Their Own Fault?

A Study Guide to Female Victims of Violence with Substance Abuse or Addiction Problems

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Foreword

The Swedish National Board of Health and Welfare (NBHW) received a number of assignments from the Government in 2007 and 2008 concerning violence in intimate relationships. Several of the assignments were based on the Government's *Action Plan for Combating Men's Violence against Women, Violence and Oppression in the Name of Honour and Violence in Same-sex Relationships* (Government Communication 2007/08:39). One of the assignments mandated the NBHW to compile and disseminate current knowledge about female victims of violence with substance abuse or addiction problems to healthcare providers in the field. This guide is a product of the effort that went into carrying out that assignment.

The guide primarily targets professions that help women with substance abuse or addiction problems: the social services, substance abuse and addiction care providers, the healthcare system, women's shelters, crime victim support centres and other non-profit organisations. The police, judicial system and other authorities may also find the guide useful.

To raise awareness and skills among professionals who help women with substance abuse or addiction problems, this guide describes the ways that violence and abuse affect their lives. Our hope is that health and social workers will be in a better position to provide the protection, support and assistance that these women need once they have absorbed the information in this guide.

This is one of five guides to be published by the NBHW that focus on particular groups of women who have been subjected to violence. The other guides look at women with disabilities (to be published in autumn 2011), elderly women, women with foreign backgrounds or women who have been subjected to violence in the name of honour (the last three are scheduled for publication in early 2013).

This guide was written by Maria Boustedt Hedvall with the kind assistance of Ann Jönsson and Kjerstin Bergman. Christina Ericson assessed and reviewed various interventions. Shriti Radia served as the legal consultant. All five women are NBHW employees.

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Summary

Studies and interviews with practitioners show that female victims of violence with substance abuse or addiction problems find themselves in a particularly defenceless position. The circumstances of women with substance abuse or addiction problems frequently increase the risk that they will be subjected to violence. Meanwhile, they have a more difficult time obtaining support and assistance than others in protecting themselves against violence. More than other women, they encounter and internalise the attitude that the violence is their own fault. The violence to which they have been subjected is regarded as a result of their substance abuse or addiction and is therefore overlooked or denied, making it harder for them to obtain support and assistance.

As is the case with other women, the violence can be physical, emotional or sexual; the perpetrator is often a current or former partner. Not uncommonly, women with substance abuse or addiction problems can also be subjected to violence by acquaintances, and different care and support providers.

These women may be experiencing difficulties in several areas of their lives, which makes it particularly important that they receive support, treatment and care. In addition to violence and substance abuse or addiction, they may be at risk when it comes to mental or physical illness, unemployment, finances, finding a place to live, etc. They might have sold sex or engaged in criminal activity. A woman in this situation might have experienced her children being taken into care by the social services and placed in a foster home.

Women who have been subjected to violence – particularly those with substance abuse or addiction problems – may have difficulty seeking assistance. Fear is a major factor: of being scorned at, of being turned away because of their substance abuse or addiction problems, of not being taken seriously, of revealing their use of alcohol or drugs, of suffering reprisals if they tattle, of being seen as a bad mother and losing custody of their children.

Female victims of violence with substance abuse or addiction problems need access to more sheltered housing facilities, as well as specialised shelters with staff who are knowledgeable about the mechanisms of violence, substance abuse and addiction, as well as mental health and other issues. From a safety and security point of view, a key intervention might involve offering gender-specific substance abuse and addiction treatment for those who prefer it. The idea would be to minimise the chance that women will encounter potential perpetrators.

Personnel who help female victims of violence with substance abuse or addiction problems need greater knowledge and broader skills in order to provide proper treatment and support. Meanwhile, they need to think about and work on their own attitudes towards women with substance abuse and

addiction problems. If a change is to occur in everyday practice, however, a conscious and systematic effort will be required at the organisation level to develop strategies, as well as action and implementation plans.

Both studies and interviews with professionals have identified the need for improved collaboration between the social services, women's shelters, police, healthcare system, psychiatrists, substance abuse/addiction care providers and other organisations.

Additional research is required to fully assess the scope, nature and evolution of the issue over time, as well as the conditions under which at-risk women live. In addition, more evidence-based knowledge is needed concerning the support and treatment methods that have proven to be most effective and suitable. The NBHW assessed various methods for the care and treatment of female victims of violence with substance abuse or addiction problems, as well as reviewing scientifically evaluated interventions. The assessment shows that evaluations of methods and interventions are few. The inference to be drawn is not that no effective interventions exist, but simply that they have not been evaluated in a manner that permits any reliable conclusions about their efficacy. Thus, the results of the assessment do not offer strong scientific evidence for proposing suitable methods of treating Swedish female victims of violence with substance abuse or addiction problems.

Introduction

Background

This guide concerns female victims of violence with substance abuse or addiction problems. The purpose of the guide is to raise awareness among various professionals about the specific issues surrounding violence against this group, as well as to contribute to current knowledge of the specific kinds of protection, support and assistance that they may need. Our hope is that professionals who help female victims of violence with substance abuse or addiction problems will be in a better position to provide for their needs.

Violence against women with substance abuse or addiction problems – a challenge deferred

The issue of violence against women with substance abuse or addiction problems has long been swept under the carpet. But authorities and other organisations have become increasingly aware that these women are in a particularly tenuous position. Both the Committee report *Att ta ansvar för sina insatser. Socialtjänstens stöd till våldsutsatta kvinnor (Taking Responsibility for Interventions: Support by the Social Services for Women Subjected to Violence* (SOU 2006:65) [1] and the subsequent *Socialtjänstens stöd till våldsutsatta kvinnor* (Support by the Social Services for Women Subjected to Violence) – Government Bill 2006/07:38 – emphasise that more knowledge is required if women with substance abuse or addiction problems are to receive the support to which they are entitled. The bill identifies female victims of violence with substance abuse or addiction problems as a high-risk group. The situation in which many women with substance abuse or addiction problems find themselves increases the risk of violence, and they have more trouble than others obtaining assistance. Moreover, they have access to very few sheltered housing facilities (Government Bill 2006/07:38, p. 16).

Living in a violent setting may eventually cause women, as well as various professionals and others whom they meet, to regard it as inevitable. Interviews with practitioners revealed that women with substance abuse or addiction problems are particularly prone to internalising the belief that the violence to which they have been subjected is their own fault. This perception is related to low self-esteem among many of these women, along with feelings of shame and guilt that society's attitudes tend to foster and reinforce [1, 2]. They are not usually regarded as "ideal victims of crime" but rather as complicit in the violence to which they have been subjected [3]. The violence is often seen as a direct consequence of their use of alcohol or drugs [4, 5]. Ignoring or denying violence in this way makes it much more difficult for victims to obtain the kind of support and assistance they need [5].

What is the information in this guide based on?

The information in this guide is based on the best available scientific evidence, the knowledge of professionals and the experience of individual women who have been subjected to violence.

Much more scientific research is needed about violence against women with substance abuse or addiction problems. Only a few limited studies have been conducted in Sweden. The NBHW has launched three studies in hopes of filling the gap. Researchers at Umeå University analysed Addiction Severity Index (ASI)[1] data to learn about self-reported experience of violence among women with substance abuse or addiction problems [6]. The results can enable a more accurate assessment of the scope and nature of such violence. The NBHW also financed an interview study at Karolinska Institutet that focused on women's experience of violence and substance abuse or addiction, society's attitudes and the support that is available [7]. An assessment performed by the NBHW compiled information about evaluated methods and interventions that may provide effective support for women who have substance abuse or addiction problems. [8]. This guide proceeds from literature in the field and interviews with practitioners who help female victims of violence, both with and without substance abuse or addiction problems. Among the interviewees were workers from the social services, healthcare system and non-profit organisations.

The guide is also based on current legislation governing the services provided by the primary target groups.

Need for support and guidance

The Government's *Action Plan for Combating Men's Violence against Women, Violence and Oppression in the Name of Honour and Violence in Same-sex Relationships* identifies women with substance abuse or addiction problems as a high-risk group. The Government is highly critical of society's tendency to focus more on the use of alcohol or drugs than on the violence and finds that these women are not always accorded the respect to which all victims of crime are entitled. The action plan stresses that each woman must be given the support and protection she needs regardless of her identity or background [9].

The Committee report *Taking Responsibility for Interventions. Support by the Social Services for Women Subjected to Violence* concludes (p. 52) that organisations that help these women are often unaware of the interaction between violence and substance abuse or addiction: "Failure to grasp the magnitude of violence in a woman's life may be one reason for the emphasis on abuse of alcohol or drugs to the exclusion of all else."

A 2008–2009 review by the NBHW and country administrative boards of efforts by the social services to help women who had been subjected to violence and children who had witnessed violence revealed shortcomings at

[1] The Addiction Severity Index (ASI) is used as an interview tool in evaluation studies, as well as an assessment and follow-up method in substance abuse/addiction care and related areas. The structured interview contains questions that are relevant to the problems that clients face.

many of the 80 municipalities examined [10]. The review found that municipalities need to improve their skills for supporting high-risk groups. Generally speaking, awareness of violence in intimate relationships is low among providers of geriatric care; nor do the disability care services of many municipalities actively confront the issue. While several municipalities have interventions on behalf of female victims of violence with substance abuse or addiction problems, the review concluded that they do not always provide the right kind of assistance. There is a tendency to soft-pedal violence and concentrate wholly on the use of alcohol or drugs. This group of women had trouble obtaining sheltered housing in many of the municipalities. According to the report, services are needed that target women exclusively and help them cope not only with their substance abuse or addiction problems, but with the violence in intimate relationships to which they have been subjected. Municipalities often lack procedures for cooperation both internally and with other authorities and organisations [10].

Practitioners employed by the municipalities, healthcare system and non-profit groups all told interviewers that there is a general need – both within and outside of their own organisations – for more knowledge about the issue of violence against women with substance abuse or addiction problems.

A violation of human rights

Violence and abuse in intimate relationships violates many human rights of both the victim and any children who may be witnesses. Sweden has signed a number of UN conventions and protocols that commit it to combating violence against women.

UN conventions and protocols

According to the UN Convention on the Elimination of All Forms of Discrimination against Women, the signatories are to condemn discrimination of women in all its forms and "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women." The convention does not address the specific issue of violence against women. Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women, however, specifies that discrimination against women includes gender-based violence [11].

Sweden also supports the UN Declaration on the Elimination of Violence against Women [12]. The declaration makes it clear that violence is a violation of women's right to life, equality, liberty and security, equal protection under the law, freedom from all forms of discrimination, the highest standard attainable of physical and mental health, and not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment. The non-binding declaration defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or emotional harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

This guide concerns not only adult women, but also those under age 18. Thus, it is relevant that Sweden has ratified the UN Convention on the Rights of the Child (CRC) [13], which states that the signatories are to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or emotional violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

Conventions of the Council of Europe

The Council of Europe's Convention for the Protection of Human Rights and Fundamental Freedoms (the "European Convention") [14] commits the signatories to respect the right to life, liberty and security, and to prohibit torture or inhuman or degrading treatment or punishment, slavery and forced labour, and "discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status." Authorities are obliged to ensure that individual citizens enjoy these rights. The Act on the European Convention on Protection for Human Rights and Basic Freedoms (Swedish Code of Statutes 1994:1219) incorporates the European Convention into Swedish law.

In May 2011, Sweden also signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence [15]. The convention contains provisions concerning preventive, protective and legal measures, as well as international cooperation.

Target groups, concepts and definitions

Target groups

This guide to violence against women with substance abuse or addiction problems may be of use to many different professions that help them. The primary target groups are practitioners who work for:

- Substance abuse and addiction care providers
- Other social services
- Other healthcare providers
- Sheltered housing facilities
- Women's shelters
- Crime victim support centres

In other words, professionals who help women who have been subjected to violence, whether or not they have substance abuse or addiction problems, may benefit from this guide. Employees of youth guidance centres, the police and judicial bodies may also find valuable information.

Violence – a phenomenon with many faces

Violence and abuse may manifest in many different ways, regardless of whether a woman has or has not substance abuse or addiction problems. She may be the victim of severe physical or sexual abuse that society regards as a serious crime. They may also be subjected to acts that have not been criminalised but that can nevertheless form a pattern of abuse, including verbal, sexist violations of their integrity; isolation from friends, family and the community, financial exploitation and emotional blackmail. Many women are at risk due to a combination of criminal and non-criminal acts. A common pattern is that the violence in their relationship gradually escalates [16].

Most of the research, literature and interviews from which this guide proceeds use the term violence in a physical, emotional, sexual, financial, material or social sense. To shed light on women's situation based on these sources, we will employ the concepts of violence and abuse in connection with both criminal and non-criminal acts.

The chapter *Society's Responsibility,* which primarily reflects Swedish legislation, describes the obligations and tasks of authorities and other organisations. It includes a discussion of Chapter 5, Section 11, Paragraph 2 of the Social Services Act (Swedish Code of Statutes 2001:453): "...the social welfare committee should consider that women who are being or have been subjected to violence or other abuse in the home may need support and help in order to change their situation." Violence or other abuse in this connection refers to the kinds of systematic assault and other abuse covered by Chapter 4, Section 4 a of the Penal Code (Swedish Code of Statutes 1972:600) with respect to violation of a woman's integrity. Among the criminal acts that the law refers to are assault, unlawful threat, unlawful coercion, sexual or other molestation, and sexual exploitation (Government Bill 2006/07:38 p. 31). Multiple criminal acts may constitute an offence that is subject to a stiffer penalty than each one on its own.

Violence – intimate and otherwise

Violence in intimate relationships usually refers to acts committed between spouses, partners, boyfriends or girlfriends, as well as parents, siblings, children, relatives or others with whom the victim has been closely related. This guide deals primarily with violence committed by present or former spouses, partners, boyfriends or girlfriends.

Many women with substance abuse or addiction problems live in settings where they are also subjected to violence and abuse by people with whom they are not intimate, including casual friends, fleeting acquaintances, police, security officers, different kind of care and support providers and others with whom they come in contact. This guide will examine those situations as well, given that they are key ingredients in a pattern of abuse among many women with substance abuse or addiction problems.

Violence against women

Violence occurs in relationships between women and men, men and men, and women and women. Women also commit violent acts against men.

This guide concentrates on violence against women with substance abuse or addiction problems, regardless of the perpetrator.

The term woman refers both to adults and those who are younger than 18.

Substance abuse or addiction

Many terms are used to refer to difficulties associated with the use of alcohol or drugs [17]. Alcohol habits are graded on a scale from use to harmful use, misuse and dependence. The lines between the various categories are indistinct. Diagnostic classification systems often use various criteria to determine whether a person is dependent: increased tolerance level; withdrawal symptoms; the need for pick-me-ups; neglect of family, relationships, job, etc. [18]. Abuse and dependence, which is more serious, are also medical diagnoses.

The designation that works best in this particular context is substance abuse or addiction problems, and refers to use of narcotics, alcohol and medications alike [19]. The protagonists in this guide are most often referred to as female victims of violence with substance abuse or addiction problems.

Women with substance abuse or addiction problems

Women with substance abuse or addiction problems are not a homogeneous group. They come from different backgrounds. Alcohol, narcotics, prescription drugs or some combination thereof may be involved. They may lead an ordinary life with a job and family or be socially excluded and have neither employment nor a home [1]. Authorities and other organisations generally deal with women on the margins of society. The research that has been conducted up to this point focuses on these women. As a result, this guide is also about the most at-risk group.

Like all women who are victims of violence, those with substance abuse or addiction problems may experience difficulties in other areas of life that demands support measures, care, treatment or assistance. They may, for example, need support for psychological, intellectual or physical disabilities. Another guide published by the NBHW examines the violence to which those women have been subjected [20].

Some women with substance abuse or addiction problems who are victims of violence have provided sexual services. The NBHW recently published a similar guide about people who sell sex and victims of human trafficking for sexual purposes [21].

Structure of the guide

Chapters 2 and 3 look at patterns of violence and abuse from various points of view based on the *knowledge currently available*.

Chapter 2 begins with a general outline of violence in intimate relationships, followed by an overview of violence against women and a theoretical approach to describing the issue. The last part of the chapter narrows the focus to high-risk groups, as well as correlations between substance abuse or addiction and being subjected to violence.

Chapter 3 concentrates on female victims of violence with substance abuse or addiction problems: that which is known about the scope of the issues involved, their particular risk, the nature of the violence, the consequences and possible reasons why so few victims seek help.

The next two chapters proceed from what is currently being done – and what could be done. Chapter 4 takes a closer look at various aspects of the relationship between women and different kinds of authorities and care and support providers available in the society. The discussion centres on the attitudes and behaviour of practitioners, as well as the importance of holistic thinking when assessing the needs of these women. The chapter also examines different ways of calling attention to and asking women about violence, ensuring access to protection, offering support and carrying through with follow-ups.

Chapter 5 outlines society's responsibility for female victims of violence with substance abuse or addiction problems. The emphasis is on the social services and healthcare system, but the judicial system's responsibility is briefly touched on as well. While the chapter is most concerned with relevant legislation, it also considers specific measures that might be taken to provide women with the help they need.

As a means of provoking thought and conversation about various issues and notions surrounding substance abuse and violence, each chapter concludes with several questions for discussion.

The guide occasionally repeats itself. The reason for doing so is to enable each chapter to be read on its own merits.

General guidelines and handbook on violence

In order to assist the social services in their efforts to help women who are victims of violence, the NBHW has published general guidelines (SOSFS 2009:22) and a handbook [22]. Parts of those resources are highlighted in this guide. For a comprehensive overview of the general responsibility that the social services have for helping women who have been subjected to violence, refer to the guidelines and handbook.

Violence and Abuse: an Overall Perspective

This chapter begins by examining the general phenomenon of violence in intimate relationships, followed by violence against women and possible bases for a theoretical discussion. The focus then shifts to violence against high-risk groups and correlations with substance abuse or addiction.

Violence in intimate relationships

Both men and women are subjected to violence, albeit in different ways.

Although the victims in intimate relationships may be members of either sex, the preponderances are usually women, and the perpetrators are usually men. Our knowledge of the extent to which men are subjected to violence in intimate relationships is still inadequate [23]. It is essential that everyone who has been subjected to violence, regardless of sex or gender identity, receives the protection and support they need from society's various support agencies.

Violence is more likely to be recurring, severe and damaging when women are the victims in intimate relationships [23]. The 2009 national safety survey (NTU) conducted by the National Council for Crime Prevention [2] on victims of crime among members of the general public found that men mostly experience harassment in intimate relationships whereas women reported more incidents of threats and abuse [23]. Similarly, 4–5 times as many women are killed by a current or former partner as men are [18].

The 2009 public health report by the NBHW describes two main patterns of violence between partners: controlling and situational. Controlling violence is an escalating process that also includes various types of terror, harassment and threats. Generally speaking, the victim is a woman and the perpetrator is a man. Situational violence can be committed by both women and men, triggered by stressful circumstances in which frustration and anger gain the upper hand. As opposed to controlling violence, it often consists of isolated incidents [18].

[2] The NTU was a selection study in which approximately 20 000 people age 16-79 were asked whether they had been victims of various crimes against person, crimes against property, fraud or theft. The survey included not only offences that had come to the attention of law enforcement authorities, but also those that the interviewees had kept to themselves.

Violence against women in intimate relationships

The above mentioned Committee report found that men's violence against women in intimate relationships is increasingly viewed as an urgent, widespread social problem rather than as a private matter. Thus, authorities and other care and support providers need to accept their social responsibility and take measures to deal with the problem [1].

Given that violence against women is by its very nature a multifaceted phenomenon, the efforts of many different authorities and support providers are affected and called into play. In addition to seriously endangering the mental and physical health of its victims, it has major legal repercussions. Ever since 2002, WHO has classified violence against women as an urgent public health priority (Government Bill 2006/07:38, p. 9). Between 12 000 and 14 000 Swedish women seek outpatient care at hospitals, emergency medical centres and primary care clinics every year as the result of partner violence [18].

Above and beyond human suffering, violence against women in intimate relationships has major socioeconomic consequences. According to an estimate by the NBHW, costs total approximately SEK 3 billion per year [24]. Direct healthcare costs account for almost SEK 38 billion [18].

Violence can condemn the victim to isolation, limited access to help and care services, and other social problems. Sickness absence and subsequent financial problems are a frequent repercussion of violence [1]. Constant fear, withdrawal from normal activities, limited mobility and anxiety about the safety of children are among other consequences that can substantially reduce the victim's quality of life.

Violence can also be regarded as a gender equality issue, a means of preventing women from exercising their human rights and fundamental freedoms. [1] Violence as a gender equality issue has been framed as follows in *Makt att forma samhället och sitt eget liv – nya mål i jämställdhetspolitiken (*Power to Shape Society and Your Life – Towards New Gender Equality Policy Objectives*)* (Government Bill 2005/06:155 s. 51):

> *"Women and men, girls and boys must have the same right and opportunity for physical integrity; thus a key gender equality policy objective is for men's violence against women to stop."*

Scope of violence against women in intimate relationships

Fully assessing the scope of violence against women in intimate relationships is a difficult task. Studies based on crime statistics, healthcare data, cause of death registers and crime victim surveys have arrived at varying conclusions about the scope, nature and trends of this kind of violence[3] [23]. Study design – context and purpose, question formulation, definition of violence – largely shapes the results. Moreover, the method of measurement affects the number of unreported cases [1].

[3] Among such studies are the Statistics Sweden living conditions survey (ULF) and the annual National Council for Crime Prevention safety survey (NTU).

Nearly eight per cent of women who responded to the ULF survey in 2007 reported that they had been subjected to violence within the past 12 months [25]. An average of 17 women [26] and 4 men [27] die in Sweden every year as the result of violence committed by a current or former partner. According to the Council for Crime Prevention, approximately 2 500 reports of gross violation of a woman's integrity were filed in 2010 [28]. Of approximately 27 300[4] reports of assault against women age 18 or older filed in 2010, some 20 200 were committed by an acquaintance of the victim [29][5]

According to the Council for Crime Prevention, only a small percentage of violent acts against women in intimate relationships are reported to the police [23]. In the Council's assessment, the most common reason for not reporting such violence is that the victim and perpetrator are acquainted. Another common reason is a feeling of powerlessness, a sense that the police will not be able to do anything. A third reason might be that the victim is unwilling to take the risk or is afraid that she will not be able to make it through a trial [23].

Research shows that sex and violent crimes committed in private places when the victim and perpetrator are acquainted or closely related are reported less often than those committed in public places when they are strangers. The same discrepancy no doubt exists with respect to acknowledging having been subjected to violence when responding to surveys and in other situations [30]. Questions about violence in intimate relationships are highly sensitive for many people. Some offences, such as sex crimes, may make the victim feel particularly ashamed and lead to a higher level of under-reporting. Presumably it is harder to talk about ongoing violence in a current relationship than similar acts committed by a former partner [23]. Furthermore, the most marginalised members of society (homeless people, those who have substance abuse or addiction problems and those with criminal records) tend to be under-represented in surveys even though they are more likely to be victims of crime than others [30].

Children who experience or witness violence

An estimated 10 per cent of children have experienced or witnessed violence at home, 5 per cent often [18].

Research shows that the children of almost half of battered women are physically abused as well [18].

Children who experience or witness violence at home often manifest the same symptoms as those with other kinds of problems. Young children often have physical symptoms, whereas older ones tend to develop eating dis-

[4] "Reported offences" include all incidents reported and registered as crimes with the police, prosecutor or Customs. The Economic Crime Authority, Coast Guard and Tax Agency report through these authorities as well. Reported offences also include incidents that turn out not to have been crimes once an investigation has been conducted.

[5] Forty-five per cent of reported assaults against women age 18 and older were committed indoors by a closely related person, the single most common situation. However, 46 per cent of reported assaults against men age 18 and over were committed outdoors by an unknown perpetrator.

orders, self-injury behaviour or similar syndromes. Boys are more likely to act out, while girls have the tendency to internalise [18].

Adults who were subjected to and witnessed violence in the home as children run a greater risk of abusing or being abused by others [18].

Causes of violence in intimate relationships – a few theoretical perspectives

The causes of violence in intimate relationships can be discussed from various perspectives:

- structurally, with a focus on gender inequality and imbalance of power
- socioeconomically
- sociopsychologically, with an emphasis on factors in the particular relationship
- psychologically, stressing individual factors [31]

In other words, while violence may have structural causes, other underlying factors must often be considered as well in order to add more dimensions and capture the true complexity involved.

A number of hierarchical and societal variables – including class, sexuality, ethnicity, nationality and age – affect people's circumstances and are relevant to understanding violence in intimate relationships [1, 18]. The concept of intersectionality permits an examination and analysis of the ways that various hierarchies and power structures interact to create inclusion or exclusion, oppression or privilege [1].

An ecological or holistic model used by WHO describes violence as an interplay between structural, social, relationship and individual factors. Neither perpetrators nor victims are homogeneous groups, and there is no one perspective or factor that offers a total explanation. Both causal and trigger factors need to be analysed [1].

Violence against high-risk groups

Some groups are at greater risk than others

Certain groups run a considerably higher risk of being subjected to threats and violence than others. People who are already weak or have been marginalised – the homeless, those who have substance abuse or addiction problems, those who provide sexual services, those who are involved in extensive criminal activity, etc. – often run a greater risk than others. Meanwhile, they may have a more difficult time obtaining help to cope with the violence to which they have been subjected.

Support by the Social Services for Women Subjected to Violence (Government Bill 2006/07:38, p. 16 ff) identifies several groups of women as high-risk: those with substance abuse or addiction problems, those with disabilities, those with a foreign background, those who are victims of violence in the name of honour, and elderly women.

The circumstances in which they find themselves increase their risk [32]. The correlation between socioeconomic marginalisation and being subjected to crime is particularly pronounced when it comes to violence and threats. Lack of financial resources and the empowerment that goes with them make it harder for victims of violence to cope with the consequences or change their situation in life to extract themselves from recurring abuse. Moreover, people who belong to socially marginalised groups are often regarded as non-ideal victims, i.e., they fail to achieve victim status even after a crime has been committed [3].

Due to inadequate financial resources, disempowerment or weak social networks, women in the aforementioned groups are frequently less able than others to leave a violent relationship or to seek help and support. Some women are particularly dependent on those close to them. For example, someone with poor language skills may need her partner in order to communicate with the authorities. Similarly, both a disability and substance abuse can make an individual more vulnerable and dependent. Women may also face discrimination, ignorance and prejudice from authorities and support providers [33].

Risks of drawing attention to high-risk groups

One reason for drawing attention to high-risk groups is to shed light on their specific situation and needs and pinpoint the circumstances under which the assistance, support and attitudes of authorities and others are deficient.

Nevertheless, identifying certain groups as high-risk is associated with risks. One risk is that their members will be viewed as part of a collective rather than through the lens of their individual differences, needs and experiences. Their already subordinate and defenceless position may be further undermined. Just because people belong to the same social group does not make the same in all respects. For example, a woman may have very different needs than someone else who is also subjected to violence and has substance abuse problems. Nor does membership in a particular group automatically mean that a woman will be subjected to violence.

The focus on groups that run a high risk of being subjected violence should not be allowed to overshadow the perpetrators [33].

Violence and substance abuse

Number of people who have substance abuse or addiction problems

There are an estimated 100 000 Swedes with substance abuse or addiction problems who are in some kind of care and treatment programme. A reasonable assumption is that most of them have serious dependence issues. An estimated 50 000 or more people with substance abuse or addiction problems are currently registered with the social services for individual interventions, compulsory care, counselling or other support. Approximately 36 600 individuals with substance abuse or addiction problems received inpatient interventions in 2009. Some 13 000 people in correctional institutions had substance abuse or addiction problems on 1 April 2007 [34].

According to a progress report for the Substance Abuse Committee, women account for approximately one-third of patients in substance abuse and addiction care which is similar to their estimated representation among Swedes with alcohol problems [35].

A violent setting

People in substance abuse settings often find themselves in situations that increase their risk of being exposed to violence. Internal confrontations, theft, violence and threats may be part of their everyday experience. Homelessness or involvement in criminal activities increases the risk of being a victim [3]. People who finance their substance abuse or addiction by providing sexual services are more likely to be subjected to violence and threats [21]. There would appear to be a high threshold, a general perception that being on the receiving end of violence is an inescapable component of living in a substance abuse environment.

The perpetrators are often others with substance abuse or addiction problems, but they may also be police, security officers or treatment personnel [3].

As the next chapter demonstrates, the fact of being a woman in such settings often carries a considerable risk of violence.

Questions for discussion

- What do the terms violence and abuse mean to you?
- Do you encounter individuals in your work who run a high risk of being subjected to violence and abuse?
- How do you determine whether someone has been subjected to violence?
- What correlation do you see between substance abuse or addiction and having been subjected to violence?

Female Victims of Violence with Substance Abuse or Addiction Problems

This chapter is about female victims of violence with substance abuse or addiction problems and what their circumstances may be like. Much of the information below applies generally to women who are victims of violence, whereas other information is specific to those who have substance abuse or addiction problems.

The discussion is based on published literature and studies, as well as conversations and interviews with practitioners[6] who come in contact with, support and help female victims of violence with substance abuse or addiction problems.

More light needs to be shed on violence against women with substance abuse problems

The issue of violence against women with substance abuse or addiction problems has long been swept under the carpet. Important to note is that many women with substance abuse or addiction problem find themselves in circumstances that increase their risk of being subjected to violence at the same time as they have greater difficulty obtaining help than other victims. Many of the authorities and others that women come in contact with have a tendency to downplay the violence in favour of substance abuse or addiction issues. They appear to have little knowledge about the correlation between substance abuse and violence or how to deal with the issue when helping women. Services are needed that target women exclusively and provide them with assistance and support in coping not only with their substance abuse or addiction problems, but with the violence to which they have been subjected. In many municipalities, it is difficult for female victims of violence with substance abuse or addiction problems to obtain sheltered housing [10].

Nevertheless, society is starting to pay more attention to the issue of violence against women with substance abuse or addiction problems. In 2007–2009, the Government allocated development grants to municipalities for the purpose of strengthening women's shelters while improving the quality

[6] Interviews were carried out with practitioners at 18 different organisations, as well as the Kvinnofrid i missbruksfrågor (Women's Integrity and Substance Abuse Issues) network. The organisations may specialise in supporting female victims of violence with substance abuse or addiction problems, all female victims of violence, women in general, or some other area as a result of which they encounter many women with substance abuse or addiction problems.

of support for women who have been subjected to violence and children who have witnessed violence. Within the framework of the initiative, municipalities are increasingly aware of the need for a development effort aimed at better meeting the specific needs of female victims of violence with substance abuse or addiction problems. Women with substance abuse or addiction problems are among the target groups in 95 of the 467 projects that municipalities have carried out.[7] Twenty-seven projects provided direct support for these women. The support involved arranging new sheltered housing, carrying out preventive efforts (usually targeted informational campaigns), and starting non-profit associations that could offer advice, assistance and temporary accommodations. The largest number (approximately 50) of projects involved staff training that focused on female victims of violence with substance abuse or addiction problems [36].

Disseminating knowledge and experience

The purpose of the Kvinnofrid i missbruksfrågor (Women's Integrity and Substance Abuse Issues) network is to shed light on and disseminate knowledge about violence against women with substance abuse or addiction problems. The network is an association of professionals who help female victims of violence with substance abuse or addiction problems. These workers come from more than 40 organisations in the public, non-profit and private sector. The network serves as a forum for sharing knowledge, information and inspiration, as well as a venue for calling attention to current research, gaining practical experience and promoting methods development.

Few scientific studies

Not much scientific research has been conducted about violence against women with substance abuse or addiction problems. Only a handful of small studies have been published in Sweden. Several important studies are currently in progress. Nevertheless, the available knowledge is limited and the field offers major potential for future research.

Despite the limited scientific data, it is important to point out that the results of the studies that have been conducted comport well with the knowledge and experience reported by practitioners [37] at various organisations that help female victims of violence with substance abuse or addiction problems. These sources, along with questionnaire studies of women with substance abuse or addiction problems [7], confirm that they run a high risk of being subjected to violence.

Scope of violence against women with substance abuse or addiction problems

Studies and interviews with practitioners and women who have substance abuse or addiction problems show that they have frequently been subjected

[7] A total of 30 municipalities in 14 regions offered various types of services for these women in 2007–2009.

to violence. However, performing a reliable assessment of the scope is a difficult task. One reason may be that women with substance abuse or addiction problems are less inclined than others to seek help and support for, or to report, having been subjected to violence. In other words, a number of cases go unreported. Another issue may be the method of collecting and reporting the data. Women with substance abuse or addiction problems are not reported separately from other female victims of violence.

Having been subjected to violence or abuse is a highly sensitive topic for many women. The wording of the questions also makes a difference – many women do not define themselves as having been abused or victims of violence. But the same women may respond in the affirmative way to more specific questions, such as whether they have been hit, kicked, etc.

Studies of violence and substance abuse or addiction

Mobilisering mot narkotika – studie av mäns våld mot missbrukande kvinnor (Mobilisation against Narcotics – a Study of Men's Violence against Female Substance Abusers)

On behalf of Mobilisering mot narkotika (Mobilisation against Narcotics), Holmberg et al. conducted a questionnaire study and an interview study in 2005 about violence against women with substance abuse or addiction problems [5]. The 103 respondents to the questionnaire were enrolled in a number of selected programmes for women with substance abuse or addiction problems in Stockholm, Gothenburg and Malmö. Some of the questions were about having been subjected to violence or abuse as adults (after the age of 15) and within the past two years. The categories were physical violence, sexual violence, emotional abuse such as threats of injury or death, verbal harassment and violations of integrity.

The study found that these women are a high-risk group. Ninety-two per cent of the respondents said that they had been the victims of physical violence, sexual violence or emotional abuse at some point in their adult lives. Three quarters of them said that they had been the victims of such violence or abuse within the past two years.

The most common acts to which they had been subjected within the past two years were insults or disparaging remarks, threats, punching, kicking, etc., and sexual violence. Sixty women reported having been the victim of more than one violent or abusive act.

Many respondents said that they had been subjected to violence or abuse at least twice within the past two years. A few of them had been subjected to violence or abuse more than ten times. When the question was expanded to include recurring incidents in adulthood, the study found that 90 women (nearly all) had been subjected to violence or abuse at least twice. More than half of them had been subjected to violence or abuse more than ten times. The study does not indicate the type of violence or abuse that had taken place on a recurring basis [5].

The interview study included 14 women with a long history of substance abuse or addiction problems. The interviewees came from Sweden's three metropolitan areas. Twelve of them had been subjected to physical or sexual violence by one or more men. The two women who had not been victims of

such violence had been isolated, locked in and subjected to emotional abuse by jealous male partners. According to the women's stories, nearly all of the violence they had endured was severe [5].

Study of Addiction Severity Index (ASI) data

A 2010 study of ASI data [6] also found that women with substance abuse or addiction problems run a high risk of being subjected to violence. The study proceeds from data on which a report [38] for the Substance Abuse Committee [39] was based.

The Addiction Severity Index (ASI) is used as an interview tool in evaluation studies, as well as an assessment and follow-up method in substance abuse/addiction care and related areas. The structured interview contains questions that are relevant to the problems that clients experience in seven different areas: mental and physical health, employment/finances, alcohol and drugs, criminal activity and family/social network. Clients are asked whether they have been subjected to emotional, physical or sexual abuse by someone with whom they had a relationship: mother, father, sibling, partner, child, another close relative, close friends, neighbours or co-workers.

The ASI-08 database contained 4 290 women who had been interviewed during the Substance Abuse Committee. Three-quarters of them – more than 3 200 – said that they had been the victim of emotional, physical or sexual abuse either earlier in their lives or within the past 30 days [6].

Nearly 70 per cent of the interviewees reported having been subjected to emotional abuse, more than half to physical abuse and almost one-third to sexual abuse. Many of the women had been the victim of more than one type of abuse [6].

Study of the Lives of Women with Substance Abuse Problems Who Have Been Subjected to Violence

On behalf of the NBHW, Karolinska Institutet is conducting a study of women with substance abuse problems, focusing on their history of violence, treatment measures and communication with authorities and non-profit associations, psychosocial health, relationships and living situation. A total of 25 women in three different cities were interviewed twice a month for approximately nine months [7].

Consistent with the studies discussed above, a preliminary report indicates that female victims of violence with substance abuse or addiction problems are a high-risk group in a number of ways. At the beginning of the study, 68 per cent of the women had been the victim of various types of violence in intimate relationships over the past year. The percentage of women subjected to emotional abuse remained at a high level throughout virtually all of the study period. Most of the interviewees needed some kind of help for mental ill-health. Fourteen of the women had attempted suicide at least once in their lives. The majority had multiple social, physical and psychosocial problems with a need for much more support and help than they had

received, both for abuse of alcohol or drugs and for physical or psychological ill-health. [7].[8]

Female victims of violence with substance abuse or addiction problems – who are they?

Women with substance abuse or addiction problems are not a homogeneous group. They come from different classes, as well as social and cultural backgrounds; alcohol, narcotics or prescription drugs may be involved in any particular case. They may lead an ordinary life with a job and family or be socially excluded and have neither employment nor a home [1]. Representatives of various authorities or care and support providers are most likely to meet women on the margins of society, just as research has focused on them to this point. Thus, female victims of violence who have substance abuse or addiction problems but live under more stable circumstances tend to be invisible.

The multifaceted problems discussed below on the basis of current literature and research, as well as interviews with practitioners, may reflect the lives of many female victims of violence with substance abuse or addiction problems. Important to keep in mind, however, is that it does not apply to each and every one of them.

Women with multifaceted problems

Just like other women, one with substance abuse or addiction problems who has been subjected to violence may experience difficulties in several other areas of their lives that call for support, treatment or care. Psychological or physical disorders or disabilities may require support measures.[9] Unemployment, poor finances, an uncertain housing situation or experiences associated with providing sexual services may compound their difficulties.[10] Several such problems may be concurrent or give rise to each other.

The ASI study mentioned earlier [6], which was based on interviews during the Substance Abuse Committee, concluded that women with substance abuse or addiction problems who have been victims of violence often experience severe, multifaceted problems. Compared with the other women in the database, those who had been abused:

- were younger
- were more likely to be foreign-born
- had lower educational levels
- were less likely to live in a place of their own
- ran a greater risk of being homeless
- received social assistance more frequently

[8] The final report will be issued at the end of 2011.

[9] For more information, see the NBHW's guide concerning violence against women with disabilities [20].

[10] For more information, see the NBHW's guide concerning people selling sex [21].

- were less likely to have worked within the past 30 days
- had more problems with drugs, criminal activity and their own violent behaviour, as well as mental and physical ill-health

Moreover, severe drug abuse, severe mental disorders and suicide attempts were more common among abuse victims than other women in the database. The study also showed that being subjected to all three types of abuse (physical, emotional and sexual) covered by the ASI compounded a women's problems even more [6].

The section below goes into greater detail about some of the above factors that, in addition to substance abuse or addiction problems, can further complicate a woman's situation.

Mental ill-health

Many female victims of violence with substance abuse or addiction problems also have some kind of mental ill-health. While a good number of them receive psychiatric diagnoses, others never undergo an assessment. Women with mental ill-health often have a small social network and are dependent on others for their activities of daily living. Violence and abuse make a bad situation worse [20].

Interviews with practitioners revealed that women with mental ill-health have an even harder time obtaining the support and assistance they need for their substance abuse or addiction problems. "*The women are shuttled back and forth between addiction care and mental health services because the division of responsibilities is unclear"*, one of the interviewees said. Many of the practitioners ask themselves what came first, the chicken or the egg, i.e., whether the woman would have had mental or substance abuse problems if violence had not occurred. They argue that much of the women's mental ill-health stems from the violence to which they have been subjected. The same may be true of substance abuse or addiction – that women use alcohol or drugs as a survival strategy, a means of dulling their pain in order to cope with a violent relationship.

Physical symptoms – Intellectual and neuropsychiatric disabilities

Female victims of violence with substance abuse or addiction problems often have severe physical symptoms and injuries: infections, pneumonia, poor dental status, stick injuries from injections, abscesses, etc. Among serious wounds caused by violence are broken limbs, knife wounds, cracked ribs, eyebrow lacerations, genital injuries and burns [5].

Of the various possible disabilities, the practitioners stressed intellectual and neuropsychiatric disorders. According to the preliminary results of the aforementioned Karolinska institutet interview study of 25 women who have been subjected to violence and have had substance abuse or addiction problems, most of them have been diagnosed with – or are being/want to be – assessed for Attention Deficit/Hyperactivity Disorder (ADHD) [7].

Criminal activity and women's own violent behaviour

Not uncommonly female victims of violence with substance abuse or addiction problems have experience of criminal activity, both their own and that of others. The women whom Holmberg et al. [5] interviewed had been convicted of theft, fraud, assault, drug offences, weapons violations and other crimes. Fear that their own lawbreaking will come to light may prevent women from seeking support and assistance in coping with the violence to which they have been subjected or from filing a police report. In addition, the violence is often overshadowed by their criminal activity. In other words, authorities and different support providers may derogate a woman's having been the victim of violence and needing support and interventions to handle it if they know that she also engages in criminal activity.

The ASI study found a correlation between having been subjected to violence and violent behaviour among the women who were interviewed. One-third of the women who had been subjected to violence had trouble controlling violent impulses in themselves. The number of interviewees who exhibited violent behaviour rose to 40 per cent among those who had been the victims of physical, emotional as well as sexual abuse. [6]

Many women who live under such circumstances have husbands or partners who engage in criminal activity, often with long records. Fearing reprisal and the prospect of winding up in an even more dangerous and threatening situation, a large percentage of the women would not even consider reporting their partner to the police [5, 40].

Homelessness and "survival sex" – sexual services in exchange for drugs and a place to stay

Homelessness is another problem that can increase a woman's risk of being subjected to violence. By the same token, having been subjected to violence can be a fundamental underlying reason that a woman is homeless. [11]. Acute homelessness among women is commonly associated with substance abuse or addiction problems as well. Furthermore the lack of protection inherent to homelessness can increase a woman's risk of being subjected to violence.

A current study [41] at Karolinska Institutet is assessing and comparing the history of violence between two groups of women with substance abuse or addiction problems: those who are homeless and those who have a place to live and are in a treatment programme. One preliminary result shows that all of the first 20 (out of 44) women to be interviewed report that they have been victims at some point in their lives of violence by current or former partners, or professional personnel. Half of the women have experienced violence by more than five men [42].

Women who don't have a place to stay can often provide sexual services in order to obtain drugs and a roof over their head. They do not generally

[11] Homelessness can be defined in several different ways. The NBHW has used a broad definition: from acute lack of shelter to various kinds of temporary housing to long-term subletting arrangements. For the full definition, see www.socialstyrelsen.se/hemloshet This guide uses the word homelessness to refer to the most acute, visible stage. The national homelessness survey that was conducted in 2005 found that women make up 25 per cent of the homeless population.

define such arrangements as prostitution. Street prostitution is also an option.[12] Very often, however, a man allows a woman to stay with him in exchange for sexual favours. He might also be her drug supplier. Frequently he is also the perpetrator of the violence to which she is subjected. However, as one of the interviewed practitioners was quick to point out:

> *"She would rather be beaten up by **one** man than several, which could happen if she were still out on the streets."*

Parenthood – children placed in foster homes

According to the practitioners, many of the women are mothers and, in many cases, the social services have taken their children into care and place them in foster homes. Eight of the 14 women whom Holmberg et al. interviewed had children in foster care either permanently or periodically [5].

Fear that the social services will take a woman's children into care if her substance abuse or criminal activities come to light may be one reason that she does not report or seek help in coping with the violence to which she has been subjected.

Many of the feelings of shame and guilt that women experience have to do with their children. Both interviews and the literature suggest that women often find it extremely difficult and painful to talk about children whom the social services have taken into care due to deep-seated guilt feelings for having abandoned them and used drugs in their presence [43].

Early age experiences of violence and substance abuse

There are strong indications that many of these women were victims of violence during childhood and adolescence. They were both abused themselves and witnessed their mothers being subjected to violence [5]. Violence has come to be the normal state of affairs for them. The practitioners said that they had talked to many women who had been sexually abused at an early age.

Not infrequently their parents also have substance abuse or addiction problems. A number of the women interviewed by Holmberg et al. had been taken into care by the social services under the Care of Young Persons Act (Swedish Code of Statutes 1990:52) and placed in foster homes [5].

The aforementioned ASI study also found that women who are victims of violence are more likely than others with substance abuse or addiction problems to have grown up with parents who had substance abuse or psychological issues [6].

Witnessing substance abuse at home is often hard on children and may increase the risk that they will experience any number of problems later in life. Research has shown that a parent's alcohol abuse may be correlated with childhood accidents, subsequent substance abuse and mental ill-health, as well as cognitive and psychosocial disorders [19].

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[12] Street prostitution is less common nowadays. Because of mobile phones and the Internet, people who provide sexual services don't have to walk the streets any more. See [21] p.25.

Another finding is that substance abuse or addiction in a parent is associated with a greater risk of other problems. People with substance abuse or addiction problems are a good deal more likely to develop mental illness or a personality disorder. Domestic violence is not uncommon when parents have substance abuse or addiction problems. Children and young people may witness violence between their parents or be subjected to it themselves. Such experiences may be traumatic, leading to ill-health in both the short and long term [19].

Ethnicity

Practitioners reported that the difficulties experienced by a woman with substance abuse or addiction problems who had been subjected to violence may be compounded by a non-Swedish ethnic, cultural or language background. If Swedish is not her native language or if she is not sufficiently informed about where to turn, she may have trouble seeking help in coping with the violence to which she has been subjected or gaining a hearing for her story. Her social network might be even more limited than is the case for women with substance abuse or addiction problems as a whole.

The practitioners spoke of women they had talked to for whom the subject of substance abuse was taboo and a source of deep guilt feelings because the use of alcohol and drugs was against their cultural and religious values. Substance abuse is regarded in some circles as more shameful than the violence to which women have been subjected. Some women are pressured by their families to remain in a violent relationship or marriage because leaving it would be associated with much more shame.

Perpetrators and venues, nature and consequences

Perpetrators and venues

Specific to women with substance abuse or addiction problems is that many have been victims of violence by several different perpetrators: current or former partners and people they meet in treatment programmes, including staff, security officers and police.

Most of the violence against the women who responded to the questionnaire of Holmberg et al. had been perpetrated by current or former male partners. In nearly 80 per cent of cases of women who had been subjected to violence as adults, the perpetrator was a former male partner. Twenty per cent of the women said that their current partner was the perpetrator, and another 20 per cent named professionals of both sexes, such as police, security officers and treatment personnel. Over half of the women had been subjected to violence or abuse by more than one perpetrator [5].

One third of the interviewees reported that they had been the victim of violence or abuse by more than one perpetrator within the past two years. In almost half of the cases, the perpetrator had been a former male partner; in one-third of the cases, the perpetrator was a current male partner. A small

percentage of the interviewees had been subjected to violence and abuse by a professional during the past two years [5].

A majority of the women who had been the victim of violence within the past two years were at home at the time. Almost half had been in a public place and a small percentage had been at a treatment centre [5].

The practitioners whom the NBHW interviewed confirmed that a number of women are subjected to violence and abuse by personnel. They pointed first and foremost to women who had encountered contempt, brusqueness and humiliation from security officers, police, caregivers and treatment centre staff.

Nature and consequences of violence

In addition to physical violence, sexual violence and threats of violence, abuse may have psychological, emotional, social, financial and material dimensions. A woman may be ridiculed or subjected to serious threats, physical violence or rape. Often she is the victim of a combination of different forms of violence, abuse and violations of integrity.

Physical violence may involve being shoved, held down, having her hair pulled, being boxed on the ears, being beaten or being kicked. Half of the women who participated in the questionnaire study of Holmberg et al. said that they had been punched and kicked. A small percentage had been struck with a blunt instrument [5]. According to the practitioners, the women they encountered had often been subjected to severe physical violence.

Sexual violence includes rape and other forced sexual acts, as well as those that a woman is afraid to refuse. The practitioners reported that severe sexual violence is far from uncommon. Moreover, sexual violence and abuse is a particularly sensitive subject for victims. Such experiences are regarded as especially shameful and therefore difficult to talk about.

Emotional aspects of violence includes direct or indirect threats directed at a woman or her children, as well as verbal insults or ridicule – even violence or threats of violence against pets.

Patterns of violent behaviour may include restricting a woman socially, limiting her freedom, isolating her and trying to control her, perhaps locking her in the apartment or preventing her from seeing family and friends. The practitioners who were interviewed stressed isolation and the absence of a social network as a major reason that a woman with substance abuse or addiction problems may have difficulty leaving a violent relationship.

An account by one of the women whom Holmberg et al. interviewed (p. 76) is a good example of the strategies that a perpetrator can use to break a woman down both physically and emotionally:

> *”A man that I lived with for two years beat me nearly every day, or at least abused me emotionally. He was jealous and paranoid from amphetamines and thought he was being persecuted; he hid himself and hit me in public; he said he would hurt me so bad that I couldn’t get away from him and he hit me in the leg with a baseball bat; I woke up in the hospital... I had had a hammer in my head... that kind of things, he would put his hand between my legs and smell whether I had been*

with somebody else, all kinds of crazy stuff. He spied on me when I was in the shower, took all my money so that I couldn't leave, locked me in the apartment from the inside and outside; it was such a horrible relationship that it's a miracle I came out of it alive." [5]

Material or *financial* aspects of violence may include breaking or destroying a woman's personal belongings or, as in the quote above, controlling her or stealing her money. Or her partner may force her to sign a document that will ruin her financially.

Women who are dependent on others for care and treatment in their daily lives can also be the victims of neglect and malpractice [20], such as withholding medication or providing a non-nutritious diet.

Violence, abuse and other violations of a woman's integrity often have a number of physical, emotional, social, financial and practical consequences. In addition to those mentioned above, such consequences include:

- mental ill-health, such as depression and anxiety
- lack of self-esteem and trust in others
- isolation (the perpetrator restricts her social life, she has to move to another town after a separation, etc.)
- inability to be as good a parent as she would like because it is difficult to protect both herself and her children
- physical injuries
- acute homelessness
- higher living expenses
- debts created by the perpetrator
- sickness absence [44]

Just like other women, those with substance abuse or addiction problems may be subjected to violence during pregnancy, which can lead to serious physical and emotional consequences. The practitioners spoke of talking to women whose partners had abused them to the point that they had miscarriages or gave birth prematurely.

Leaving a violent relationship

Many women have difficulty leaving a violent relationship. Normally they have strong bonds to perpetrators with who they are in an intimate relationship of some kind. Financial, practical or social ties can pose obstacles for a victim who wants to end a relationship. How does substance abuse or addiction affect a violent relationship? And what factors make it more difficult for a woman with substance abuse or addiction problems to leave such a relationship?

Why do women stay?

Strong bonds with the perpetrator can make it difficult for a woman to break out of ingrained patterns and seek help. Women who have substance abuse

or addiction problems are no exception. Other people may have trouble understanding why they stay in a relationship in which they are subjected to constant violence and abuse [16].

There are many reasons, and they vary from case to case. One reason is fear that the violence will continue or get worse. The risk of serious injury or death increases after a woman breaks away from a relationship or her partner thinks that she is about to leave. He may even threaten to kill her unless she stays [45]. Hydén describes the role of fear in holding a woman back from leaving an abusive relationship (p. 170):

> *"She stays in order to keep an eye on him and be in a position to continually assess the risk that he will batter her again. She stays because she is afraid that he will batter her even more if she leaves him /.../ What others cannot see is that as long as she keeps him close by, she can maintain the illusion that she has a modicum of control over him. If she leaves, she loses that illusion and is at the mercy of her fear, his whims, and his threats to escalate the violence as revenge for her betrayal. Her conclusion is that she might as well stay. She is never going to be free of him anyway." [46]*

Holmberg et al. point to other considerations than simple fear of the man and what he may do [5]. Dread of loneliness may also be a contributing factor, related perhaps to the lack of a social network and the sense that he has circumscribed her life.

Among other reasons that a woman stays in a violent relationship are that:

- she is financially dependent on her partner
- she would have trouble finding a place of her own
- her religious or cultural values say that families must be kept intact
- she thinks that keeping the family together is best for the children
- she and her partner have joint custody of their children
- she is disempowered due to stress
- she thinks that her partner's illness or substance abuse will make it too hard for him to live without her
- she is dependent on her partner because of her illness or disability
- she still has strong feelings for her partner and hopes that the violence will stop
- she lacks the support of others [45]

Another way (which partially overlaps the explanations above) of looking at the circumstances that prevent a woman from leaving a relationship, or at least pose steep obstacles, is to conceive of such a relationship as a *traumatic bond* [16]. Such a bond consists of several smaller intertwined bonds, such as love, fear, hate, pity, the desire to understand her partner, guilt, financial, social or emotional dependence, hope that he will change, internalisation of his world view, and isolation. Many relationships alternate be-

tween periods of violence and regret/reconciliation, which further complicates the situation [16].

Dual dependence

As the previous section indicated, dependence on the perpetrator is central to understanding the various mechanisms of a violent relationship. Women with substance abuse or addiction problems are often trapped in dual dependence: both on her partner and on alcohol or drugs.

Interviews with practitioners and studies [5, 40] suggest that many women use drugs as self-medication to cope with the abusive situation in which they find themselves.

Substance abuse or addiction problems often make it more difficult to leave a violent relationship, particularly if the woman's partner is also her supplier. Drugs might be a way for him to control her and make her even more dependent on him. Or he might threaten to turn her in if she leaves him or reports his violent behaviour to the police [5].

He might also resort to various methods of preventing her from obtaining help for her substance abuse or addiction so that she remains stuck in the relationship.

A woman might also be dependent on a violent partner for a place to live. In that sense, he serves both as her protector against other potential perpetrators and as her perpetrator.

Hesitating to seek help

Women may hide the fact that they are in a violent relationship due to feelings of shame or guilt. That's why it may be difficult for family, friends and professionals to know when intervention is called for. Frequently both parties deny or downplay the violence in their relationship [44].

Women with substance abuse or addiction problems often find it particularly difficult to seek help in coping with the violence to which they have been subjected. They may hesitate to do so for fear of being ridiculed or turned away, of not being believed, of revealing their substance abuse or criminal activities, of reprisals for having "snitched" or of having their children taken into care by the social services.

Another reason that women in these situations rarely seek help is that they do not trust the authorities due to the perception that they will encounter prejudice and lack of understanding, as well as the feeling that people with substance abuse or addiction problems in general are not likely to get any support [5].

Furthermore, a woman may have come to regard violence as a normal part of her life and even believe that she is complicit in it [5].

When women consider violence to be normal

Many women eventually come to regard the violence and abuse in their relationship as a normal part of their lives. Lundgren has used the term "normalisation process" to describe the mechanism by which violence escalates such that the victim sees it as less and less serious or unusual. She may in-

ternalise her partner's perception of her, understand why he batters her and even think that she deserves it [40, 47].

Women with substance abuse or addiction problems can easily fall victim to such normalisation and internalisation processes. But there are additional reasons that they often see violent behaviour as a natural part of their lives and are therefore less inclined to report or seek help and support.

Both men and women who live in substance abuse settings run a greater risk of being subjected to violence [3, 40]. For example, a woman might witness or be subjected to violence as part of a showdown between drug users or between people who are engaged in criminal activities [5].

She may have a long history of having been subjected to and witnessed violence. She may have seen her mother battered, or been physically abused herself, as a child. As a result, violence has come to be the normal state of affairs for her [5].

Feelings of shame or guilt

Attitudes about who qualifies to be classified as a victim of violence and other abuse tend to be fairly rigid. Female victims of violence with substance abuse or addiction problems are also influenced and affected by such preconceptions. Christie defines "the ideal victim" as: "*an individual or category of individuals who are most readily accorded the full and legitimate status of victim when a crime is committed against them."* [48] An ideal victim possesses a number of qualities, such as being weak, being engaged in respectable activities and being in a reputable place. Meanwhile, the perpetrator should be big, evil and personally unrelated to the victim [48].

Female victims of violence, whether or not they have substance abuse or addiction problems, rarely meet these criteria. A woman with substance abuse or addiction problem may look very strong on the outside and not give the appearance of being or wanting to be a victim. Jarnling describes an archetype of such women (p. 2):

> *"She rarely behaves like an ideal victim; she may be mistrustful, provocative, loud, confused or rowdy, which can cause people who are trying to help her to give up, confirming what she already knew from the very beginning. She feels as though she doesn't deserve getting any help."[2]*

According to the practitioners who were interviewed, women often perceive that their problems are not taken seriously and that their stories about the violence to which they have been subjected are called into question. Not uncommonly a woman with substance abuse or addiction problems who has been subjected to violence encounters the attitude that she has only herself to blame: for being in the wrong place with the wrong people, for not leaving the perpetrator, for being a drug user. Women frequently internalise and pass on the belief that they are to blame for the abuse they suffer. Many of them take much of the responsibility upon themselves, believing that they have acted in a provocative manner [5].

They may carry deep guilt feelings around with them – along with a sense of shame about their drug use and the violence to which they have been subjected.

A great deal of the shame and guilt comes from anxiety and concern about their children. Due to fear of not being a good enough parent, of being a "bad mother," of having her children taken into care by the social services and of being stigmatised, women usually keep their situation secret and do everything they can to avoid seeking care and support [49].

Sending for the police and filing a report

Not infrequently a woman, a neighbour, a family member, etc., will send for the police when she and her partner have a violent encounter (which she is likely to refer to as a "quarrel"). But most women with substance abuse or addiction problems, like others who are victims of violence, have difficulty taking the next step and filing a report [5]. Filing charges against a partner can be a highly risky proposition, especially if he is her supplier. Substance abusers appear to have a code of honour whereby they don't "snitch" on each other. Someone who violates the code can expect reprisals [40]. *"A woman snitches at her own peril"*, as one of the practitioners said.

The interviewees offered examples of what can happen when a woman turns her partner in: he may become even more violent, he can see to it than she is unable to buy drugs from anyone, he can make sure that the violence and harassment continues if she enrols in a detox centre where he has acquaintances.

Another risk that women associate with reporting violence is that the judicial system will focus on their substance abuse and criminal activities and view her as an offender rather than a potential victim.

Difficulty obtaining needed help

The above discussion identifies potential underlying reasons that women with substance abuse or addiction problems rarely seek help when being subjected to violence. Women who nevertheless seek help may find that it is in short supply and conditional on their giving up drugs.

Substance abuse overshadows violence

Society usually treats these women as substance abusers rather than as victims of violence. Substance abuse or addiction poses an obstacle to their obtaining the support and care they need because of the violence. According to the practitioners who were interviewed, the violence is regarded as a direct consequence of a woman's substance abuse, implying that all she needs to do is quit and the entire problem will be solved. But that's not necessarily so. According to practitioners, many of the women say that they use drugs to cope with their partner's abusive behaviour.

The results of studies [2, 40] and interviews indicate that women often encounter distrust on the part of various support and care providers and that they have been turned away or refused help due to their substance abuse or addiction. A typical example is a victim of violence who is denied acute

psychiatric care because of her drug addiction. She is referred to a detox centre or addiction counselling clinic, neither of which has the skills or resources to deal with either her mental problems or her experience of violence.

Another real-life example offered by one of the practitioners concerned a substance abuser who went to the emergency room after having been severely abused in a manner that resembled torture. Although the contact person who accompanied her expressed apprehensions about possible internal injuries, no real examination was performed;[13] the staff simply dressed her external wounds and sent her home.

Lack of sheltered housing for women with substance abuse and addiction problems

Many female victims of violence with substance abuse or addiction problems have nowhere to turn, and most sheltered housing facilities and women's shelters do not admit abusers of alcohol or drugs, at least before they have quit.

Nevertheless, studies [2, 50] have found awareness among staff of women's shelters that many substance abusers and addicts are victims of violence and may be in great need of support and assistance. Shelters are sometimes able to admit an active substance abuser for counselling and support sessions. But most of them cannot offer her any kind of sheltered housing. There are many explanations to this. Above all, the shelters say that they have neither the resources nor the skills to deal with substance abuse and addiction problems [2, 50]. Furthermore, they feel the need to consider the interests of other residents [50]. The next chapter deals with this issue in greater detail.

Lack of knowledge about violence

Women's shelters generally feel that they lack the knowledge required to provide women who have substance abuse or addiction problems with sheltered housing. The situation at drug treatment centres is basically the other way around: they tend to know very little about violence issues. In a study by Jarnling [2], the great majority of treatment centres responded that they needed more knowledge about the mechanisms of violence and its role in intimate relationships.

The next chapter goes into greater detail about women's encounters with various support services.

[13] The contact person was from a women's shelter that specialises in substance abuse and addiction problems.

Questions for discussion

- What is your reaction when you encounter a woman with substance abuse or addiction problems who appears to have been physically abused? How would you feel if you met a man with substance abuse or addiction problems who had been subjected to violence? Do you notice any difference in your attitudes?
- How well do the descriptions of various issues in this chapter agree with women's circumstances as you perceive them in your day-to-day work?
- How do various types of problems affect each other?
- Based on your experience, what are the potential needs of a woman with substance abuse or addiction problems who has been subjected to violence?
- Many female victims of violence with substance abuse or addiction problems are afraid to seek help. One reason may be fear that the social services will take her children into care if her drug use comes to light. Think about and discuss practical ways of protecting the interests of both female victims of violence and their children. Can it be done?

Meeting, Acknowledging and Supporting

This chapter offers a more detailed look at the issues and conditions surrounding the ways that women with substance abuse or addiction problems are dealt with by the authorities and other care and support providers. Emphasis is placed on the importance of empathetic attitudes, as well as a holistic approach to women's needs as part of the interventions that are provided. Among the other topics that the chapter takes up are possible methods of recognising and asking about violence, providing access to sheltered housing, offering support by means of various interventions and monitoring their effectiveness.

Prerequisites for giving support

Attitudes

Female victims of violence with substance abuse or addiction problems often have trouble both seeking and obtaining help. Interviews with practitioners and various surveys repeatedly stress women's experience and fear of not being treated with respect by professionals. There is a widespread feeling of distrust towards the authorities and a common perception that the feeling is mutual [5].

Nevertheless, some women have had the experience of talking to providers of help and support services who listen to them without judgement, believe what they have to say, take the time to get to know them and establish a confiding, trusting relationship with them.

A courteous, knowledgeable attitude is vital to successfully supporting a woman with substance abuse or addiction problems who has been subjected to violence. Considering that her self-esteem and faith in herself and others have probably suffered as a result of the abuse that she has endured, it is important that she be treated with respect, understanding and empathy – and that her story not be called into question. The previous chapter showed that women frequently carry around feelings of shame and guilt, the conviction that they are to blame for the violence to which they have been subjected. The attitudes of professionals are fundamental because they can either reinforce or assuage such feelings.

One person who has spent many years helping female victims of violence with substance abuse or addiction problems compares the way that they often seek help with "*stretching out a hand wrapped in barbed wire*." Personnel must be able to handle such situations with tolerance, patience and understanding and refrain from prejudging women who abuse alcohol or drugs as troublesome, rowdy and hopeless.

Holistic perspective

Given that these women often face problems in a number of different areas, it is essential that the various professionals who help them do everything possible to maintain a holistic perspective and see their entire situation, not only those aspects that are most visible. Such a perspective also includes considering a woman's need for protection (acute, short-term and long-term), housing, financial support, care and treatment (for both mental and physical ill-health) as the result of substance abuse, having been subjected to violence and other circumstances. Dealing with substance abuse includes both long and short-term withdrawal treatment. Planning and implementation of support measures must devote equal attention to, and work simultaneously on, a woman's history of violence and substance abuse or addiction. It is important that support and help is tailored to the individual needs of the woman involved and that she has the opportunity to process her experiences of violence without being forced to quit drugs first.

Paying attention to and concentrating on areas of a woman's life other than substance abuse sends a signal that all of her circumstances are important, which can fuel her motivation and awaken expectations of genuine change [51].

Such approaches are in short supply at the moment. The review of substance abuse and addiction care in 2008–2010 by the NBHW and county administrative boards shows that assessments (documentations by the social services) often lack information about whether the client has been the victim of violence or abuse, not to mention data about their health, family and social network [52].

A holistic perspective also involves attending to the interests of a woman's children and supporting her in her parental role. A woman may have children whom she does not live with; support in strengthening her contact with them might be required (more about children who witness violence in the next chapter).

Training, skills, attitudes

Basic knowledge of the issues surrounding violence is required in order to recognise its signs and ask relevant questions. Evaluations of training programmes show that knowledge about the effects of violence makes professionals more able and willing to identify and ask questions about it [53].

Professionals who encounter women with substance abuse and addiction problems who are victims of violence need to know about the best way of listening and responding to their stories, as well as proceeding to assessment, care, treatment and support. Employees of various organisations have to know what rules and procedures apply to their specific tasks and activities. To provide the best possible care for women who are victims of violence, personnel must also be aware of how their work interacts with that of other organisations, as well as the responsibilities, capabilities and limitations of other authorities.

It is up to the employer to ensure that staff members have the opportunity to upgrade their skills and obtain training on a continual basis [22]. Employ-

ees who personally help victims of violence may need guidance and supervision in processing the emotions that the women's life stories arouse [54].

All personnel who have contact with female victims of violence need the ability to respectfully deal with people in crises and difficult situations. When these women also have substance abuse or addiction problems, professionals with multifaceted skills – i.e., knowledge of the mechanisms involved in substance abuse, violence, mental ill-health and other issues – should ideally be available.

If personnel are going to make a difference in the lives of female victims of violence with substance abuse or addiction problems, however, they also need to be more aware of their own values and attitudes.[14]

Strategies, action plans and coordination

Part of ensuring that women with substance abuse or addiction problems are acknowledged and receive the support and help they need is that staff have the opportunity for training and skills development and that they continually reflect upon and work with their own values and attitudes. Nevertheless, training and additional knowledge are usually not enough to affect people's actions and attitudes in the real world. A determined, systematic effort at the organisational level is also needed [22, 55].

Strategies and action plans for pursuing the effort within the authority or organisation are required if support and intervention on behalf of these women is to have an optimal impact. Management is responsible for ensuring that the intent of action plans is actually implemented and integrated into daily tasks. Action plans can also contain strategies for cooperation and monitoring of results.

For example, an action plan for the social services can include an assessment of the extent of violence or other abuse in the municipality. Such assessments can serve as a basis for planning activities and interventions, such as skills requirements for employees, cooperation with other organisations, sheltered housing for high-risk groups (such as women with substance abuse or addiction problems), etc. (Government Bill 2006/07:38 p. 21).

The NBHW's handbook on the responsibility of the social services for female victims of violence and children who witness violence stresses the importance of ensuring that skills in dealing with violence issues pervade the organisation and are not restricted to individual employees or functions, and that the structures and functions are sustainable over time [22]. Organisations and authorities other than the social services presumably face the same kinds of needs.

The social services in a number of municipalities have set up a special coordination function with in-depth knowledge of handling matters that involve women who are victims of violence. One option is for several smaller municipalities to set up a joint function. Such a function can be one way of improving the quality of support for women who have been subjected to violence and children who have witnessed violence [22]. These coordinators can serve as "change managers" by maintaining an overview of the situation

[14] A similar line of reasoning is pursued in [53].

in the municipality while staying up to date about new research, scientific methods and the like. A coordinator and change manager can be an important function in making sure that action plans are integrated in day-to-day work, communicating new research and information to staff, promoting cooperation with other organisations, and identifying the areas (such as support for women with substance abuse or addiction problems who have been subjected to violence) and the parts of the organisation that are in need of skills development.

Cooperation between different professionals

It goes without saying that not all employees of the various services that a woman who has been subjected to violence may run into can be experts in violence, substance abuse, mental ill-health and other issues, even though broad skills and a holistic approach is required. Various professionals and organisations must also be able to cooperate effectively.

Studies and interviews with professionals have identified the need for improved collaboration between the social services, women's shelters, the police, the healthcare system, psychiatrists, substance abuse/addiction care providers and other organisations. Jarnling [2] has identified major shortcomings in terms of overall cooperative structures between various organisations, as well as collaboration methods aimed at helping individual victims of violence.

Interventions on behalf of people with substance abuse or addiction problems are often more complex. The Committee report concerning support by the social services for women who are victims of violence [1] stressed just how multifaceted substance abuse care and the social services are: substance abuse care has three principals – the central government, the county councils and the social services of the municipalities, while the social services have a variety of tasks and interventions. In addition, a large number of private care providers and organisations offer treatment services. Thus a woman with substance abuse or addiction problems may find herself on a merry-go-round of interventions, care providers and departments. Finding modes of communication within such a complex edifice and maintaining a holistic perspective that addresses the needs of individuals may pose a challenge for the various organisations. [1].

The next chapter outlines the prerequisites for well-functioning cooperation among various support services, as well as the provisions and statutory obligations that are on the books.

Noticing and asking

Employees of the social services, healthcare system, substance abuse and addiction care providers, women's shelters, the judicial system and other organisations come in contact, each in their own way, with women who have substance abuse or addiction problems where it is evident that their needs stem from having been subjected to violence. But professionals should also be on the outlook for situations in which violence may be a factor even if the woman does not mention it directly: for example, when a

woman contacts the social services about another matter (*Women's Integrity*, Government Bill 1997/98:55 p. 38) or repeatedly seeks medical care for new injuries or symptoms that do not go away [53].

Personnel must be willing to recognise signs of violence and ask about it if they are going to be in a position to call more attention to it. Asking questions about the possibility of violence gives a woman the opportunity to talk about matters that she might never have the strength to bring up on her own. Such questions also represent a clear signal that violence is unacceptable. An added benefit is that employees become more aware of women's experience of violence, which better prepares them to talk about and be alert to its signs [22].

Asking about violence is also a statement that the professional is prepared to listen when the woman is ready to talk about it [56]. It is important that the woman be given all the time she needs to describe the situation and that its seriousness be unquestioningly affirmed. Not moralising, judging, criticising or casting doubt on what the woman has to say is crucial.

It may seem obvious that questions about having been subjected to violence are meaningful only if effective interventions can be offered. But the unavailability of such measures is no excuse for refraining from asking questions. In such cases, pointing the woman in another direction and making sure that she obtains help is the best course of action.

Authorities and other organisations need the skills and resources to offer a woman acute support and help as soon as she reports that she has been the victim of violence or abuse. Protection and other acute measures must be discussed. The woman may need information about various short and long-term options and opportunities for support and assistance, as well as the procedure in filing a police report [22].

Asking questions about violence and abuse

A respectful manner, receptivity and empathy are fundamental to the ability to ask and talk about a subject as sensitive as violence [45]. If employees who come in contact with women with substance abuse or addiction problems are to be cognizant of violence and ask about it in an understanding manner, they must be aware of its signs and consequences [22].

When asking a woman who has substance abuse or addiction problems about violence, the choice of words may be of vital importance. She does not necessarily view herself as a battered woman. According to a number of the practitioners who were interviewed, women don't define themselves as battered or as victims of violence particularly often. However, they might use more concrete terms, saying that they have been whipped, beaten, pushed, kicked, etc.

If violence is suspected but there are no clear signs of it, indirect questions may be the best bet at the beginning, such as:[15]

- I don't know whether it's a problem for you or not, but many of the women I see experience violence in their relationships. So I've started to

[15] For examples of similar questions, see [2, 5, 45, 53, 57 and 58].

ask everyone as a matter of course. Have you ever experienced anything like that?

- Since many of the women I see in my work have been injured or threatened by somebody close to them, I ask everyone about abuse.
- What is your relationship like? Do you have disagreements and quarrels?

Among the more direct kinds of questions may be:

- Have you ever been threatened/beaten/kicked/abused/isolated? By whom? Does it happen frequently? When was the last time it happened?
- Has somebody you know threatened to injure you or your family? Is your partner the jealous type? Does your partner accuse you of infidelity?
- Has somebody close to you ever tried to keep you from doing something that is important to you? (like going to school, working and seeing friends or family)
- Do you feel like somebody close to you tries to control or humiliate you?
- Are you afraid of somebody who is close to you or whom you know? Do you feel like you're in danger? Is it safe for you to walk home?
- Has somebody close to you ever tried to control your alcohol or drug habits? Has somebody close to you ever tried to keep you from getting substance abuse treatment?

Asking questions about sex or sexual abuse

Questions about sex and sexual abuse may be hard to ask, and even more sensitive and painful to answer. But it is important to go ahead and ask questions in order to obtain a clear idea of what a woman has gone through. Demonstrating empathy, as well as understanding and knowledge about the kinds of experiences that women have, allows professionals to develop trusting relationships with their clients.

- Have you ever been harassed sexually?
- Have you ever been forced to perform a sexual act against your will?
- Have you ever been forced to have sex against your will?
- Have you ever felt that you had to offer sexual favours in exchange for alcohol, drugs or a place to stay?

Trusting relationships

Trying to establish an open and trusting relationship with a woman who has been subjected to violence is essential if she is to have the strength and will to talk about what she has gone through. But personnel usually need to do more than exhibit warmth, empathy and consideration if they want to help a woman on the path to change – the ability to assist her in a structured, effective manner is also vital. Melin and Näsholm have described that need in similar terms with respect to performing assessments when planning treatment for substance abuse clients (p. 18):

”The assessment is associated with a risk that too much effort will be devoted to following the working model and not enough to building a partnership with the client. The substance abuser may end up with a caseworker who is clear, structured and efficient but without warmth, empathy or commitment. The opposite is true when the caseworker concentrates on the relationship at the expense of an assessment model. The client will often feel as though she has been warmly received and understood. But the caseworker’s lack of clarity and structure may get in the way of producing results that make a real difference.” [51]

Thus, the working methods advocated by Melin and Näsholm involve an integration of structure and feeling that hopefully will enable a more accurate assessment of the woman’s circumstances, world view and self-image [51].

Asking men about violence

Interviews with practitioners and studies suggest that authorities and other organisations should ask men about violence as well. The result might be greater awareness and understanding of the extent to which men are also subjected to violence [53]. Furthermore, perpetrators might begin to talk about the violence and abuse that they have committed, take more responsibility for their actions and begin to deal with the implications [43].

Most of the practitioners whom the NBHW has interviewed argue that substance abuse treatment should automatically include a discussion of violence as something that both men and women can commit or be subjected to. A dialogue about violence, power and control needs would be a useful complement to the current focus on issues surrounding dependence, drugs and alcohol in such programmes [43].

Obstacles to asking questions

Professionals may experience obstacles to asking about sensitive subjects such as having been subjected to violence. One possible obstacle is lack of time. Another obstacle is fear of violating a woman’s integrity. A caseworker may also feel that she or he does not know the best way for a woman to obtain support and help, or may believe that she or he cannot offer relevant interventions. Training programmes and greater knowledge about the issues involved, along with less time pressure, would make it easier for personnel to ask about violence and abuse [53]. Moreover, management needs to lay down clearer strategies for providing these kinds of services.

Assessment tools for a better understanding of the situation

Various types of assessment tools are highly useful in helping women who are victims of violence. Such tools may be used to evaluate the risk that a woman will be subjected to additional physical abuse and an aid for asking about violence in the first place (read more about this in the next chapter).

The national guidelines for substance abuse and addiction care mention a number of different tools for detecting and assessing the severity of these problems, as well as the person's situation and need of help [17]. Based on issues that span seven areas of life (mental health, physical health, work/livelihood, alcohol and drugs, criminal activity and family/social network), the Addiction Severity Index (ASI) interview and assessment tool can provide a broad, multifaceted view of the situation of a woman with substance abuse or addiction problems who has been subjected to violence [59]. Among other valuable tools are DOK, which can be used to plan individual treatment and follow-up,[16] and Adolescent Drug Abuse Diagnosis (ADAD), which may be useful in analysing a teenager's social problems. [17]

Many of the tools can also be used to assess needs and treatment efficacy in particular groups, such as female victims of violence with substance abuse or addiction problems. The results can be applied to an organisation's planning for future interventions, as well as quality and knowledge development [17, 59].

Signs and symptoms of having been subjected to violence

The variable nature and manifestations of violence, as well as denial and guilt on the part of the victim, may make it difficult to detect and understand whether or not it has occurred in any particular case. Professionals at various types of organisations who encounter potential victims of violence and abuse must be able to correctly recognise and interpret the signals they receive. However, signals are rarely unambiguous and should not be accorded excessive significance.

Physical signs

Physical violence and abuse often, but not always, leave visible traces. Pushing, beating, kicking, strangleholds and other types of assault can produce a number of different injuries and symptoms, including:

- wounds, defensive injuries, bald spots from hair pulling
- bruises, ligature marks
- injuries to the head, face, throat, breast, chest, arms, trunk or genitals

[16] DOK, a documentation system employed by substance abuse and addiction care providers to measure relevant factors, is based on semi-structured interviews at the time of admission, review and discharge. As the basis on which the individual treatment programme is planned, the interview contains questions about 12 areas of life: housing and domestic arrangements, family and social network, childhood environment, education and livelihood, employment and leisure, drug use, history of treatment, physical health, mental health, criminal activity, contact with authorities and contact with the healthcare system.

[17] ADAD provides data for assessment, treatment planning and follow-up in teenagers with social problems. The tool examines nine areas: physical health, school, employment, leisure and friends, family, mental health, criminal activity, alcohol use and drug use.

- injuries in more than one place
- injuries that are at various stages of healing
- fractures
- burns
- stab wounds
- gynaecological pain
- aches and pains (head, chest, back, trunk, etc.)
- dizziness and various other psychosomatic symptoms
- sleeping and eating disorders
- miscarriage
- injuries during pregnancy [45, 53, 56].

Emotional reactions

Violence and abuse can produce both short and long-term emotional symptoms. Depression and anxiety are common reactions among victims of violence [45]. Studies have shown that female victims of violence are up to five times as likely to seek care for symptoms classified as depression or anxiety [53].

They may develop post-traumatic stress disorder (PTSD), which is characterised by emotional numbness, withdrawal and recurring flashbacks to violent episodes. Other common symptoms are intrusive thoughts and memories, nightmares, anxiety, hyper vigilance, self-reproach, damaged self-esteem, irritability and difficulty concentrating. Among other possible reactions are attempted suicide, memory impairment, distorted time perception, disorientation and difficulty making decisions [22, 45].

Violence can aggravate mental ill-health in the victim. Cooperation between the social services, substance abuse and addiction care providers, and medical, psychological and psychiatric expertise are needed to call attention to women's need for medical and psychotherapeutic interventions.

Substance abuse as a sign of violence – and vice versa

Victims of violence abuse alcohol and drugs more than other women [45, 53]. Thus high consumption of alcohol or drugs may be an indication that a woman has been subjected to violence [45]. It may be a way for her to cope with a violent or abusive situation. That may be good reason to ask a victim of violence about her alcohol and drug habits, or to ask women with substance abuse and addiction problems about whether she has been subjected to violence.

Central questions for personnel to ask themselves:

- What makes me think that a woman is or is not being subjected to violence?
- How can I communicate my observations to her?
- If there is reason to raise the question of violence, how can I do it and how can I make it clear that I am doing it?
- What is my responsibility based on the task of my organisation?
- Should I initially serve as the contact between the woman and another organisation? If so, which organisation?

Access to women's shelters and sheltered housing

A 2003 questionnaire survey to which 51 women's shelters responded, asked whether they admitted women with known substance abuse or addiction problems [2]. The great majority responded in the negative. Responses to a 2010 survey of 101 non-profit women's shelters were essentially the same [50]. More than 90 per cent did not provide housing for women with open alcohol or drug abuse problems but could offer counselling instead.

One explanation offered by shelters is that they lack both resources and the skills required – if something happened to a woman due to her substance abuse, the staff would be unable to deal with the situation or help her. A second explanation is that a clinic might feel that women with and without substance abuse problems cannot be properly housed at the same facility, largely because one objective of collective living arrangements is to ensure safety and security for both women and children [50]. Admitting women with substance abuse or addiction problems would be seen as a threat to that objective.

Most shelters have no doubt come in contact at one time or another with women who have substance abuse or addiction problems. A shelter may admit a woman because her problems are not immediately evident, or because it has nowhere else to refer her [50]. Shelters commonly refer women with substance abuse or addiction problems to the social services, psychiatrists, the church, a detox centre or a mobile outreach team [2].

According to most of the practitioners who were interviewed, the availability of sheltered housing[18] with staff that has the skills to help female victims of violence with substance abuse or addiction problems is largely inadequate. But signs of change are emerging around the country. A number of shelters and sheltered housing facilities have appeared in recent years that specialise in female victims of violence with substance abuse or addiction problems.

[18] The term sheltered housing often refers to facilities for female victims of violence. However, there is no generally accepted definition of what such shelter involves.

Services and support providers that specialise in women with substance abuse or addiction problems

A number of municipalities have launched services and support providers – under either the local authority or a non-profit association – in recent years that specialise in women with substance abuse or addiction problems. Many of them have received project financing for a couple of years. As a result, the question of whether they will survive after the end of the project period may be up in the air [60].

The services focus on offering women:

- sheltered housing – some shelters, but not all, have 24-hour staff
- documentation of injuries
- counselling and motivational coaching (both individual and group)
- advice
- help in reporting perpetrators to the police
- support in communicating with authorities and other organisations (police interrogations, legal consultations, courtroom proceedings, doctor's appointments for documentation of injuries, etc.)
- practical assistance (obtaining an ID, contacting the Social Insurance Agency [Försäkringskassan], Enforcement Authority, Tax Agency, etc.)
- a meeting place (for socialising, showering, doing the laundry, etc.)

The shelters do not usually demand that a woman be drug or alcohol free. She may be subject to certain restrictions, however, such as not being allowed to bring drugs into the shelter or housing facility.

Cooperation is core to their activities: among the examples they mention are the police, judicial system, social services, prison and probation system, healthcare system and less specialised women's shelters.

Interventions and methods

Female victims of violence with substance abuse or addiction problems must have access to various support services if they are to extract themselves from violent or abusive situations. Alongside additional knowledge and broader skills among all types of professionals with respect to the violence to which women with substance abuse or addiction problems may have been subjected, more targeted interventions would be valuable – for example, sheltered housing facilities and specialised shelters with staff familiar with both violence and substance abuse issues.

Also needed is more evidence-based knowledge about the treatment methods that are effective and appropriate for these women. Thus, services and support providers must document their working and treatment methods if evaluations and systematic assessments are to have any value.

More knowledge is required about suitable interventions and methods

The NBHW has completed a study of methods, as well as a review of scientifically evaluated interventions, for treating female victims of violence with substance abuse or addiction problems [8]. Following an online search and extensive selection process, eight publications – all from the United States – were included in the study.

Among them were seven manual-based interventions, one of which had an outcome evaluation study relevant to the target group of female victims of violence with substance abuse or addiction problems. None of the other six manuals contained evaluations relevant to the target group, although several of the interventions had been evaluated for broader target groups without presenting any data specific to these women.

In other words, there is a great need for evaluations of interventions for female victims of violence with substance abuse or addiction problems. That doesn't necessarily mean that no effective approaches are currently available. What it does imply is that the interventions and methods have not yet been evaluated in a manner that permits any conclusions about their outcome – whether or not they offer benefits, and whether they are associated with the risk of harm [8].

The interventions that were identified and subsequently described in the study are:

- Relapse Prevention and Relationship Safety (RPRS) – manual and outcome evaluation study
- Seeking Safety (manual)
- Trauma Recovery and Empowerment (TREM) – manual
- Triad Women's Project (manual)
- Addiction and Trauma Recovery Integration Model (ATRIUM) – manual
- Women's Integrated Treatment Covington (WIT) – two manuals
- Behavioural Couples Therapy (BCT) – manual

Relapse Prevention and Relationship Safety (RPRS)

RPRS[19] is primarily a group intervention to prevent a woman from relapsing into substance abuse while reducing or stopping violence in intimate relationships. The target group consists of women who have been victims of violence in intimate relationships and are in a methadone programme. Although the intervention is designed chiefly for inner-city minorities, it may be useful for other women with histories of low income, substance abuse, violence, etc.

Proceeding from empowerment theory and social cognitive theory, the treatment focuses on the self-esteem of the participants, offering strategies to avoid risks and reduce the likelihood of being subjected to violence. The programme contains exercises for developing social and cognitive skills (coping), setting boundaries, negotiating and communicating clearly.

[19] See [8] for a detailed description of the various manuals.

The outcome evaluation of RPRS can only be regarded as a pilot study given the small number of participants and the short three-month follow-up period. However, the results were encouraging. The women who had received RPRS intervention reported a greater reduction of violence and depression than those in the control group. Nevertheless, there is only weak scientific evidence for the outcome of RPRS at this point. Additional, more comprehensive evaluations are needed that include a larger number of subjects, set up a better control group and design longer follow-up periods [8]. RPRS has not caught on in the United States but, as far as is known, is currently used by only one support providing organisation in Barcelona.

Manual-based interventions

The NBHW study included six manual-based interventions in addition to RPRS. Five of them focus on treatment of women who have both substance abuse problems and some kind of mental ill-health, while the sixth concerns couples therapy when one of the partners has substance abuse problems.

In the first five interventions, violence is one of several factors that can cause mental ill-health and substance abuse. All five of them contain elements of cognitive behavioural therapy, psycho educational perspectives and empowerment therapy[20] and are integrated treatments for substance abuse, mental ill-health and having been subjected to violence and abuse. Most of the interventions have made headway in the United States and are used by various support providing organisations. Seeking Safety has spread to Europe, including Swedish clinics.

To gauge the outcome of these interventions in female victims of violence with substance abuse or addiction problems, they must be evaluated in a way that more clearly highlights the various groups of women. [8].

Applicability of the methods

The results of the study do not provide strong scientific evidence for proposing suitable treatment methods for female victims of violence in Sweden with substance abuse or addiction problems. A complicating factor is that the United States and Sweden differ when it comes to the type of welfare system and other factors. Thus, even if the scientific evidence were strong, it is far from certain that the methods could be readily adapted to Swedish conditions. Nevertheless, Sweden and the United States have corresponding target groups with similar treatment needs when it comes to both violence and substance abuse or addiction problems.

[20]The psycho educational perspective of the interventions refers to a learning process that revolves around supporting function and comprehension in the client, patient or user. In this case, clients may be given information and training about the causes of violence, as well as the opportunity to practise new skills. The belief is that increased knowledge will eventually change behaviour.

Gender-specific substance abuse and addiction care and treatment

Interviews with practitioners, studies and literature all suggest that many female victims of violence with substance abuse or addiction problems need gender-specific care and treatment. Sexual harassment and abuse tend to occur at times when men and women participate in the same programmes at detox or treatment centres, or even outpatient clinics. A female victim of abuse may end up encountering a potential perpetrator, perhaps from her past, among the other patients or the caregivers. The practitioners who were interviewed mentioned cases in which a man continued to abuse or violate the integrity of a woman through friends who were in the same treatment programme as she was. The prospect of experiencing flashbacks to traumatic episodes in the past discourages some women from seeking any support, assistance or care. [35].

Gender-specific treatment is available in many forms and specialities. Treatment can be provided either individual or in a group setting, either in separate premises with their own staff or integrated with other programmes [35].

Few randomised controlled studies have been performed concerning the efficacy or outcome of gender-specific treatment, nor has the research clearly described many programmes. Existing studies demonstrate little or no difference between the level of substance abuse among women in gender-specific and mixed-gender treatment. Nevertheless, gender-specific treatment may be decisive for the protection and safety of women with complex care needs that encompass substance abuse, mental ill-health, homelessness and other issues [35]. Such an approach may also be vital to ensuring that a woman will feel free to talk about having been subjected to violence or sexual abuse. Many women report that they have trouble talking about their issues when men are around [5]. That is not to say that all women necessarily prefer gender-specific treatment.

Various care providers may need to cooperate if gender-specific care and treatment is to truly benefit female victims of violence with substance abuse or addiction problems. Smaller municipalities with few clients and patients may need to merge such programmes. An alternative is that some of these services be provided at the regional level [35].

Continuity and long-range planning

The practitioners who were interviewed stressed the importance of offering support and treatment based on long-term planning and continuity. In their assessment, it may take many years before a woman fully grasps the scope and consequences of the violence that she has been subjected to. They emphasise the qualities of patience, perseverance, and availability as key to successfully helping female victims of violence with substance abuse or addiction problems. The final report of a City of Stockholm project on behalf of this target group makes a similar point (p. 2):

> *”Cultivating confidence and trust takes a long time. Establishing contact with the social services is also a time-consuming process. A*

woman and her caseworker don't meet immediately. Finding alternative housing requires additional time. The woman needs a certain amount of time to make the decision to leave the man who is abusing her. Few people stop using drugs overnight. What are required, in other words, are patience and the willingness to be available when women are ready to accept the help that is being offered." [61]

Treatment for both substance abuse and having been subjected to violence may require a great deal support and follow-up. The sense of loneliness and isolation is usually very powerful, and the result may be relapse in terms of both drug use and going back to a perpetrator. Karlsson points out that (p. 41):

"Creating a new life can take a number of years." [43]

Recently published research also shows that the way forward to a life without violence is long and complicated. An evaluation of interventions by the social services and non-profit shelters for female victims of violence in intimate relationships showed that their psychosocial health was poorer than that of the general population at baseline but subsequently improved somewhat. However, a large percentage of the women still had serious psychological problems at one-year follow-up. Many of them had been subjected to violence once again. Nonetheless, they were largely pleased with the efforts that had been made on their behalf [50]. Mental ill-health has a particularly strong tendency to maintain its hold long after violence has stopped [18].

The evaluation concluded that it is vital to follow women's lives after an intervention has been completed and to identify the factors and measures that reduce their risk for further violence. [50].

Follow-up at the individual and organisational level

Interventions must be followed up to determine how well they are working for individuals and to shed light on any needs that remain unmet [22].

Following up on and evaluating interventions are important not only for assessing their efficacy in individual women but for judging their quality in general. In other words, the results can be used to determine how well an intervention is meeting its objectives. Follow-ups can be conducted at the local level or involve more systematic evaluations, for example with structured assessment tools [22].

Questions for discussion

- What is the best way for you to treat a woman who actively abuses drugs and has been subjected to violence?
- Do you see any difficulties in dealing with these women? If so, what are they?
- Do you see any obstacles to asking women about violence or abuse that they may have been subjected to? If so, what are they?
- How would you word questions about violence and abuse?
- What does your organisation need to do so that you can routinely ask women about violence and abuse?
- What type of protection, support, assistance or treatment does your organisation offer female victims of violence with substance abuse or addiction problems?
- Has your organisation tried or developed interventions specifically for this target group?
- Do you see any obstacles at your organisation to providing women with the support they need in order to change their circumstances? If so, what is the best way of eliminating them?
- Do you refer women to another organisation that can offer them support and assistance?
- What are the potential advantages and disadvantages of gender-specific substance abuse and addiction treatment? Does your municipality have such a programme?
- How does your organisation document methods and procedures for helping female victims of violence with substance abuse or addiction problems?

Society's responsibility

Cases that involve violence in intimate relationships commonly bring a number of authorities and institutions into play, each with its own responsibility: the social services to provide support and assistance; the healthcare system, primarily for treatment purposes; and the judicial system, whose task is crime prevention, investigation and enforcement. Women's shelters, crime victim support centres and other non-profit organisations can often supplement the activities of the authorities in valuable ways.

This chapter takes a closer look at what Swedish legislation says about violence against women, as well as the responsibilities of the social services, healthcare system, judicial system and other organisations when it comes to violence in intimate relationships.

What does Swedish legislation say about violence against women?

Gross violation of integrity and gross violation of a woman's integrity

In recent years, Swedish legislation has strengthened its support for female victims of violence, victims of sexual abuse, human trafficking and violence in the name of honour; and children who witness violence. The offences of gross violation of integrity and gross violation of a woman's integrity were added to the Penal Code (Chapter 4, Section 4 a) in 1998. According to the first paragraph, "A person who commits criminal acts as defined in Chapters 3, 4 or 6 against another person having, or have had, an intimate relationship to the perpetrator shall, if the acts form a part of an element in a repeated violation of that person's integrity and suited to severely damage that person's self-confidence, be sentenced for gross violation of integrity..." The second paragraph states, "If the acts described in the first paragraph were committed by a man against a woman to whom he is, or has been, married or with whom he is, or has been cohabiting under circumstances comparable to marriage, he shall be sentenced for gross violation of a woman's integrity..." The acts referred to are assault (Chapter 3), unlawful threat or unlawful coercion (Chapter 4), sexual molestation and sexual exploitation (Chapter 6).

"Gross violation of integrity" and "gross violation of a woman's integrity" fall under public prosecution, which means that a woman does not have to file a report in order for the police to launch a crime investigation. But the preliminary investigation may have to be terminated due to lack of evidence if the victim does not cooperate.

Prohibition of contact

According to the Act on the Prohibition of Visiting (Swedish Code of Statutes 1988:688), amended on 1 October 2011 to prohibition of contact, a restraining order may be issued prohibiting someone from visiting, otherwise contacting or stalking another person. A restraining order may be issued if special circumstances pose a risk that the first person will commit an offence against, stalk or otherwise seriously harass the second person. An assessment of whether such a risk exists shall pay special attention to whether the first person has committed an unlawful violation of the second person's life, health, liberty or integrity.

The restraining order may also contain a prohibition against being in a residence that is used together with another person if special circumstances pose a palpable risk that the first person will commit an unlawful violation of the second person's life, health, liberty or integrity (Section 1a).

The purpose of the law is to prevent crimes against, and ensure the safety and security of, people who are stalked and harassed, particularly female victims of violence or threats in intimate relationships [62].

Common provisions incumbent upon the various authorities and organisations

As mentioned above, violence in intimate relationships brings a number of authorities and organisations into play. Several laws contain provisions concerning cooperation and the duty of notification. Below is a brief overview of the obligations to which various organisations are bound. The initial discussion concerns non-discrimination, which is a fundamental principle of Swedish law.

Principle of non-discrimination

Non-discrimination is a fundamental principle of both UN human rights conventions and Swedish law. According to the principle, each person's rights are to be respected and protected without any type of distinction.

The purpose of the Swedish Discrimination Act (2008:567) is to "*combat discrimination and in other ways promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age."* (Chapter 1, Section 1).

According to Chapter 2, Section 13, "Discrimination is prohibited with regard to health and medical care and other medical services, and social services activities and support. However, these prohibitions do not apply to discrimination associated with age. The prohibitions applying to health and medical care and other medical services or social services activities do not prevent women and men being treated differently if there is a legitimate purpose and the means that are used are appropriate and necessary to achieve that purpose."

The principle of non-discrimination is thereby to be observed when assessing interventions for female victims of violence who have various problems, for example access to acute housing for those with substance abuse or

addiction problems in relation to other women who have been subjected to violence.

Intra-agency, interagency and external cooperation

Given the multifaceted nature of violence against women, collaboration is needed among authorities and organisations, sometimes between municipalities as well. Cooperation among offices of a municipality, etc., is also needed in order to come in contact with female victims of violence and offer the support and assistance to which they are entitled. Other potential purposes of collaboration are to improve services for the various target groups and to raise the level of employee skills. [22].

Several areas may require cooperation among various organisations when the clients are female victims of violence with substance abuse or addiction problems. For example, individual and family care units of the social services must be able to cooperate with substance abuse and addiction units. The effort may involve offering sheltered housing or interventions that specifically target these women. Training for various types of professionals may also require cooperation. Collaboration on skills development, perhaps through joint trainings for the participating parties, can also encourage cooperation among various professionals. [22].

The general guidelines of the NBHW on the responsibility of the social welfare committees for female victims of violence and children who have witnessed violence (SOSFS 2009:22) state that the committees should identify the areas in which internal and external cooperation is needed at both the overall and individual level.

Although the municipalities have the ultimate responsibility, other authorities and organisations must also contribute on the basis of their knowledge and mission.

A number of laws contain provisions concerning cooperation and the duty of notification:

- The Administrative Procedure Act (Swedish Code of Statutes 1986:223) governs the general obligation of authorities to cooperate with each other. According to Section 6 of the Act, “Every authority shall assist other authorities within the framework of its own activity.”
- According to Chapter 3, Section 4 of the Social Services Act, “In its outreach activities... where appropriate, the [social welfare] committee shall co-operate... with other public bodies and with organisations and other associations.” According to Chapter 3, Section 5, “the measures taken by the social welfare committee... shall be framed and conducted... if necessary, conjointly with other public bodies and with authorities and other organisations.”
- A statutory obligation also follows from Chapter 2, Section 7 of the Social Services Act and Section 3 f of the Health and Medical Service Act (Swedish Code of Statutes 1982:763), which requires the municipality and county council to prepare a joint plan when an individual needs interventions from both.

- According to Chapter 5, Section 8 a of the Social Services Act, "The municipality shall plan its measures for persons with physical and mental functional impairments. In this planning, the municipality shall cooperate with the county council and with other public bodies and organisations." According to Section 8 a of the Health and Medical Service Act, "The county council shall cooperate with public agencies, organisations and private care providers in the planning and development of health and medical services." If possible, organisations that represent these people and their families should be given the opportunity to comment on the content of the agreement. Although the obligation is limited to a defined target group in this case, there is no obstacle to municipalities and county councils entering into agreements for other groups that require coordinated interventions (*Vissa psykiatrifrågor m.m.* [Certain Psychiatric Questions, etc.] Government Bill 2008/09:193 p.15), such as people with emotional disorders and concurrent substance abuse, or people who live under special circumstances or have other special needs [63].
- Section 3 of the Police Act (Swedish Code of Statutes 1984:387) contains provisions on the obligation for the police and other authorities and organisations to cooperate. In particular, the police are required to cooperate with the social services on an on-going basis and immediately notify them of developments that should lead to some kind of intervention.

Prerequisites for cooperation

One prerequisite for well-functioning cooperation is mutual trust, as well as awareness among the various authorities and organisations of each other's tasks, skills and roles. Another fundamental prerequisite is *governance*, the ability of management to provide support. Clear, joint *objectives* are required, as well as a solid *structure* able to overcome any obstacles that arise. Furthermore, *consensus* – shared assessments and concepts – must coalesce around the specific areas of cooperation [22].

Cooperation and confidentiality

Basically speaking, individual citizens must agree that various authorities can share their confidential personal data if they are going to cooperate with each other. Consent by a citizen permits otherwise confidential information to be shared.

Pursuant to special provisions in Chapter 25, Section 12 and Chapter 26, Section 9 of the Public Access to Information and Secrecy Act (Swedish Code of Statutes 2009:400), the healthcare system and social services may nevertheless share information under certain circumstances. For instance, such information sharing may be needed in order to provide proper care, treatment and support for people with substance abuse problems and those who are covered by the Act on Compulsory Mental Care (Swedish Code of Statutes 1991:1128) or the Act on Compulsory Forensic Psychiatric Care (Swedish Code of Statutes 1991:1129). The provisions are applicable first and foremost to the social services and adult psychiatric care providers [21].

Duty of notification for authorities and other organisations

Substance abuse and addiction

In accordance with Section 6 of the Care of Abusers (Special Provisions) Act (Swedish Code of Statutes 1988:870), authorities that come into regular contact with people who have substance abuse problems have a duty of notification to the social services with respect to those who are deemed to require constraint care under the Act. Thus, a doctor must report such patients to the social welfare committee unless the healthcare system can provide them with satisfactory care or treatment by voluntary means.

Duty to provide notification of abuse that affects children

The social welfare committee has the ultimate responsibility of supporting children and young people who are in need of protection. In order for the committee to perform that task, many professions have the duty to provide notification and information about children younger than 18. Notification is to be sent to the committee of the municipality in which the child is living.

- According to Chapter 14, Section 1, Paragraph 2 of the Social Services Act, "Authorities whose activities affect children and young persons are duty bound, as are other authorities in health care, medical care, other forensic psychiatric services and social services, prison and probation services to notify the social welfare committee immediately of any matter which comes to their knowledge and may imply a need for the social welfare committee to intervene for the protection of a child. The same duty applies to persons employed by such authorities.
- The same duty of notification also applies to persons active within professionally conducted private services affecting children and young persons or any other professionally conducted private services in health and medical care or in the social services field." Among such services may be homes for residential care (HVB) and independent schools.
- Non-profit associations that provide interventions under the Social Services Act through agreements with the municipality are covered by the duty of notification. The same duty applies to volunteer organisations whose activities require permission under Chapter 7, Section 1 of the Social Services Act.
- Other non-profit associations are not bound by the duty of notification. They are covered instead by the general recommendation in Chapter 14, Section 1, Paragraph 1 of the Social Services Act to notify the social welfare committee if a child may be in need of protection.
- According to the general guidelines of the NBHW concerning notification of a child's need for protection under Chapter 14, Section 1 of the Social Services Act (SOSFS 2003:16), all workplaces whose employees have a duty of notification are to establish requisite procedures.

Ability to provide information to the prosecutor and police

Authorities, as well as employees of the public healthcare system and social services, may breach confidentiality and forward information to prosecutors and police with respect to suspicion of crimes for which the prescribed sentence is not milder than imprisonment for one year or attempted crimes for which the prescribed sentence is not milder than imprisonment for two years (Chapter 10, Section 23 of the Public Access to Information and Secrecy Act, see also Chapter 12, Section 10 of the Social Services Act).

Among such offences are rape and gross assault.

Confidentiality may also be breached with respect to crimes against children but without the limitation on the prescribed sentence for offences under Chapters 3, 4 and 6 of the Penal Code (Chapter 10, Section 21 of the Public Access to Information and Secrecy Act).

These provisions concerning breach of confidentiality do not oblige authorities or employees to notify investigative authorities of the suspicion of crime on their own initiative. However, any authority with access to information that the police or prosecutor request pursuant to these provisions is obliged to provide it (Section 6, Chapter 5 of the Public Access to Information and Secrecy Act).

Reporting or disclosing criminal offences

Under Chapter 23, Section 6 of the Penal Code, failure to report or otherwise disclose a crime that is in process of being planned or committed is punishable in certain cases. The obligation applies to certain specified offences provided that disclosure does not endanger the person or anyone in a intimate relationship to them. Thus, a caseworker who discovers and fails to report that someone who has been in contact with the social services is threatening to kill or seriously abuse another person could be convicted under this provision. In such cases, the duty of confidentiality yields to the duty of notification.

Questions for discussion

- How does your organisation cooperate with others to protect, support, assist and treat female victims of violence with substance abuse or addiction problems? How do members of your organisation cooperate internally?
- Do you know whether your organisation has cooperation agreements with others?
- What is working well and not so well in your cooperation internally and with others?
- Can you give some examples of ways that your cooperative arrangements could be improved?
- What can be done to prevent female victims of violence with substance abuse problems from falling through the cracks and being shuttled back and forth between different organisations?
- Can confidentiality get in the way of cooperation?

Responsibility of the social services

Municipalities have the ultimate responsibility

According to Chapter 2, Section 1 of the Social Services Act, "Each municipality is responsible for social services within its boundaries...": "care and service, information, counselling, support and care, social assistance and other assistance" (Chapter 3, Section 1). The responsibility applies regardless of the nature and reason for the assistance that is to be provided. According to Chapter 3, Section 1, "The tasks of the municipal social welfare committee include... familiarizing itself closely with living conditions in the municipality."

Responsibilities of the home municipality and municipality of residence

An amendment to the Social Services Act that came into force on 1 May 2011 clarifies the allocation of responsibilities between the home municipality and the municipality of residence in accordance with Government Bill 2010/11:49 p. 34 ff.

- Under Chapter 2 a, Section 3:1 of the Social Services Act, the *home municipality* is the one in which a person is permanently residing. In most cases, it is also the municipality in which the person is or should be registered under the Population Registration Act (Swedish Code of Statutes 1999:481). Generally speaking, the home municipality and municipality of residence are one and the same [64].
- The *municipality of residence* is responsible for providing a person with the support and assistance they have applied for because they are residing there temporarily or for some other reason [64].

Under the new provisions, the home municipality is responsible for providing support and assistance regardless of whether the person is staying there or temporarily in another one. Under certain circumstances, the municipality of residence is obliged to assist in the assessment or to carry out an intervention. The fundamental principle that the municipality of residence has ultimate responsibility for providing emergency support and assistance under the Social Services Act is retained (p. 38 ff of the Bill).

The home municipality retains the responsibility of helping a female victim of violence or abuse who must move temporarily to avoid being subjected to crime (Chapter 2 a, Sections 1–4 of the Social Services Act). For example, a woman with substance abuse or addiction problems may have to move to another municipality to find a sheltered housing facility that can admit her.

A woman who has been subjected to violence or other abuse may have to leave quickly without needing or having the time to obtain the support of the social services. If a person who is being threatened goes to another municipality on their own initiative in an emergency and applies for support while residing there, the municipality of residence has the ultimate responsibility

for providing sheltered housing, financial support, etc. as long as the situation lasts (Government Bill 2010/11:49 p. 42).

Thus, the home municipality retains the primary responsibility even if the person temporarily resides in another one. However the municipality of residence is always obliged to carry out the interventions required by the emergency situation, such as shelter housing and social assistance, while awaiting the offer of the home municipality (Government Bill 2010/11:49, p. 41).

According to Government Bill 2010/11:49 p. 42, special consideration may have to be paid to the particular situation of people who have been subjected to violence, allowing them to reside in another municipality while the home municipality retains the primary responsibility.

Responsibility of the social services for certain target groups

Chapter 5 of the Social Services Act contains special provisions for various groups. Below are those that apply to victims of crime and people with substance abuse or addiction problems.

People with substance abuse or addiction problems

According to Chapter 5, Section 9 of the Social Services Act, "The social welfare committee shall actively ensure that the individual substance abuser receives the assistance and care which they need in order to overcome their abuse. The committee, acting on consensus with the individual, shall plan the assistance and care and closely monitor compliance with the plan."

According to Chapter 5, Section 7 of the Act, "The social welfare committee shall endeavour to ensure that persons who, for physical, mental or other reasons, encounter difficulties in their everyday lives are enabled to participate in the life of the community and to live like others."

Victims of crime and women who have been subjected to violence

Special provisions of the Social Services Act are devoted to victims of crime and women who have been subjected to violence.

According to Chapter 5, Section 11, Paragraph 1 of the Social Services Act, "The social welfare committee should take steps to ensure that persons subjected to criminal acts and their next-of-kin are supported and helped. The provision covers all victims of crime, regardless of age or gender. After an individual assessment has been performed in each particular case, the social welfare committee is to grant necessary assistance to them and their next-of-kin under Chapter 4, Section 1. Thus, the provision also covers women who have been subjected to violence or other abuse by people with whom they are not closely related, such as home-help service personnel or staff at an assisted living facility, as well as children who are themselves victims of crime. [22].

According to Chapter 5, Section 11, Paragraph 2, "In particular the social welfare committee should *especially consider* that women who are being or have been subjected to violence or other abuse by closely related persons may need support and assistance in order to change their situation."

The responsibility of the social welfare committee pursuant to this provision is for all women who have been subjected to violence by closely related people. Government Bill 2006/07:38 p. 34 stresses that the responsibility includes women with special needs due to substance abuse, disability, foreign background or age. No minimum age applies to the responsibility of the social welfare committee for women who have been the victims of crime (Government Bill 2006/07:38 p. 31).

"Violence and other abuse" in Chapter 5, Section 11, Paragraph 2 of the Social Services Act refers to systematic assault and other abuse, including the type covered by the provision in the Penal Code concerning violation of a women's integrity.

"Closely related persons" in the paragraph refers to people with whom the victim has a close, trusting relationship. Among the possible perpetrators are husbands, partners, boyfriends, girlfriends, siblings, children or grandchildren (Government Bill 2006/07:38 p. 46).

Chapter 5, Section 11, Paragraph 3 of the Social Services Act specifies the responsibility of the social welfare committee to support and help children who have witnessed violence or other abuse by or against a closely related adult. An even wider circle of potential victims and perpetrators are included in this case. Either the victim or perpetrator, but not necessarily both, has to be closely related to the child [22].

The social welfare committee must be able to offer a woman the various kinds of support that she needs at an early stage. The perpetrator does not have to have been convicted or even reported to the police for any offence (Government Bill 2006/07:38 p. 27).

The NBHW general guidelines (SOSFS 2009:22) and handbook (p. 19) with the aim to support the social services in helping women who have been subjected to violence clarify the provision: "To prevent and detect violence and to provide comprehensive support for female victims of violence and children who have witnessed violence, the social welfare committee must also consider violations of integrity that are not criminal offences. *The responsibility of the committee is independent of whether or not a report has been filed with the police. The individual's perception of violence is decisive."*[22]

Good quality – in both public and private organisations

According to Chapter 3, Section 3 of the Social Services Act, "Measures within social services shall be of good quality." Good quality means that the services provided comply with the laws, ordinances and regulations that have been approved; are based on respect for self-determination and integrity; proceed from a holistic approach; are coordinated and characterised by continuity; are knowledge-based and efficiently performed; are accessible, safe, secure; and follow the dictates of legal security in the exercise of public authority [65].

The requirement of good quality applies to both private and public activities of the social services, for both the exercise of public authority and other interventions (*amendment to the Social Services Act,* Government Bill 1996/97:124 p.51). When a municipality enters into an agreement on behalf

of the social services for a third party to perform its tasks, the activity remains a municipal concern. The municipality retains both the primary and ultimate responsibility for the activity (*Coordinated and Clear Supervision of the Social Services,* Government Bill 2008/09:160 p. 95).

When carrying out activities that affect female victims of crime, the social services should ensure that methods for providing support and assistance are designed in accordance with the best available knowledge about their needs and about the means of achieving optimum results. The needs of both groups and individuals for support and assistance are to be taken into consideration, including special needs due to age, ethnicity, sexual orientation, disability, substance abuse or addiction (SOSFS 2009:22).

Personnel skills

According to Chapter 3, Section 3, Paragraph 2 of the Social Services Act, "Suitably trained and experienced personnel shall be available to perform the tasks of the social welfare committee."

The NBHW general guidelines (SOSFS 2009:22) state that all personnel who handle and follow-up on matters under the Social Services Act should have theoretical knowledge in the area of violence and abuse in intimate relationships, as well as the ability to apply the knowledge. Personnel who handle and follow up on matters that specifically involve women who have been subjected to violence should have a degree in social work. All personnel who carry out interventions under the Social Services Act should participate in regular skills development programmes in the area of violence or other abuse in intimate relationships.

In order to consider the needs of both groups and individuals for help and support – including special needs due to substance abuse, addiction, etc. – the social welfare committee must regularly review the skills of its personnel in the various areas.

Women may have contact with various social service organisations – such as individual and family care, family law and substance abuse and addiction units – without mentioning the violence to which they have been subjected. Social service personnel do not always notice or understand that somebody is a victim of violence. Thus, there is a clear need for both skills and awareness when it comes to violence and its victims [22].

Personnel who handle matters that affect female victims of violence can benefit from general knowledge about substance abuse and addiction as a means of helping clients receive suitable interventions for coping with both problems [22].

Municipal action plans

Municipal action plans with quantifiable objectives and a description of the means to achieve them enable municipalities to more effectively help female victims of violence both internally and in cooperation with other organisations [22]. Such a plan achieves greater legitimacy if it has widespread political support. Among important considerations to keep in mind

when drawing up action plans for helping female victims of violence with substance abuse or addiction problems are how to:

- concretely focus on detecting and calling attention to the violence
- perform assessments of and monitor the scope of violence among women with substance abuse or addiction problems
- cooperate with other organisations to ensure that women have access to sheltered housing
- carry out educational efforts that focus on the needs of high-risk groups, such as women with substance abuse or addiction problems

An action plan may be supplemented by a plan for cooperation internally and with other organisations [22].

Outreach activities and information

The social services need active outreach activities that target women who have been subjected to violence.

If these women are to seek assistance and support, the municipalities must provide clear and readily accessible information about where they can turn and what is available to them. One task of the social welfare committee is to inform citizens about the social services in the municipality. According to Chapter 3, Section 4 of the Social Services Act, "*in its outreach activities, the social welfare committee shall disseminate information concerning social services and shall offer its assistance to groups and individual persons*." Where appropriate, the committee shall cooperate to this end with other public bodies and with organisations and other associations." Information and working methods must be adapted in order to reach various groups of women [22].

Assessment

According to Chapter 11, Section 1 of the Social Services Act, "The social welfare committee shall without delay open an assessment of matters which have been brought to its knowledge by application or otherwise and which may occasion action by the committee." If the committee discovers that a woman has been subjected to violence or other violations of her integrity and is willing to receive help or support, an assessment is to be conducted under this provision of the law. However, the social welfare committee may not launch an assessment or contact a third party against the woman's will. One exception is if she is in a situation that may require intervention under the Care of Abusers (Special Provisions) Act (Swedish Code of Statutes 1988:870) or the Care of Young Persons (Special Provisions) Act (Swedish Code of Statutes 1990:52).

It is important that the social services provide information on the support and protection it has to offer every time it receives an application. If the woman does not want the social services to conduct an assessment of her needs, personnel should inform her verbally and by other means that she is

entitled to assistance and support, as well as motivating her to accept what they have to offer. If the social services conclude that she needs support and assistance but she declines, they can inform her about assistance that is available from other organisations, such as non-profit women's shelters, counselling and other services that do not require an initial assessment. She should also be told that she can contact the social services in the future if she feels that she needs their support or assistance [22].

The assessment proceeds from a holistic approach. The purpose is to examine any need that the individual woman may have for intervention. When putting together a description of her overall situation, it is important to keep in mind that individual incidents may be part of an overall pattern. For the social welfare committee to assume its responsibility and be prepared to receive the woman properly, conduct a meaningful assessment, and offer the support and assistance she needs in a timely manner, the offences and violations of integrity to which she has been subjected must be clearly identified [22].

Each municipality has the ultimate responsibility for ensuring that its citizens receive the support and help they require; thus, the social services must assess a woman's circumstances unconditionally, determine her needs and offer support and assistance under Chapter 2, Section 1, and Chapter 4, Section 1 of the Social Services Act even if she is not the victim of a crime.

The NBHW general guidelines (SOSFS 2009:22) and handbook on the responsibility of the social welfare committee for female victims of violence and children who have witnessed violence clarify the responsibility of the social services to assess the need for support and assistance among women covered by Chapter 5, Section 11, Paragraph 2 of the Social Services Act. To prevent and detect violence and to provide comprehensive support for female victims of violence and children who have witnessed violence, the social welfare committee must also consider violations of integrity that are not criminal offences. The social services are responsible for ensuring that a woman receives support and assistance whether or not she decides to file a report with the police; continues to live with the perpetrator; is a parent; is involved in a dispute over custody, living arrangements or access rights; or is physically abusing a closely related person [22].

The general guidelines contain specific recommendations for the content of an assessment concerning a woman who has been subjected to violence or abuse by a closely related person as specified by the above provision of the Act. Among the areas to be examined are:

- the woman's need for acute and long-term support and assistance
- the nature and scope of the violence she has been subjected to
- the risk that she will be the victim of violence again
- her social network
- whether any children have witnessed the violence

For women under 18, a child care assessment is to be conducted, which means that the provisions of both SOSFS 2009:22 and SOSFS 2006:12 may be in effect.

The social services may conduct an assessment for a victim of violence by someone with whom she is not closely related (Chapter 5, Section 11, Paragraph 1 of the Social Services Act) in the same manner as if they were closely related [22]. Women with substance abuse or addiction problems may be subjected to violence by both acquaintances and strangers in the substance abuse setting.

For further information about assessing a woman's acute and long-term needs, refer to the NBHW handbook on the responsibility of the social services for female victims of violence and children who have witnessed violence [22].

Acute and long-term needs

In all matters that affect a woman who has been subjected to violence, the social services should assess the acute and long-term needs that the abuse has given rise to (SOSFS 2009:22).

Acute needs are those that must be met immediately, such as temporary housing or social assistance. A woman may need help getting in touch with the police or the healthcare system. Her children may also require support in coping with the acute situation. Decisions on immediate interventions, such as sheltered housing or social assistance, may be made during the course of the assessment [22].

A long-term assessment of her needs must consider her thoughts about the future, as well as how she wants the social services to assist and support her. What are her prospects for employment or other means of support? How is her short and long-term housing to be arranged? Does she need any kind of counselling? Does she need to be in touch with the healthcare system? Does she need any other kind of assistance for substance abuse, etc.? Do her personal data need to be protected?[21] Does she need assistance arranging the lives of her children? A woman may need various kinds of support and assistance over a long period of time. Several different authorities may have to cooperate [22].

Assessment tools provide support

In all matters that affect female victims of violence, the social welfare committee should examine the risk that they will be subjected to additional abuse (SOSFS 2009:22). Assessment tools – including the Addiction Severity Index (ASI), DOK and Adolescent Drug Abuse Diagnosis (ADAD) – can provide support for such an effort (see previous chapter).

On behalf of the Government, the NBHW has developed assessment tools to support the social services in helping female victims of violence. One tool

[21] Some female victims of violence who seek support from the social services have protected personal data and others may need them. Employees of the social services must be aware of the various types of protected personal data that are available, how to apply for them and the associated demands on the municipality's procedures for handling and processing information. Additional information about protected personal data and how to handle them is available in the NBHW general guidelines (SOSFS 2009:22) and handbook on the responsibility of the social welfare committee for female victims of violence and children who have witnessed violence.

contains a small number of questions to detect whether physical or sexual violence, as well as emotional abuse or threats, have occurred. Other tools are used to assess the risk that the woman will be subjected to additional violence [22].[22]

Interventions

According to Chapter 3, Section 1 of the Social Services Act, "The tasks of the municipal social welfare committee include... assuming responsibility for the provision of care and service, information, counselling, support and care, social assistance and other assistance."

The needs that a female victim of violence may have and the most appropriate interventions depend on the nature and scope of the violence, how recent it was and her relationship to the perpetrator. The social services must perform a holistic assessment of her overall situation in order to satisfy needs unrelated to her experience of violence. Thus, the special needs associated with substance abuse and addiction problems must be considered. A woman's needs may vary depending on whether she is still living with the perpetrator, has left or is in the process of leaving the relationship [22].

The assessment of the most suitable interventions must be made in consultation with the woman based on the best available knowledge. For that to happen, she must be informed of her various options. For instance, she may want assistance obtaining sheltered housing or treatment for substance abuse in addition to her violence issues. She may need to be placed in foster care or in residential care (HVB) in order to receive support for coping with her overall situation [22]. Her main reason for seeking help may be the need for social assistance or a place to live.

Temporary housing

The social welfare committee should be able to offer the following acute, short or long-term support and assistance to a woman who has been subjected to violence:

- suitable temporary housing that is properly staffed by trained personnel and has sufficient security devices, such as locks and alarms
- other suitable temporary housing

Any housing should also be appropriate for her children, regardless of gender or age (SOSFS 2009:22).

Sheltered housing for women with active substance abuse or addiction problems may require personnel with specialised skills, 24-hour surveillance or other specific resources [22].

[22] Information about use of the tools will be available from the NBHW website (www.socialstyrelsen.se) as of autumn 2011.

Counselling and support

The social welfare committee should be able to offer the following acute, short or long-term support and assistance to a woman who has been subjected to violence:

- counselling and support
- assistance in getting in touch with the healthcare system, police, Tax Agency and other authorities
- contact with volunteer and other organisations
- assistance in looking for and obtaining permanent housing (SOSFS 2009:22).

Counselling and support can be provided without an assessment, for example of social assistance needs [22].

It is important that a woman obtain all the information she needs: how to file a report with the police, her right to counsel under certain circumstances, her options for obtaining a restraining order in her home and elsewhere, a safety and security package with the police, her right to damages, family law services, what volunteer organisations have to offer, etc. [22]

Assistance in getting in touch with other authorities

The social welfare committee should offer women assistance in getting in touch with other authorities (SOSFS 2009:22) – such as the healthcare system, the police and the Tax Agency – as needed. Depending on her overall situation, a female victim of violence may also need assistance in contacting the Social Insurance Agency (Försäkringskassan), Public Employment Office (Arbetsförmedlingen), Enforcement Authority, other authorities or non-profit organisations [22].

For example, she might need the address or phone number of a particular employee or department at an authority. The responsibility of the social services may include helping her to get in touch with the authority, making a phone call or booking an appointment. Sometimes it may be necessary to accompany her to the community health centre, police, etc. [22]. The NBHW's interviews with practitioners suggest that such assistance, perhaps by a specially appointed contact, may be highly supportive for female victims of violence with substance abuse or addiction problems.

Social assistance

An assessment of a woman's right to social assistance under Chapter 4, Section 1 of the Social Services Act is not required to focus on any particular issue. Her income and the extent to which it ensures a reasonable standard of living are the determining factors.

When calculating social assistance, the social welfare committee should use higher costs than the national standard (Chapter 2, Section 1 of the Social Services Ordinance) if there are special reasons for doing so. One such reason is that she may have extra temporary costs for food, clothing, shoes, telephone, etc., because she has been subjected to violence or other abuse by

a closely related person, or to another criminal offence. The social welfare committee should also grant an exemption from the principle of joint marital property when one of the spouses has been subjected to violence or other abuse by the other spouse – see the NBHW general guidelines on social assistance (SOSFS 2003:5) and amendments (SOSFS 2009:23).

For additional information about social assistance and other types of support, refer to the NBHW handbook on violence [22]. The handbook also discusses the responsibility of the social services when it comes to documentation, safety and security planning, confidentiality procedures and follow-up.

Children who witness violence

Many women remain in a violent relationship for fear that their children will be taken into care by the social services if the violence or their substance abuse becomes known [5].

Children who witness violence at home may be exposed to physical as well as psychological and emotional abuse. Frequently they are also subjected to violence themselves [66].

According to Chapter 5, Section 1 of the Social Services Act, "The social welfare committee shall... endeavour to ensure that children and young persons grow up in secure and good conditions." The committee is also to consider that children who have witnessed violence or other abuse by or against a closely related adult are victims of crime and may need support or assistance (Chapter 5, Section 11, Paragraph 3). A holistic approach is important when violence in an intimate relationship is involved [22].

The NBHW general guidelines (SOSFS 2009:22) specify that the social services should perform a prompt preliminary judgment of whether an assessment is needed under Chapter 11, Section 1 of the Social Services Act as soon as it discovers that a child may have witnessed violence. Witnessing violence or other abuse primarily refers to having seen or heard an incident [22].

One of the issues to be addressed by the assessment is whether parents can meet the needs of their child. Based on the British Integrated Children's System (ICS), the Children's Needs in Focus (BBIC) processing and documentation system assesses the ability of parents to provide basic care, safety and security, emotional accessibility, stimulation, guidance, boundaries and stability. The system also examines whether other home or environmental variables can compensate for the shortcomings of parents when it comes to meeting their children's needs. Are there other people in the family's social network who can support children or their parents?

The decisive factor is not whether parents have a substance abuse problem but whether they are able to satisfy their children's needs, perhaps with the help of outside resources. The task of an assessment is to take a multifaceted approach and consider all parameters that either support or detract from the ability of parents to meet the needs of their children [67]. Thus, social service personnel need to understand violence and substance abuse issues in general, as well as how a child is affected by witnessing violence and living with a parent who has substance abuse problems. Furthermore,

they must be aware of the particular circumstances associated with each particular case.

The social welfare committee should be able to offer both acute and long-term counselling, support and treatment – as well as contact with volunteer and other organisations – to children who have witnessed violence in the home. The committee should ensure that the methods for providing support and assistance have been designed in accordance with the best available knowledge about children's needs and about the means of achieving optimum results. The NBHW general guidelines (SOSFS 2009:22) also state that the committee should be able to offer counselling and support to parents and other closely related people on the basis of the child's particular needs. A child who has witnessed violence may be entitled to criminal injuries compensation from the Crime Victim Compensation and Support Authority under Section 4 a of the Criminal Injuries Compensation Act (Swedish Code of Statutes 1978:413).

Lex Sarah – obligation to report abuse

Women with substance abuse or addiction problems are sometimes subjected to violence or abuse when they are under care and treatment, either by other patients or by care, support or service providers.

On 1 July 2011, new lex Sarah provisions came into force in the Social Services Act and the Act concerning Support and Service for Persons with Certain Functional Impairments (Swedish Code of Statutes 1993:387). The provisions have been extended to cover the social services in general, as well as all activities of the National Board of Institutional Care (SOSFS 2011:5). In addition to care of the elderly and people with disabilities, the provisions of the Social Services Act will also cover individual and family care, including family law services. The extension of the provisions means that lex Sarah is also to be applied under the Care of Young Persons Act (Swedish Code of Statutes 1990:52) and the Care of Abusers (Special Provisions) Act (Swedish Code of Statutes 1988:870).

According to lex Sarah rules, everyone involved in providing the above services is obliged to ensure that all interventions performed are of good quality (Chapter 14, Section 2 of the Social Services Act and Section 24 a of the Act concerning Support and Service for Persons with Certain Functional Impairments). They are also required to report if someone has been or is at risk of being abused. That requirement is accompanied by an obligation to assess, document, remedy and eliminate an abuse (Chapter 14, Section 3 of the Social Services Act and Section 24 b of the Act concerning Support and Service for Persons with Certain Functional Impairments). The existence or risk of a serious abuse is also to be reported to the NBHW as soon as possible (Chapter 14, Section 7 of the Social Services Act and Section 24 f of the Act concerning Support and Service for Persons with Certain Functional Impairments). Serious abuse refers to acts that have been committed, or those that have been omitted due to neglect or another reason, that pose or have posed a threat to or had serious consequences for life, safety, physical health or mental health.

Responsibility of the healthcare system

Between 12 000 and 14 000 Swedish women seek outpatient care at hospitals, emergency medical centres and primary care clinics every year as the result of partner violence [18]. Thus, healthcare services and organisations are very important when it comes to detecting and calling attention to violence and substance abuse issues, as well as providing care, support and assistance to the women affected.

General responsibilities of the healthcare system

According to Section 2 of the Health and Medical Service Act, "Health and medical services are aimed at assuring the entire population of good health and of care on equal terms. Care shall be provided with respect for the equal dignity of all human beings and for the dignity of the individual. Priority for health and medical care shall be given to the person whose need of care is greatest… Health and medical services shall be conducted so as meet the requirements for good care... Care and treatment shall as far as possible be designed and conducted in consultation with the patient... Health and medical services shall work for the prevention of ill-health." See also Chapter 6 of the Patient Safety Act (Swedish Code of Statutes 2010:659).

Psychiatric care can sometimes be provided without the patient's consent under the Act on Compulsory Mental Care (Swedish Code of Statutes 1991:1128) – first on an inpatient and then on an outpatient basis.

The Health and Medical Service Act contains no similar provisions concerning interventions for victims of crime and other special groups identified by the Social Services Act.

According to Section 3, "Every county council shall offer good health and medical services to persons living within its boundaries... In other respects too, the county council shall endeavour to promote the health of all residents." Section 4 states that, "If any person present within a county council area without being a resident of the same needs health and medical services immediately, the county council shall offer such services."

Good healthcare quality

According to Section 2 a of the Health and Medical Service Act, "Health and medical services shall be conducted so as meet the requirements for good care" in terms of availability, patient participation and self-determination, results, contact with caregivers, etc. According to Chapter 3, Section 1 of the Patient Safety Act, a care provider is to plan, lead and monitor its services in a manner that ensures compliance with the requirements of good care in the Health and Medical Service Act.

Good care includes attending to the safety and security needs of women who have been subjected to violence, making care readily available to them, treating them with respect and promoting clear communication between them and the healthcare system. Furthermore, their care must be characterised by continuity, safety and security [57].

Section 31 of the Health and Medical Service Act states: “The quality of activities in health and medical services shall be systematically and continuously developed and secured. “

Responsibility of the healthcare system for female victims of violence

A female victim of violence with substance abuse or addiction problems may seek health care at a number of different units: emergency rooms, community health centres, substance abuse clinics, gynaecology clinics, child health centres, maternity clinics, psychiatric clinics, youth guidance centres and other specialist care providers. Thus it is important for many different professionals to be knowledgeable about the issue of violence in intimate relationships and against women [57], as well as the mechanisms of substance abuse and addiction.

The healthcare system is responsible for detecting current or previous violence, as well as providing and following up on care and treatment on both an acute and long-term basis.

The ability to recognise and understand violence, be receptive and offer care and treatment is vital for all healthcare professionals, whether a woman goes to see them on her own or is subsequently referred to them. The are many obstacles to picking up on signs of violence, including pressure of time, lack of knowledge, poor attitudes and reluctance of women to talk about it. Caregivers must be aware that women with substance abuse or addiction problems, like other high-risk groups, may have trouble seeking help to cope with the violence to which they have been subjected [57].

Acute interventions

An acute examination and treatment are often required once a woman confirms that she has been the victim of violence. The examination might serve as the basis for a medical certificate that a preliminary investigation can use as evidence. In addition to medical treatment, acute needs include psychosocial interventions, such as crisis management and the opportunity for follow-up support and assistance [57].

A woman who approaches the healthcare system in an acute situation also needs information about support resources, such as the social services and temporary sheltered housing, as well as procedures for filing a report with the police.

Long-term interventions

A victim of violence, particularly in an intimate relationship, may need support for a long time. Long-term psychosocial interventions can include help in coping with feelings of shame and guilt, gaining self-confidence and developing a sense of empowerment. Among possible interventions are counselling, group sessions and psychotherapy [57].

Women who have been abused during pregnancy may need coaching to cope with feelings associated with childbirth, abortion, miscarriage, foetal abnormalities and single motherhood. The maternity clinic staffs are in a

good position to pay special attention to these women and offer them support [57].

Responsibility of the healthcare system for children who need protection

According to Section 2 f of the Health and Medical Service Act and Chapter 6, Section 5 of the Patient Safety Act, the healthcare system is, at the initiative of the social welfare committee, to cooperate with public bodies, organisations and other parties concerned on matters that affect children (such as those who have witnessed violence) who need or are at risk of needing protection.

Section 2 g of the Health and Medical Service Act and Chapter 6, Section 5 of the Patient Safety Act state that healthcare personnel are to ensure that a child receives information, counselling and support if a parent or another adult with whom the child is living permanently has an emotional disorder, psychological disability, serious physical disease or injury, or substance abuse or addiction problems.

According to Chapter 14, Section 1 of the Social Services Act, "Authorities in health care... [are duty bound] to notify the social welfare committee immediately of any matter which comes to their knowledge and may imply a need for the social welfare committee to intervene for the protection of a child. The same applies to persons employed by such authorities."

Youth guidance centres

Youth guidance centres are a voluntary commitment on the part of municipalities and county councils. The missions of the centres vary, perhaps in accordance with local guidelines, or they may not have any formal assignments from which to proceed. The centres generally target 13–23 year-olds, but some raise the upper age limit in order to serve more young people. Counsellors, gynaecologists, midwives and other professionals work in close cooperation with patients. Not all centres have staff members from every profession. Some of them have only one employee, a midwife who sees patients for a couple of hours a week [68].

The centres are a "low-threshold operation," which means that they see all young people who need guidance with reproductive and mental health issues. The primary orientation is prevention. The objectives are to promote physical and mental health, strengthen identity development in a way that allows for healthy sexual expression, and prevent unwanted pregnancy and sexually transmitted diseases [69].

Supporting young people while bolstering their sense of integrity and self-esteem is a vital task of the guidance centres [69].

Youth Guidance Centres Online (UMO) started up in November 2008 [70]. The Government finances the project, while municipalities and county councils are responsible for long-term maintenance of the website. The goal is to make it easier for young people to find relevant, up-to-date, quality-assured information about sex, health and relationships [68]. Alcohol, to-

bacco, drugs, sexual abuse and other types of violence are also among topics that the website deals with [71].

Responsibility of the legal system

Attitudes and procedures in the judicial system may determine whether a woman who has been subjected to violence has the confidence and willingness to cooperate with legal proceedings, as well as whether she is able to process and get over the trauma [33].

In order for the judicial system to treat women with the respect they deserve, police, prosecutors, judges, clerks and correctional officials must be aware of the manifestations and consequences of violence and have a general understanding of substance abuse and addiction issues. The National Police Board has conducted training efforts and other projects in recent years as a means of focusing more intensely on crimes in intimate relationships. A handbook was put together for the purpose of identifying measures and working methods to improve investigation and prevention. The handbook stresses the importance of empathetic, professional attitudes, the need to exhibit respect and understanding and to avoid criticism and judgementalism [62].

Cooperation between the police and other authorities and organisations

Section 3 of the Police Act (Swedish Code of Statutes 1984:387) contains provisions on the obligation for the police and other authorities and organisations to cooperate. In particular, the police are required to cooperate with the social services on an on-going basis and immediately notify them of developments that should lead to some kind of intervention. Chapter 14, Section 1 of the Social Services Act specifies the obligations of authorities to inform the social welfare committee when a child may be in need of protection.

The National Police Board has adopted an action plan for cooperation with municipalities [62]. The police have carried on cooperation projects with the Swedish Association of Local Authorities and Regions, National Council for Crime Prevention and the NBHW, some of which have concerned children and young people who may be abused or in need of protection.

An example of interagency cooperation on violence issues is when prosecutors, family violence investigators and social services are common-located. Physical proximity of various organisations promotes fast, efficient and high-quality cooperation [62].

The police also cooperate with local non-profit organisations. For example, such organisations may provide support in connection with filing reports to the police [62].

Responsibility of other support providing organisations

In terms of the responsibilities and interventions of women's shelters and other non-profit associations on behalf of female victims of violence, an important distinction to be made is whether they are contractors that the municipality has signed an agreement with or entrusted an assignment to. If so, they are performing a social service. The association may also conduct its activities on its own initiative, either wholly or in part, by helping women who approach them directly. If the organisation is not operating on behalf of the municipality in that respect, the support it provides is not a social service [22].

Under Chapter 2, Section 5 of the Social Services Act, "The municipality may conclude an agreement with another agency for the performance of municipal tasks within the social services." Interventions approved on the basis of the Social Services Act may be contracted out to another municipality or private organisation. An agreement of that type may cover the purchase of individual services, such as a place at a women's shelter.

According to Chapter 3, Section 3 of the Social Services Act, the municipality is responsible for ensuring that a social service procured from a private organisation maintains good quality.

Proposed Training Plan

This guide has been designed for two different uses:

1. as a source of information and reference for personnel at organisations that help women with substance abuse or addiction problems
2. as a basis for inter-professional training

Source of information and reference for personnel

This training guide can be used as a source of information about relevant legislation and methods of understanding, detecting and dealing with violence against women with substance abuse or addiction problems. The questions raised by the guide can serve as the basis for personal reflection or for discussion at the workplace. The various chapters may be read separately.

Inter-professional training

The guide can be used to set up a common training programme for the social services, substance abuse and addiction care providers, healthcare providers, sheltered housing facilities, women's shelters, crime victim support centres, non-profit organisations, youth guidance centres and the judicial system of a municipality or region.

A common programme for multiple authorities and organisations can be a good opportunity for mutual learning and identification of ways for various services to supplement each other.

A training programme can be structured according to the three main themes of the guide:

- **Session 1:** Violence against women with substance abuse or addiction problems. Scope, perpetrators and venues, nature and consequences of violence.
- **Session 2:** Receiving, acknowledging and supporting female victims of violence with substance abuse or addiction problems. Attitudes, holistic perspective, asking questions about violence and abuse, signs of violence, access to sheltered housing, treatment methods. Calling attention to the situation of children.
- **Session 3:** Society's responsibility. The statutory responsibilities of the social services, healthcare providers, judicial system and other organisations for female victims of violence in general, and those with substance abuse or addiction problems in particular.

The questions in the various chapters are suitable for discussion in small, inter-professional groups.

Things to keep in mind

- It's a good idea to choose one or more people to conduct the training.

- Various local and regional authorities have different kinds of knowledge to contribute. The totality of the knowledge serves as a good foundation for dealing with issues surrounding violence against women with substance abuse and addiction problems. One way to take advantage of the knowledge and skills that the various authorities and organisations possess is to arrange internal lectures and seminars on different themes, based on:

  Social services – responsibility for female victims of violence, people with substance abuse or addiction problems, people with disabilities and other special groups. What does the social welfare committee's responsibility for good quality at sheltered housing facilities, etc., entail? Information concerning the duty of notification about children in need of protection.

  Adult psychiatric services – mental ill-health, co-morbidity and treatment

  Substance abuse and addiction care – signs of substance abuse, treatment

  Youth guidance centres – the effort to strengthen self-esteem, as well as the ability of young people to set boundaries and protect their physical integrity.

  Non-profit associations, such as women's shelters or crime victim support centres – helping female victims of violence with substance abuse or addiction problems, attitudes and potential support measures.

  Police – cooperation to help female victims of violence.

- Set up a strategy for maintaining skills in the network, such as through regular meetings to obtain mutual support.

- What are the specifics of your mandate to deal with questions surrounding female victims of violence with substance abuse or addiction problems?

- Has the authority or municipality set up a special action plan concerning these issues?

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Appendices

The checklist below was compiled by the Administrative Board of Stockholm County in collaboration with the City of Stockholm. The checklist contains a number of questions for both supervisors and employees. The questions can be used to find out how far an organisation has come in its effort to combat violence in intimate relationships, as well as to serve as a basis for discussion at various workplaces.

Checklist for workplaces

1 Do you know whether your organisation helps female victims of violence?

Yes No The effort began/will begin on

2 Is everyone at your workplace aware of their statutory responsibility to call attention to female victims of violence and their children and make sure that they obtain assistance?

Yes No The effort began/will begin on

3 Does your municipality have an action plan for women's protection issues?

Yes No The effort began/will begin on

4 Is your workplace striving consciously to establish procedures for handling situations in which violence is discovered?

Yes No The effort began/will begin on

5 Does your workplace have procedures for asking questions about violence to which a woman may have been subjected?

Yes No The effort began/will begin on

6 Do you have procedures for asking whether female victims of violence have children and what their situation is like?

Yes No The effort began/will begin on

7 Do you have documentation procedures for what to do when violence is suspected or exposed?

Yes No The effort began/will begin on

8 Do you have procedures for keeping statistics?

Yes No The effort began/will begin on

9 Are the procedures and action plans in writing?

Yes No The effort began/will begin on

10 Have various decision makers and managers approved the action plan?

Yes No The effort began/will begin on

11 Are these procedures evaluated, discussed and updated on a continual basis?

Yes No The effort began/will begin on

12 Does your workplace cooperate with other authorities or organisations that are involved in women's protection issues or in helping children who experience or witness violence at home?
Yes No The effort began/will begin on

13 Does your workplace cooperate internally within the larger organisation to more effectively help female victims of violence?

Yes No The effort began/will begin on

14 Do your employees receive training about violence against women?

Yes No The effort began/will begin on

15 Do you have a plan for further skills development in the area?

Yes No The effort began/will begin on

16 Do you have quality assurance procedures?

Yes No The effort began/will begin on

17 Does your workplace have an expert on this topic?

Yes No The effort began/will begin on

18 Does everyone at your workplace know what to do if they suspect that a child is being abused or needs protection?

Yes No The effort began/will begin on

19 Does everyone at your workplace know what to do if they suspect serious abuse?

Yes No The effort began/will begin on

20 Are there procedures and forums for employees who work on difficult matters to talk about their experiences and obtain personal support?

Yes No The effort began/will begin on

21 Do new employees receive enough information about what to do if they suspect or find out that someone has been subjected to violence?

Yes No The effort began/will begin on

22 Do new employees receive enough information about what to do if they suspect that a child is being abused or needs protection?

Yes No The effort began/will begin on

23 Do new employees receive enough information about what to do if they suspect serious abuse?

Yes No The effort began/will begin on

24 Does your workplace have up-to-date lists of where employees should turn for counselling and where women who have been subjected to violence and children who have witnessed violence should be referred?

Yes No The effort began/will begin on