

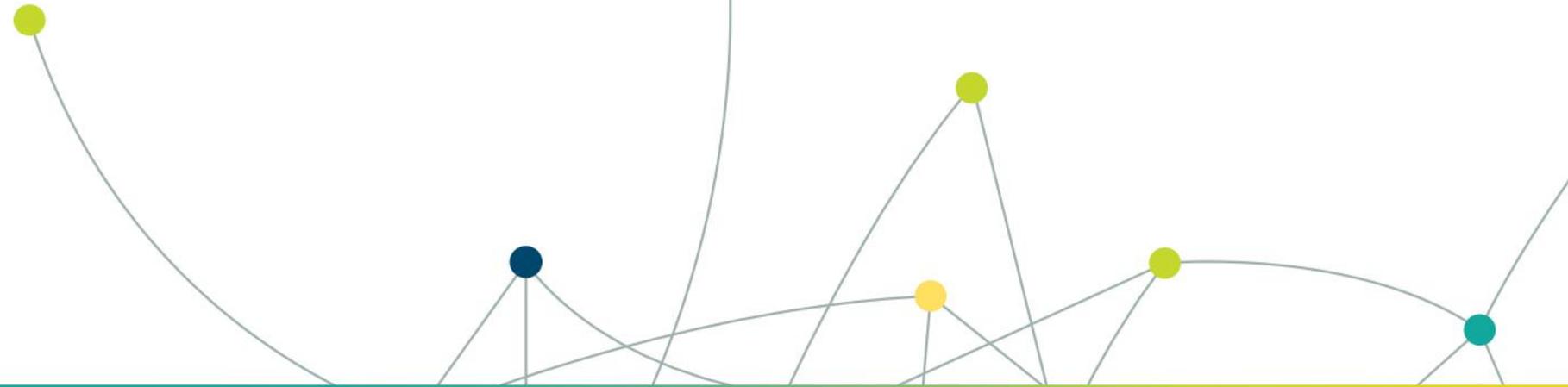
Domestic violence survivor groups in AOD settings.

Preliminary findings

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Overview

- **What is known about DFV and problematic AOD use?**
- **Background to the partnership**
- **Women: Choice and Change Program**
- **Adaptations for AOD settings**
- **Evaluation findings**
 - Client Outcomes
 - Interview accounts

 - Implications for program and professional development

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What is known?

- **How is DFV and problematic AOD related?**
 - Alcohol and other drug use might not cause DFV, but it does increase severity and frequency of abusive behaviours of people who use violence (**Leonard & Quigley, 2016**)
 - AOD use can become problematic for victims of DFV because alcohol and other drugs might be a coping strategy, and help to manage anxiety and depression that is caused by DFV (**Nicholas, White, Roche, Gruenert, & Lee, 2012**)
 - AOD use and DFV behaviours can be isolating, and co-occurrence is compounding. AOD use might make it harder for a victim to leave an abusive relationship (**Hankin, Smith, Doherty & Houry, 2010**)
- **What are the implications for practice?**
 - When and how is the best way to intervene for DFV victimisation?

Women: Choice and Change

- **Background to the partnership:**
 - Glenda Milne (former Manager of Guthrie House) met a colleague at a Bridal Expo at Penrith, and was referred to South East Region of RANSW;
 - At the meeting in January 2014, Women: Choice and Change (WCC) for women who are or have been in abusive relationships was chosen as the most necessary program from the courses available at RANSW;
 - Glenda quickly applied for enhancement funding from NADA and a partnership with RANSW and UNSW for what became affectionately known as ‘The Guthrie House project’ was established;
 - The program was adapted and initially RANSW group leaders facilitated the group at Guthrie House, before training AOD staff to run the groups, and expanding the implementation across sites.

Women: Choice and Change

- **The program:**

- A program for women who are in or have been in a relationship where there has been abuse from an intimate partner;
- Women are provided with the space to meet with others in similar circumstances and to be provided with input on a range of topics to support their knowledge, growth and healing;
- Topics include domestic violence and its impacts; risk assessment; improving self esteem; communication styles; taking care of self and relationship styles;
- The standard program is run over 8 weeks for 2.5 hours per session, as a closed group. It is open to the community, who can self-direct. And it is held in community based settings.

Adaptations

- **Adaptation of the WCC program for AOD settings occurred twice:**
 1. The Guthrie House Trial:
 - To cater for women in AOD treatment, and in recovery from AOD use, the program was shortened to 4 weeks and 1.5 hours per session for Guthrie House project;
 - The program was designed to be run as an open group;
 - Two main components: the Duluth domestic violence “Power and Control Wheel” and risk assessment . They were repeated each session.
 2. For the NADA project:
 - the program was run over six weeks and 1.5 hours per session, and designed to be run as a closed group;
 - The components of the program chosen (see previous slide) was seen as the priority topics, for the six week program;
 - A section on running groups within a residential environment was included in the notes to facilitators.

Evaluation

- NADA affiliated AOD services were *invited* to include the program;
- Included 3 day training ,and ongoing supervision of AOD staff
- **Evaluation Methods:**
 - Focus group with implicated services
 - Quasi-experimental quantitative surveys (pre- and post- program)
 - Interviews with staff
 - Interviews with clients
 - We report on NADA survey data, and contextualise these within the current evaluation of the generic program

Evaluation findings

Survey data is from 4 services and includes:

- 31 pre-group surveys
- 22 post intervention surveys
- 0 follow up surveys

small sample – please do not treat findings as conclusive

Qualitative data is drawn from 17 professionals and 20 clients:

- Focus group with 11 professionals
- In depth interviews with six clinicians/AOD workers
- In depth interviews with 20 clients from four services

Findings: Client Outcomes

- Compared to the first survey, **psychological distress** was significantly lower at the end of the program;
- **Self-esteem** was significantly higher at the post intervention stage, compared to the pre-intervention scores;
- Compared to the beginning of the program, **perceived social support** was significantly higher at the second survey stage;
- There were no significant differences between the survey findings with RANSW and NADA clients, **except**:
 - **Working Alliance** scores (which measure the relationship between staff and clients) was a little higher in the NADA cohort. This is probably due to clients having greater contact with these staff, compared to RANSW.

Findings: Client Interviews – what works?

Therapeutic relationships with staff and peers

So what do you think the strengths are of group programs?

Just having confidentiality, respect. Just listening. Being heard also and just being able to co-operate with everybody in the group, you know?

You like that? Yeah. [Yeah] So that's not your experience, normally?

No, because I've never really done groups or anything like that before. So being in an environment where you've got maybe seven, or eight women and youse have all got different views on things, I guess you actually get to take the time to sit back and reflect on- everyone's got their own story, you know? And being able to share information and hear other peoples' information just gives me more insight on what I really want from being here in rehab.

(Chanel)

Findings: Client Interviews – what works?

Therapeutic relationships with staff and peers

Learning, like the passive/aggressive, just everything like the ... just the stuff in relationships about the Cycle of Violence, yeah, that. That was a massive thing 'cause I was going through it like on a weekly basis. So, yeah. And it's like, "What the hell? Like this isn't ... this is what other people go through?!" And I thought it was just me [...] I'd like to do more groups on drugs and, drug and like relationships. I've never been in, I've never done groups in my life at all so just the past three months I have started doing groups, and I'm gonna keep doing them. So, I'm gonna look at some smart groups like Smart Recovery and go to meetings, and stuff like that. 'Cause it really helps to talk about things out loud. Not just to myself [...] I'm more of a group person. Like, I learn more in groups than sitting ... like I don't like reading books and whatever. It's like more hands-on things. So, yeah, group was sort of really good.

(Aaliya)

Findings: Staff Interviews – what works?

Intersectionality of DFV and problematic AOD use

I love running Women, Choice and Change because I think, I take some pride in that program. [...] I have faith in the program. We do modify it slightly to meet our clientele's needs but I have faith in it. [...] These women actually don't even try and leave. Even when they're being beaten they don't even try and get to safety, in a way. Yeah [...] It's, it's a part of the addiction process actually. It's co-dependency [...] For me, and I think my co-worker would agree, is that one of the main goals is to show them that they're worthy of something better. And to actually show them what [a healthy relationship] can look like.

(Jade, professional)

Findings: Client Interviews – what works?

Intersectionality of DFV and problematic AOD use

I guess when you don't, when you don't have access to information because you're sheltered from being in a DV relationship and then you come to a place like this, and the workers here run a group like that, and give you insight, and reassure you that it's not okay to be hit, that there are places that can help you, and then when it actually sinks in and you realise, you take that on board and you look at things in a different way. So, if you're in a relationship with someone and they start getting very bossy or heavy-handed with you, that's when you've said: "I've had enough," and you leave, and you get help. You put things in place that can protect you like an AVO or speak to DV, counselling, yeah ... refuges, shelters, you know, friends that you can trust. Talk to someone. Ask for help. Yep.

(Chanel)

Findings: Client Interviews – what works?

How do DFV interventions affect recovery process?

I was not like this at all coming in here [No?] or ... I was broken and I'd have panic attacks.

Later in her interview:

I'm doing a work placement on Monday. [Great!] I know. But it's good because I'm in a good place, you know? And I feel strong, and it's, I'm not ... I want my life back [That's good] and that's what's empowered me too, is to keep going. Like he's not going to, you know ... It's my life. No-one makes me be, like feel these things and I own myself. I own my choices. I can make it good or I can make it bad, or I can take it forward and be positive, and just keep living [...] And that's what that relationship did. [The program] took that fear away 'cause I was so scared and ... But seeing it on paper was amazing.

(Daria)

Findings: Client Interviews – what works?

How do DFV interventions affect recovery?

A huge thing that I, probably the biggest thing I took out of it was realising that the violence I experienced as a child wasn't my fault. That was the, you know, again, it's a logical thing that you're, you're told but just having that reinforced and, you know, seeing the wheel, seeing the behaviour, being able to relate back to the people in my life, really helped make it really clear. And, and, yeah, it really helped. It really, it's empowered me. I'm really grateful that it's been available here at rehab [...] to have it incorporated here is really helpful. It's helped me accept myself, and accept the violence I've experienced.

Later in her interview:

And, but, yeah, it did stand out to me that a lot of us do struggle with the self-esteem and I think that's residue from the relationships that we've, we've been in. And we still hear those voices, of that negative talk. So, yeah.

(Rihanna)

Implications

The group has complemented the recovery process. It has:

- Helped mutual learning from peers, increasing cohesion and reducing isolation;
- Helped these women find their voice, and increase their self esteem, which helps them to “deserve” recovery;
- Increased their knowledge and awareness of positive relationships, and that they “deserve” a positive relationship;
- Given them hope and self efficacy;
- And in doing so, enhances their aftercare, through motivation and plans for future relationships.

Citation suggestion

- Gray, RM, Broady, TR, Walker, A & Elvery, S. (2018) Findings from a research based evaluation of a domestic violence survivor group trialled in alcohol and other drug settings. Oral presentation given at the annual NADA conference: *Exploring Therapeutic Interventions*, Sydney.

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