

Acknowledgements

Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health

is the culmination of the Stella Project Mental Health Initiative. The Initiative, a three year project funded by the Department of Health, aimed to improve responses to survivors and perpetrators of domestic and sexual violence who are also affected by substance use and/or mental health problems.

The greatest steer for this project and the toolkit has come from **survivors' voices***. There is nothing more powerful than sitting in a room with survivors telling you of their experiences – of abuse, of trauma, of not understanding why they felt the way they did, of seeing no other way to cope than by having a drink or using drugs. They also tell you of their experiences of being turned away from services, being told to 'get themselves together', not being believed when they have told professionals what has happened to them.

Over the past three years, survivors have told us that ultimately all they want is to **be treated like a human being**. This toolkit is therefore

a tribute to human spirit, to the resourcefulness and resilience of all the survivors who generously shared their time, their experiences and their expertise to make this toolkit what it is. Thank you.

The project, the toolkit and associated e-learning programme could not have been created without the immense support, advice and guidance from all the project partners, the steering group and individual supporters. Thank you for your conscious contributions and for the support you did not even realise you have offered.

Akima Thomas at WGN
Amanda Hudspith at Oxford Corner
Anita Green at Sussex Partnership
NHS Foundation Trust
Barbara Coleman at Bristol City
Council
Christine Toft at CT Consultancy
Colin Fitzgerald at Respect
Ester Sample at St Mungo's
Glen Jarvis at Nottingham CDP
Helen Goodspeed at Oxford Corner
Jackie Meht at Nottinghamshire
Rape Crisis Centre
Jane Lewis at Nottingham CDP
Jo James at Bristol UFO
Karen Black at BDP

Kerry Sullivan at NDVF
 Kylee Trevillion at the Institute
 of Psychiatry
 Liz Willows at the Paddington Haven
 Louise Howard at the Institute
 of Psychiatry
 Lucy Basterra at RISE/CRI Brighton
 Lucy Powell at Bristol UFO
 Mandy Hudspith at Oxford Corner
 Margaret Cheetham at
 Nottinghamshire Healthcare Trust
 Martina Parsonage at Gedling
 CMHT
 Novlet Holness at Nottinghamshire
 Rape Crisis Centre
 Naz Ghodrati at Manchester
 Women's Aid
 Penny Bennet at WISH
 Permjit Chada at Hounslow
 Community Safety Team
 Ronno Griffiths-Pearson
 Roxane Agnew-Davies at Domestic
 Violence Training Ltd
 Sally Morrissey at WISH
 Sandra Machado at EACH
 Sarah Fairbank at Nottinghamshire
 Healthcare Trust
 Sonia Bal at CRI/ihear partnership
 Sophie Wilsdon at BDP
 Sumanta Roy at Imkaan
 Tracey Sipson as Mansfield
 Community Alcohol Team
 Tracey Tudor at St Mungo's
 Vanessa Flanders at Manchester
 Women's Aid

Thanks also to Miranda Horvath,
 Susan Hansen and Joanne Adler
 at the University of Middlesex for
 their hard work and dedication to
 evaluating the Stella Project Mental
 Health Initiative. Thanks to Teresa
 Longhurst and Greene Design for
 making the toolkit come to life.

A final word of thanks to all the
 team at AVA: Barbara Karch, Davina
 James-Hanman, Julia Tokeley, Jude
 Long, Karen Bailey, Savita Narain,
 and Shannon Harvey. Most definitely
 a team effort!

*All the survivor's voices quoted in
 the toolkit have been taken from
*Treat me like a human being, like
 someone who matters: Findings
 of the Stella Project Mental Health
 Initiative Survivor Consultation.* The
 full report can be accessed from
<http://tinyurl.com/c32557t>.

AVA Toolkit

Foreword

Gene Feder



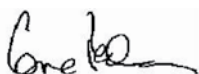
The experience of domestic or sexual violence can lead to mental health problems and substance abuse. In turn, people struggling

with mental health problems and substance abuse are more vulnerable to further violence. Yet, in undergraduate medical education, the relationship between violence or trauma, mental health conditions and drug/alcohol abuse is rarely discussed. Nor is the clinical competence to respond appropriately to the intersection of these three problems developed in the course of most postgraduate medical education. This is particularly problematic for general practitioners, the clinicians with most contact with the population, including people struggling with long-standing depression or alcoholism stemming from current or past abuse. That domestic or sexual abuse may well be hidden if the GP does not ask about it,

undermining efforts to address the mental health or substance abuse problem, ignorant of the trauma that drives them.

This comprehensive, lucidly written toolkit cannot compensate for the relative neglect of these issues in medical education, but it will help GPs and other generalists address the needs of patients who have experienced domestic or sexual abuse and present with mental health or substance abuse problems. By integrating the views of patients, the expertise of professionals and the evidence on effective management, the toolkit, with an accompanying e-learning package, is an innovative resource, particularly for primary health and social care. Its minimum standards of practice are a benchmark for clinicians and other professionals caring for survivors of domestic and sexual violence. The key features of an appropriate response are well articulated under accessibility, policies and procedures, safety, routine enquiry and assessment, treatment and support, and survivor involvement. These form the basis for a compassionate response

tailored to the needs of patients, a principle that should run through the whole of health and social care.

A handwritten signature in black ink, appearing to read 'Gene Feder', with a stylized, flowing script.

Gene Feder
Professor of Primary Care,
University of Bristol

Chair of the NICE Domestic Violence
programme development group

Chair of the WHO Intimate Partner
Violence guideline development
group

Foreword

Louise Howard



We all tend to work in silos and focus on the areas we are most familiar with, but this is not always helpful to our service users or ourselves.

This toolkit provides a bridge across three areas - domestic and sexual violence, problematic substance use and mental ill-health - which often co-exist for service users but currently are not comprehensively addressed by the practitioners in each sector. Our research has confirmed that mental health service users have a high prevalence of a history of experiences of domestic and sexual violence and this is particularly the case for women. We have also found that domestic and sexual violence impacts on mental health problems across the diagnostic spectrum, including depression and anxiety, eating disorders, substance misuse and psychosis. Unfortunately we have also found that mental health professionals continue to have

significant gaps in their knowledge of, and fail to respond to, their clients' experiences of domestic and sexual violence, despite policy guidance. Similarly, there is evidence that the domestic and sexual violence sector are not always responding to the specific needs of people with mental ill-health and substance use problems.

This toolkit is therefore to be welcomed. It provides clear guidance to professionals interacting with clients affected by all three issues, so that practitioners in the domestic and sexual violence sector, substance misuse services and mental health services (including primary care) can deepen their understanding of these three inter-linked areas. The toolkit provides practical advice on how to understand the client's issues, ask about their experiences in a sensitive non-judgemental way, find out what their needs are while prioritising safety, consider the needs of the family, and promote recovery. But overall the focus is in articulating key principles that should underpin any intervention. These principles, developed in

consultation with survivors, are: to treat people like human beings, treat people with respect, be empathic and compassionate, value people's insight into their own situation and what will help them, and be patient and flexible.

I do hope this toolkit will be widely used so that it can facilitate practitioners engaging more effectively with survivors and promoting their safety and recovery.

A handwritten signature in black ink, appearing to read 'L Howard'.

Louise M Howard

Professor in Women's Mental Health,
Institute of Psychiatry,
King's College London