse of Drugs Act authorises a magistrate to grant a search warrant where there are reasonable grounds for suspecting that controlled drugs are unlawfully present on the premises or other related offences are being committed.

Closure of Premises

Part 1 of the Anti-Social Behaviour Act 2003 provides the Police and Courts with the power to close down premises that are associated with the production, supply or use of Class A drugs and there is associated disorder or serious nuisance.

Drugs Paraphernalia

Possession of drug taking apparatus is not illegal, provided that it is clean. Supply and distribution of drug-taking kits such as pipes are illegal under Drug Trafficking Offences (1986). Hypodermic needles and syringes are specifically exempt, even if the suppliers believe that they are likely to be used in the administration of illegal drugs.

Case Study

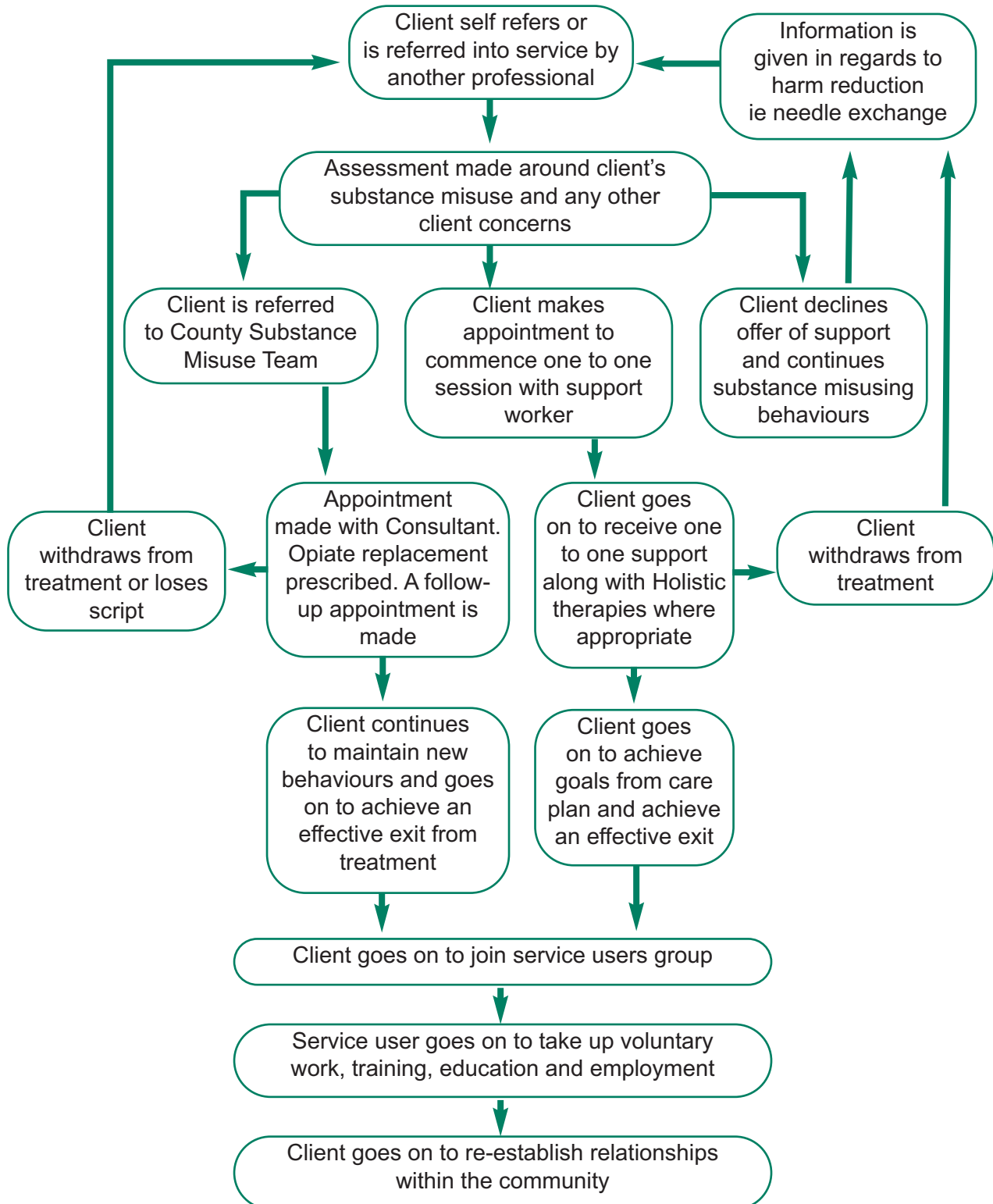
Emma has been using alcohol since the age of 14 years (she is now 35 years old), is prescribed methadone, and until recently (6 weeks ago), was also using crack and alcohol. She has experienced domestic violence many times in the past resulting in her leaving partners and/or accessing hostels/refuges. Her current partner is not physically violent to her but is verbally abusive and the police have been called on occasions. Adult services are also involved.



2.8 Clients Disclosing Drug Abuse

All clients are individuals and will not necessarily follow the same route when disclosing drug use. Therefore, the following flowchart is for guidance purposes only and you should refer to your own local provider listed in the services directory at the end of the toolkit if necessary.

What to do if a client discloses drug misuse



2.9 Terminology Used in Substance Misuse Services

Detoxification or 'Detox'

This process involves taking a short course of a medicine which helps to prevent withdrawal symptoms when stopping alcohol or drug use.

Maintenance

Treatment using medications similar to the substances to which the individual is addicted (opioids). It aims to achieve permanent abstinence from illicit opiates (such as heroin) by transferring the dependency to safer forms of legal opiates and a more readily controlled dosage.

Drug Rehabilitation (Often referred to as drug rehab or just rehab)

This is an umbrella term for the processes of medical and/or psychotherapeutic treatment for dependency on alcohol, prescription drugs or street drugs. The general intention is to enable the patient to cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences that can be caused, especially by extreme abuse.

A Drug Rehabilitation Requirement (DRR)

Provides fast access to a drug-treatment programme with the goal of reducing drug-related offending. Offenders agree their treatment plan with probation and treatment services.

The Drug Intervention Programme (DIP)

The programme is key component to delivering against a range of cross-government targets and indicators concerned with reducing offending and drug misuse, improving health and fighting social exclusion.

Psychosocial Intervention

Refers to any programme that aims to improve psychosocial well-being.

Subutex

This is an opioid (narcotic) partial agonist-antagonist. It works by binding to receptors in the brain and nervous system to help prevent withdrawal symptoms in someone who has stopped taking narcotics (i.e. heroin, oxycodone)

Naltrexone

This is an opioid receptor antagonist used primarily in the management of alcohol dependence and opioid dependence. It is marketed in generic form as its hydrochloride salt.

Naloxone

This is used to treat respiratory depression caused by opioids. Opioids produce their effects by acting on opioid receptors in the brain and nervous system. Naloxone works by blocking these opioid receptors and thus stopping opioids from acting on them. This reverses the effects of the opioid. Naloxone may be given by injection into a vein or muscle or under the skin, or via a drip into a vein (intravenous infusion).



2.10 Alcohol



Alcohol is a powerful substance which, if consumed to excess, can lead to physical and psychological health problems. These may include anxiety, depression, mood swings, liver and kidney damage, impotency and heart disease. If alcohol is consumed excessively on a regular basis over a period of time the individual can eventually become alcohol dependent.

Alcohol is often referred to as the following: booze, bevvy, ale, sauce, pop.



2.11 Alcohol: Facts and Statistics

- Statistics suggest that parental alcohol misuse plays a role in approximately a quarter to a third of all known cases of child abuse
- Exposure to interpersonal traumatic events is associated with problematic alcohol use. A large-scale US study showed that domestic violence during the first year of marriage was predictive of heavy episodic drinking one year later
- In Staffordshire there are 131,000 hazardous drinkers, 32,000 harmful drinkers and 21,000 alcohol dependent drinkers
- Mortality from chronic liver disease is highest in Newcastle-under-Lyme for both males and females
- Binge drinking estimates are highest in Tamworth and Stafford
- All local authority districts in Staffordshire have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England
- The number of months of life lost due to alcohol are highest in Newcastle-under-Lyme where the figure exceeds a year (12.1 months)
- 30% of children aged 11-15 reported drinking alcohol during the week in Staffordshire compared with 21% nationally
- During 2008/09 4,934 young people aged between 10-17 years old were arrested by Staffordshire Police and 335 of these, equal to 7%, were deemed to be drunk
- During 2008/09 there were 14,748 alcohol-related hospital admissions for residents of Staffordshire, equal to a rate of 1,485 per 100,000 population. This represents an increase of 20% (2,494 admissions) on the previous year
- The highest rate of hospital admissions was recorded in Newcastle-under-Lyme - a rate of 1,704 per 1,000 population which is above the county, regional and national rate of admissions. Cannock Chase and Stafford Borough also recorded a rate of admissions above the county average.
(Staffordshire Alcohol Needs Assessment, 2008)
- In 2009/10 alcohol and drug misuse was recorded as being a pre-disposing risk factor within 39% of all children who were the subject of child protection plans in Staffordshire
(Staffordshire Children & Families Services)



2.12 What is an Alcohol Unit?

According to Drinkaware, one unit is equivalent to 10 ml of pure alcohol, which is the amount of alcohol the average adult can process within an hour. This means that if the average adult drinks a drink with one unit of alcohol in it, within an hour there should in theory be no alcohol left in their bloodstream, but that length of time could differ depending on a person's body size.

The alcohol content in drinks is also expressed as a percentage of the whole drink. If you take a look at the label of a bottle of wine or a can of lager you will see either a percentage, followed by the abbreviation "ABV" which stands for alcohol by volume, or sometimes just the word "vol". So, wine that says "13 ABV" on its label contains 13% pure alcohol. Please refer to the illustrations on the next page.



Pint of Lager
4% ABV
2.3 units



Pint of Bitter
5% ABV
2.8 units



Pint of Strong
Lager/Beer/Cider
5% ABV
3 units



750ml Bottle of
Wine
13.5 ABV
10 units



175ml
glass of wine
13% ABV
2.3 units



250ml
glass of wine
13% ABV
3.3 units



2.13 Types of Alcohol Drinker

There are three main types of alcohol drinker as identified by the National Health Service.

Type of drinker	Men	Women
Low risk	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis
Increasing risk	More than 3-4 units per day on a regular basis	More than 2-3 units per day on a regular basis
Higher risk	More than 50 units per week (or more than 8 units per day) on a regular basis	More than 35 units per week (or more than 6 units per day) on a regular basis

Source: www.nhs.uk/drinking

Case Study

I got married young. Everything was great for the first twelve months and then the abuse started. He didn't want me to see my friends or to go shopping with my Mum. I was so happy when I became pregnant, Mum and I would go shopping in secret. One day he found my baby clothes. He went crazy and started hitting me. I was frightened for my baby. After he was finished I sat holding my stomach and crying behind the sofa. I tried to get up, I was so frightened. As he was helping me up he told me I had better not tell my mother or I would get more of the same. This went on all through the rest of my pregnancy. I was so afraid that something would be wrong with my baby. I started to drink during the day; in those days we didn't know it could damage the unborn baby. My little girl was born and was fine but the beatings went on, well I was a bad wife and mother so I 'deserved it'. This went on for 5 years. One day I could take no more. I was drunk and had been for a couple of days. Somehow I got the strength to pack a bag and walk away. I asked my Mum to look after the children and I caught a bus.

For the next 5 years I continued drinking. I was sacked from jobs and found myself in a number of abusive relationships. Sometimes I would steal alcohol from the places I worked, however I managed not to get arrested. I had tried to stop drinking and detox by myself many times.

Eventually I did stop drinking with the help of a local alcohol agency. They helped me to see that I didn't need drink and that I was worth more than the abusive relationships I had been in. I began to build bridges with my children who had been living with my Mum while I was drinking. I even convinced them to communicate with their father so that they could make up their own minds about him. I began volunteering with older people. I met a man, another volunteer, we got married and the children came to live with us. I got a fulltime job and began to make friends; I had never done that before. That was 12 years ago. I have never drunk since.

Angela aged 60



2.14 Alcohol Use in Pregnancy

The effects of alcohol use during pregnancy can have the following effects:

- Premature birth and low birth weight.
- Vision and hearing problems. This may include major issues like blindness.
- Problems with concentration and being able to focus.
- An inability to carry out common tasks.
- Inability to learn or maintain sleep patterns.
- Eating properly may be an issue.
- Learning difficulties with all subjects.
- May be born with foetal alcohol syndrome (FAS) which not only effects mental functioning, but is easy to see, as the child will have a distinct appearance.
- May need physical and emotional care all their lives.

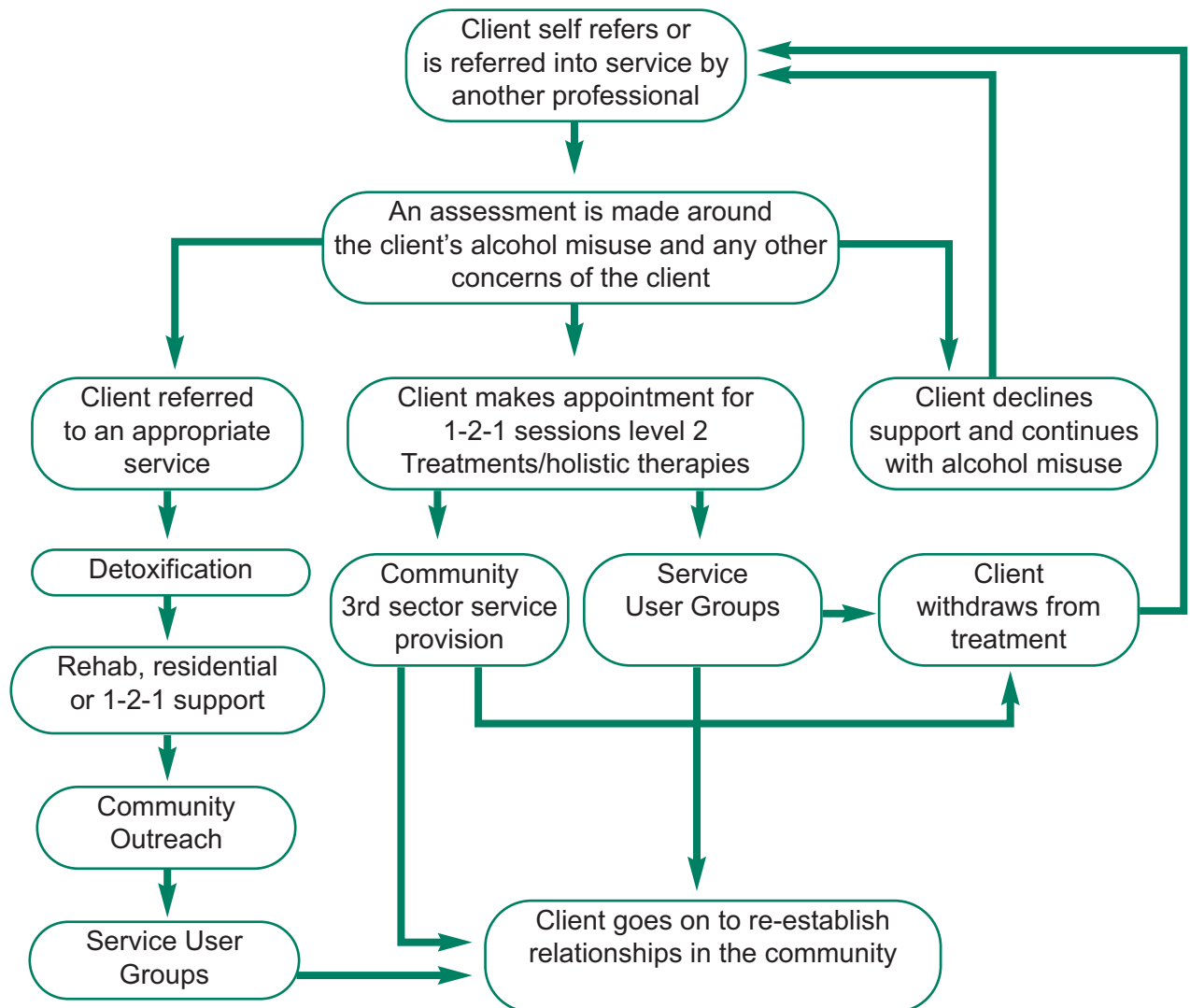
These facts illustrate what could happen and not what will happen. However, it is wise to remember that people are unique and their reaction to substances is also unique. It is, however good practice to give these facts to a woman who may be using alcohol or drugs who is either contemplating having a child or is pregnant. The women should be signposted immediately to a treatment centre and you should consultant your policies regarding the unborn child.



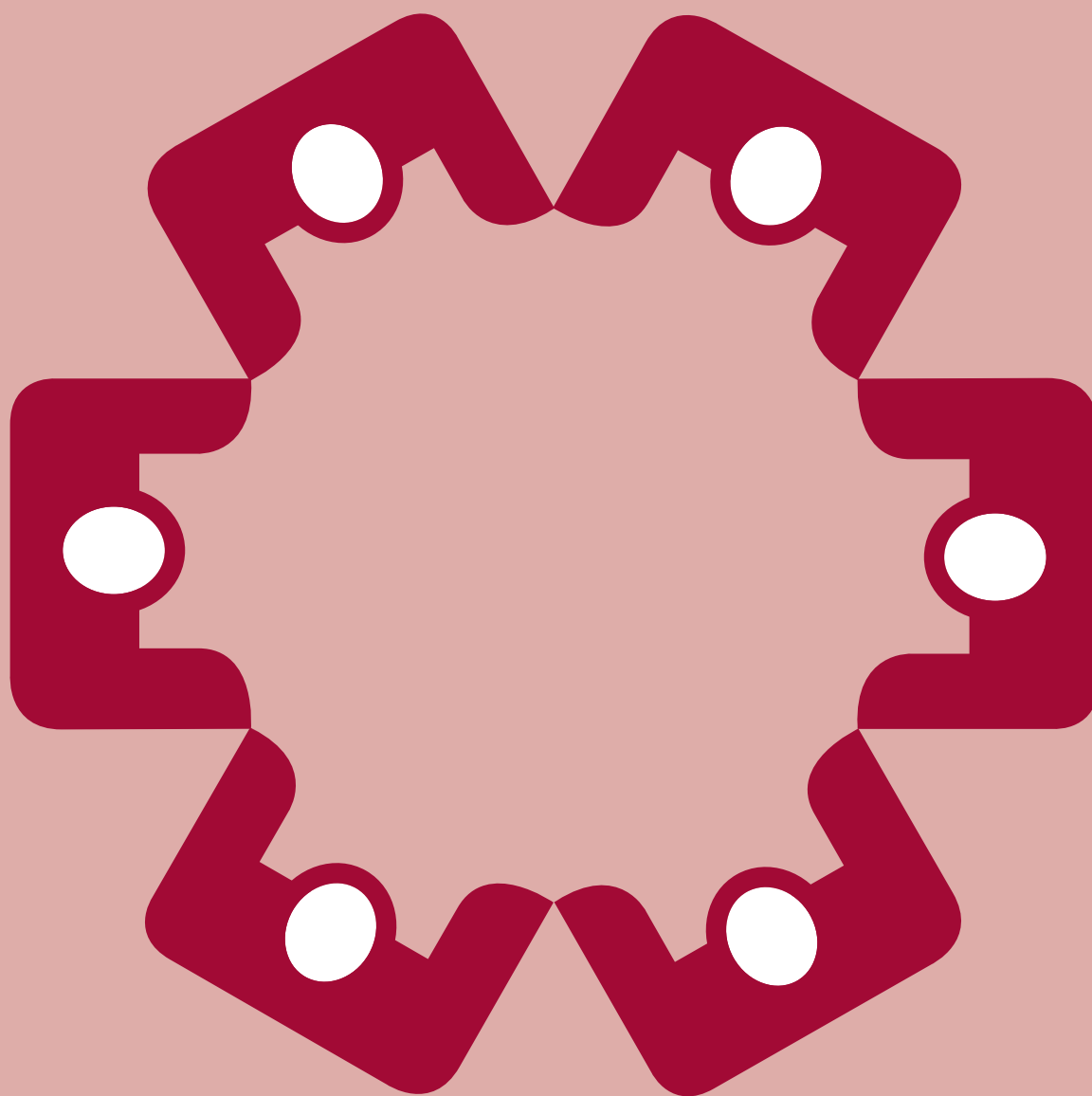
2.15 Clients Disclosing Alcohol Misuse

All clients are individuals and will not necessarily follow the same route when disclosing alcohol use. Therefore, the following flowchart is for guidance purposes only and you should refer to your own local provider listed in the services directory at the end of the toolkit if required.

What to do if a client discloses alcohol misuse



Domestic Violence Information for the Substance Misuse Sector



3.0 Domestic Violence Information for the Substance Misuse Sector

3.1 Definition

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial and emotional) between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality”
Staffordshire Local Area Agreement Definition

Domestic violence has a devastating effect both physically and mentally on its victims and their families. It also affects the wider community as well as having a huge economic impact on society. It can affect anyone irrespective of ethnicity, class, gender, religion, cultural background, disability, marital status, age or sexual orientation.

Crime statistics and research focusing on domestic violence have both found that the vast majority of cases involve violence from men to women, with women experiencing the most serious physical and repeat assaults¹ With this in mind, in this toolkit we will refer to those experiencing domestic violence as women, whilst acknowledging that domestic violence also happens to men.

- 2 – 3 women are killed each week as a result domestic violence, and nearly 50% of all women murdered in the UK are killed by a partner or ex-partner (British Crime Survey, 2007)
- During 2008/09 there were a total of 3,893 domestic violence crimes recorded by Staffordshire Police across the county
- During 2008/09 there were 643 high-risk cases reviewed at a Multi-Agency Risk-Assessment Conference
- In 2009/10 domestic violence was recorded as being a pre-disposing risk factor for 41% of all children who were the subject of child-protection plans in Staffordshire (Data provided by Staffordshire Children & Families Services)
- 4,783 calls were made to domestic violence help lines in Staffordshire (2008/09 - Staffordshire Women’s Aid and Pathway Project)
- Domestic violence is the single most quoted reason for becoming homeless. One study found that 40% of all homeless women stated domestic violence was contributor to their homelessness (Shelter, 2002)
- 253 women were accommodated in domestic violence refuges in Staffordshire. (2008/09 - Staffordshire Women’s Aid and Pathway Project)
- Abused women are more likely to suffer from depression, anxiety, psychosomatic symptoms, eating problems and sexual dysfunction (World Health Organisation, 2000)

1. Walby S and Allen J (2004) Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey, Home Office Research study 276.



3.2 What is Domestic Violence?

The following sections, 3.2 – 3.7, are taken from Staffordshire Women’s Aid Working Together Guidelines.

Violence is violence, so what makes it domestic?

It is domestic violence because it takes place in the ‘home’ in the broadest sense of the word. It may not take place actually within the walls of where a victim lives (although it most often does), but the perpetrator is always known to the victim and in a close relationship with them. Usually it will be her partner – her husband or boyfriend (live-in or not), but it could be another family member.

There are a number of different definitions of domestic violence, many of which use the term ‘abuse’ rather than ‘violence’. The reason for this is that it is felt that ‘abuse’ more widely captures the range of behaviours which are used within intimate relationships as forms of power and control, which are often not just physical. Victims have also stated that the term abuse is more appropriate in representing their experience, and that the word ‘violence’ may prevent someone from seeking help because they have been abused in ways which do not necessarily include physical violence.

On the other hand, it is also argued that ‘violence’ is the most appropriate term because it describes the ‘violation’ of what is seen as an intimate and trusting relationship, and that the exertion of power and control in any form is a kind of violence.

Domestic abuse or domestic violence is a complex form of power and control within a relationship, and neither term can adequately capture the ways in which control is often exerted, nor the experience of being a victim or a survivor. Different agencies will use definitions which help clarify their views and aims. The important thing to bear in mind is not so much how to define domestic violence/abuse, but that it is about the exertion of power and control in a very wide range of forms.

In this toolkit the term domestic violence is used.

3.3 Some forms of Domestic Violence

The violence will often be physical but there are many other aspects of domestic violence that are not as visible as bruising, cuts or broken bones. The hidden part is the bullying, persistent threats, belittlement, accusations, blame, fear and uncertainty. Domestic violence can be physical, but can also be sexual, psychological/emotional and economic. Research shows that women’s experience of domestic violence is likely to reflect a combination of these forms;



Physical violence includes slapping, pushing, hitting, punching, kicking, choking, pulling hair, biting, cutting or scratching, withholding medication, burning or stabbing, pulling out hair, attempting to drown or strangle, attempting to murder and murder itself.

Sexual violence includes rape, using objects during intercourse against her will, forcing her to watch or engage in pornography or perform sexual acts in front of other people; forcing her to engage in any unwanted sexual act.

Psychological and/or emotional abuse is often a more subtle form of violence. It can include humiliation in front of others; telling her she is useless, stupid or ugly; telling her she is a hopeless mother/housewife; making threats against her or her children; keeping her isolated from friends and family; preventing her from sleeping; making distorted 'justifications' for the abuse to make the woman feel it is her fault and that she deserves it.

Economic/financial violence can be a very powerful form of control. It can include denying her money for food, clothes, even rent, for herself or her children, and stealing money from her.

All forms of domestic violence – psychological, economic, emotional and physical – come from the abuser's desire for power and control over other family members or intimate partners.

Although every situation is unique, there are common factors that link the experience of an abusive relationship. Acknowledging these factors is an important step in preventing and stopping the abuse.



3.4 The Effects of Domestic Violence

All of these effects undermine a victim's ability to lead a healthy, strong, adult life. How can you plan to do something if you are constantly in fear of abuse?

Some of the key effects of long-term abuse:

- Death – Homicide, Suicide, Manslaughter
- Degradation
- Fear
- Sense of responsibility or self-blame for the violence
- Objectification – particularly where sexual violence is concerned
- Deprivation
- Distortion of reality (e.g. normalisation of the violence)
- These can converge to reinforce a victim's loss of:
 - Self-esteem
 - Identity
 - Ability to carry out ordinary tasks
 - Ability to make choices
 - Hope for the future
 - Parenting capacity or confidence in parenting



3.5 Why Do Women Stay In Violent Relationships?

Escape from domestic violence can at best seem difficult, at worst impossible. It is extremely difficult to give up on or stop loving someone to whom you have committed your life, or someone who is the father of your children.

Seeking help or speaking out about domestic violence is extremely difficult. In our culture, women are still regarded as responsible for the emotional balance of family life. When things have gone wrong, women will fear that it will be seen as their fault, and will often see the failure as their own.

Research into why some women stay for so long in violent relationships with men indicates that they themselves often tend to take on the responsibility for the man's violence. It is important to understand that women take on this responsibility very commonly, and this is arguably because these views are still ingrained within our culture.

Alongside the social and emotional pressures to stay in a relationship, women will have a number of practical and emotional fears about leaving:

- Few people relish the idea of the police taking their partner away in view of all the neighbours.
- To avoid the shame and guilt that has come to be associated with domestic violence, women often prefer to 'Scream quietly so the neighbours won't hear'.
- Many women find it difficult to admit that the violence is going on, even to friends and family.
- This is often a logical response and/or a means of survival. Home Office statistics show that a woman is more at risk of a violent incident (including murder) just after she has left her partner. Violent men may have used serious threats to kill the women and/or her children to prevent a woman from leaving.
- This may have been a threat used by a violent partner to prevent a woman from leaving. Her sense of shame and low self-esteem may undermine her feelings about being a good enough parent.
- The idea of bringing up children alone can be very daunting.
- Concern for the welfare of children is a major factor for women staying in domestic violence relationships. It is frequently the women and children who will become homeless because once a woman has made the break, the threat does not simply disappear. Nobody relishes the idea of hiding in a refuge while awaiting re-housing, fearful of being found, moving children away from their home, their toys, their friends, their schools, even their pets.
- Leaving or separating from a partner may mean a dramatic loss of income. A woman may lose her job as a result of the separation. Childcare is not easily accessible and does not come cheap.



- Women often do not know that they have independent rights to money, particularly where they have been financially dependent upon their partners for years.
- Leaving her partner may mean losing her home, possessions and community.
- Emergency housing is often very difficult to obtain. Refuges are still under-resourced and refuge space can be difficult to access. Families may have to live in a refuge for months before being re-housed. The idea of re-settling in a new home, area and community can be terrifying.

3.6 Why Do Women Return To Violent Relationships?

Research and monitoring of refuge services indicates that women will go into refuges on average seven times before settling back into the community, re-housed and free from violence.

While it may be frustrating for agency workers, it should never be seen as a waste of time if a woman returns home after making an initial decision to leave. She has to work to her own time scale in the process of taking back control of her life.

There are a number of practical reasons as to why women return to violent relationships:

- It may be difficult to be truly safe from a violent ex-partner. Many women return because they do not feel they will ever be free from the threat of violence.
- There is a good deal of pressure to keep families together. Women are often willing to give a partner who has been violent another chance, especially when he promises it will not happen again.
- Being alone is not easy, especially when self-esteem is already low. Single mothers are often seen in a negative way by our society. Many women find it just too difficult to cope alone, especially if they are not getting the support they need.
- Financial hardship is an important element in why women frequently return to violent relationships.



- Some women may be pressurised by their children to return to a violent relationship. Children's loyalties may be divided and they believe it would be easier if parents were living together.
- Love for, and attachment to, the abuser will be a crucial factor in how a woman experiencing domestic violence will make the choices available to her.

3.7 Drug and Alcohol Users Experiencing Domestic Violence

The links between illegal drugs, alcohol and domestic violence are complex, and often misunderstood. It is important not to make assumptions about domestic violence. Always seek specialist advice if you are unsure about how to respond appropriately.

Women who are users of addictive substances are likely to experience domestic violence in particular ways. If the perpetrator of the violence shares the addiction, he may use the substance as a form of control. Reliance upon an addictive substance is likely to increase the effects of domestic violence.

A violent partner may convince a woman that she needs to rely upon him in order to sustain her habit. A violent partner may be the main source of access to a drug, particularly if it is illegal.

Use of an illegal drug often means being part of a sub-culture in order to access the drug. This may mean that a woman is isolated and feels unable to go outside the drug subculture in order to seek help. Indeed, domestic violence may exacerbate her need for an addictive substance because it is a way of temporarily relieving the effects of the violence. In many cases, a pattern of coercion and control is set in place by a perpetrator through encouragement or force of a woman into addiction.

If a woman is attempting to get her addiction to a substance under control (by, for example, using legally prescribed methadone), her efforts may have been undermined by a violent partner.

A woman using an addictive substance may be reluctant to seek help because she fears that her drug use/misuse will affect service providers' attitudes towards her. If she has children, she may fear they will be taken away from her. If a woman is seeking help because of domestic violence and is also a user of an addictive substance, it is important that the help and advice she is given takes her reliance upon a substance into account. If she decides to leave a violent partner, she is likely to need support from specialist agencies to help her cope with being alone,



especially if she has children. If you are referring her to a refuge, it is important to check its policy on drugs and alcohol. Most refuges will need to carry out a risk and needs assessment. In many cases, (usually for health, safety and child protection reasons) they will be unable to accept a woman who is known to be using illegal drugs unless a package of inter-agency support is in place, and she is on a programme to control her addiction. It is important to be honest and clear, so that a refuge can be prepared for the kind of support a woman with a substance addiction will need.

Where alcohol is concerned, a woman may rely upon alcohol as a means of coping with domestic violence. When referring to a refuge for a woman who relies upon alcohol, it is important to check the policy. Many refuges do not allow use of alcohol because of its association with violence, and because it may have been used as a catalyst for violence from ex-partners. Refuges will need to be aware of the safety and confidence of all residents.

It is also important to be aware that a partner's addictive behaviour may have led to a woman feeling that she is a nuisance to family, friends, neighbours, police, and other agencies. Service providers should be sensitive to this possibility.

Breaking the Cycle, Staffordshire Women's Aid

Many women experiencing domestic violence have additional mental health and/or substance misuse issues. This has a further impact on the dynamics of abuse, highlighting the need for specialist support and excellent inter-agency work. Breaking the Cycle is a project that specialises in supporting women who are living with, fleeing or recovering from domestic or sexual violence who also have additional mental health issues or a drug/alcohol dependency issue. Breaking the cycle strives to provide services to women who may be excluded from other services due to their additional needs, although this is dependent on risk assessment.

Staffordshire Women's Aid's Breaking the Cycle project was nominated under 'Excellence in Support and Care Solutions' in partnership with Staffordshire Supporting People reaching the UK Housing Awards final.



Case Study

Valerie has been in an abusive relationship for 4 years, Paul her partner is a very violent individual who is alcohol dependent. Val began drinking heavily after she met Paul. She states that this was for several reasons including being ridiculed when not drinking with Paul, to help quash her fears and that the violent attacks hurt less if she was drunk. Paul controlled everything Val did. Not letting her out of his sight for very long he did not allow her to have friends and gradually worked on eroding Val's relationship with her parents. He also caused so much trouble in the street that Val's neighbours turned away from her, actively trying to get her removed from the street. Initially Val did not call the Police as Paul constantly threatened to kill her or tell the Police that she was an alcoholic and she had attacked him.

After persistent abuse Val was admitted to St. Georges Psychiatric hospital for 3 months. After this Val started ringing the Police if she feared for her life, however because she had resumed drinking she would refuse any further support from the Police or other agencies. After a particularly violent attack Val rang the Police and Paul was arrested for the fifth time having broken her arm. Staffordshire Women's Aid was asked to contact Val and offer support around being a witness. This was the first time Val had engaged with services feeling sure she would be judged for drinking and the domestic violence she had experienced. Val was also referred to Breaking the Cycle due to her fragile mental health state and her alcohol dependency.

Val was supported through the court system and referred to a specialist agency for support around her alcohol issue. She was also referred to MARAC and had support from the Community Mental Health team. Paul was given a long term prison sentence and during this time Val engaged well with all the agencies involved and eventually gave up drinking. Val learnt to accept that the violence had not been her fault nor was it acceptable, she even attended a confidence course, improving her self esteem and assertion. Val feels that all the support she had and the way that agencies worked together to address her needs has 'given her her life back'.

3.8 Why Ask About Domestic Violence?

In line with the NTA's Models of Care, knowledge of how violence and abuse is interacting with a service user's drug/alcohol use is imperative in order to provide adequate care planning and ensure an effective treatment journey. The experiences of violence and abuse may be severely impacting on your service user's ability to engage in and remain in treatment.

Evidence shows that women will often disclose abuse at different times during their substance use intervention. A sample worksheet in helping a service user identify where domestic violence is taking place can be found in the service directory.



3.8.1 Vulnerable Adults

In cases of domestic abuse involving a vulnerable adult, a referral must be made to the Local Social Care Directorate under the Staffordshire and Stoke-On-Trent Adult Partnership Inter-Agency adult protection procedures on 0845 6042719.

The broad definition of a 'vulnerable adult' is a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

(No secrets, 2000)



3.9 Possible Indicators of Domestic Violence

Appointments

- The victim makes frequent appointments, but does not present with one particular issue
- Appointments or group sessions are often missed
- The victim is always accompanied by a partner or other family member when attending your agency
- Only presents at a time of crisis
- Non-compliance with treatment or an inability to follow through with plans

Injuries

- Injuries which seem inconsistent with the explanations of accidental causation (such as falls, or walking into doors); injuries to the face, head and neck, chest, breast and abdomen
- Evidence of multiple injuries (e.g. burns, bruises) at different stages of healing
- Minimisation of the extent of injuries, and concealment by clothing
- History of repeated miscarriages, termination of pregnancies/still births or pre-term labour
- Mental distress
- Presents as frightened, excessively anxious, depressed or distressed
- History of mental health problems especially depression, PTSD, self-harm and suicide attempts

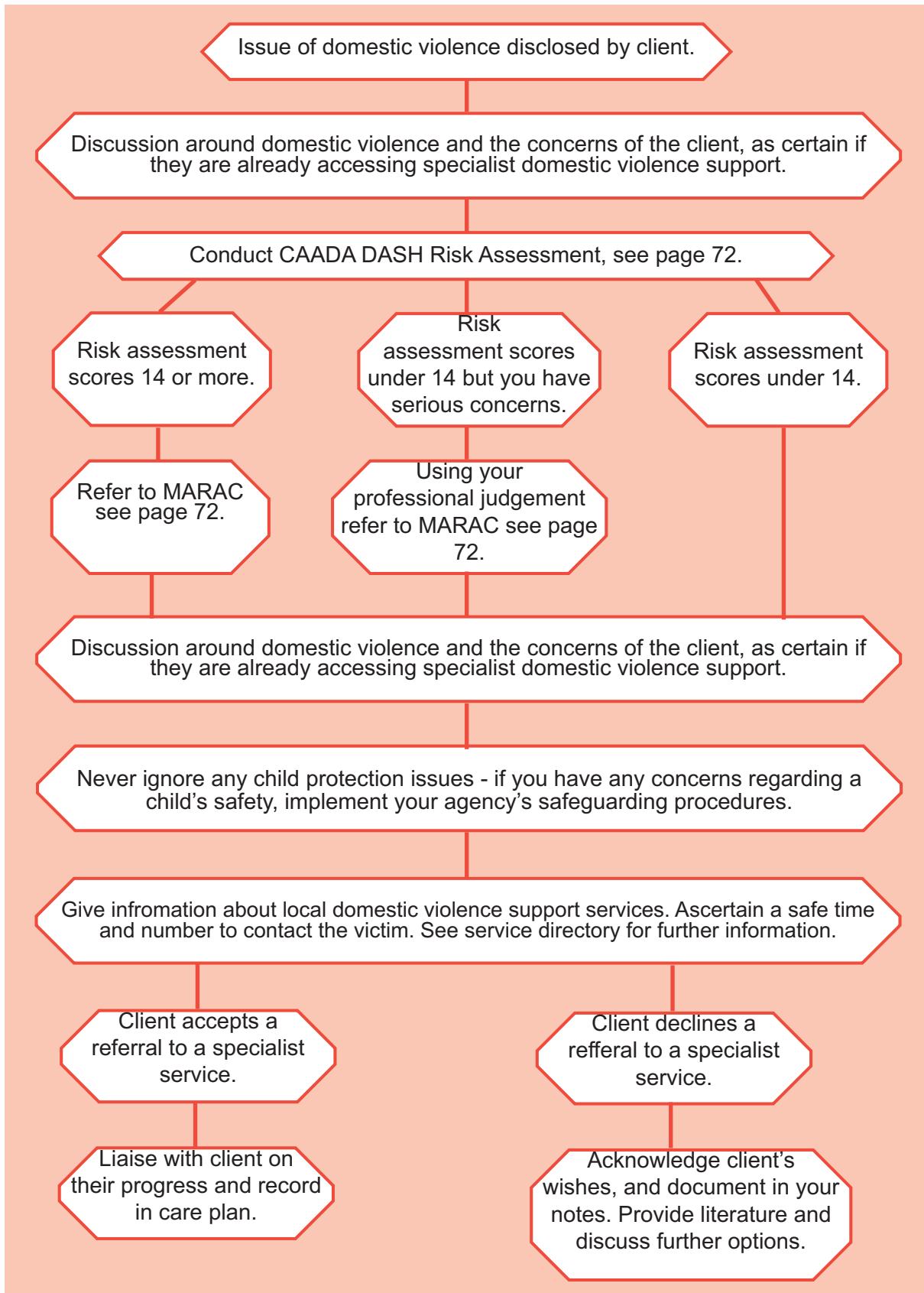
Their partner

- Passive or afraid of the partner
- Partner appears aggressive and overly dominant
- Partner appears overly charming and protective
- Survivor appears evasive or reluctant to speak or disagree in front of partner

Adapted from the Stella Project



3.10 What to do if a Client Discloses Domestic Violence?



All clients are individuals and will not necessarily follow the same route when disclosing domestic violence. Therefore, the above flowchart is for guidance purposes only and you should refer to your own local provider listed in the services directory at the end of the toolkit if required.



Best Practice Box

- Remind your client that they are not alone – isolation is a key feature of domestic violence.
- Ensure that your client feels safe and comfortable and that you adopt a non-judgemental attitude.
- Let your client know that you believe them.
- Ensure that you provide your client with information on local domestic-violence services - see Service Directory.
- Never ignore any child protection issues – if you have concerns regarding a child’s safety implement your own agency’s safeguarding procedures.
- Never use a family member as an interpreter.
- Remember that you are not required to be a counsellor. Support should be provided by a trained domestic violence support worker.

3.11 Professional Responses to Domestic Violence Victims

The following standards are the minimum requirement for any agency delivering a service to a victim of domestic violence or their family, and have been developed by PAIRs Domestic & Sexual Violence Forum.

All agencies should:

- Display up-to-date domestic violence posters and information (leaflets, survival cards) clearly and visibly in all public and other appropriate areas, such as WCs.
- Be aware of how to access domestic-violence information in minority languages or alternative formats such as Braille.
- Provide a link to specialist domestic violence services on your website.
- Have in place a specific individual (named contact) within the agency with responsibility for domestic violence work, who will regularly attend a Domestic Violence Forum and update their agency on any developments (For details of Domestic Violence Forums in Staffordshire see the service directory).



- Ensure staff who deliver a service to victims of domestic violence receive domestic-violence awareness-raising training. At the very least, the agency's named domestic violence contact should have received training.
- Know how to access specialist domestic violence information and advice, including referrals to MARAC.
- Respond in a sensitive and non-judgemental manner.
- Understand that they are not required to be counsellors. Support should be provided by a trained domestic-violence support worker or counsellor.
- Monitor the number of referrals they make to a specialist domestic-violence agency.
- Have in place a specific domestic-violence workplace policy for staff experiencing domestic violence.

3.12 Domestic Violence Service Provision

The following section provides an overview of the services and interventions available to victims and their families experiencing domestic violence across Staffordshire. Contact details for all these services can be found in the service directory.

3.12.1 Multi-Agency Risk-Assessment Conference – MARAC

A MARAC is a fortnightly meeting where partner agencies come together to share information to help increase the safety, health and wellbeing of high risk victims of domestic violence and their families. It is a multi-agency initiative, which is chaired by the police.

If your agency has identified a victim of domestic abuse as high risk, either by exercising professional judgement or because they reach a score of 14 or more on the risk indicator checklist, then you should make a referral to MARAC. See section 5 for further information and a referral form.



Any agency can make a referral to MARAC

“I was surprised at the amount of support I’ve received from MARAC. It’s reassuring to see that all of the agencies are working together to help me.”

Victim of Domestic Violence

3.12.2 Independent Domestic Violence Adviser – IDVA

The IDVA works with ‘high risk’ victims of domestic abuse and offers practical, legal and emotional support to guide them through the options and services available. The IDVA supports clients referred to the MARAC and/or specialist domestic violence court.

The service provided by the IDVA is:-

- Client led
- Confidential and free
- Independent from all other agencies to ensure the best possible support and advice is offered to everyone
- Provided with respect, dignity and sensitivity taking into account the diversity of the community

3.12.3 Specialist Domestic Violence Court - SDVC

The Specialist Domestic Violence Court is held weekly. All domestic violence cases should pass through this court for the defendant’s first appearance and sentencing if appropriate. Some of the cases that pass through the Specialist Domestic Violence Court may not be deemed suitable to be dealt with at the Magistrates Court and will therefore be committed to Crown Court.

“I felt safe in court with the support of the IDVA. Going to court has changed me, my confidence is better and I have moved on with my life.”

IDVA Service User



3.12.4 Refuge

If you are referring a woman to a refuge, it is important to check its policy on drugs and alcohol. Most refuges will need to carry out a risk and needs assessment. In many cases (usually for health, safety and child protection reasons) they will be unable to accept a woman who is known to be using illegal drugs unless a package of inter-agency support is in place and she is on a programme to control her addiction. It is important to be honest and clear so that a refuge can be prepared for the kind of support a woman with a substance addiction will need.

A refuge is a safe house where women who are experiencing domestic abuse can live free from violence. Women residents of refuges must keep their location confidential. This means that they will not be able to tell friends or family where they are staying.

Please note that refuge addresses and phone numbers are confidential due to the concern that violent partners will track down residents. Women are at greatest risk of being murdered when they plan to leave, or have left, a partner. It is therefore critical that you never, under any circumstances, give the address or location of a refuge to anyone, even when you think they are safe.

Children can also stay in refuges with their mothers. Some refuges are only able to take male children up to a certain age; this can be as young as twelve but each refuge varies.

Women can usually stay as long as they need to in refuges. Re-housing can take a long time; refuge stays may therefore be fairly lengthy.

Refuge staff will need to speak to the client directly in order to ensure that refuge accommodation is appropriate and useful and also to explain the conditions of stay.

If you are a male worker contacting refuges on behalf of a client, it is good practice to verify who you are: provide office details, address and phone number and suggest that a refuge worker may want to call the main office number and speak to another member of staff to verify your details

Best Practice Box

Staffordshire Joint Commissioning Unit asks all supported housing services, not just those targeted at substance misuse, to apply outcomes focused needs/risk assessment and support planning mechanisms, including outcomes, to better manage drug and alcohol problems. Between April and December 2009, these services supported over 400 people with substance misuse issues to achieve more settled living arrangements.



3.12.5 Supported Housing

Other accommodation providers have supported housing for women fleeing domestic violence. These are usually run by housing associations and not by specialist domestic-violence organisations. They do not offer emergency out-of-hours admissions and they are usually staffed only during office hours.

3.12.6 Outreach Support

Some refuges and other agencies also run advocacy or outreach services which support women experiencing domestic violence in the community or living in other forms of temporary accommodation.

This service may be more suitable for a service user who is not ready to leave a relationship or who does not wish to go to a refuge. It may be possible that the outreach worker could attend your service to provide advice.

3.12.7 Floating Support

This peripatetic service is funded by Supporting People and is provided to enable service users to maintain their independence regardless of tenure. The floating support worker provides practical support in the service-user's own home for up to two years, dependant on need, and can act as a 'broker', ensuring that the service user is linked in to other services.



3.12.8 Support for Children Affected by Domestic Abuse

In many refuges, support for children and young people is available. Specialist Child Support Workers offer children a chance to talk about what has happened and offer therapeutic activities to help them recover from their experiences and rebuild their lives. Specialist domestic-abuse services also offer children living in the community drop-in sessions, group work, activities or one to one counseling services. There are also many agencies that indirectly help children or offer support for children which can help them overcome the effects of domestic abuse such as individual and family counselling, solution-focused therapy, cognitive behaviour therapy, art therapy, family therapy, systemic psychotherapy, parenting groups, groups for young people, Positive Parenting Programmes, adolescent groups, school CAMHS service and parent support workers.

Any child exposed to domestic violence is likely to benefit from there being a well coordinated, multi-agency Team Around the Child meeting (under the Common Assessment Framework or CAF) if the local authority children's Social Care Services are not involved and the child is not the subject of a child-protection plan.

"I like the wefruj becose it has a play room and a garden and I feel safe"

Written feedback from a child at a Staffordshire refuge

3.12.9 Tenancy Support Workers

.This service offers practical support to tenants and is provided by the housing provider to enable clients to maintain their tenancy

3.12.10 Sanctuary Schemes

Sanctuary projects are designed to enable victims of domestic violence to stay in their own homes where it is possible and desired and the violent partner no longer lives within the home. It is available across tenures where the landlord/owner of the property has given permission for the work to be carried out. Referrals for this service usually come from the police. Sanctuary schemes are not available in all areas of Staffordshire and are dependent on funding availability. It is essential that this service is only provided where it is the clear choice of the victim and it is not intended to replace the need for refuge.



3.12.11 Witness Care

Witness Care provides support to adult and child witnesses in court cases. They will make arrangements for any special measures the victim may need in court, such as a video link or screen, and ensure the court Witness Service has the information they need to support them. They also ensure the victim receives their witness statement and exhibits and keeps them informed of any changes in the time or date that they are needed at court.

3.12.12 Civil or Criminal Legal Terminology

The following is a list of the more common civil or legal terminology that may be used in domestic-violence situations.

- **Non-Molestation Order**

This is a civil order restricting one person from going within a specified radius of and/or to contact in specified ways an associated other - it is now a crime to breach this civil order and will result in criminal proceedings being carried out should there be sufficient evidence.

- **Occupation Order**

This is a civil order which decides who should live in a home after there has been violence or harassment. For example, the court can order a person to leave the home or only live in a particular part of the home, allow someone back into the home, or exclude a person from a specific area around the home. In some cases it can even be specified that the excluded person must pay some of the mortgage or rental costs.

- **Restraining Order**

A Restraining Order is a criminal order that can be attached to any domestic violence charge as agreed by the magistrates or judge. A Restraining Order can be given to prevent the approach of a person to another person or persons or to restrict an approach to an address. Under new legislation a Restraining Order can be put on a person even if the case has been acquitted, although to date this has never been done.

- **37/7 Police Bail Conditions**

Preventative police bail conditions are given pre-charge when further enquiries are needed, for example medical evidence, but a charge is likely. No offence is committed if these bail conditions are breached, the offender can only be charged with the original offence or released with the same conditions.

- **47/3 Police Bail Conditions**

Police bail to a police station for further police enquiries, no conditions apply.

- **Court Bail Conditions** – The court may decide to keep someone in prison,.



- Remanded in custody – if it is decided that the accused can be free until their next appearance the court will remand on bail. Bail can be: conditional bail – there are restrictions set that must be adhered to including exclusion areas, times to present at local police stations, curfews, prevention from contacting named persons etc. or unconditional bail – there are no restrictions except time and date of next court appearance
- Special Measures – Special Measures are measures taken during trials to prevent those giving evidence from having to see the alleged perpetrator. This can be done by putting screens around the witness box, leaving it visible to the magistrates or judge and jury only. Video link is usually only used when children under 16 give evidence. Special measures are automatic in cases of child witnesses. All special measures must be applied for by the Crown Prosecution Service prior to the trial.

3.13 Domestic Violence Perpetrators within Drug & Alcohol Services

Many victims do not have a problem with drinking or illegal drugs, but their partners or ex-partners may do. It is not uncommon where this is the case for violence to be linked to the addictive substance. It may be that financial abuse has taken place in order to fund the substance, or that alcohol has been used as a means of triggering violent events. It is also often used as an excuse for the violence, or even a denial where the perpetrator claims ‘I was drunk’ or ‘I don’t remember doing that’. It is important to stress that while the addictive substance may be used as a catalyst, this does not in any way justify abuse or violence.

A study of 336 convicted offenders of domestic violence found that alcohol was a feature in 62% of offences and 48% of offenders were alcohol dependent.

Gilchrist et al, 2003



Practice Issues:

Taken from Hester, M. and Westmarland, N. (2006) Service Provision for Perpetrators of Domestic Violence, Bristol: University of Bristol.

- When perpetrators are prepared to find help they most frequently access GPs, Relate, local authority children's social care services, Samaritans, alcohol or drugs services, hospitals, solicitors and welfare services at work.
- Where perpetrators are prepared to access help, they attempt to position themselves as 'sad' (depressed) or 'mad' (in need of psychological or psychiatric care), with a resultant focus on 'poor me' rather than their unacceptable behaviour.
- A focus on 'poor me' tends to abnegate the perpetrator's responsibility for their behaviour or the need to change and can be dangerous.
- Alcohol, drugs, depression and jealousy, rather than violence, were often presented as the problems requiring treatment.
- Male perpetrators are more likely to seek help at some kind of crisis moment, usually when their partner gives them an ultimatum or actually leaves or where there are child-contact issues. However, this is also when men are likely to be especially dangerous and homicidal, and safety for the women and children concerned therefore has to be a priority for any agency intervening with men at this time.
- Agencies should not refer perpetrators to counselling or related approaches that may reinforce the 'poor-me' syndrome. Instead, GPs and other agencies should direct perpetrators to services that are critical of, and aim to change violent men's behaviour.
- Agencies from criminal justice, health, social care, family proceedings and other sectors need to work together to develop coherent and coordinated approaches to perpetrators that focus on tackling men's violent and abusive behaviour while also ensuring safety for the women and children concerned. This should apply to the whole continuum of domestic-violence perpetrators from first time offenders to chronic and severe offenders.
- Agencies that may come into contact with perpetrators need to be able to ask about their violent and abusive behaviour.

Remember:

Drugs and/or alcohol are not the primary cause of domestic abuse. Be careful not to collude with the perpetrator by providing him with an excuse for his behaviour.

Addressing your client's substance misuse needs will not address their abusive behaviour.

Be clear who the victim is – the perpetrator is not a victim.

Be aware of the risks to your client's family – understand when to override confidentiality.



3.14 Service Provision for Domestic Violence Perpetrators

The following section will provide an overview of the limited services and interventions available to perpetrators of domestic violence across Staffordshire. Contact details for all these services can be found in the service directory.

3.14.1 Respect Phonenumber

The Respect Phonenumber is an information and advice line for anyone who is violent and/or abusive towards their partner. It also provides information and contact details of perpetrator programmes available in the UK.

The Respect Phonenumber is for:

- Men who are violent/abusive towards their female partners
- Women who are violent/abusive towards their male partners
- Men and women in same-sex relationships,
- Frontline workers from the statutory and voluntary sectors working with domestic -violence perpetrators
- Domestic violence victims wanting to find out what help is available for abusers

Respect Phonenumber – 0845 1228609

Monday, Tuesday, Wednesday, Friday

10.00 am – 1.00 pm and 2.00 pm – 5.00 pm

3.14.2 Perpetrator Programmes

The first perpetrator programme to be given any validity was delivered in Duluth, Minnesota. As a result the majority of programmes today are based on this model. Domestic violence perpetrator programmes are controversial. While several accounts attest to the effectiveness of such programmes, the evidence from empirical research is inconsistent.



i) Staffordshire Probation Integrated Domestic-Abuse Programme

The Integrated Domestic Abuse Programme (IDAP) is a Home-Office accredited, community-based group work programme designed to reduce re-offending by adult male domestic violence offenders against female partners (based on the Duluth Model). Offenders are usually assessed as presenting a potential high risk of harm to their partners. In order to access this programme, offenders need a sentence of a minimum 2-year Community Order with a specific condition to attend all 27 sessions of the IDAP. If the offender is not considered suitable to participate in group work, some sessions can be delivered on

The IDAP focuses on concepts such as control and the misuse of power. Offenders are expected to talk openly about their violence to the group, and listen to others' experiences. This, along with the educational content of the course, has been proved to help violent men recognise the impact of their violence, take responsibility for their actions and eventually stop their violent behaviour. The course addresses both physical and psychological violence.

An essential part of the IDAP is the provision of a supportive infrastructure for women. The Women's Safety Worker liaises with the partners of the men on the programme to obtain the victim's perspective (in confidence) and that of any new partners.

The Women's Safety Worker can provide realistic information to women about the programme, her partner's attendance and programme outcomes as it is important for them to know that he may not change. The main focus is around safety whilst the offender is on the programme and for a period of 6 months after completion. The aim of the role is to make sure that the risk posed by the offender is managed for the duration of the IDAP and then 6 months upon programme completion.

It is important to note that the take up of the service from the Women's Safety Worker is voluntary and will not affect the offender's ability to attend and complete an IDAP.

Women can take up the service at any point during the length of the programme and up to 6 months after completion, even if they decide not to take up contact initially.

ii) Staffordshire Probation One to One Domestic Abuse Programme

A significant number of domestic-violence offenders do not access the IDAP. This may be due to a number of factors such as offenders whose history fails to indicate a pattern of abuse and may therefore be assessed as posing a medium risk of harm and offenders for whom the group setting is unsuitable.

Such offenders are often placed on community orders with requirements; the main requirement being supervision. Other requirements might also be included, such as drug/alcohol treatment.

Within supervision, the offender is engaged in a programme agreed at the sentencing stage and informed by an in-depth analysis of his/her thinking and attitudes. Individual work with this group of offenders relies heavily upon the one to one programme which has been developed from the IDAP model. This is a structured programme which covers a number of areas concerning domestic abuse and promotes greater self-awareness, improved coping strategies and encourages respectful relationships.



It is important to note that the programmes provided by Staffordshire Probation are only available for convicted perpetrators as part of their community sentence.

iii) Non-Mandatory Perpetrator Programme

What is a Non Mandatory Perpetrator Programme?

- It is a voluntary programme which men can self-refer onto. They are not required to attend a non mandatory perpetrator programme by a court order;
- It is a programme developed especially to make perpetrators change their unacceptable behaviours and attitudes;
- The majority of programmes use a cognitive behavioural or psycho-educational approach and view violence as a learned behaviour that can be unlearned (rather than as a consequence of individual pathology, stress, alcohol abuse or a 'dysfunctional' relationship);
- The primary goal of every perpetrator programme must be to ensure the safety of the partner and any children;
- Not all programmes are regulated or adhere to minimum standards of good practice.

Case Study

Andrew's Story

I've got four kids. Their mum and I had a long-term relationship. I ended up being violent to her. I left in December when I was arrested. My bail conditions said I had to live elsewhere. Social Services were involved as the children saw me hit their mum. I'm now prevented from seeing them on my own and I have to have a social worker with me. I've been put on a Community Order. I have to see my Probation Officer every week and I'm doing the one to one domestic-abuse programme. Looking at what I did I now realise that I caused a lot of physical and emotional harm. I want to be a better dad and to give my kids someone to look up to. My own dad was violent to my mum, although I realise that I can't use this as an excuse, it gave me the wrong impression about relationships. I want to change.

I'm getting help in sorting out other things. I'm doing an alcohol -awareness course and I see the probation service's education and training advisor. I'm doing a literacy course and I might even try to get an NVQ in computing.



**Children and Young People living
with Parental Substance Misuse and
Domestic Violence**



4.0 Children and Young People

Witnessing violence in the home can be very upsetting and damaging to children and young people, sometimes leading to more long-term effects similar to post-traumatic stress disorder. In addition, where parental drug or alcohol misuse co-exists, children and young people may experience both physical and psychological problems that can have a lasting impact on their lives.

Although home is where a child should feel safe, far too many children experience domestic abuse both directly and indirectly. In 2005 the legal definition of harming children was extended to include the harm they suffer by seeing or hearing the ill treatment of another - particularly in the home. The amendment came in response to evidence that children are at risk of suffering long-term psychological and emotional damage from domestic abuse as a result of:

- Witnessing the abuse perpetrated against a parent or carer, usually their mother
- Experiencing the fear and anxiety of living in an environment where abuse occurs
- Becoming actual victims of abuse and neglect

The number of children living with both domestic violence and parental substance misuse in Staffordshire is currently unknown. However, over 4,000 incidents of domestic-violence in Staffordshire were reported in 08/09 involving children.
Staffordshire Gap Analysis

Therefore there are likely to be significant numbers of children affected by substance misuse and domestic violence issues which may expose them to greater risks and increased levels of harm and present child-protection issues.

- 232 children were accommodated in Staffordshire refuges during 2008/09
- 978 children have been subject to a MARAC in Staffordshire (2008/09)
- During 2008/09, specialist domestic-violence services supported 473 children across Staffordshire
- National Drugs Treatment Monitoring System relating to drug treatment shows that of those people who were referred into treatment in Staffordshire between April 2008 and March 2009, 42% had at least one child living with them.

Staffordshire Gap Analysis



Case Study:

"I married an abusive man who had a severe drinking problem. He would take days off work and drink terribly. When he would drink he would become particularly abusive. I became pregnant and it didn't stop him. He would still knock me down, shake me, and push me into walls. I put up with it because I loved him. He never remembered the things he would do so I would blame the alcohol instead of him. Our relationship became so bad that I would miss a lot of work and my employer was getting fed up with me."

(Victim of Domestic Violence)

"One day he passed out with a glass of beer while holding my baby. Even though I had low self-esteem, I was strong when it came to my child. To look in the eyes of my baby girl and know that she watched every bit. It helped to be able to see the truth."

(Mother's Voice)

In 2003 the Advisory Council on the Misuse of Drugs (ACDM) published its report entitled 'Hidden Harm – Responding to the needs of Children of Problem Drug Users' (ACDM, 2003). This report estimated that there are between 250,000 and 350,000 children of problem drug users in the UK (about one child per adult drug user). This represents 2-3% of children under 16 in the UK.

Parental problem drug use can, and does, cause serious harm to children at every age from conception to adulthood. By working together with families and a range of services, many practical steps can be taken to promote the welfare and safety of children who are affected by their parents problematic drug use.

It is believed that in England and Wales one per cent of babies are born each year to women with problem drug use and that two to three per cent of children under the age of sixteen have parents with problem drug use. Understanding how parental substance misuse can affect a parent or carer's capacity to meet the holistic needs of their children is complex and practitioners need to be mindful of making assumptions and ensure that assessments of children and families are based on individual needs and circumstances.

Parental problem drug use is generally associated with differing levels of child neglect and emotional abuse. This can be due to the difficulties their parents may experience in organising and providing practical care for their children and in being emotionally available to meet the welfare and safety needs of their children. However practitioners need to be mindful that a proportion of parents who are problem drug users will be able to meet their children's needs. Improved outcomes for these children are associated with there being a non-using parent or carer, extended family support, having access to primary health care and drug treatment services, sufficient income and children accessing education provision.

(Working Together to Safeguard Children' 2010, pp. 270- 278. London: DCSF).



4.1 Domestic Violence, Parental Substance Misuse and Child Abuse

There is a clear distinction between domestic violence and actual child abuse. Although children can be the direct target of abuse, they can also experience indirect abuse through witnessing domestic violence towards the adult, which is often their mother. Both of these experiences can cause immense damage to children. Therefore, some aspects of abuse can be seen as both child abuse and domestic violence. However despite the links between the two forms of abuse you should not assume the two are related with regard to who perpetrates the abuse. This is further compounded when parental substance misuse is an issue. Domestic violence is often associated with other risk factors such as poverty, maternal depression and parenting style.

The following table highlights the parallel effects of abuse to children.

Parental Alcohol Problems	Domestic Abuse
Social isolation, stigma and keeping secrets	Social isolation, stigma and keeping secrets
Behavioural changes or problems	Behavioural changes or problems
Developmental delay, including in utero	Developmental delay
Potential damage to the foetus from heavy drinking. (Foetal Alcohol Spectrum Disorder- FASD)	Damage to foetus/miscarriage from physical abuse targeted at stomach
Psychological and/or psychiatric problems	Psychological and/or psychiatric problems
Poor supervision	
Inconsistent and poor quality care	Inconsistent and poor quality care
Overly punitive discipline	Overly punitive discipline
Child feeling fearful and responsible	Child feeling fearful and responsible
Disrupted play and leisure time	Disrupted play and leisure time
Disrupted routines, e.g. school attendances	Disrupted routines, e.g. school attendances
Low self-esteem and confidence	Low self-esteem and confidence
	Physical and sexual abuse
Disrupted attachment to parents	Conflicting loyalties towards parents
Difficulties in their adult relationships	Difficulties in their adult relationships

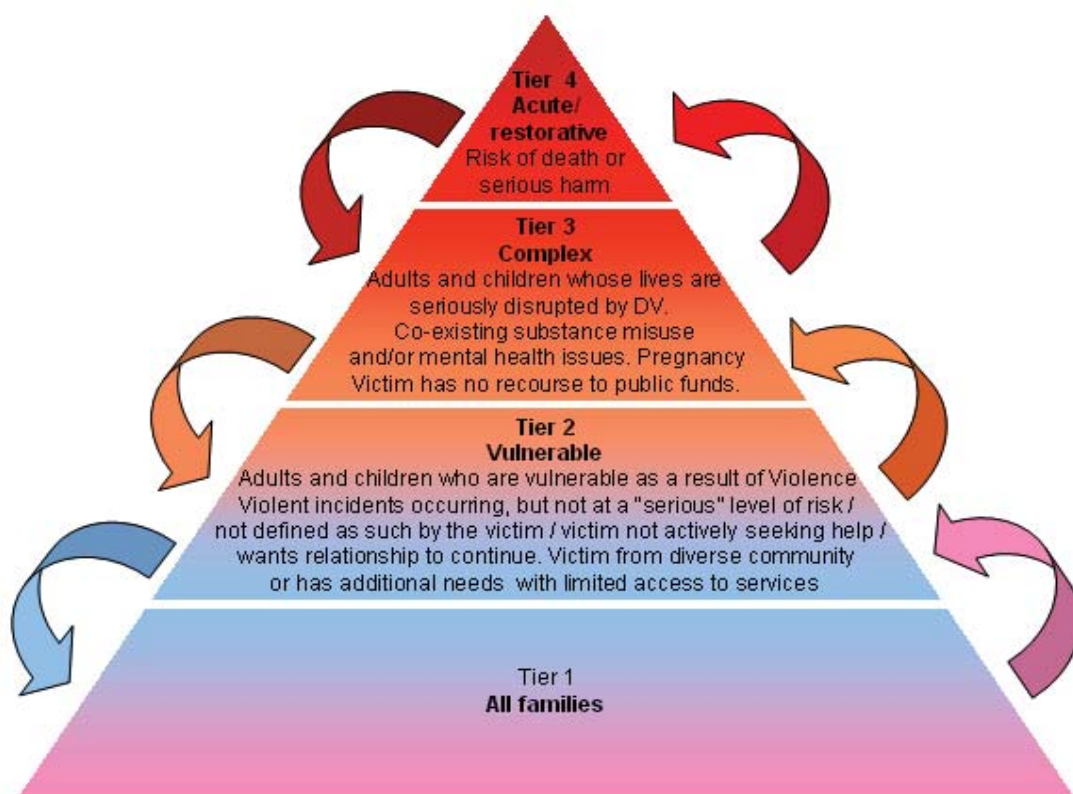
Taken from Galvani, S (2006) Safeguarding Children: working with parental alcohol problems and domestic abuse, The parenting and Alcohol Paper Series, London Alcohol Concern



Your organisations will have clear guidelines on working with children who disclose child abuse. Children need to be believed, feel safe and reassured that abuse is not their fault. You will need to understand what disclosure means in terms of safeguarding children. As professionals there is a need for extra vigilance in detecting whether children are living with both issues and how this is affecting them.

4.2 Coordinated Community Response to Domestic Violence

This model illustrates the interrelationship of agencies and levels of response for tackling domestic violence. It recognises that no one agency can deal effectively and safely with the effects of domestic violence. The tiers of intervention reflect the level of severity and the type of intervention required.



Tiers of Intervention and Need - 'A vision for Services for Children and Young People affected by Domestic Violence' (2006) Local Government Association

The Department of Health has produced a toolkit for frontline practitioners working with children or young people affected by domestic abuse. The toolkit can be downloaded from the link: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110865.pdf



4.3 Promoting the Welfare and Safety of Children & Families

4.3.1 Common Assessment Framework (CAF)

The CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It can be used by all practitioners across children's services.

The CAF promotes more effective, earlier identification of additional needs, particularly in universal services. It offers the appropriate support for children, young people and their families. For further support, information and guidance on Common Assessment Framework please go to:

<http://www.staffordshirechildrenstrust.org.uk/ISA/commonassessmentframework/>

The CAF aims to provide a simple process for a holistic assessment of children's needs and strengths, taking account of the roles of parents, carers and environmental factors on their development. Practitioners are then better placed to agree with children and families about appropriate modes of support. The CAF also aims to improve integrated working by promoting coordinated service provisions.

The CAF factsheet has more details:

<http://www.everychildmatters.gov.uk/resources-and-practice/search/IG00018/>

4.3.2 Local Safeguarding Children's Board

Staffordshire Safeguarding Children's Board (SSCB) is the key statutory mechanism for agreeing how local organisations will cooperate to safeguard and promote the welfare of children and young people living in Staffordshire.

It is an interagency forum which brings together representatives of each of the main agencies and professionals who are responsible for helping to protect children from abuse and neglect. The SSCB is responsible for agreeing how the different services and professional groups should cooperate to safeguard children and for making sure that arrangements work effectively to bring about better outcomes for children and young people in Staffordshire.

Stoke-on-Trent is a unitary authority and has its own local LSCB. Use this link for further information about safeguarding children who are living in Stoke-on-Trent:

<http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>



If a family or children suffering domestic abuse are to be effectively supported and protected, it is vitally important that care is taken to develop as clear an understanding as possible of the circumstances – an understanding that needs to be informed by an awareness of professional responsibility and appreciation of the complexities of the victims' circumstances.

It is essential that a sense of safety and confidentiality is given to the client. Women are often worried that any disclosure of violence or substance misuse could lead to the removal of children. It is important to assure non-abusing parents that the aim of any multi-agency intervention (via the CAF process or assessments by Children & Families Services) is to work together with families to provide help and support in order to meet their needs. Children are not removed from their family unless there is evidence to indicate that the child(ren) are suffering or likely to suffer significant harm and this decision has to be agreed by the courts. This course of action will only be taken when there are real concerns that the child will not be safe at home, in which case consideration is always given to the child being looked after by a relative or a friend.

Workers should inform their clients that Children's Social Care Services will need to be informed if there is a concern about the welfare and safety of their children, as practitioners working with children and their families must never ignore any child-protection issues.

Further guidance on child-protection procedures and policies can be found at <http://www.staffordshire.gov.uk/>. Please refer to the end of the directory for further contact numbers.

Best-Practice Box

- Discuss your concerns with your manager. You and your manager may also wish to speak to First Response prior to a referral. First Response will refer on to area teams who run a 'duty social worker' scheme where professionals can contact them for informal advice. If you do speak to First Response you should emphasise your concerns for the welfare of a child, rather than allegations of harm or abuse.
- If after this discussion you still have concerns, you should consider referrals for the child and family. If you believe the child is at risk of harm, you should refer them to First Response. In addition to First Response and the police, the NSPCC also have powers to intervene. The national NSPCC helpline number is 0808 800 5000



4.4 Every Child Matters

All five outcomes for children and young people (in Every Child Matters) can be affected by domestic violence and/or parental substance use having a negative impact on children's ability to achieve their full potential. Ignoring the effects on children and young people when implementing the requirements of Every Child Matters could ultimately lead to significant gaps in child protection policies, leaving children and young people vulnerable.

The Every Child Matters outcomes listed below are examples of some of the effects of domestic violence on children.

Be Healthy

Children's health is inextricably entwined with children's safety and security. Children living with domestic violence are at risk of significant harm both from direct abuse by the violent parent and from hearing or witnessing harm to the non-violent parent.

Stay Safe

Children need to be safe physically and emotionally, but living with domestic violence can mean that children are subject to neglect, violence, accidental injury and death. We should not forget that domestic violence will also cause long-term damage. Domestic violence services should focus on increasing safety for both the child and the non-abusing parent and this should be identified at the earliest possible stage.

Enjoy & Achieve

Children experiencing domestic violence often miss school or cannot concentrate because they are worried about what may happen to their mother. Their education may be severely disrupted by having to repeatedly flee domestic violence often in the middle of term. They are also likely to experience isolation and bullying because of the fear, shame and secrecy surrounding abuse.

Make a Positive Contribution

Children often feel they are to blame for the violence in their family and this diminishes their self-esteem and makes it difficult for them to develop positive relationships. Children will react in different ways to the violence witnessed or experienced, such as becoming more aggressive and anti-social or some may have higher rates of depression, anxiety and trauma symptoms.

Achieve Economic Well-Being

Children living with domestic violence may suffer financial hardship, because abusers often control the family's finances rigidly. Abused parents can often face difficulties in gaining and maintaining employment. They are also likely to suffer financial hardship if they flee from the family home, because they may have to stay in a refuge or temporary accommodation, and if rehoused by the local authority or housing association, may have a very limited choice of accommodation available to them.

Taken from 'A Vision for Services for Children and Young People affected by Domestic Violence' (2008) Local Government Association.



Hidden Harm: Responding to the Needs of Children of Problem Drug Users – Advisory Council on the Misuse of Drugs (ACMD), 2003: A key message from this inquiry from the ACMD is that reducing harm to children from parental drug use should become a main objective of policy and practice and that effective treatment of the parent can have major benefits for the child.

By working together, services can take many practical steps to protect and improve the health and well-being of affected children. The inquiry further recommends that drug and alcohol agencies should aim to become ‘family friendly’, with an emphasis on meeting the needs of women and children.

4.5 Staffordshire Children’s Trust Board

Staffordshire Children’s Trust is a partnership which brings together the organisations responsible for services for children, young people and their families in a shared commitment to improving children’s lives. The outcomes that are most important to children and young people are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Economic wellbeing

Children’s Trusts are a response to Lord Laming’s Report of the Inquiry into the death of Victoria Climbié. The inquiry highlighted how crucial it is for organisations to work together and communicate well. The evidence from the inquiry confirmed the need to see and listen to children and respond to their needs, and to improve the quality of communication and joint working.

Children’s Trusts bring together the joint working that is already taking place in many local areas. Good examples of existing multi-agency work include: Sure Start, the Children’s Fund, Connexions, Behaviour and Education Support Teams, children and young people’s strategic partnerships, and Youth Offending teams.



Children's Trusts aim to support those who work every day with children, young people and their families to deliver better outcomes.

People will work in effective multi-disciplinary teams, either co-located or in a virtual manner using the Team Around the Child model. This will mean joint training to tackle cultural and professional divides and the use of a lead-professional model where many disciplines are involved

4.6 Useful websites for young people

STARS (Support Therapeutic, Advocacy and Outreach Services)
National Initiative – support for children and young people living with parents using drugs <http://www.parentsusingdrugs.org.uk>

NSPCC website – designed to give information about services and people that are there to help children and young people <http://www.worriedneed2talk.org.uk/htm>

The Hideout – support for children and young people living with domestic violence <http://www.thehideout.org.uk/>

Respect4us - Interactive game and informative website for young people about issues including domestic violence, sexual bullying and sexual discrimination www.respect4us.org.uk

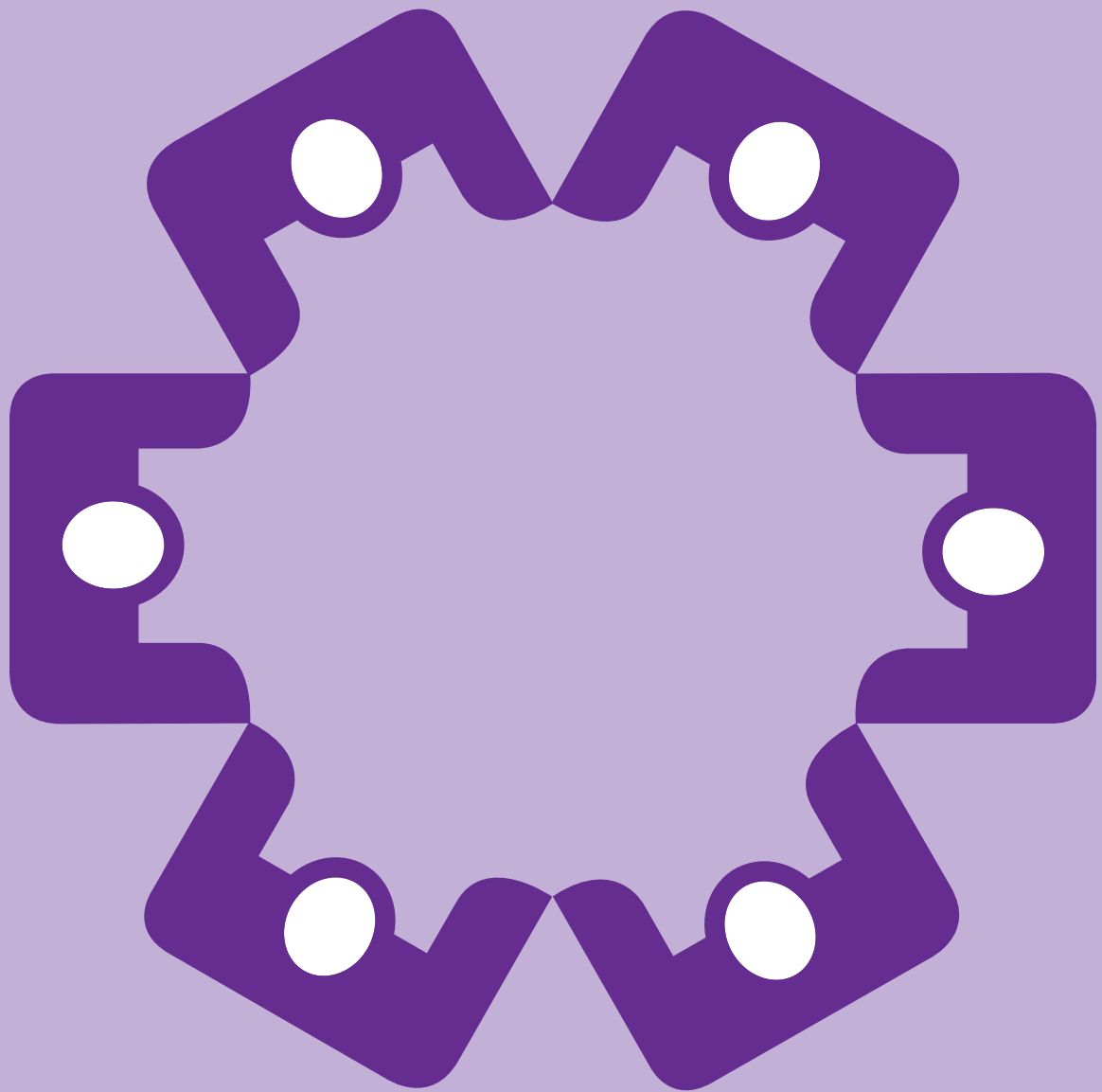
FRANK - Website for young people providing free, confidential drugs information and advice 24 hours a day www.talktofrank.com

Get Connected – a free, nationwide, email and telephone helpline that finds young people the best help whatever the problem www.getconnected.org.uk

Contact the Community and Learning Partnership in your area for further information on children and young people's services – details can be found in the service directory (Section 6).



**Multi Agency Risk Assessment Conference
(MARAC)**



5.0 Multi Agency Risk Assessment Conference (MARAC)

5.1 What is MARAC?

A MARAC is a fortnightly meeting where partner agencies come together to share information to help increase the safety, health and wellbeing of high-risk victims of domestic abuse and their families. It is a multi-agency initiative, which is chaired by the police.

At the meeting agencies will discuss the risks a perpetrator may pose to a particular individual or the wider community. A risk management plan is then constructed to reduce the risk of harm, reduce repeat victimisation and increase support for the people involved.

The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC.

Most of the actions that arise from the MARAC reflect an altered perception of risk as a result of the information shared. With additional information, agencies are more able to prioritise actions and to support both the victim and their staff.

5.2 The Referral Process

In order for the MARAC process to work effectively there needs to be a common understanding of risk among agencies. If your agency has identified a victim of domestic abuse as high risk, either by professional judgement or by reaching a score of 14 or more on the risk indicator checklist, then you should make a referral to MARAC. In addition you should also refer those victims where there have been 4 or more incidents within a 12 month period and where one might reasonably assume that the domestic abuse is escalating even if no single incident would meet the high risk threshold.

To make a referral, you will need to complete a referral form, including the risk indicator checklist, and return it to the MARAC Administrator by email or fax. The form is provided at the end of this section.

Any agency can make a referral to MARAC

For further information please contact your local independent domestic violence adviser (IDVA) as listed in the directory.



5.3 Information-Sharing Protocol

All agencies that attend the MARAC sign an information-sharing protocol and a confidentiality agreement, which means that any information discussed at a meeting is strictly confidential.

By signing the protocol agencies declare their commitment to the procedures it sets out, agree to cooperate fully with each other and abide by the terms laid out in the protocol. Responsible information sharing enables agencies to work together, direct services accordingly and better protect victims and their families.

Only agencies that have signed the Information-Sharing Protocol can attend a MARAC meeting.

All agencies should ensure that the minutes are retained in a confidential and appropriate manner.

5.4 The MARAC Meeting

Once referrals have been received by the MARAC Administrator, an agenda will be sent to agencies 8 days before the meeting.

Once your agency receives the agenda with the list of cases to be reviewed, you should establish what information is held by your organisation and complete the research form. This will enable agencies to share information in a consistent and time efficient way. Those attending the MARAC should have the authority to prioritise the actions that arise immediately allocate resources to those actions. In order for the process to be effective it is important that agencies inform the MARAC Administrator once they have completed their actions.

It is imperative that agencies inform the MARAC Administrator if there have been any further incidents following the MARAC meeting.

5.5 Single Point of Contact:

Chase MARAC – Stafford Borough, South Staffordshire, Cannock Chase
MARAC Administrator - Martin Adams

Trent MARAC – East Staffordshire, Tamworth, Lichfield
MARAC Administrator – Julie Smith

North MARAC – Stoke-on-Trent, Newcastle, Staffordshire Moorlands
MARAC Administrator – Dawn Callear

Please return completed referral forms, including the risk indicator checklist, to:
Email – marac@staffordshire.pnn.police.uk

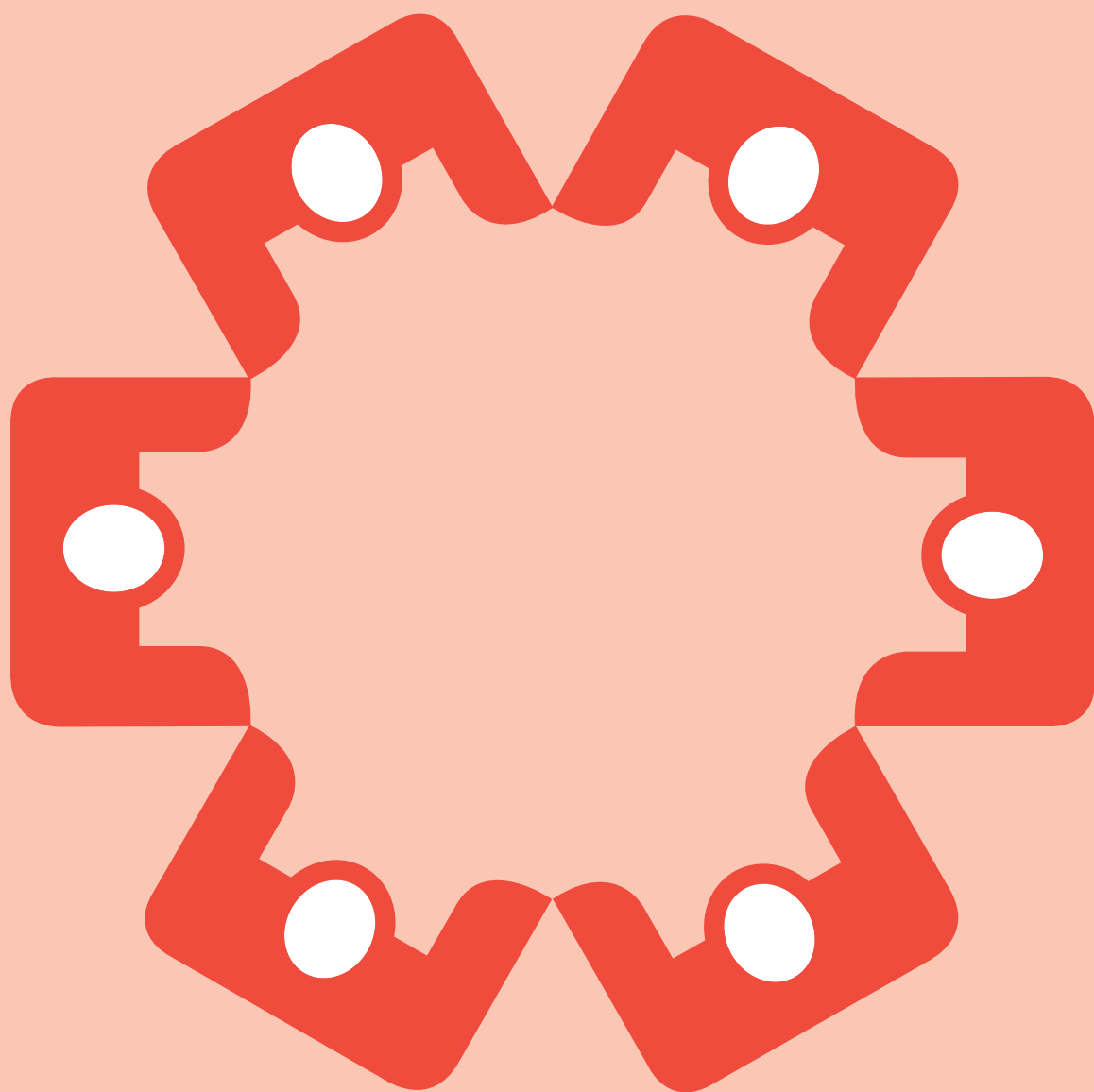


<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column</p>	Yes (tick)	NO	Dont Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)				
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children) Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?				
7. Is there conflict over child contact?				
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)				
9. Are you pregnant or have you recently had a baby (within the last 18 months)?				
10. Is the abuse happening more often?				
11. Is the abuse getting worse?				
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)				
13. Has (.....) ever used weapons or objects to hurt you?				
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?				
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)				
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)				
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
19. Has (.....) ever mistreated an animal or the family pet?				



20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?				
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				
22. Has (.....) ever threatened or attempted suicide?				
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/ Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>				
Total 'yes' responses				
<p>For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe:</p> <p>Consider abuser's occupation/interests-could this give them unique access to weapons? Describe:</p>				
What are the victim's greatest priorities to address their safety?				
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, have you made a referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed:</p> <p>Date:</p>				
<p>Do you believe that there are risks facing the children in the family? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please confirm if you have made a referral to safeguard the children: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date referral made: Agency referral made to: Case worker name:</p>				
Name:				Date:
Signature:				





6.0 Service Directory

6.1 Alcohol Services

Adsis

Adsis operates to enhance the quality of life for people in the county of Staffordshire who are adversely affected by alcohol and other dependencies through a programme of harm reduction. We provide one to one support across a variety of outreach venues in the county. Please contact the specific office for your area to discuss referral criteria and discuss referral criteria.

Office Tel: 01785 224771

Client Tel: 0844 561 7079

Fax: 01785 249311

Email: headquarters@adsis.org.uk

Email: adminsouth@adsis.org.uk

Tel: 01782 271096

Fax: 01782 209122

Email: adminnorth@adsis.org.uk

Stonham

Accommodation based service for clients recovering from alcohol misuse, aged 18+. This is a 'dry' service with no alcohol consumption allowed on or off the premises. Clients must have completed a detox prior to admission and can either self refer or be referred by any agency

Ferneleigh House

75-76 Corporation Street

Stafford

ST16 3LT

Tel: 01785 225043

Alcoholics Anonymous

Tel: 0845 7697555

National Alcohol Helpline

Tel: 0800 91 8282



6.2 Drug Services

Addaction - Staffordshire

Addaction Staffordshire is for people aged 18+ who want to reduce, control or stop their use of street drugs and for those who are concerned about someone else's drug use. Full assessment, signposting and referral to appropriate treatment services is offered, including structured one-to-one support, hepatitis project, stimulant service and harm reduction advice and guidance. Addaction also run the county needle exchange. There are pharmacy needle exchanges in each district and a call to Addaction will give you the location, criteria and exceptions of the pharmacy schemes to help you advise your client.

Contact Details:

Outreach to Tamworth Tel: 07795 256977

Outreach to Lichfield Tel: 07789 983908

Outreach to Leek, Cheadle and Biddulph Tel: 07795 238178

Stafford Tel: 01785 247606

Burton-on-Trent Tel: 01283 500934

Cannock Tel: 01543 577703

Newcastle-under-Lyme Tel: 01782 637658

ADS (Addiction Dependency Solutions)

Drug Intervention Programme

18 Martin Street

Stafford

ST16 2LG

Tel: 01785 270080

Edward Myers Specialist Community Out-Patient Service (Newcastle-under-Lyme and Staffordshire Moorlands)

The clinic offers a consultant-led specialist community substance-misuse service that caters for clients aged 18+ with complex substance-misuse needs. The main elements of the clinic are specialised alcohol assessment and prescribing, specialised opiate-substitute prescribing (maintenance, reduction, titration). Support options available include assessment and care planning, community prescribing, complementary therapy, information and support, and one-to-onesupport.

Tel: 01782 441713



Edward Myers In-Patient Unit (Newcastle-under-Lyme and Staffordshire Moorlands)

This is a 14-bedded specialist in-patient substance misuse service catering for clients aged 18+ in North Staffordshire. The service offers specialist prescribing, treatment and therapy for detoxification of opiates and alcohol. Support options available include assessment and care planning, complementary therapy, information and support, in-patient detox and one-to-one work.

Tel: 01782 441715

Newcastle Community Addiction Service

The service offers treatment for alcohol dependence and illicit substance misuse (tier 3) for people aged 18+ in the form of assessment of individuals alcohol or illicit substance misuse, community alcohol detox, care-planned treatment, testing and support of illicit substance misuse including non-medical prescribing, hepatitis A/B vaccination and hepatitis C testing.

Tel: 01782 625890

Staffordshire Moorlands Community Addiction Team

This is a tier-3 specialist assessment and community based treatment service for dependent substance misusers aged 18+. Provision is mainly for opiates and/or alcohol, with substitute prescribing being available (shared care and GPSI clinics), home detox and other appropriate psychosocial interventions.

Tel: 01782 275035

The BAC O'Connor Centre

BAC O'Connor specialises in the rehabilitation of individuals experiencing chemical dependency. BAC offers a safe, structured and supportive environment using a holistic approach to rehabilitation, where drugusers and their families can work towards gaining a more satisfying and healthful lifestyle without the need for chemicals.

Burton Tel: 01283 537280

Newcastle Tel: 01782 717617

Community Substance Misuse Teams

This is a multi-disciplinary drug and alcohol service involving health, social services and voluntary agencies. Service by appointment. Advice and information, assessments for drug and alcohol users and their families. Counselling. Community supervision, rehabilitation and outreach services

Newcastle Tel: 01782 624890

Cannock/Stafford Tel: 01543 468667

Burton Tel: 01283 545071

Tamworth Tel: 01287 310040



T3

This organisation provides substance misuse services for young people, working with communities and families

Tel No: 01785 241393

National Drugs Helpline

Tel No: 0800 776600

6.3 Substance-Misuse Commissioning Teams

Staffordshire

Staffordshire Substance Misuse Commissioning Team
Leaven House, University Court
Staffordshire Technology Park
Beaconside
Stafford
ST18 0GE

Tel: 01785 358605

Stoke on Trent

Safer City Partnership
PO Box 2461
Floor 1
Civic Centre
Glebe Street
Stoke-on-Trent
ST4 1RG

Tel: 01782 235708



6.4 Specialist Domestic-Violence Services

Moorlands Together Domestic Abuse Service

This is a free community-based service in the Staffordshire Moorlands for women and children suffering domestic abuse.

Tel: 01538 380610

Email: dvsupport@moorlandshousing.co.uk

ARCH (Newcastle and Stoke-on-Trent)

ARCH provides outreach support to both male and female victims of domestic violence. Services provided:

- Refuge accommodation for women and children
- Outreach support in the community
- Freedom Programme
- Children's services
- Relationships Without Fear
- IDVA
- Perpetrator Worker
- Training

Women's Helpline: 01782 205500 (Monday-Friday 10.00 am-3.00 pm)

Male Helpline: 01782 205500 (Tuesday 4.30 pm-6.30 pm)

Children and Young People's Helpline: 01782 205500 (Thursday 3.30 pm – 5.30 pm)

Fax: 01782 633668



Stonham (East Staffordshire)

Services provided:

- 3-bedroom refuge for women and children in East Staffordshire
- Floating Support
- IDVA
- Freedom Programme

The refuge is staffed Monday to Friday from 9.00 to 17.00pm and is therefore not suitable for high-risk referrals. The cut off point for referrals is 12:00 on Friday to ensure adequate time is available to carry out an assessment and safety checks before admission to the service.

PO Box 7588
Burton Upon Trent
Staffordshire
DE14 9FH

Tel No: 01283 569598

Maple Place (Cannock Chase)

Services provided:

- 5 two-bedroom self contained flats for women and children
- One-to-one support including basic counselling
- Signposting to other relevant agencies
- Providing information about legal aid/referrals to family-law solicitors
- Maximising income including benefits
- Reducing debts
- Obtaining/participating in paid work
- Participating in training/education
- Voluntary work



- Voluntary work
- Managing physical/mental health
- Managing substance misuse
- Help with independent living
- Offending behaviour – compliance with statutory orders
- Managing self-harm/causing harm to others
- Support with getting a safe and independent accommodation
- Support with move-on
- Post-move-on floating support

Maple Place accepts self-referrals or referrals from professionals. The main referral criteria are fleeing domestic violence and having recourse to public funding. The referral process is followed by an interview after which a decision is made within 24 hours. During the interview, the aim of the project, support package and the terms and conditions of accommodation are explained.

Tel No: 0870 240 2451

Pathway Project (Burntwood, Tamworth and Lichfield)

The Pathway Project has refuge accommodation in Burntwood, Tamworth and Lichfield. The Hope Centre is an outreach and drop-in centre where women can meet with Floating Support Workers, Independent Domestic Violence Advisers or professionals from other agencies. The centre is available to any woman needing help during office hours. Services provided:

- Refuge accommodation for women and children
- Resettlement support
- Children's services
- Child care
- Parenting support
- Counselling
- Floating support



- Self-help groups
- Life coaching
- Support group
- Service-user forum
- IDVA

The Pathway Project accepts self-referrals or referrals from professionals. They support mainly women affected by abuse from their partners but also women suffering abuse from parents, older children, other family members, same-sex partners and even neighbours. They accept women from 16 (with funding) and have no upper age limit. Pathway Project includes the following within its criteria:

- Trans-sexual women who have had gender reassignment and been living as a woman for two years or more
- Women in an emergency who may have been previously evicted for non payment of a weekly charge
- Males under the age of 14 in refuge accommodation
- Emergency facilities may be offered to bridge the gap until alternative and appropriate service provision has been identified where women have specialist support needs
- Women with severe mental health issues, ongoing drug or alcohol issues subject to a risk assessment
- Women who are addressing their drug or alcohol issues through a structured programme, on a case-by-case basis

24-Hour Helpline: 01543 676800

Hope Centre: 01543 442610

Staffordshire Women's Aid (Stafford Borough, South Staffordshire, Cannock Chase and Staffordshire Moorlands)

Staffordshire Women's Aid provides refuge accommodation and community outreach support for women and children living with, escaping or recovering from the impact of domestic and sexual violence in Stafford Borough, South Staffordshire, Cannock Chase and Staffordshire Moorlands. Services provided:



- Refuge accommodation for women and children
- Outreach support in the community
- Resettlement support
- Children's services
- Parenting support
- Counselling
- Floating support
- Support groups
- IDVA
- Training

One-to-one support and group work are offered to women and children based on choice and individual needs. Where appropriate, support can be provided outside the centres, in venues such as Children's Centres and schools.

24-Hour Helpline: 0870 2700 123

Victim Support (Countywide)

A dedicated team of Victim Care Officers working from the Staffordshire Victim Care Unit now make contact with all victims of crime referred by the police, other agencies or by themselves, to assess their needs and offer a wide range of support options and packages tailored to victims' immediate and longer term practical and emotional needs. Support may include referral to victim support caseworkers, other agencies and, for the first time, commissioning paid services on behalf of the victim.

Tel No: 08455 212300 (8am to 8pm)

CONNECT (Stafford Borough, Cannock Chase and South Staffordshire)

The CONNECT project provides telephone support, practical assistance and emotional support for men and their children experiencing or escaping from domestic abuse.

24-Hour Helpline: 0870 2700123



Mankind (Nationwide)

This service offers:

- A refuge facility for single men and men with children who are suffering from domestic abuse.
- Mediation services
- Counselling services

Tel No: 0870 7944124

Website: www.mankind.org.uk

6.5 Specialist LGBT Domestic Violence Services

Broken Rainbow

Tel No: 0300 999 5428 or 08452 60 44 60

Opening times:

Monday 2 pm-8 pm

Wednesday 10 am-1 pm

Thursday 2 pm-8 pm

Staffordshire Buddies

PO Box 474 Hanley

Stoke-on-Trent

Staffordshire

ST1 3HX

Telephone No: 01782 201251

Email: ask@staffordshirebuddies.co.uk

Website: www.staffordshirebuddies.co.uk



6.6 Specialist BME Domestic Violence Services

Refuge

Refuge offers a 3-bedroom refuge for South-Asian women and their children, along with floating support. They have a drop in surgery at Burton Library 10.00am until 12 noon every Tuesday. Office hours are 9.30am until 5.30pm, although there is a 24 hour helpline that offers an out of hours on-call worker.

PO Box 7496
Burton-upon-Trent
DE14 9EU

Tel: 01283 510887
24-hour tel: 0808 2000247

Everywoman Project – Staffordshire Women’s Aid

The Everywoman Project supports BME women and their children living with, escaping or recovering from the impact of domestic and sexual violence in Stafford Borough, South Staffordshire, Cannock Chase and Staffordshire Moorlands.

Tel: 0870 2700123

Forced Marriage Unit

Tel: 0207 0080151

6.7 Specialist Sexual Abuse Services

SARAC (Burton-on-Trent)

SARAC delivers a specialised service to people aged 13 and over who are affected by rape, sexual and/or domestic abuse. The support is provided through a telephone helpline open 5 and a half days a week and face-to-face counselling and support. SARAC also provides practical help and advice to victims of rape on health, best evidence, personal safety for reporting the crime. In addition to support and practical help at police interviews, through court proceedings and other sensitive appointments, SARAC also provides training to other organisations.

Opening Hours:

Monday to Thursday 9.30am until 8.00pm; Friday 9.30am until 3.00pm; Saturday 10.00 am until 12 noon

PO Box 3
Burton-on-Trent
Staffordshire
DE14 1BB
Tel No: 01283 517185
Email: staff@sarac.org.uk



SAVANA (Stoke-on-Trent)

Counselling service for victims of sexual abuse and rape. Services provide:

- Information about other relevant issues including sexually transmitted infections, family planning and the criminal justice system
- Provide Support to anyone supporting a family member or friend
- Provide Support to agencies that are working with those who have disclosed sexual violence
- Independent Sexual Violence Advisor service (ISVA). Some of this role includes supporting those who want to report their experience of sexual violence to the police or who have already done so.
- Provide On-going support throughout the criminal-justice process and assist to find the full range of services that victims need and are available locally.

Tel: 01782 221005

6.8 Specialist Services for Perpetrators of Domestic Violence

The Respect Phonenumber

The Respect phonenumber is an information and advice line for anyone who is violent and/or abusive towards their partner. It also provides information and contact details of perpetrator programmes available in the UK.

Respect Phonenumber – 0845 122 8609

Monday, Tuesday, Wednesday, Friday
10.00 am-1.00 pm and 2.00 pm-5.00 pm

ARCH (Stoke-on-Trent & Newcastle)

ARCH provide a two-day awareness-raising course that aims to get men to begin to recognise and identify controlling tactics/behaviours and explore their own belief system.

In addition, ARCH offer a tailored individual support programme to male or female perpetrators who have identified that they genuinely want to stop their abusive behaviour.

Tel 01782 205500 (Monday-Friday, 10.00 am-3.00 pm)



6.9 Domestic Violence Fora

Cannock Chase

Chase PAIRS
CVS Buildings
Arthur Street
Chadsmoor
Cannock
WS11 5HD

Telephone No: 01543 500404
Email: chasepairs@chase-cvs.org.uk

East Staffordshire

DOVES
Town Hall
Burton upon Trent
Staffordshire
DE14 2EB

Tel No: 01283 508779
Email: Jacqueline.hodgkinson@eaststaffsbc.gov.uk

Lichfield District

Jenni Coleman (IDVA)
Lichfield Community Safety Manager
Lichfield District Safer Community Partnership
Lichfield Council Offices
Frog Lane
Lichfield
Staffordshire

Email: Jenni.coleman@lichfielddc.gov.uk

Stafford Borough / South Staffordshire

PAIRS Domestic and Sexual Violence Forum
C/o Stafford District Voluntary Services
131-141 North Walls
Stafford
ST16 3AD

Tel: 01785 619362
Email: calmond@staffordbc.gov.uk

Staffordshire Moorlands

Domestic Violence Joint Action Group

Tel: 01538 395400 ext 4167
E-Mail: palsford@staffsmoorlands.gov.uk



Stoke on Trent

Domestic Abuse Partnership
Civic Offices
Glebe Street
Stoke-on-Trent
ST4 1RN

Telephone: 01782 235398
Email: Nicky.jolley@stoke.gov.uk

Tamworth Borough

Tamworth Interpersonal Violence Forum
Marmion House
Lichfield Street
Tamworth
Staffordshire
B79 7BZ

Tel No: 01827 709310
Email: Marcella-forrest@tamworth.gov.uk

6.10 Domestic Violence Co-ordinators

We are using the term domestic violence co-ordinator collectively. However, the named person may be a community safety officer or families and safeguarding officer based in the community safety team or associated department but will have responsibility for domestic violence within their district.

Cannock Chase

There is no-one with the lead responsibility for domestic violence in the Cannock district.

East Staffordshire

Jacqueline Hodgkinson
Corporate Officer Families and Safeguarding
East Staffordshire Borough Council
Town Hall
King Edward Place
Burton-on-Trent
DE142EB

Tel No: 01283 508779
Email Jacqueline.hodgkinson@eaststaffsbc.gov.uk



Lichfield District

Jenni Coleman (IDVA)
Lichfield Community Safety Manager
Lichfield District Safer Community Partnership
Lichfield Council Offices
Frog Lane
Lichfield
Staffordshire

Email: Jenni.coleman@lichfielddc.gov.uk

Newcastle Borough

Catherine Fox
Domestic Violence Coordinator
Newcastle Borough Council
Civic Offices
Merrial Street
Newcastle-Under-Lyme
ST5 2AG

Tel: 01782 742238

Email: Catherine.Fox@newcastle-staffs.gov.uk

Stafford Borough/South Staffordshire

Sara Boucher
Domestic Abuse Partnership
C/o Stafford Borough Council
Civic Centre
Riverside
Stafford
ST16 3AQ

Telephone No: 01785 619362

Email saraboucher@staffordbc.gov.uk

Staffordshire Moorlands

Staffordshire Moorlands District Council
Stockwell Street
Leek
ST13 6HQ

Tel No: 01538 395400 ext 4167



Stoke on Trent

Nicky Jolley
Stoke-on-Trent City Council
Safer City Partnership
Glebe Street
Stoke-on-Trent
ST4 1WR

Tel No: 01782 235398
Email Nicky.jolley@stoke.gov.uk

Tamworth Borough

Marcella Forrest
Tamworth Borough Council
Marmion House
Lichfield Street
Tamworth
B79 7BZ

Tel No.: 01827 709310
Email Marcella-forrest@tamworth.gov.uk

6.11 Independent Domestic Violence Adviser (IDVA)

Tamworth & Lichfield

Jenny Edwards - Tel: 01543 442617
Christy Fisher - Tel: 01543 442616
Pathway Project
The Hope Centre
71-73, Upper St Johns Street
Lichfield
WS14 9DT

Stafford Borough, Cannock & South Staffordshire

Janine Plane
Kate Collier
Staffordshire Women's Aid
PO Box 2387
Stafford
ST16 3WS
Tel: 0870 2700123



Staffordshire Moorlands

Nicola Fox
Staffordshire Women's Aid
PO Box 2387
Stafford
ST16 3WS
Tel: 0870 2700123

Stoke on Trent & Newcastle

Julie Thompson - Tel: 01782 235434
Neil Poole - Tel: 01782 233838
Safer City Partnership
Stoke-on-Trent City Council
Glebe Street
Stoke-on-Trent
ST4 1WR

Burton upon Trent

Neelam Thakor
Stoneham Housing
PO Box 7588
Burton-upon-Trent
DE14 2DH
Tel: 07710 710516

6.12 Other Useful Contact Numbers

MARAC Contact Details

Chase MARAC – Stafford Borough, South Staffordshire, Cannock Chase
Tel: 01785 238355

Trent MARAC – East Staffordshire, Tamworth, Lichfield
Tel: 01785 235932

North MARAC – Stoke-on-Trent, Newcastle, Staffordshire Moorlands
Tel: 01785 232888

Please return completed MARAC referral forms, including the risk indicator checklist,
to:

Email: marac@staffordshire.pnn.police.uk

Fax 01785 218769



IDAP Treatment Managers

Nicola MacKinnon Tel: 01782 202846

Tony Wood Tel: 01782 202847

Stonham Supported Housing

Accommodation based service for young parents who have a child under 5 years old or are expecting a baby within 3 months. Available to single parents aged 16-25 living in the Burton area. Referrals are made direct to the service – either by self or agency

Burton Young Parents
9 Derby Road
Burton on Trent, Staffs
DE14 1RU
Tel: 01283 533077

Hawthorn House

356 Rosliston Road
Stapenhill
Burton-upon-Trent
Staffordshire
DE15 9RJ
Tel: 01283 547391

Supported accommodation for ex-offenders, those at risk of offending, and other single homeless adults in need of support. The service cannot accept clients under the age of 18. The main referral source is the Accommodation Officer at Staffordshire Probation Service; however, self-referrals and those from other agencies are also welcome.

First Response Team Contact Details

Phone:	0800 131 3126 (free from a landline)
Fax:	01785 854223
Text:	07773 792016
Online:	https://www.staffordshire.gov.uk/health/childrenandfamilycare/request/
Email:	firstr@staffordshire.gov.uk
Minicom:	01785 277309
Post:	First Response Team, Wedgwood Building, Tipping Street Stafford, ST16 2DH



A trained member of staff will be available to help you between 8:00 am - 8:00 pm, Monday-Friday (excluding bank holidays). To report a concern outside these hours, please contact the **Emergency Duty Service**.

Phone:	0845 604 2719
Fax:	01785 276026
Email:	VAStaffordshire@staffordshire.gov.uk





helping to create a safer community



"Working to make South Staffordshire Safer"

