

Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence  
Partnership

AND

Public Health Substance Misuse Commissioning

**GOOD PRACTICE GUIDELINES FOR AGENCIES WORKING WITH VICTIM-  
SURVIVORS AND/OR PERPETRATORS OF DOMESTIC ABUSE WHO ALSO  
USE ALCOHOL AND DRUGS**

April 2021

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## **1.0 Introduction**

- 1.1 Cambridgeshire and Peterborough Domestic Abuse and Sexual Abuse Partnership work firmly from the perspective that there is not a causal link between substance use and abuse; alcohol or drug use should never be accepted as an excuse for violent or abusive behaviour.
- 1.2 Domestic Abuse is recognised as a gendered crime, with men abusing current or former female partners. Women are more likely to experience repeat victimisation and are more likely to be killed by their male current or former partners. For this reason, this document refers to victim-survivor as women. The document recognises that men are also victims of domestic abuse as well as parents who are being abused by their children. Moreover, it acknowledges that domestic abuse also occurs within same sex relationships. When working with victims of domestic abuse, drug and alcohol treatment services should always aim to improve social functioning and self-efficacy, empower the service user and increase their life chances through addressing their drug or alcohol treatment needs. It is recognised that there are circumstances when progress in treatment for a person suffering from domestic abuse could potentially escalate abuse. For example, where a service user is involved with another user in a relationship centred around mutual drug use, that person's move away from drug use may further destabilise the relationship and increase the risk of more abuse taking place. In such circumstances, services should work closely with the service user and other agencies to ensure that they are able to remain as safe as possible.
- 1.3 Drugs and alcohol are often used problematically to help a victim-survivor cope with past trauma, or the trauma of recent domestic abuse. Some victim-survivors may use drugs or alcohol during a relationship with their partners as a form of bonding. For some victim-survivors, they may feel drugs and alcohol are the only things they can depend on to cope with the pain of trauma.

## **2.0 Definitions (will change with the DA BILL)**

### **2.1 Domestic Abuse Definition**

From the 31 March 2013 the Government extended the definition of domestic violence and abuse to include young people aged 16-17 as well as wording to capture coercive control. The new definition is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial

- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.”

## 2.2 Substance Use

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

## 3.0 Good practice guidelines

The following guidance is aimed at:

- Substance Misuse Treatment Services
- Domestic Abuse Services, including Refuges

## 4.0 Context

### 4.1 Survivors, domestic abuse and substance use:

4.1.2 Women who experience domestic abuse or sexual violence are more likely to problematically use prescription drugs, alcohol, and illegal substances than woman who have not suffered trauma.

4.1.3 For a woman experiencing domestic abuse, alcohol and drugs can represent a wide range of coping and safety strategies. Women may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Women may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation, and guilt that are associated with domestic abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse<sup>3</sup>.

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

- 4.1.4 Women can be coerced and manipulated into alcohol and drug use. Evidence exists to show that perpetrators may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour<sup>4</sup>. Furthermore, any attempts by the woman to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage women to leave treatment.
- 4.1.5 Women in abusive relationships are also at risk of sexual exploitation. Women may be coerced into prostitution by their partner to fund the partner's drug use; these relationships will invariably be based on power, control, or the use of abuse.
- 4.1.6 It can also be the case that the relationship between a woman's alcohol and drug use and her experiences of domestic abuse may not be linked; they may use for reasons outside of or predating the domestic abuse.
- 4.1.7 For women who are using substances, leaving an abusive relationship may have extra complications. Women may also have their cognitive functioning and motor co-ordination impaired and are therefore less able to make plans for their safety. She may face greater isolation because of her substance misuse. The stigma of substance misuse may act as a barrier in people seeing her experience of domestic abuse or in offering support. The illegality of drug use may mean that she does not see calling the police to be an option. If she leaves, she may also be leaving her access to drugs and facing possible withdrawals with no support and regardless of whether she feels she wants or is able to do this. In going to another area her ability to maintain her anonymity and safety can be jeopardised by her need to access substances.
- 4.1.8 Historically services have often not felt able to meet the needs of women fleeing domestic abuse who misuse substances. As such these women have often been officially excluded from services such as refuges; although it is acknowledged that refuges do accommodate such women. However, it remains that this group of women are particularly vulnerable to long-term experiences of abuse in that they have fewer options as to where to go to find help, support, or safety. It is therefore important to ensure a woman is referred to appropriate services to address both her domestic abuse and substance use support needs.
- 4.1.9 Given the overlap of the two issues, it is not surprising that both sectors will often serve the same women. While services that deal specifically with domestic abuse or substance use exist, few agencies are currently equipped to provide the range of services needed by survivors or perpetrators of domestic abuse who also experience substance use problems.
- 4.1.10 Studies suggest that outcomes for the survivor are more likely to be positive if the domestic abuse and substance use are addressed at the same time. The two issues need to be approached in an integrated, holistic way; joint working

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

across the domestic abuse and substance use sectors is therefore the only logical way forward.

4.1.11 Perpetrators, domestic abuse and substance use:

4.1.12 Whilst it is important to recognise that abuse can occur in same sex relationships and to men by women, most domestic abuse is experienced by women and children and perpetrated by men.

4.1.13 Men who abuse may use their own or their partners' alcohol or drug use as an "excuse" for his abuse. He may threaten to expose her use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs<sup>5</sup>.

4.1.14 Even though alcohol, drugs and abuse to women often co-exist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation to abuse, research and case examples show that men exert a huge amount of power and control, even when sober.

4.1.15 Even when physical assaults are only committed whilst intoxicated these perpetrators are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with a perpetrator's substance use the violent behaviour will also be reduced, in fact the abuse may increase when substance use is treated. It is therefore vital to include assessments of whether someone may be a perpetrator of domestic abuse in any assessments and interventions in relation to substance use.

4.1.16 Intervention outcomes are more likely to be positive if the perpetrator's domestic abuse and substance use are addressed at the same time. However, there is little evidence of the effectiveness of perpetrator interventions. Relevant information should be shared as part of multi-agency working, where risk may increase due to drug or alcohol treatment, or disclosures from the client.

## **5.0 Initial contact and assessment – Substance misuse services**

5.1 Where clients approach a substance misuse agency, they should automatically be asked about past & current domestic abuse as part of the assessment process. Research has shown that people prefer to be asked and find it easier to disclose if asked directly.

5.2 Assessments must occur in a safe place so that clients have the safety in which to disclose domestic abuse. Women should be asked if they would prefer to talk to a female worker and if possible be offered a female support worker for ongoing work if this is requested.

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

- 5.3 Assessment should take place away from the presence of their partners and children. Where assessments are carried out over the phone, you should ask whether the client is alone. Although you will not be able to confirm that the client is in fact alone, if at any time you become concerned about potential domestic abuse behaviours you should aim to organise a face to face assessment.
- 5.4 Many are unaware that acts of restraint, coerced sex and threats of abuse are considered domestic abuse. They may answer “no” if asked if they have ever been abused but may answer differently if asked if they have ever been pushed, grabbed, shoved etc. Workers therefore need to ask direct questions and actively look for signs of domestic abuse. Some may not be ready to disclose domestic abuse during an initial assessment but may do so at a later stage. Therefore, asking about domestic abuse must not be a “one off”.
- 5.5 Failure to identify abuse will have a detrimental impact on support plans and effectiveness of interventions.
- 5.6 Domestic abuse is an important indicator of risk of harm to a child or young person. Where domestic abuse and/or substance use is disclosed the needs of children and young people must be assessed including an assessment of risk. Workers need to ensure children or young people are safe and should refer to safeguarding procedures.
- 6.0 Assessment and support for people experiencing domestic abuse- Substance misuse services.**
- 6.1 All service users need to have confidence in the agency’s policies and workers’ attitudes before they are likely to disclose. It is important not to make assumptions, but to listen and encourage the client to discuss their experience.
- 6.2 There is a clear link to child protection issues; children experience domestic abuse when there is abuse of their mother or father, and it is be harmful to children and young people, emotionally and sometimes physically.
- 6.3 The substance misuse service should ensure that all screening and assessment tools that are used include specific questions in relation to domestic abuse. It is important that questions are asked along the treatment journey, rather than just on initial assessment. It may also be the case that a victim/survivor won’t disclose when first asked.
- 6.4 Clients may disclose domestic abuse at any point during the support process. Once domestic abuse is identified assessment and support plans should focus on the impact of interventions and non-intervention on a victim-survivor’s safety.
- 6.4.1 Where domestic abuse is disclosed by the victim-survivor, best practice would be to use the DASH RIC to assess the level of risk, this can be downloaded from [www.cambsdasv.org.uk](http://www.cambsdasv.org.uk) and a copy saved in the organisation’s records

- 6.4.2 A score of 14 or above would indicate a high level of risk, and a referral to the IDVA service would be expected. Where there is a score of 17+, this would need to be referred to MARAC, using the IDVA email address.
- 6.4.3 If the score is less than 14, but in your professional judgement you believe there is a significant risk of serious harm or homicide, please send this to the IDVA service, outlining what your specific concerns are in the case.
- 6.5 When the treatment service is actively engaged with a service user experiencing domestic abuse it should ensure that a flexible service is offered. This should include offering appointments at times and locations that are most helpful to the service user. Treatment must be offered in the context of the abuse, with consideration made to the reason's appointments are not attended or the factors which may influence a lapse. It should be acknowledged that a victim-survivor may be controlled by their partner and unable to attend sessions. Professional curiosity is key.
- 6.6 Considerations of reducing harm should include a consideration of how interventions and treatment may reduce the harm of domestic abuse. (e.g. Prescribing may enable a woman to either leave her partner, to stay in refuge, or, to gain her own control of her use if she is remaining in relationship.) Medication may be a method of control for the abuser, so different prescribing and dispensing regimes must be considered in this context.
- 6.7 Support plans must include safety needs. Short term and long-term safety planning should be undertaken with the victim-survivor. (Appendix 1).
- 6.8 Workers should support the victim-survivor to make their own choices. Clients should be given the choice of accessing specialist services where possible. Access to local support services should be offered including:
- Referral to IDVAs where appropriate (Young People or from Eastern European countries)
  - Domestic abuse outreach support services such as Refuge, Cambridge Women's Aid, Peterborough Women's Aid
  - National Domestic Abuse Helpline (women), Men's Advice Line (Men)
- 6.9 Substance use may be used as a way of controlling the victim and therefore the abuse may increase or resume when her alcohol or drug use is changed or treated.
- 6.10 Accessible information should be provided about specialist domestic abuse support services, refuge provision and legal options. Be careful not to give out leaflets/information which may be found by the abuser and increase risk of harm.
- 6.11 Women's alcohol or drug use should be seen in the wider context of the woman's relationships and her health. As such workers need to help the woman explore the relationship between her experience of abuse and her alcohol or drug use. This may also include the trauma of past abuse Where it



is felt that a woman needs specialist support for discussing trauma, the client should be referred to an appropriate service that enables her to explore this trauma.

6.12 There is a high risk to women and children's safety whether they stay with or leave the abuser. However, separation does increase risk of significant harm and homicide; workers need to be aware of this when assisting a woman to plan to leave and where possible this should be done in conjunction with specialist domestic abuse services.

6.13 If a woman using substances is fleeing domestic abuse there are a number of accommodation options open to her such as refuges, local authority emergency housing accommodation, hostel accommodation, friends or relatives. In looking at the suitability of each of these options workers should consider with the women the following:

- Her safety needs and any continued risk posed to her and her children by the perpetrator.
- Her support needs both in relation to the domestic abuse and her alcohol or drug use.
- Her feelings about living communally considering her continued alcohol or drug use, the rules of the refuge or other accommodation and the potential impact her use may have on other residents and their children.
- Whether she is presenting as stable or chaotic.
- Her feelings about sustaining independent living.

If possible, doing this in conjunction with specialist domestic abuse support, or advice from specialist services will increase safety and reduce risk, as separation can be very dangerous for a victim.

6.14 Assessments as to the suitability of accommodation should be made jointly by the alcohol/drug worker, the refuge (or other accommodation provider) and the victim.

6.15 If supporting a referral, alcohol/drug workers have a duty to share relevant information and as such need to be honest with refuges about a woman's substance use. If the woman does not give consent to share this information, the worker should ask the woman to make the referral herself and encourage her to disclose her substance use to the refuge in order that she can continue to access the appropriate support.

6.17 Women may choose not to leave their violent relationships or stop their alcohol or drug use. As such workers should acknowledge the obstacles which women face and work with her to identify and reduce risk. The safety of a child is paramount, and workers should refer to their service's child protection procedures when necessary (See Section 8).

6.18 Workers need to be aware of the potential impact a woman's culture and traditions may have on her experience of domestic abuse. Cultural issues and

potential racism may also exacerbate a woman's isolation when resettling into a new community.

- 6.19 Abused gay men and women may also face added victimization by a homophobic community, legal system, or service providers. Perpetrators may use additional control mechanisms such as the threat of 'outing' (disclosure of his/her sexuality to family members, friends, employers, community etc.) or by reinforcing fear of homophobia.
- 6.20 A woman's need to survive may conflict with alcohol and drug interventions. Constant review of support plans is essential. Returning to or staying in an abusive relationship may be a prediction of relapse.
- 6.21 Workers should be aware that the perpetrator might attempt to prevent contact and use increased threats and abuse to prevent a woman accessing support.
- 6.22 Partners should not be invited to participate in a woman's support plan if abuse has been disclosed or is suspected.
- 6.23 Providing support to pregnant drug users is crucial. It can be a daunting and worrying time for a drug user who is pregnant. Pregnancy may be a time when a drug user wants to do something about her drug use. Research shows that pregnant drug users are often late bookers for antenatal care, poor attenders at antenatal care, have smaller babies and deliver early, suffer increased levels of physical, mental and psychological health problems and have a higher incidence of involvement with Safeguarding systems. Any treatment needs to be in conjunction with ante natal care.

## **7.0 Working with perpetrators - Substance misuse services**

- 7.1 Agencies should be pro-active in identifying domestic abuse including implementing routine screening. Therefore alcohol/drug workers should automatically ask about possible abuse at the assessment stage. Perpetrators may not acknowledge their abusive behaviour at assessment but may wish to receive assistance with their behaviours later once they trust the worker.
- 7.2 A male perpetrator should address his substance use and carry out work on his abusive attitudes and expectations of women. Addressing the substance use alone will not stop his abuse towards women. It is therefore important that alcohol and drug workers access appropriate training regarding working with perpetrators.
- 7.3 Men who abuse their partners believe that their use of control and violence and is justified and expect to get away with it. It is intentional behaviour that abusers seek to benefit from. Perpetrators will want to deny, blame, and minimise their abuse. Staff should be aware of not colluding with the perpetrator.
- 7.4 The perpetrator should be held accountable for his abuse against his partner and children. He should be supported to acknowledge this by exploring his beliefs about women and relationships and the intentions behind his abuse.

- 7.5 Although alcohol and drugs do not cause abuse, workers should be aware that abuse may increase when men are withdrawing from drugs or alcohol and they therefore need to pay close attention to the increased danger in which women partners and children may be placed.
- 7.6 Men who perpetrate domestic abuse generally seek help when they are under pressure or when they feel that they are losing the control of the situation. For example, when his partner has left him or when social services the police or the courts are involved. This is not genuine motivation for change no matter how convincing they might present themselves.
- 7.7 If a woman and her abusive partner are both receiving substance use treatment, the male perpetrator should be given a different worker to his partner. Abusers may try and sabotage this work so it should be carefully planned and managed so that workers maintain good working relationships with each other.
- 7.8 Couples/mediation work is not an appropriate setting in which to address men's abusive behaviour towards women. Research shows that men continue to assert their control in 'couples' settings; this can further dis-empower women and give the abuser more control. Couples work should not take place except after a man completing a perpetrator programme and after a suitable period of non-abuse and only where the woman feels able to freely enter into couple's work.
- 7.9 Anger management courses are not helpful as domestic abuse is not about anger but about asserting power and control. Anger management techniques can sometimes assist a perpetrator to further exert power and control. Anger management also assumes that the survivor has somehow provoked anger and this is not helpful when working with survivors on not blaming themselves for their partners' behaviour.
- 7.10 Workers should consider the need to alert other professionals of an abusive relationship. When working with a perpetrator it is helpful to share with other agencies involved and with his partner information about your work with him. This would need to be done with the perpetrator's knowledge and agreement.
- 7.11 Workers should use their risk assessments and professional experience to determine how safe they feel to work with and challenge the perpetrator. If a worker feels unsafe, they should talk to their line manager about how to manage the case. Workers should be aware that if they are afraid then that is how the woman and children may be feeling.
- 7.12 Substance Misuse services will be informed of cases held at MARAC, and will be expected to provide relevant information on those they are working with, that are due to be held at MARAC, and to action relevant recommendations from MARAC in order to prevent further harm.

- 7.13 The Perpetrator Panel is a multi-agency group focusing on the highest risk perpetrators, working to reduce harm as much as possible in partnership. Therefore, as with MARAC there is an expectation that relevant information will be shared, and actions taken on as appropriate.
- 7.14 Behavioural Signs – May Include:
- Anger, depression and blaming of their partner about child contact arrangements.
  - Negative comments made by the abuser about their partner or women in general
  - Repeated injuries/scratches/bite marks/bruised knuckles/injuries to wrists and forearms
  - Uncharacteristic moods and depression
  - An obsession with time and an avoidance of socialising
  - Constant text messaging or telephoning a partner
  - Sexual jealousy or possessiveness
  - Recent mental ill-health relating to violence
- 7.15 Indirect Disclosure
- Indirect disclosure of perpetrating domestic abuse may come to light:
  - A direct allegation from the victim/survivor
  - An allegation from a third party
  - Notification by the police or MARAC
- 7.16 Direct Disclosure
- Some perpetrators may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to have been prompted by a crisis such as a particularly serious assault, an arrest, or an ultimatum from the abused partner.
- 7.17 Responding to Perpetrators
- Engaging with perpetrators of abuse in a positive, respectful way does not mean excusing the abuse and can help to increase safety and save lives
  - Listen and thank them for being brave for disclosing and for beginning to take responsibility for their behaviour.
  - Be clear that abuse is always unacceptable and that it may constitute criminal behaviour.
  - Be clear that abusive behaviour is a choice.
  - Be respectful but do not collude.
  - Be positive, it is possible for perpetrators to change if they recognise that they have a problem and take steps to change their behaviour.
  - Be aware that on some level the perpetrator may be unhappy about their behaviour.
  - Make enquires as to who the victim is; their name, age, gender, whereabouts, living situation, if they have any disabilities / illnesses and explore the abuse in more detail if safe and appropriate to do so.
  - Be aware and tell the perpetrator that children are always negatively affected by living with domestic abuse, whether they have witnessed it directly or not

- Be aware, and convey to the perpetrator, that domestic abuse is about a range of controlling behaviours, not just physical violence.
- Be aware of the likely costs to the perpetrator of continued abuse (arrest/loss of relationship/impact on children)
- If the perpetrator is in a “position of trust” working with adults with care and support needs or children, you must immediately report the disclosure to the LADO and appropriate Safeguarding Lead.
- Signpost the perpetrator to services that can help them, such as the Respect Helpline

## **8.0 Working with victim-survivors who use substances - Refuges and specialist domestic abuse outreach services**

- 8.1 Best practice works from the principle that women who use substances should have equity of service. As mentioned previously, problematic substance misuse can be a common way for the victim-survivor to cope with past trauma, including domestic abuse. As such, refuges should assess all referrals on an individual basis to determine whether refuge accommodation is appropriate for a woman who has alcohol or drug issues. Assessment criteria should be based on the stability of the woman, the needs of the woman and the needs of the refuge and its residents, rather than on the woman’s alcohol or drug use alone.
- 8.2 Any refuge or domestic abuse service in the County which accepts a referral from a woman who also has substance use issues should be encouraged to ask the woman for her consent to be referred to substance misuse services and/or other specialist services. (Appendix 3).
- 8.3 Refuges and other domestic abuse services can also use substance misuse services for consultation and advice on any matters relating to women and substance use.
- 8.4 Domestic abuse workers should have enough knowledge (through training) to be able to give basic drug / harm reduction information, which should be refreshed every 3 years.
- 8.5 The point at which a woman enters a refuge may not be the right time for her to stop her substance use. Refuges should therefore work to empower women who have substance use issues by *asking* what a woman wants, rather than *telling* her she must stop her drug use.
- 8.6 Refuges need to be clear about the legal implications of drug use / intoxication in the refuge. This should be stated in license agreements. It is not expected that staff in refuges would be conducting drug testing.
- 8.7 Workers should prioritise personal safety issues, conduct risk assessments and work within the legal framework when supporting women within refuge or in an outreach setting (Appendix 4).

- 8.8 Refugees have a duty to ensure that women fleeing domestic abuse who also have substance use issues are not discriminated against by other women staying in the refuge.
- 8.9 Domestic abuse outreach, floating support and resettlement services should build good links with drug and alcohol services to work jointly to support victim-survivors where there is problematic drug or alcohol use.
- 8.10 When refuges or other domestic abuse services are supporting women who have substance use issues, who also have children, a referral (with consent) should be made to young carers groups in order to offer the children support around their parent's substance use (Appendix 3).

## **9.0 Multi-agency working**

- 9.1 Substance use and domestic abuse are separate issues which in practice, commonly co-exist. Therefore, it is important that there are joint working arrangements between domestic abuse and substance use services.
- 9.2 A named worker in both domestic abuse and alcohol and drug services should be responsible for attending the appropriate forums and meetings to develop and sustain good working relationships and referral networks across the sectors. This will also ensure that services have access to up to date information and advice.
- 9.3 Alcohol/drug workers should have a comprehensive knowledge of domestic abuse support services in the area.
- 9.4 Domestic abuse services should have a comprehensive knowledge of alcohol and drug services; what they provide and their referral process.
- 9.5 Victim-survivors should be proactively supported to access services.
- 9.6 Multi-agency risk assessment and action planning for those most at risk of DV-related homicide is available via Cambridgeshire's Multi-Agency Risk Assessment Conferences (MARACs). The aim of the MARAC is to reduce risk, whilst ensuring the safety of those affected by domestic abuse through a multi-agency, holistic plan. Referrals to the MARACs are made using the Domestic Abuse Stalking and Harassment Risk Indicator (DASH RI).
- 9.7 Working closely with the sexual health elements of the service, a lead recovery worker should ensure that links are made with the sex industry and with agencies dealing with domestic abuse. These agencies include Women's Aid, the police and probation services. Sex workers include both men and women and their work is often hidden. A high proportion of sex workers do not voluntarily disclose their work to service providers due to stigmatisation and the partly criminalised nature of their work. To reach out and encourage sex workers into services workers should work with other projects locally and nationally and seek to engage other sex workers to publicise services and provide peer support and education. The lead recovery worker in this area must

be skilful at constructing a network of contacts and building trust. Training and support for this worker should focus on this area of professional development.

## **10.0 Training and Awareness**

- 10.1 All alcohol and drug workers should receive training on domestic abuse, including basic awareness training, assessment, interview skills, interventions, and local resources.
- 10.2 All domestic abuse workers should receive training on substance use, including basic awareness training, assessment, interview skills, interventions and local resources as well as parental substance misuse and safeguarding children.
- 10.3 All alcohol and drug services should access the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence website regularly for professional guidance and updates [www.cambsdasv.org.uk](http://www.cambsdasv.org.uk)
- 10.4 The service should display relevant posters in each service site reception area and all counseling rooms aimed at both the survivors and perpetrators of Domestic Abuse.
- 10.5 The service should ideally identify Domestic Abuse Champions from amongst the staff team, a MARAC Lead and a Perpetrator Panel Lead.

## **11.0 Appendices**

- Safety Planning
- Domestic Abuse Services in Cambridgeshire & Peterborough
- Substance Misuse Services in Cambridgeshire & Peterborough
- NICE Domestic Abuse Quality Standards

## **12.0 Contacts**

For further information please contact:  
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## **Appendix 1**

### **SAFETY PLANNING**

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

#### **During violent incidents**

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

- Think about how to get out safely; what doors, windows could be used?
- Keep purse / keys ready to leave quickly.
- Think about telling a neighbour about the abuse and request they call the police if they hear suspicious noises coming from the house.
- Teach the children (if appropriate) how to use the telephone to contact the police.
- Agree a code word with the children so they know to call for help or leave the house.
- Think in advance where you will go if you need to leave in a hurry.
- If you think he is going to become violent try to move into a space that is low risk. Try to avoid bathroom, kitchen, garage or rooms without access to an outside door.
- If possible, leave money, spare set of keys, copies of important documents with a neighbour or friend.
- Know the National Domestic Violence Helpline 24-hour free phone helpline number – 0808 2000 247.
- Review safety plan on a regular basis.
- Rehearse escape plan and if appropriate practice it with children.

#### **Planning to leave**

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



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

- Clothes for herself and the children
- Towels and toiletries
- A favorite toy
- Benefit books, bank books and other forms of identification
- National insurance number
- Birth certificates
- House documents (mortgage / rent details)
- Passport/visas and related documentation
- Address book / useful telephone numbers
- Photographs /sentimental items
- Set of keys to the house
- Money, cheque book, credit cards
- Children's medical / school records

When a woman is ready to leave, the worker should assist her to access appropriate accommodation. Workers and women can get immediate advice and assistance via the National Domestic Violence Helpline 24-hour helpline on: 0808 2000 247

### **Safety in a victim's own home**

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

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

## Appendix 2

### DOMESTIC ABUSE SERVICES

All substance misuse services should access the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership website for up to date details of local services and guidance for professionals

- Cambridgeshire & Peterborough Domestic Violence & Sexual Abuse Partnership [www.cambsdasv.org.uk](http://www.cambsdasv.org.uk)
- National Domestic Violence Helpline – 24hr free phone 0808 2000 247 or text phone 0808 800 0341 <http://www.nationaldomesticviolencehelpline.org.uk/>
- Cambridgeshire Constabulary 101
- Cambridge Women's Aid (City/South/East) 01223 361214 [www.cambridgewa.org.uk](http://www.cambridgewa.org.uk)
- Refuge (Fenland/Hunts/Peterborough) 07787 255821 [www.refuge.org.uk](http://www.refuge.org.uk)
- Peterborough Women's Aid 08454 103123 <http://www.peterboroughwomensaid.co.uk/>
- Cambridge Rape Crisis 01223 245888 [www.caprcp.org.uk](http://www.caprcp.org.uk)
- Peterborough Rape Crisis 01733 852578 [www.caprcp.org.uk](http://www.caprcp.org.uk)
- The Elms Sexual Assault Referral Centre 0800 193 5434 [www.theelmssarc.org](http://www.theelmssarc.org)
- Victim & Witness Hub 0800 781 6818 <https://www.cambsvictimservices.co.uk/support-for-victims/victims-and-witness-hub>
- IDVA Service – Duty Service for Professionals – [idva.referrals@Cambridgeshire.gov.uk](mailto:idva.referrals@Cambridgeshire.gov.uk)
- Hourglass (formerly Action on Elder Abuse) 0808 801 8141 [www.wearehourglass.org](http://www.wearehourglass.org)
- Men's Advice Line - **0808 801 0327** [www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)
- Karma Nirvana (victims of honour crimes) - **0800 5999247** <http://www.karmanirvana.org.uk/>
- Galop (LGBT support) - **0300 999 5428** <http://www.galop.org.uk/>
- The Respect Phoneline – **0808 802 4040** [www.respectphoneline.org.uk](http://www.respectphoneline.org.uk) (For domestic violence perpetrators)

### GENERAL SUPPORT FOR CHILDREN AND YOUNG PEOPLE

#### Centre 33 - Young Carers Project

Centre 33 provides a range of services for 8-18 year olds Young Carers. The Centre works to the Princes Royal Trust definition of a Young Carer. Support is free and confidential.

Tel: 0333 414 1809

E-mail: [youngcarers@centre33.org.uk](mailto:youngcarers@centre33.org.uk)

Website: [www.centre33.org.uk](http://www.centre33.org.uk)

#### Carers Trust Cambridgeshire

Carer's Trust Cambridgeshire provide support for adult and young carers and families throughout Cambridgeshire.

Tel: 0345 241 0954 or 01480 499090

Email: [hello@caringtogether.org](mailto:hello@caringtogether.org)

Website: [www.caringtogether.org/contact-us](http://www.caringtogether.org/contact-us)

### **Appendix 3**

#### **SUPPORT FOR PEOPLE WITH SUBSTANCE MISUSE ISSUES**

#### **Support for Children and Young People with Drugs and Alcohol Issues**

##### **Cambridgeshire Adolescent Substance Use Service (CASUS)**

This service is available to with young people and their families who have drug and alcohol concerns, issues or problems and live in Cambridgeshire.

Room 17, Newtown centre

Nursery Road

Huntingdon

PE29 3RJ

Huntingdon: 01480 415278

Cambridge: 01223 214614

#### **Support for Adults with Drugs and Alcohol Issues**

##### **CGL Drug & Alcohol Treatment Service**

Offers a full range of services to those affected by their own or someone else's drug misuse in Cambridgeshire:

Open access services including advice, information, needle exchange and other harm reduction advice and support; this is available by drop in or appointment. Other services are available following an assessment to determine needs, which may include counselling, substitute prescribing and other community and inpatient interventions. Inclusion also run an accredited Volunteer programme; Outreach team; Support for families and carers.

CGL 24-hour helpline number: 0300 555 0101

[cambridgeshirereferrals@cgl.org.uk](mailto:cambridgeshirereferrals@cgl.org.uk)

CGL Cambridge	Mill House, Brookfields Hospital Site, 351 Mill Road, Cambridge, CB1 3DF	<b>0300 555 0101</b>
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CGL Huntingdon	Hartford House, 2 Hartford Road, Huntingdon, PE29 3PB	<b>0300 555 0101</b>
CGL Fenland	Inspiration House, Church Terrace, Wisbech, PE13 1BW	<b>0300 555 0101</b>

## Aspire

Aspire is available to provide support for those with substance misuse issues and support for their families and carers within the Peterborough area.

peterborough@cgl.org.uk

CGL-ASPIRE	102-104 Bridge Street Peterborough PE1 1DY	<b>01733 895624</b>  <b>24 hour support line: 0800 1114354</b>
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## Appendix 4

### NICE QUALITY STANDARD FOR DOMESTIC VIOLENCE AND ABUSE

The **NICE Quality Standard** for Domestic Violence and Abuse was released on 1st March 2016. The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

To access the full guidance, please see <https://www.nice.org.uk/guidance/qs116>

Quality statement 1: Asking about domestic violence and abuse

People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.

Quality statement 2: Response to domestic violence and abuse

People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.

Quality statement 3: Referral to specialist support services for people experiencing domestic violence or abuse

People experiencing domestic violence or abuse are offered referral to specialist support services.

Quality statement 4: Referral to specialist services for people perpetrating domestic violence or abuse

People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.