

Guidelines for social care professionals in the field of problematic substance use in relation to intimate partner violence.

This guide was produced by;

F.A.S.A.

Free from Addiction, Safe from Abuse

This is a European-wide project aimed at addressing intimate partner violence towards women who often turn to drugs or alcohol to escape the pain of abuse.

Co-funded by the
Erasmus+ Programme
of the European Union



Intimate Partner Violence (IPV)

is recognised as a major problem throughout Europe although it is probably much worse than is believed as many cases go unreported.

Victims of IPV find themselves trapped in a toxic relationship feeling there is no way out for them. Often, they are coerced into believing everything is their fault and responsibility. Many, unable to escape, turn to drugs or alcohol as a means of coping with the pain. This, then creates more issues that make getting help and support even harder.

A large proportion of violence towards women goes unreported to the authorities.

This is often because women, fear stigma from family, friends or society and retribution from their abusers for speaking out.



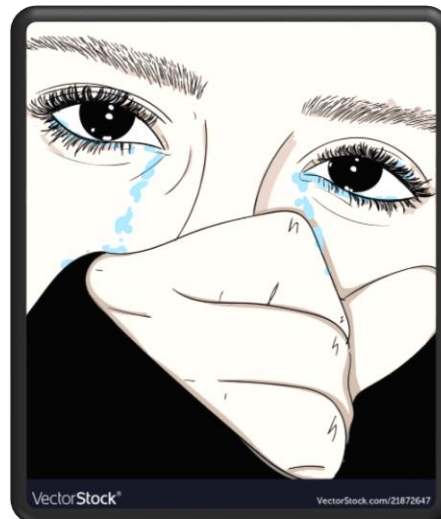
The purpose of these guidelines is to offer straightforward advice, based upon empirical research, for addressing IPV issues in a safe, practical manner. They also link in with the FASA training manual and on-line course.

Check out the FASA project on Facebook or website; fasaproject.eu

Identifying Victims Of IPV

Identifying abuse is rarely easy as victims often become very efficient at covering it up. When an injury is discovered, it is often minimised and blamed upon an 'accident', or her 'clumsiness'. Many victims will try to retreat from view and be as unobtrusive as possible to not draw attention to themselves. Long-sleeved, heavy clothes are often worn even in warm weather, while many injuries leave no marks but still deeply traumatise.

**Just because she is quiet,
it doesn't mean
she is not
screaming loudly!**



While many women are unable to verbalise their abuse, they may still leave small clues hoping they will be noticed and acted upon.

This can often be difficult to interpret, clues may show as irrational reactions, anger, or any odd behaviours which will draw attention to her. This may even include self-harming or stealing and is usually completely unconsciously driven. Often, it is acting 'out of character' that signals the need for attention. "What's wrong with you?"

I recall a client who took up shoplifting in hope she would either get caught and jailed or shot and killed. Either choice would get her away from the abuse without having to tell anyone about it.

Even if she cannot ask, she is hoping that maybe you will wonder what is wrong with her.

Clues of Intimate Partner Violence

Look out for;

- *Continuous covering of arms, legs, and face.*
- *Reluctance to remove sunglasses or hats.*
- *Reluctance in becoming engaged in activities.*
- *Sudden increase in amount of make-up and concealer.*
- *Reluctance to make eye contact - constantly looking down.*
- *Extreme nervousness and flinching especially around others.*
- *Increasing withdrawal and silence.*

This list is not exhaustive but gives some idea.

Tips for when you suspect IPV

- You cannot force anyone to disclose abuse - it will simply be experienced as coercion, and abusive. If you suspect abuse, the most important thing you can do is make her feel safe enough to talk openly.
- You can achieve this by developing a positive and trusting relationship which fosters openness, honesty and encourages risk-taking.
- Education is another useful tool - helping the client to understand the dynamics of abuse without having to talk directly about themselves. This is a good place to discuss confidentiality and its limitations ensuring the client is well-informed prior to disclosure.

So much more can be achieved if the questions are made in a gentle, non-threatening manner. Direct, challenging questions are often met with a quick rebuttal. Rather than tell her what to do, perhaps frame everything in the third person, it can allow a much more open communication, for example:

“I’m just wondering how I could help someone whom I think is being abused but unable to talk about it. What do you think?”

Barriers to Disclosure

- Fear, the client will be terrified of the consequences should their abuser find out and hurt them more.
- Fear, because of the implications for themselves feeling things will get out of their control with police and social services becoming involved.
- Fear because they may then lose their children because they believe they are a 'bad mum'.
- Shame, because they feel the abuse is their fault and because they feel helpless to stop it.
- Shame, because they feel others would find out her 'shameful secret' and judge her leading to stigma, and further blame and punishment.
- Guilt, because they feel disclosing to others is an act of betrayal on someone they loved.

Disclosure of abuse may happen out of the blue, or may be part of a long, supportive process. How we initially react to this disclosure is of prime importance.

Creating the Right Environment for Disclosure

- Many clients with PSU issues struggle with low self-esteem and feel they are to blame for everything that has happened to them.
- Often, the various professional services they meet can exacerbate these feelings by punishing relapses and failure by a rejection from their care.
- Creating a non-judgemental environment is essential for disclosure.
- A client-centred, caring approach will help them feel able to risk opening up, perhaps for the very first time.
- Strong organisational boundaries can give the client a sense of safety, especially around confidentiality.
- Giving all clients respect and care regardless of their circumstances can go a long way to helping them feel strong enough to talk.

Ensure you have a clear understanding of confidentiality and the law. The client will need accurate guidance and advice.

How do I Handle Disclosure?

Some do's and don'ts.

- Do not say 'what'. If you heard what she said, don't make her repeat herself- it is hard enough to say it once.
- Accept what she says is true.
- Be empathetic rather than inquisitive. Being supportive is more important than getting information at this early stage.
- Don't use expressions such as 'are you sure?'- Of course she is!
- Thank her for putting her trust in you.
- Don't panic- calmness is important for the client.
- Give her the respect of your undivided attention and find somewhere appropriate to talk.
- Acknowledge the courage she has shown.
- Talk through the various option available but don't press her into doing anything- work patiently and slowly.

Remember- disclosure of IPV is an act of tremendous courage and should be treated with respect.

The greatest tool you can have is empathy. It is this understanding that connects you with the client



Counselling Modalities

Counselling is not something anyone can have a go at; it requires specialist training and experience. However, all staff involved with this client group could benefit from taking a ‘counselling skills’ course. While not a counselling qualification, this can help you develop the communication skills necessary for assisting a fragile client.



IPV is, above all, a traumatic experience, and so the most appropriate counselling modalities would be trauma-based.

Trauma therapy can help you address the traumatic event and process your feelings and emotions. It can give you the opportunity to face your fears in a safe space and learn coping skills that can help you function on a day-to-day basis.

Common trauma-based therapies include;

- **Prolonged Exposure** - *This form of therapy involves exposing you to the source of your fear, until you are not afraid of it anymore.*
- **Cognitive Processing Therapy** - *This involves challenging your perspective about why the traumatic event occurred and the thoughts and beliefs you have developed. This form of therapy can be performed in an individual or group setting.*
- **Trauma-Focused Cognitive Behavioural Therapy** - *This form of therapy is for children and adolescents. It can help address inaccurate beliefs and unhealthy behaviour patterns.*
- **Eye Movement Desensitisation and Reprocessing (EMDR)** - *This form of treatment involves using rhythmic left-right (bilateral) stimulation to help release emotions that have been blocked by trauma.*

There are other counselling modalities that will also significantly help relieve trauma such as the Person-Centred or Psycho-dynamic approaches. It can be suggested that the core conditions of the person-centred approach are a central part of all therapy, while psychodynamic psychotherapy is especially useful with prolonged childhood trauma which becomes integrated into the ego.

While there are many different approaches to counselling, research tells us that it is the quality of the relationship that determines the effectiveness of the therapy.

Think about the therapeutic core conditions of Empathy, Congruence, and Unconditional Positive Support.

While counselling is often very necessary in helping clients move on with their lives, it has to be done sympathetically with the addiction work they will inevitably be involved in.

Recovering from dependency will exacerbate the fragility of the client's ego whilst working with the abuse may often bring painful things to the surface.

Counselling can be very demanding

Both agencies need to be aware of the risks this presents and work together to keep the client contained.

Do not ask more than the client is capable of handling and always pay attention to how she feels - in our eagerness to help, we can easily forget how fragile these clients can be.

With the client attending counselling, it may mean that occasionally, one agency may have to back off a little to prevent the client becoming overwhelmed.

Hearing about violence can be very traumatic and demanding in it's own right.

To do the best for your client means you need to practice self-care and pay attention to your own needs as well. Ensure you are well supported in the work that you do and have someone to talk to about how you are feeling.

Referring On

When do I Refer the Client on and to Where?

A multi-disciplinary approach is important for clients who present with co-morbidity issues, as it is rare that one agency has all the expertise to deal with all aspects of a client's problems. We must always be prepared to refer onwards.

- Be aware of your own limitations and know when you have done all you can.
- Have a well-established referral list rather than just trying to 'wing it'.
- Ensure you have enough knowledge of who you wish to refer to so the client can understand fully why they are being referred.
- Develop a good working relationship with agencies you may refer to.
- Ensure the client consents fully from an informed position, including what information will be shared.

Thoughts on referrals

- *Understand the other agencies and exactly what they do.*
- *Work **with** the other agency - this is not about just giving the client to someone else to deal with.*
- *Be aware of organisational protocols ensuring all employees have the appropriate training.*
- *Ensure all work is 'client-centered' - she needs to always feel heard and in control.*
- *Ensure the client has given consent before sharing any information.*
- *Determining referrals may need to be a gradual process and shouldn't be rushed into. Emotional containment and safety must always come first. This should be a progressive process.*

It can be useful spending time building relationships with other agencies to help ease referrals between you both. Perhaps synchronising assessment forms as much as possible so the client does not have to repeat everything again.

NOTES

Here is a space for you to add the details of any other agencies and organisations you may find useful for information or referral.

Further information

There is a lot more information to be found on the FASA website - fasaproject.eu

Here you can find the following;

- Analytical report on women victims of violence and substance abuse - *an extensive report analysing just how widespread a problem this is.*
- Training manual on supporting victims of IPV with substance abuse issues - *a much deeper and comprehensive guide to working in this field - full of really useful information.*
- On-line course for IPV professionals - *an invaluable source of knowledge in this field producing a certificate of learning at its end.*
- guidelines for social care professionals in the field of substance abuse- *these guidelines you are reading now.*

All this is provided free of charge.

You will also find details of the project on the website and, together with our facebook page, can keep up to date with news and events in this field.

The contents of these guidelines are the sole responsibility of FASA consortium and do not necessarily reflect the opinion of the European Union.