AVA Stella Project

Section 3

It doesn't hurt to ask

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Section outline

"Asking the question" – whether it be about domestic and sexual violence, substance use or mental health – does not happen in isolation. People need encouragement to disclose and disclosures need to be followed by action. There is no point in routinely enquiring if there is no action afterwards. In fact, research shows that certainly in the case of domestic violence, asking and taking no action can be more detrimental than not asking at all.[1]

The process for enabling and responding appropriately to disclosures of all kinds is as follows:

1. Understand why people may not disclose
2. Set the scene
3. Create the right environment
4. Ask the question
5. Listen
6. Respond appropriately
7. Develop an empowering relationship
8. Offer immediate practical support

1. Barriers to disclosing

"The barriers to disclosing experiences of abuse are vast. I don't think we can really appreciate how difficult it is for any survivor, let alone those with mental health and/or substance use problems who experience more stigma, more judgement, more disbelief, more difficulties accessing services and for whom there are more complex consequences to disclosing, to tell someone sitting opposite them about what might feel like a huge, shameful secret."[2]

Asking about domestic violence, sexual abuse, mental health or substance use often generates anxiety among professionals. There are fears of causing offence, opening a Pandora's box, not knowing what to do next, reacting in the wrong way, and so the list goes on[3]. These are legitimate concerns, but ones that must be overcome as survivors of abuse who are experiencing problems with their mental health and/or substance use may find it very difficult to disclose in the absence of direct questioning because they:

- Are not sure of not being sure of what to say, how to start the conversation.
- Fear being judged, being stigmatised or, particularly for survivors, not being believed.
- Are concerned about 'what happens next'. Will Social Services become involved? What will I be asked to do? Will I have to move to a refuge/go into rehab? All could be scary prospects.
- Feel ashamed or embarrassed, self-blame, not feeling worthy of help and support.

In challenging our own concerns about "asking the question", it can be helpful to remember that:

1. **Survivors don't mind being asked.** Research with women in healthcare settings has found that the vast majority of survivors do not mind being asked about experiences of abuse.[4] They always have the choice not to disclose if they don't feel ready or comfortable.

2. **Survivors often want to be asked** because they don't know how to start the conversation themselves.

3. **Asking about an issue can generate the survivor's confidence and trust** in a worker's ability to deal with an issue.

4. **You may be the only person to ask** - never assume that someone else has asked or will in the future. We all have a part to play in supporting vulnerable people to get the help they need.

The case for routine enquiry

In its guidance on routine enquiry for health professionals, the Department of Health highlighted a number of possible indicators of domestic violence (see annex A for the complete list). These indictors include missing appointments, non-compliance with treatment, unexplained injuries, symptoms of mental health distress – all of which are commonplace amongst users of drug, alcohol and mental health services.

As such, the Stella Project strongly recommends that substance use and mental health services routinely ask clients about experiences of domestic and sexual violence.

2. Setting the scene

Encouraging and enabling someone to talk about issues that are affecting them but which they might feel embarrassed or ashamed about starts the moment they walk through our door.

- How do service users know that you might be able to help them with experiences of domestic and sexual violence, problematic substance use, mental ill-health? Is it evident that these are issues you care about? Do you display posters in reception or the toilets? Are there discreet leaflets which people can take away with them?

- Do service users feel comfortable? Are you able to offer them a worker of the same gender, ethnicity, etc.? Is there privacy? Will you be overheard or interrupted? Are children present who would be distressed, even if they know the situation? Can you both understand each other or do you need an interpreter? If you have an interpreter, is the service user comfortable with them (are they part of the service user's community or wider family network?) and will they maintain confidentiality?

- Before asking any questions, also establish whether it is safe. Ask yourself, 'Will my intervention leave this patient in greater safety or danger?' This is particularly true for asking about and intervening in cases of current domestic

violence – if you cannot speak to the service user alone, do not ask in front of her partner who may be the perpetrator.

- Be clear about confidentiality. Have you explained the limits to your ability to maintain confidentiality? Have you stated explicitly that a survivor's engagement with services will never be discussed with her partner?

Addressing these points within your practice and your service is the first step in creating an environment which will support survivors to disclose experiences of abuse, problematic substance use and/or mental ill-health.

3. Creating the right environment

"You don't want to have to tell someone that you're an alcoholic, or a drug addict, or that your husband beats you up. Because it makes you feel crap, like you're worthless."

Survivor's voice

Many survivors, particularly those who have problems with substance use and/or mental health, routinely experience stigma from others, are marginalised by both society and services, and understandably have very low self-esteem. They often report not feeling listened to or respected.

So the next step to creating an environment that enables disclosure is building rapport with a survivor. This is important regardless of the nature and length of the interaction we have: if you are a nurse in A&E, a GP, a social worker or a substance misuse worker, you can aide disclosures of domestic and sexual violence, problematic substance use and mental ill-health by showing that you are focussed and attentive:

- greet someone by using their name
- face the person you are speaking to and sit up straight or lean forward slightly to show your attentiveness through body language
- have an 'open' face by gently smiling

- make and maintain eye contact (limit this to about 60% of the time to avoid someone feeling uncomfortable)

- demonstrate you are focussed – if someone interrupts your conversation, ask them to come back later, do not answer a ringing telephone, etc.

- listen to what is being said rather than focussing on writing it down (that means, wherever possible, put away your paperwork or switch off your laptop/computer and focus on the person facing you)

- be clear about how much time you are able to spend with the survivor at this point in time, but avoid making someone feel rushed by talking about running late, cutting an appointment short (it might be better to rearrange for another day if you do not have enough time today to really pay attention) or repeatedly saying "we don't have time today, but next time…".

These might seem like very small measures, but working to create the right environment and good communication skills can make a world of difference to people who are affected by violence and abuse, substance use and/or mental ill-health, who might otherwise not feel listened to or worthy of our support.

"My GP just seems concerned with time and getting me out before the next appointment. He just wanted to put me on anti-depressants instead of trying to get to the root of the problem [sexual abuse]. I was just given ant-depressants and told 'come back and see me in 6 months'."

Survivor's voice

4. Asking the question

How do you ask someone if they have experienced abuse? If they are struggling with their mental health? If they have ever used a whole range of different substances, any of them problematically? The exact wording of our questions is crucial as they can, unintentionally, convey judgement. Conversely, they can also communicate important messages.

4.1 Framing the question

Where possible and appropriate, start by framing the question by explaining why you are asking. For example:

"We know that many of our service users also have experiences of being hurt or frightened by a partner or family member/sometimes struggle with how they feel/use alcohol, medication or other drugs to manage, so we ask everyone about these issues."

Or

"Because we care about your well-being, we also would like to find out if you have ever been hurt or frightened by your partner or a family member/if you or anyone else in your home uses alcohol, prescribed medication or any other drugs/if there are times when emotionally you don't feel well. We ask everyone this because we want everyone to be safe as possible. This will help us to provide the best support."

Explaining why you are asking is useful, particularly when talking to people who may be mistrustful and query the motives behind your questions.

4.2 Introductory question

You might use a more generic introductory question such as:

- How are things at home?
- How are things with your partner?
- How are you feeling?
- How are you managing at the moment?

But don't stop here! Service users are not mind-readers and so may not realise the subtext of your question.

4.3 Direct questioning

Ask a more direct question. In doing so:

Avoid terms people might not understand – including domestic violence, sexual violence, problematic substance use, mental health problem or diagnosis

Use questions which people relate to more easily, seem less frightening or judgemental:

For domestic violence
How do you and your partner work out arguments? Do arguments ever result in you feeling put down or bad about yourself? Do arguments ever result in hitting, kicking or pushing? Has anyone ever made you feel frightened or scared at home? Do you ever feel controlled by your partner?

N.B. If you notice an injury, rather than asking how it happened, ask *"Who hurt you?"*

For sexual violence
Has anyone ever made you do things sexually that you weren't comfortable with or hurt you? Do you feel like you have to have sex with your partner even when you don't want to?

For mental health
How are you doing at the moment? How are you feeling in yourself? You seem a bit down/upset/frustrated. How are things?

For substance use
Do you take any medication prescribed by a doctor? Have you used drugs other than those required for medical reasons? How much alcohol do you drink each week?

If you are aware that the service user has been affected by at least one of the issues, ask questions that make the link between all three issues as this can reduce the risk of appearing judgemental, shows you understand the links and also raises the survivor's awareness of how these issues are interlinked. For example:

"Being hurt by a partner doesn't just cause physical injury but also emotional or psychological harm. The effects of living with violence and abuse can cause women to feel depressed, anxious or ill. Have you noticed changes in the way you feel?"

"Some people feel depressed, suicidal, traumatised or mentally distressed after being abused or attacked. Some people use alcohol and drugs to manage the physical and the emotional pain….have your experiences led you to feel this way or do anything specific to cope?"

"Some people find alcohol and drugs help them cope with how they are feeling – do you use anything to help you manage your situation or what you been through?"

Has your partner ever made you feel you had to use drugs or alcohol?

Follow-up questions

At this point you may wish to ask some further questions to get an idea of the extent of the problem and to identify any immediate risks that should be dealt with. Sample questions can be found in annex B.

5. Active Listening

"It's hard enough trying to get your voice heard at the best of times. When you've used drugs or when you've worked on the streets, it's impossible. Once you're labelled, that's it"

Survivor's voice

Active listening means **fully attending** to the other person, to gain as deep an **understanding** as possible of not only the words being spoken, but also the thoughts and feelings underlying those words.

However brilliant the questioning, the insights, the interpretations and the strategies of the practitioner, they will **all be wasted** if s/he has not listened fully and attentively to the survivor. Research has found that nurses who focus on the individual they are talking to or the content of what is being said, rather than prioritising taking action are more able to engage survivors.[5]

Active listening helps establish rapport and build trust, it helps client to disclose their feelings, and helps to gather information. Listening is a vital part of effective communication. Furthermore, sometimes being empathically listened to is the ONLY thing that the client needs.

Active listening seems like a simple concept to grasp yet people often fail to listen to one another. It is the active process of paying undivided attention to what the client is saying and what they are **not** saying. You can do this by:

- Listening to and understanding the client's verbal messages
- Noticing non-verbal behaviours — posture, expressions, movement, tone of voice
- Listening to the context — the whole person in the context of their situation in life

- Suspending your judgement or evaluations
- Resisting distractions i.e. your thoughts, imaginations, noise, views, people
- Avoiding "rehearsing", i.e. thinking what you should say BEFORE the client finishes)
- Allowing the client to express her own ideas without imposing your own.

"I went to my doctor for help from violence; he didn't refer us anywhere. Doctors just don't listen. Hospitals and doctors never ever help, they don't let you talk, they didn't examine me or ask me anything after he'd been violent, they just gave me pills"

Survivor's voice

BE CLEAR!

There is another acronym that we can use to remember these responding skills. It is known as 'CLEAR' and stands for the following:

Clarify what you say. Explain your point clearly so that the client can understand.

Listen to your client and show them you are listening by giving them attention and not getting distracted while they are talking.

Encourage the client to speak freely by asking open-ended questions.

Acknowledge what your client is saying. Let them feel that what they say is important and valuable, or that it was okay for them to talk to you.

Reflect and repeat what the client said to increase your understanding.

"Asking for help is the most difficult thing you can ever do. And when you do that, you just want someone to say, "Look, it's not your fault, and we're going to get you some help, and you are not this worthless human being, you do deserve to live, you deserve to be a mother, you deserve to be happy, you don't deserve this man smacking you round the face every time he has a drink, you know what I mean? That's the first thing you need, then practical help. But what you really need is for someone to treat you like you're worth something, you're not just something out of the gutter."

Survivor's voice

6. Helpful responses

How we respond to a disclosure is as important as how we ask the questions. In an era of lengthy assessment forms and short appointments, it can be easy to just tick a box when someone discloses and move on. This can be detrimental to a survivor who already feels unheard, dismissed and not believed.

Each of the following statements acknowledges the survivor's disclosure, can make the survivor feel listened to and shows that these issues are important to you.

- **Thank you for telling me** – remember that disclosing experiences of abuse, substance use problems and mental ill-health can be scary for the survivor.

- **What you have described is not uncommon** – or a similar statement which communicates to the survivor that they are not alone. It can be useful to know a few statistics, e.g. 1 in 3 women will experience domestic or sexual violence in their lifetime; 1 in 4 people will have difficulties with their mental health at some point in their life.

- **You are not to blame for the violence or abuse** – hold the perpetrator accountable for his own behaviour. No one deserves to be abused. The use of violence is never an appropriate way to communicate within a relationship. Whatever 'justifications' are given for 'provocation' of violence, there are more effective and acceptable ways to resolve problems.

- **You have the right to feel the way you do** – there is no right or wrong way to feel about experiencing abuse, and living with abuse can have a major impact on your mental health.

- **We all have different coping strategies for managing difficult situations or feelings** – acknowledge and validate how a survivor has coped up to now, even if their strategy is potentially problematic, such as heavy substance use or forms of self-harm that are less easily controlled.

- **Your safety and wellbeing is my priority** – highlight that the survivor might be at risk, either from others or in relation to their substance use and mental ill-health.

- **You have the right to be safe and get support** – all survivors, regardless of whether they have problems with substance use and/or mental ill-health, have the right to be safe.

7. Developing an empowering relationship

The two major goals in assisting survivors of domestic and sexual violence who are also affected by problematic substance use and/or mental ill-health are:

- to establish a supportive and empowering relationship

- to deal with any practical issues

Achieving the first goal will make it easier to engage the client and therefore work on the second goal.

You can build a positive relationship with a survivor by:

- **Listening.** Show you are listening by nodding occasionally, smile and use other facial expressions, and encourage her to keep talking with small verbal comments like 'yes', 'uh-huh' and 'mmm'.

- **Being interested in what she has to say.** Use active listening skills such as reflecting back what has been said (for example, ("Sounds like you are saying…" or "I can see that…") and asking questions to clarify what has been said.

- **Being respectful.** Allow the survivor to finish speaking before asking more questions, and don't interrupt with counter arguments. Treat the person in the way that you would like to be treated.

- **Showing empathy.** In addition to being reflective and respectful, be empathic by imaging what it might be like to be in the other person's shoes ("I can imagine you might feel…" or "I can understand why you might be feeling…").

- **Making her the expert of what she needs.** Do not assume what a survivor might need based on how they appear; for example, someone who looks strong may need a lot of support. Do not assume which issue someone wants to deal with first, but let them tell you what their priorities are.

"If you present strong and well, the response is different than if you were a mess, crying and sobbing and weak – you have to almost dumb down to get anywhere, to get an effective response"

Survivor's voice

Assessing how supportive or how empowering you need to be depends largely on the physical and emotional state of the woman. As a general principle, it is better to encourage her to make her own decisions and take action for herself wherever possible. If you do things for her that she could do herself, you are denying her the opportunity to take charge of her own life. Furthermore, pushing her into actions which she is hesitant to pursue will add to her powerlessness. However, some situations will require you to be more supportive than in others especially if the woman is emotionally or physically incapable of helping herself.

8. Immediate practical support

In terms of offering immediate practical support:

1. **Prioritise safety as the foundation for any intervention.** Help with a harm reduction or safety plan, whether it is in relation to abuse, substance use or mental ill-health. Identify what risks are present and how the survivor can best manage these.

2. **Respect confidentiality and privacy.** If someone is currently experiencing abuse, or has not told their family/friends about their situation in relation to substance use or mental health, it is vital to gain permission to contact the survivor at home and to respect their wish not to be contacted outside of your appointment. Recognise the real dangers that may be created if confidentiality is breached and the perpetrator is alerted. Only send letters if you are sure she will open them. If you phone, ask immediately if it is safe to talk and whether her partner is there. Suggest a code if need be.

3. **Be realistic.** Help her to assess the strengths and weaknesses of her situation without being overly optimistic or unduly pessimistic so that she can develop a realistic understanding of her situation. Help her to determine goals and plans of action. Help her to reinforce a positive self-image. Your support and encouragement could be an invaluable resource.

4. **Explain her options.** Keep up to date on relevant local resources so that you can provide information about services. Do not provide definitive solutions, but explain what help or support is available and, wherever possible, spend time with the survivor to help them decide for themselves what they want to do. Signpost or refer on, but only with the survivor's consent.

DON'T expect her to make binding decisions in a hurry: Many women say that they wish to stay with their partner and that they only want the violence to stop. This decision-making process can be assisted by your patient, long term support and encouragement. It may take years for a survivor to make the final decision to leave.

5. **Keep a record.** Write down what she tells you, with as much details as possible and avoiding judgment. Use the survivor's words and avoid summarising. All notes should be written during the session with the client, agreed by the client, and signed and dated. It is possible that these case notes may be used for legal purposes in the future, and thus will be beneficial for the client should they wish to pursue the abuse through legal channels. These records will be stored with the agency. The client should be offered the option of receiving a copy. However, it is important to advise clients that it may not be safe to keep records at home or on their person as they may be discovered by the perpetrator. Any documentation will include the record of the routine inquiry, the client responses (including types of abuse experienced with examples given by the client and any context). The worker's response including discussion of options and information giving, risk assessment, any injuries that have been noted, any referrals made, any safety plans, and scheduled follow-up appointments.

6. **Look after your own safety and wellbeing.** Don't put yourself or your colleagues at risk in a potentially dangerous situation.