

Tayside Domestic Abuse & Substance Misuse Project

Tabletop Exercise Through
Forum Theatre

Guidance Notes



C ontents

1 Introduction	5
2 Running your own event	7
3 Using the DVD As a Training Tool – Alternative Methods	14
Concluding	23
Appendix 1	25
Appendix 2	26
Scenario 1 - Harm Reduction Service	26
Scenario 2 - Substance Misuse Agency	27
Scenario 3 - Domestic Abuse - Refuge and Substance Misuse	28
Scenario 4 - Pregnancy, Domestic Abuse and Substance Misuse	30
Appendix 3	32
Appendix 4	34
Appendix 5	37
Appendix 6	41
Appendix 7	43
Appendix 8	44
Feedback Questionnaire	44



1 Introduction

1.1 BACKGROUND

The Tayside Domestic Abuse & Substance Misuse Project

The Tayside Domestic Abuse and Substance Misuse (TDASM) Project was established in 2006 under the Scottish Government's Multiple and Complex Needs funding initiative. The Project was set up to improve services for women (and their children, if any) who had experienced domestic abuse and who also had their own substance misuse issue.

Under its training-related objective (ensuring professionals are knowledgeable and adequately trained to support women, children and young people) the project identified a key action to develop and implement a multi-agency table top training event in order to increase awareness and understanding of agencies' roles, remits and referral procedures. The Project contracted an external media company (Pure Media UK Ltd) to help them to develop a training event that used forum theatre. This centred around the development of scenarios which reflected the day-to-day realities of service providers working with women across both sectors.

This guidance, and the accompanying DVD, explain the process which was undertaken to plan and implement a multi-agency table top training event through forum theatre. It also explains how you can hold a similar event in your area, either using live scenarios developed within your own local context, or using the DVD scenarios we have provided for a more traditional tabletop format.

1.2 DEFINITIONS USED BY TDASM

For the purposes of the work of the TDASM Project the definition of domestic abuse contained within the National Strategy to Address Domestic Abuse in Scotland (2000) has been adopted:

"Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends)."

This definition of domestic abuse is careful not to focus on particular acts or incidents of abuse, but rather on the intent and impact of a pattern of behaviour perpetrated by partners or ex-partners.

The Project has adapted the definition of problem drug use contained in Hidden Harm (2003), and has subsequently adopted the following definition of substance misuse:

"The use of substances (alcohol, prescription drugs and illicit drugs) with serious negative consequences of a physical, psychological, social and interpersonal, financial and legal nature for users and those around them."

Adapted from Hidden Harm (2003:7)



1.3 WHAT IS FORUM THEATRE?

Forum Theatre is an interactive theatre form developed in the early 1970s by Brazilian theatre director Augusto Boal. The aim of forum theatre is to raise awareness of issues, problems, oppressions or obstacles not necessarily considered previously by the 'audience'. Forum theatre scenarios are designed to stimulate audience participation through discussion, interactive role-playing and shared experiences.

An audience is shown a short-ish play in which a central character encounters an issue which s/he is unable to overcome. After this first showing, there may be a brief discussion amongst the audience, then the play is restarted, but this time, whenever a audience member feels the protagonist might usefully have tried a different strategy, s/he can stop the action and suggest this direction. In this way, the event becomes a kind of theatrical debate, in which experiences and ideas are rehearsed and shared, generating ideas and solutions. Because it highlights specific behaviours or skills - and because it is engaging and thought provoking - drama-based training has proved a very effective method in highlighting issues related to inequality and social justice.

1.4 THE TDASM FORUM EVENT

The TDASM Project wanted to involve service users and service providers in the work of the project wherever possible. The forum theatre approach was central to this. Their experiences and expertise were used to develop scenarios, based on real life situations, which could be acted out and used to draw out the issues that face women with dual issues of domestic abuse and substance misuse. The strength of the drama scenarios which were developed meant that training participants could not avoid the seriousness of the issues that were being discussed at the event. The use of a forum theatre approach was also important to the Project in encouraging participant engagement in the training day, meaning it would have the maximum possible impact across both sectors.

In addition, the forum theatre approach meant that the development and implementation of the event became a local project, which had a sense of ownership from everyone involved. Local service users, volunteers and workers were closely involved in developing scenarios, and local actors were employed to act out the scenarios at the event. This meant that although the final training event was important in having an impact on the knowledge and understanding of participants, everyone who had taken part in the planning and development of the project had also benefited, learned and developed.

In March 2008 the TDASM Project held its multi-agency table top training event. This event used forum theatre to help raise awareness of the links between domestic abuse and substance misuse, and the roles and remits of local agencies working in each sector.

The main aims of the event were to:

- encourage professionals from both sectors to work together and use each other to provide better services to women.
- ensure professionals knew what local services were available, so they could access the right service at the right time for their service users.



- encourage professionals to take responsibility for working with women in whatever capacity they present to the service.

The basic format of the day involved a series of 4 live scenarios that were acted out. Following each scenario participants worked in groups to answer questions and then gave feedback. During the feedback sessions a number of key agencies also gave 5 minute “spotlight presentations” about the role and remit of their individual agency and how other workers could access the service.

2 Running your own event

2.1 INTRODUCTIONS

The next few sections of these guidance notes will explain how you can run a similar event following the live forum theatre approach. Later on we will also explain how you can use the filmed scenarios on the DVD to hold a training event without live actors. However, from our experience, we would recommend, if resources allow, that you follow the full forum theatre process to achieve the maximum impact with participants.

To develop your own table top exercise forum theatre experience we would recommend the following 5 steps:

- 1 Appoint a co-ordinator - a co-ordinator is needed to drive consultation; determine the scope and objectives of the exercise; organise contributions from others; develop the initial scenarios and narrative; and identify participants.
- 2 Develop the scenarios - this is, in effect, the consultation process. The scenarios are passed back and forth between sectors and key agency contributors. This process gives these same agencies ownership of the process and ensures the scenarios are relevant to local needs / issues.
- 3 Recruiting actors - either volunteers or (budget permitting) professionals to help bring the scenarios to life. Make use of what you've got! Ex-service users and workers are often a good source of volunteers, and rich source of scenarios.
- 4 Running the forum theatre exercise - it is always a good idea to give as much information as you can to the event delegates prior to the event. Communicate roles and expectations to all the participants, and on the day capture the table top exercise notes and any key issues that the exercise highlights. The core element of the exercise is a facilitated walk-through of the scenario(s) with a structured process (either using live actors or a Power Point presentation) that will prompt discussion amongst delegates.
- 5 Evaluation of the process and the exercise - find a way to both articulate and act upon the lessons learnt throughout the day.

2.2 STEP 1 - APPOINTING A CO-ORDINATOR

In Tayside the Project Development Worker acted as the co-ordinator for the forum theatre project. She had a vital role in keeping track of everything that was going on and in driving the process forward. The Development Worker attended all meetings and rehearsals of



the actors and their advisors, organised the event, briefed all facilitators and presenters beforehand and acted as a lead facilitator on the day. It took from mid - January 2008 to early March 2008 for the co-ordinator to complete the whole process with partners, and the forum theatre event was the main focus of her work over this period. She was supported closely by the Project Administrator who helped to make the practical arrangements for the event and also received support from one of the Project Management Group members who had been identified to lead on this area of work.

We understand that it is unlikely that you will have a dedicated Development Worker to plan and implement a local event. However, we would recommend that you identify one lead person who will take an overview of the process and co-ordinate inputs from a range of other people who might need to be involved. It will be best if this person can have access to some administrative support, particularly in the run-up to the actual event. The lead person needs to have adequate time to see the process through from start to finish. They don't need to have expertise in both domestic abuse and substance misuse, as they will be able to call on the expertise of service users, volunteers and service providers to ensure the materials used are realistic and reflect local circumstances and issues. The key is to make sure they are enthusiastic about the project, are approachable and are skilled at getting key partners on board.

2.3 STEP 2 - DEVELOPING THE SCENARIOS

In Tayside our Development Worker spent some time developing basic outline scenarios which would be a starting point for the theatre group and their consultants to work from. She drew on her previous experience of working in a domestic abuse service and information she had gathered during the course of her work on the main Project.

At the same time as doing this she invited local service providers in the domestic abuse and substance misuse sectors to make contact with staff, volunteers and service users who were interested in becoming involved in the project. The letter sent to services to invite them to nominate service users is included in appendix 1. It was made clear at this point that people did not have to become involved in actually acting out scenes on the day (although some volunteers were brave enough to do this!) but could get involved in acting as consultants for the scenarios or helping to organise the final event.

Once key people from services had been identified, the basic outline scenarios the Development Worker had produced were circulated by e-mail. Services gave feedback and this was compiled to produce a second draft of the scenarios. At this stage the theatre group (comprised of the professional actors, representatives of the external media company and volunteer service users, service providers and unpaid workers) began meeting. The group was co-facilitated by a representative of the external media company and by our own Development Worker. They took the second-draft scenarios and developed them further. At most meetings an "expert" consultant from a relevant service was also invited to give advice about specific aspects of scenarios to allow them to be further developed, and eventually finalised. We have provided copies of our finalised scenarios / scripts in appendix 2. The theatre group met every Monday night for two hours over a period of 12 weeks. They also had a couple of extra meetings / rehearsals just prior to the final event.



At the same time the two service users who were involved in the theatre group worked with the Development Worker to produce some poetry that summarised the scenarios and would be read out at the final event. Copies of these poems are provided in appendix 3.

We recognise that it will be unlikely that you will have the funds to employ an external media company to be involved in developing your own local event. We did this to make sure we could produce a DVD at the end of the process that would allow other people to undertake a similar process. All you will really need is someone with a background in or talent for drama. You might want to consider contacting a local drama group, college or university to see if there are any members, staff or students who would be interested in working on a local project in their spare time. Also think about asking around local services - workers, volunteers and service users may have some hidden dramatic talents!! Whoever you decide to work in partnership with, remember if you are going to have service users involved in the process they will have to be disclosure checked and it would probably be preferable if they had at least a basic understanding of issues around domestic abuse and substance misuse. If they don't already have this understanding you can always use your local networks and resources to provide them with training.

Remember, the scripts and scenarios we developed are included in this pack and provide a good starting point for local adaptation.

2.4 PART 3 - RECRUITING ACTORS

We had the assistance of an external media company to recruit our actors / actresses. This meant we had access to local people who had experience of the media company and who we knew could tackle projects focusing on challenging issues. However, this was still an important process and, in particular, it took a while to find someone who could play the part of the perpetrator convincingly.

It is unlikely that you will have the resources to recruit and pay professional actors, but there are lots of other options you can consider:

- local drama group
- local schools, colleges or universities who have drama courses or groups
- staff, volunteers and service users in agencies

The scenarios we used required a maximum of 5 actors, however you can script your scenarios to suit the number of actors you have and use the same actor to play multiple roles in different scenarios. The important thing is to identify your group of actors as early on in the process as possible. Our group of actors played a big part in developing the scenarios we used and this was very valuable in making them as realistic as possible. It was important for the actors to hear the input of service users and service providers directly as they could learn from their experiences and translate this into their acting style. None of our actors had any specific expert knowledge of domestic abuse or substance misuse - the important thing was they were willing to listen to the advisors around them and take on board what they were saying. It is important that actors know before they take part, whether they are being paid or not, the subject of the performance and its context - they will need to come with an open mind and a non-judgemental attitude.



If you are using volunteers as actors it will be important to make sure you set rehearsal times that allow them to attend every session. The theatre group needs to have continuity to be able to develop the scenarios, gain ownership of them and produce a realistic end product. Therefore it is important that any volunteers are given clear information about the commitment you expect from them (especially in terms of rehearsal time) before they agree to taking part.

2.5 STEP 4 - RUNNING THE FORUM THEATRE EXERCISE

Once all the preparation has taken place and final rehearsals have been undertaken the only thing left to do is to run the actual event. In many ways this is no different from organising and implementing any other large training event. However, when you are using live actors it can be difficult to predict what will happen on the day so prior preparation is very important. There are some key issues we would recommend you consider.

FINDING A VENUE - We were lucky enough to find Mains Castle (Dundee) which offered a dramatic venue for the theatre performances. The important thing is to find somewhere that has enough room for a stage area that is big enough for the actors and is clearly visible from any point in the room. It also needs to have enough room to accommodate as many participants as you want to invite, who will need to be seated in groups around small tables. If the venue is big you might need to think about using lights and microphones to ensure everyone can see and hear the actors. Many venues will be able to provide these for you, but you might have to look into hiring them from an external company.

The room also needs to be comfortable enough for people to sit in all day - you need to find a compromise between numbers of participants and comfort! We would also recommend that you hire somewhere that has a separate area for breaks and lunches. This gives people a clear break and chance to move around, but also ensures that you can stick to your programmed timings for the day.

WORKING OUT YOUR PROGRAMME - This will depend on the number of scenarios you have, the number of spotlight presenters and how long you want to leave for discussion. The basic format should consist of a scenario followed by time for group discussion and then enough time for feedback from groups interspersed by spotlight presenters. Remember to leave enough time at the end for a debrief and evaluations. We ran the event over a full day. However, if we were to run it again we would either use fewer scenarios or have a two day event. A copy of our final detailed programme (that facilitators used) and a summary programme (for participants) are included in appendix 4.

As part of your programme you might want to think about creating a feedback schedule to ensure that this is done quickly and does not become repetitive. For each scenario we identified two or three tables that would provide feedback - to the wider group. The table facilitators for each table knew beforehand which scenarios they would be asked to feedback on so they could ensure they took adequate notes for those questions. At the end of the scheduled feedback all the other tables were asked if they had any different points to contribute.

We have provided example questions to follow each scenario. You might want to make up



new ones to suit your audience and / or local circumstances. A list of all the questions we used is included in appendix 5.

IDENTIFYING SPOTLIGHT PRESENTERS - Spotlight presenters were invited to give brief presentations about the role of their agency and how other professionals can access their services for clients. The presentations were very informal (no Power Point!!!) with workers simply standing up from where they were sat and speaking informally for a set period. They should also provide service leaflets to be included in the participant's packs. All presenters took part in the whole event as training participants, they didn't just show up to do their bit and then leave again.

To keep the day flowing we did not give spotlight presenter's specific time slots. Each presenter was told the scenario after which they would be asked to present. Table facilitators were given a list of the presenters for each scenario and asked to make sure that the feedback from their table would identify the listed presenters as relevant agencies. As soon as the table facilitator mentioned a listed service name the lead facilitators for the day stopped the feedback and asked the identified spotlight presenter to stand up. The spotlight presenter schedule we used can be seen in the example facilitators programme, appendix 4.

Spotlight presenters were asked to provide generic information about their service. Although they did get some information about the scenarios beforehand they were not asked to make their presentation relevant to the situation in the scenario. The idea was to share information with other participants about the core services they could deliver to women.

IDENTIFY LEAD FACILITATORS - It is important to have at least one lead facilitator (or more depending on the size of the group). Their role is twofold: to keep the day moving by summarising sections and moving through the agenda, and also to facilitate feedback from the groups after each scenario. They are also responsible for making sure the programme runs to time. We had 2 facilitators for a group of 70 participants - the project Development Worker and a Management Group member. You should select people who have a good working knowledge of domestic abuse and / or substance misuse so that they can respond to feedback by linking it into current local and national issues / policy / legislation. You should be able to identify people with the required knowledge base and facilitation skills through your local domestic abuse partnership, domestic abuse training consortium and drug and alcohol action team.

IDENTIFY TABLE FACILITATORS - It is important to identify a facilitator who will look after each table of participants. Our participants sat in tables of 7 (including their facilitator). The table facilitator had a range of jobs; to ensure everyone at the table introduced themselves to one another, to encourage discussion around the set questions following each scenario and to provide feedback as directed by the lead facilitators. We used a range of staff from different substance misuse and domestic abuse agencies who were confident about facilitating group discussion and providing feedback in front of a large audience.

IDENTIFY PARTICIPANTS - As we knew this was going to be a unique event for Tayside we wanted to make sure the right people attended. It was agreed that the event was aimed at front line practitioners working with women in either substance misuse or domestic abuse services. With a limited number of places we wanted to make sure that these were the



people who got places for the event. To start with we allocated 2 or 3 spaces to each of the key frontline substance misuse and domestic abuse services across Tayside and sent them an invite asking them to nominate appropriate staff members. We set an early deadline for reply and were then able to work out how many spaces remained unallocated - these were advertised on a more general basis to services that might be working with women affected by the dual issues.

We were able to allocate places to 70 participants (10 tables of 7), including table facilitators and spotlight presenters. This was a manageable number for feedback and for practicalities (such as serving lunch within the allowed time!).

WORK OUT YOUR SEATING PLAN - We took two different approaches to this. In the morning we allocated people to tables with those who worked in a similar geographical area (in our case Dundee, Angus or Perth). We did this to make sure that people networked with the other services they would be most likely to use in the course of their day-to-day work. In the afternoon people moved to tables which were a mix of people from across the Tayside region with whom they might not normally work. We did this to encourage people to share different models of practice that might be being used in different areas. In both the morning and the afternoon we ensured that each table had a mix of domestic abuse and substance misuse workers.

To avoid confusion each participant's name badge was clearly marked with their table number for both the morning and afternoon session, and tables were clearly marked too.

BRIEF EVERYONE - As you will have gathered by this point the programme for the day was fairly detailed and there were lots of people with different roles to play (lead facilitators, table facilitators, spotlight presenters, actors and participants). All the table facilitators and spotlight presenters were called to a one hour briefing session the week before the event. At the briefing they were given instructions about their role on the day, were talked through the programme step by step and had an opportunity to ask questions. This was of vital importance in ensuring everyone knew what they were doing on the day and that the programme ran to time. An outline of the briefing sessions we provided is included in appendix 6.

You also need to give your participants as much information as possible before they arrive. Apart from the usual process of sending out confirmations and joining instructions you should make sure that people are aware of the interactive nature of the training and that they should come along willing to participate.

ORGANISE A MARKETPLACE - No matter how well you design your programme there will always be agencies that don't get a spotlight presentation slot or who don't have enough time to say everything they want to. A marketplace of stalls from individual agencies is a great way to overcome this. If possible it is best to set this up in the room where people will be taking breaks as they will be more likely to look around and pick up information to take away. A copy of the booking form we used for the marketplace is included in appendix 7.



2.6 STEP 5 - EVALUATION OF THE PROCESS AND THE EXERCISE

We used a variety of methods to evaluate the process of developing and implementing the training. All the actors, volunteers, service users and staff who took part in the process filled out evaluation forms and gave them back to the Development Worker. The information from them will be used in the overall TDASM Project evaluation which will be produced early in 2009.

To evaluate the actual forum theatre event we used a variety of methods. At the start of the day every participant was given a 3-dimensional coloured cardboard brick. Participants were encouraged by lead and table facilitators to graffiti these throughout the day with their thoughts, feelings, feedback and questions. At the end of the day participants used the bricks to build a wall together - emphasising that by working across the sectors we could build something, rather than seeing the bricks as a barrier. In addition, participants were also given post-it notes. Again they could write any thoughts, feelings or feedback on them, however these were for items that the participant wanted to keep private from the rest of the group. They were told to put the post-its inside their cardboard brick so that we could collect them at the end. Finally, participants were also given a standard questionnaire evaluation form about the event organisation and for comment about their experience of taking part. The information from these 3 different tools was collated after the event and summarised into an overall evaluation. The words and pictures collected from the bricks and post-its were very powerful and participants told us they enjoyed this way of giving feedback, so we would recommend you think about doing this too. A copy of the formal evaluation questionnaire we used is included in appendix 8.

Lots of issues were raised on the day and these were fed back to the Project management group for them to consider. We were able to incorporate some points into the Development Workers' work programme, but more substantial issues had to be passed onto the local domestic abuse partnerships or drug and alcohol teams for action.

2.7 LESSONS LEARNED!

We learned lots of lessons during the process of planning and organising our event which we want to share with you:

- Four scenarios is too much for one day. If you want to use four scenarios make sure they only have one or two issues in them for discussion. Alternatively, either use fewer scenarios or run the event over 2 days.
- Don't try to squeeze too many people into the venue. The drama performances make the event quite intense and people need space to move around and take a break.
- Think about the number of questions you want to have after each scenario. These can be shortened to make the day go quicker or you can allocate a few questions to each group.
- Make sure you do a whole group ice breaker at the start of the day. Make this as interactive as possible. Participants might not like this at the time but it really does get everyone talking.



- Find a way to record your event - take pictures or some film if possible. It is a great way to show other people, including funders, what the event was like and the impact it had.
- Keep the exit doors closed at the end until everyone has completed and handed back an evaluation form!
- Make sure everyone is well fed and watered - it is a long day and people will appreciate this.
- Rather than having lots of service leaflets in participant packs try to get presenters to do a one paragraph summary of their core service and referral process. People get lost in all the paperwork and want something short to pass on to colleagues.

2.8 AND FINALLY...

Good luck and have fun!! Although it took 3 months to plan and implement this event the final result was well worth the effort. In the words of our participants:

"Felt the dramatic approach was innovative and powerful - stimulated discussions"

"Use of drama brought tremendous realism to the day"

"Very informative in a relaxed and helpful way"

"Really good opportunity for networking. Agencies I hadn't heard of before and know which area they addressed"

"I hope something like this happens again"

"A great day! Using actors was much better than just reading about scenarios. Much more impactful. Perhaps other training should be delivered in this manner. Actors were brilliant!"

If you require any more information or have any questions please contact the TDASM Project at irina.pelc@dundeecity.gov.uk or 01382 434569.

3 Using the DVD As a Training Tool – Alternative Methods

3.1 INTRODUCTION

The process we have outlined in section 2 of this document is the ideal way to approach a forum theatre event and was very rewarding and successful for everyone involved in our local event. However, the DVD has also been designed to enable you to use the filmed scenarios to run a more traditional table top event, or to be used as a case study within a training session. The DVD can be used on any DVD player or computer, so as long as you can find a venue that has space for a screen, player and speakers it can be used in just about any context.

If you are arranging a multi-agency table top event you can follow exactly the same style of programme that we used but simply replace the live actors by playing the filmed scenarios from the DVD. The first two scenarios have example questions and spotlight presentations from local service providers included. It is unlikely that the spotlight presentations will be relevant to your local area, but you can simply use the questions we have provided, or consider making up your own. Scenarios 3 and 4 are simply the filmed storylines.



The following notes are intended as a background to the DVD as opposed to being exhaustive guidance notes. They offer suggestions for questions which could be posed to trainees and points which may be raised, both prior to showing the DVD, and after.

3.2 'HEALTH' WARNING

It is possible that some trainees/participants will have experienced domestic abuse and that the experiences of the characters in the scenarios may well resonate with their own experiences, and therefore could be painful and upsetting to watch. You may wish to acknowledge this with the group and let them know that they can stop watching the DVD or leave the room should they need to do so.

3.3 GETTING STARTED

A useful starting point for any training or table top event is looking at domestic abuse (the understanding of what we mean by that term, its impact on those who experience it and issues for professionals providing a service to those experiencing it). The definition provided by the Scottish Executive in its National Strategy to Address Domestic Abuse (2000), which is as follows:

“Domestic abuse (as gender based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends).”

It is recommended that delegates are shown this definition prior to being shown the DVD scenarios, as it highlights the diverse and wide ranging nature of domestic abuse. This course of action will allow trainees to discuss and clarify their understanding of the nature of domestic abuse, look at what is meant by 'a gender based issue', and reflect on the impact on children living with domestic abuse.

Some statistical information which may help you to facilitate a discussion around the definition of domestic abuse is as follows:

- 1 in 4 women will experience domestic abuse at some stage in their lives (Council of Europe, 2002).
- Every minute in the UK the Police receive a call from the public for assistance for domestic abuse (Stanko 2000).
- 44% of those experiencing domestic abuse are involved in more than one incident. No other type of crime has a rate of repeat victimisation as high. (Dodd et al, 2004).
- Every week in the UK, 2 women are killed by a male partner or former partner (Flood-Page et al, 2003).
- Women are at the greatest risk of homicide at the point of separation or after leaving a violent partner (Lees, 2000).
- The link between child physical abuse and domestic abuse is high, with estimates ranging between 30% and 66% (Humphreys & Thiara, 2002).



3.4 SCENARIO 1 - HARM REDUCTION SERVICE

The following information should be read out to participants as background information to the characters involved:

Shona is a young woman who uses heroin but does not inject. She was from a stable family but her father died unexpectedly when she was 15 years of age. She adored her father. She had a good relationship with her mother. Following the death of her father she absented herself from school a lot. Her mother started to drink and was unable to comfort or cope with Shona. Shona eventually left school and got in with a crowd of young people who regularly drank and smoked cannabis. This progressed to taking speed. She fell pregnant when she was 18. She decided to terminate the pregnancy since she was no longer with the father of the child. She received no follow up care from the termination. We meet Shona 2 and a half years on. She is with another partner and has progressed to smoking heroin. Her partner Billy is older, rather dominant and injects his heroin. Shona has very little contact with her mother.

Explain to the participants that we are about to see Billy and Shona at the harm reduction centre to collect Billy's injecting equipment. They are both known to the staff.

Now play the DVD.

Following is a summary of the action shown in the DVD for your information. Do not read this out to participants, though you can use it to clarify action if there is any misunderstanding. Whilst Billy is out of the room, Shona grabs a word with Hazel the worker. She tells Hazel that she is very worried as Billy has told her that tonight she will inject for the first time. Shona feels great shame as she thinks this will make her look like a 'junkie'. She is very distressed. The worker tries to comfort her and counsel her but Billy enters and asks her what she is telling Hazel. He becomes verbally aggressive and Shona is visibly frightened. Billy informs the worker that if he says she will inject then she will. He grabs her arm and pulls her away. On the way out he again reassures her that everything will work out OK.

Hazel is not sure where to turn to help Shona. She does not know any other agencies to contact

Later, in Billy's flat Billy tells Shona that he has to go out and will be back shortly. He leaves. The door bell rings and Shona's friend Tracy enters. Shona tells her that she has injected, that Billy does it for her. She also discloses that he gets her to beg on the streets but he will not do it himself. (It is implied that Shona is being coerced into prostitution from Billy). Shona feels isolated and shameful and alone.

Possible Questions & Answers

Following are the questions used by TDASMP at its table top event. There may be others you would wish to consider.

1. What are the main agencies out there who have a remit to provide support for Shona?

This largely depends on the services in your area, but the following agencies all might have a role to play - Harm Reduction Team, Women's Aid or other domestic abuse support agencies, Homeless Department (Council), NHS (GP).



2. What is my responsibility and how can I help Shona?

Again, this depends on the organisation that the participants work for. However, all participants should consider listening, believing Shona, considering safety issues and discussing her options with her as their role. Discussing options means the need to know what services are available locally and suggesting them to Shona. The worker should not tell Shona what she should do, or try to push her to receive a service she does not want to receive.

3. What are the issues that jeopardise her safety?

Billy is in control of Shona's drug use, including the method of use. He is very controlling of every aspect of her life. It is important to think of domestic abuse crossing both social space and time – it is not just a matter of incidents of physical violence at home but on-going control and fear. Begging on the street makes her further vulnerable, and prostitution even more so. If she leaves, then she is homeless and without a supply of drugs. Research also suggests that leaving is a particularly vulnerable time for women who are experiencing domestic abuse and there is no guarantee that this would mean the abuse would stop – it may even escalate.

4. What can be done to minimise the risk and keep her safe?

It is important that options are discussed with Shona and that whatever is agreed feels safe and comfortable for her. Consider harm reduction whilst she thinks about her options. It is important that you see her independently of him, allowing time to build relationships and trust. It is important to be aware that he might be using the same service, or might try to sabotage her access to your service which may feel like a threat to his control over her. You may be able to do some basic safety planning with Shona – but it is important to remind her that any safety plan can only make her safer, it is not a panacea and it needs to change as circumstances change.

5. What can agencies do to provide services for Shona - what are the issues/barriers that might make this service provision difficult?

It is important that a consistent and coordinated approach, under-pinned by non judgemental attitudes is sought. Different agencies have different roles to play and it is important to recognise what these roles are, the extent of these roles and how sharing expertise enables more holistic support. Inter-agency training for staff is an effective way of gaining shared understanding and trust. Information sharing protocols and women-only services can also help.

6. Do you think multi-agency work should be the way forward here?

A local discussion about the strengths and barriers to local working should be facilitated.

7. How can multi-agency work help to overcome the issues / barriers you have identified?

Better communication, effective and safe information-sharing can be achieved through clear and concise protocols in relation to asking the question, disclosure and referral.



8. What training is required to ensure best quality service provision?

It is important that training is tailored to the specific needs of agencies and their clients. Training should allow workers to gain insight into the dynamics of domestic abuse as a pattern of coercive control that crosses social space and time and reduces a woman's space for independent action. It should also look at how drug and alcohol use impacts on a person's experience of encountering or perpetrating abuse. Training should also look at building skills and confidence in asking about domestic abuse and talking with someone about domestic abuse.

3.5 SCENARIO 2 - SUBSTANCE MISUSE AGENCY

The following information should be read out to participants as background information to the characters involved:

Police have attended a domestic abuse incident and found a couple apparently under the influence of substances. They have a son in primary 7, but fortunately he is staying with friends for the night (although it is a school day the next day). Both are arrested.

Now play the DVD.

Following is a summary of the action shown in the DVD for your information. Do not read this out to participants, though you can use it to clarify action if there is any misunderstanding. A woman is sitting in the cells and reflects on the incident that occurred earlier.

*Sitting here, it's dark and cold,
alone, without him to hold.*

*Holding on, turn back time, I haven't committed any crime.
I'm locked in here, no way out, I need a drink, no-ones about.
A smoke would be good, but food - no
I couldnae face it - I'd only waste it.*

*My fault again, I should keep it shut, but I can't. He called me a slut!
The slaps and kicks I felt no pain.
It hurts to the core to be called THAT name!*

*I know he didn't mean to hurt me
He only does it cos he loves me
I shouldna nag or disobey him - I LOVE HIM!*

The male is being held in custody for an appearance at court. He has been charged by the police and a report is being sent to the Procurator Fiscal.
(Man is talking to himself as he reflects on the incident)

*I wonder who called the police this time? - I hope I don't get jailed
Her voice it grates and agitates - I feel impaled.*

*The shaft it drives right through me - words are sharp with bite.
Bitter twisted, cursing words have landed me here tonight.*

*When was it that I lost the plot? I remember being provoked
She hit out first, I couldn't stop - it started out a joke!*



***Why does she make me do it? She needs put in her place
I didn't mean to hit so hard - her lovely face....***

***I've not committed any crime, my liberty is lost
It's my job to keep her there at any cost.***

I wish she'd learn that I am right - I'M STUCK IN HERE TONIGHT!

Later, the woman is visited by a worker from Barnardo's and Tayside Police. This visit is done while the partner is detained and is provided while the woman has space to think. During the visit the son comes down the stairs to the sitting room. He is verbally abusive to his mother and demands money from her.

Possible Questions & Answers

Following are the questions used by the TDASM Project at its table top event. There may be others you would wish to consider.

1. What are the effects of domestic abuse on Children and Young People?

The impacts are many and vary from child to child, and can change over time. Some impacts which might be witnessed include – being withdrawn, behavioural changes, over/under achiever in school, failure to thrive, developmental problems, quiet, clingy, aggressive, disobedient, emotional and behavioural disturbance - all of these responses will be affected by factors such as age, personality and circumstances. Physical problems may include stomach aches, headaches, bed wetting, sleep disturbances.

2. What are the effects of Substance Misuse on Children and Young People?

Again, the impacts are many and vary from child to child, and can change over time. Some impacts may include - worrying, problem behaviour, poor health (mental and physical), fear, shame, guilt, life of secrecy, isolation, low self esteem, avoid social contact with other children or adults.

3. Thresholds for action in relation to child protection often vary across agencies. What would your actions be in relation to

- Prescription medicine misuse?
- Illicit drug misuse?
- Alcohol misuse?
- Domestic abuse?
- Will all cases be child protection cases?

Participants should be encouraged to refer to their organisational policies to consider these points.

4. How do you think relationships between mother and children are affected by these issues?

This is a sensitive issue and, again, assumptions should not be made. The relationship between child and mother may be affected in a variety of ways - the child may become clingy or protective, withdrawn from the mother, copy the actions of the father/partner and join in



with the abuse. Both may have feelings of guilt in relation to the cause and also in relation to protecting the other.

5. How can multi-agency work help to overcome these problems?

Multi - Agency work can have beneficial outcomes for the young person by providing a holistic approach, working with the child or young person to deal with the effects of parental substance misuse and domestic abuse.

3.6 SCENARIO 3 - DOMESTIC ABUSE - REFUGE AND SUBSTANCE MISUSE

The following information should be read out to participants as background information to the characters involved:

Ann has been in refuge for 6 months and Maureen has just come into refuge 3 weeks ago. Initially she had been in a family refuge, feeling quite isolated, so, after discussion with her support worker, was moved to more suitable accommodation. Ann and Maureen have built up very good relationships together, sharing and looking out for one another.

Now play the DVD.

Following is a summary of the action shown in the DVD for your information. Do not read this out to participants, though you can use it to clarify action if there is any misunderstanding. The two women talk about their situation, their families, what they saw on TV and the things they've seen in the sales. Both are in receipt of income support, losing their jobs through having to move away from the abuser to a different area in the town. Ann announces she needs to go to bed despite the fact it is only eight o'clock. Ann confesses that she regularly drinks two bottles of wine a night and also takes valium. She is embarrassed and ashamed about this and has not told anyone about it before.

Possible Questions & Answers

Following are the questions used by the TDASM Project at its table top event. There may be others you would wish to consider.

1. What are the main agencies out there who have a remit to provide support for Ann?

This largely depends on the services in your area, but the following agencies all might have a role to play - Harm Reduction Team, Alcohol Support Projects, NHS (GP), Social work Department.

2. What are the issues that the refuge providers should consider?

In the first instance they need to consider whether Ann is safe. They want to discuss Ann's options with her and whether there are any agencies that could come in to provide support if Ann was happy with this. It is also important to consider whether Anne's behaviour is affecting any other service users and how, if this is the case, this should be addressed (it is important not to make the assumption that there is an impact).



3. What can be done to minimise the risk of further substance misuse and keep her safe?

Work with Ann to minimise risk through exploring her usage and considering activities which may help control the use. These may include keeping a diary to keep a record of substances used, introducing other activities in the evening that would take her away from going to her room.

4. What can agencies do to provide services for Ann - what are the issues that might make this service provision problematic?

It is important that a consistent and coordinated approach, under-pinned by non judgemental attitudes is sought. Different agencies have different roles to play and it is important to recognise what these roles are, the extent of these roles and how sharing expertise enables more holistic support. Inter-agency training for staff is an effective way of gaining shared understanding and trust. Information sharing protocols and women only services can also help.

5. How can multi-agency work help to overcome these problems?

Better communication, effective and safe information-sharing can be achieved through clear and concise protocols in relation to asking the question, disclosure and referral

3.7 SCENARIO 4 - PREGNANCY, DOMESTIC ABUSE AND SUBSTANCE MISUSE

The following information should be read out to participants as background information to the characters involved:

A health visitor, Joy, and a worker from New Beginnings, Sarah, are visiting Carol and her new baby, Mark. Carol was referred to New Beginnings through midwifery services because of her use of Dihydrocodeine and Alcohol. Carol is using anti-depressants.

Now play the DVD.

Following is a summary of the action shown in the DVD for your information. Do not read this out to participants, though you can use it to clarify action if there is any misunderstanding. Baby Mark appears to be healthy but Carol is nervous throughout the visit. Joy asks Carol how she is coping with the new baby. Carol tells her that she is still a bit nervous and sometimes gets anxious when the baby cries. She is not sure if he is still hungry. Joy reassures her, telling her it is perfectly normal to feel stressed. Joy asks her how she is feeling herself - a new baby can be a strain for any couple. Carol says she is a bit tired. Joy asks if her husband Tom is happy being a Dad. Carol says he is a great Dad. We hear Tom coming in shouting and swearing at Carol. Tom then tries to hurry the workers out of the door. The workers give Carol their card and tell her to contact them at any time. When the workers have gone, Tom picks up the card, tears it up and becomes aggressive.

You may wish to stop the DVD at this point and discuss what has been happening or you may wish to play the scenario all through.



3 months later...

Carol is seeing her counsellor Susan at the GP Surgery. Carol reveals that she is drinking again. The counsellor asks her why she drinks. Carol can't hold it in any more and disclosed domestic violence - that it started during her pregnancy, the severity etc. She says it's her own fault, she is a terrible mother to Mark, she is drinking and taking medicine and that's why Tom is like that. If she could just get off the drink and pills she is sure things would get better. She is very concerned that Tom never finds out what she has said. She leaves the meeting feeling a bit relieved. The counsellor has given her some leaflets.

Back in Carol and Tom's Flat

Carol is on the phone to her sister, Jane. Tom comes in and takes the phone. He talks to her saying they should all get together soon - but HE will arrange it. He quizzes Carol about their conversation.

Tom tells Carol that she is weak and expects everyone to drop things and run around after her. Tom says the reason her sister and parents don't get in touch is 'cos they are sick of her being pathetic and a drunk. He says that he is the only one to care about her and no-one else would, any sane man would have left.

Possible Questions & Answers

Following are the questions used by the TDASM Project at its table top event. There may be others you would wish to consider.

1. Identify the indicators of domestic abuse

Indicators of domestic abuse may be physical & emotional (such as bruising, reports of chronic pain, minimising injuries, symptoms related to stress, substance misuse), behavioural (such as not making eye contact, being evasive, unable to communicate by herself), pregnancy related (such as late booking, unplanned/unwanted pregnancy, general unhappiness about the birth, frequent visits to the doctor with vague complaints) and perpetrator related (such as attempts to accompany or speak for woman, sexual jealousy or possessiveness, excessive telephoning or texting the woman, following the woman and constantly checking her whereabouts)

2. What do Carol and the baby need? Which agencies could support them?

Carol and the baby need the agencies who are already working with her to recognise that she is experiencing domestic abuse and act to support her. They should discuss support options with her, reassure her that she is not a bad person or to blame for the abuse she is experiencing and look at ways to help Carol to protect Mark.

3. Why would Carol be more open about excessive drinking to her counsellor than about her experiencing domestic abuse?

She might be more open to talking about her drinking rather than the domestic abuse for a range of reasons: fear of having Mark taken into care, the stigma attached to domestic abuse, and feelings of failure, shame, guilt, low self esteem. Carol may hold herself or other circumstance responsible for the abuse.



4. What has the counsellor done well to support Carol? Is there anything she could have done better?

It is important that workers are comfortable and confident to ask about domestic abuse. Workers should be prepared for the fact that, if they do ask, they may get a disclosure – or conversely they may face denial. If a disclosure is made it is important to remain non-judgemental, open and empathetic. It is also vital to be non-judgemental and discuss options with the woman rather than telling her what to do.

5. What are the other implications for Carol and the baby if the abuse were to remain hidden?

The implications, if domestic abuse was not disclosed, are potentially increased entrapment for Carol, with the control her partner exerts over her becoming stronger and her sense of isolation increasing. It is also possible that the physical violence will increase with potential bodily harm to either her or the baby.

Concluding

It is really important that participants leave a training room feeling empowered to address the issues they have been discussing and not feeling overwhelmed by the issues or helpless to do anything about them. It is important that workers see themselves as part of the solution but understand that they are not expected, and cannot be expected, to 'make everything ok'.

Another issue which may usefully be raised after showing the DVD is why women stay with abusers, as it is a frustration often faced by professionals and one that can sometimes impact on the type of service they provide to women. The following statistical information may help you to facilitate a discussion around this topic. Research carried out by NCH Action for Children in 1994 found the reasons women gave for staying in relationships with an abuser were as follows:

- Thought he would change (72%)
- Afraid of what he might do (63%)
- Didn't want to upset the children (54%)
- Nowhere to go (49%)
- Too much in love with him (49%)
- Didn't want to end the relationship (31%)
- Thought the violence was one-off (22%)
- Family pressure not to leave (22%).

Please note, that where a woman is using substances this creates additional issues. These should already have been discussed during the training session.



In order to further expand on this issue and to view leaving an abuser as a 'process' rather than a one off event, facilitators could introduce the work of Liz Kelly who has identified the stages women move through when leaving domestic abuse:

- Stage 1 – managing the situation
- Stage 2 – distortion of perception/reality
- Stage 3 – defining abuse
- Stage 4 – re-evaluating the relationship
- Stage 5 - Ending the relationship
- Stage 6 - Ending the abuse.

(developed from the Domestic Matters Project 1999).

It is important to note that women will move through these stages at different rates and that professionals will come into contact with women at different stages in the process. All this can have an impact on the type of support work they are able to do with the women.

Finally, some recognised good practice tips may help participants leave the training session empowered to support. The following list is offered as a guide and is not comprehensive:

1. The safety of women and children is the first priority.
2. Do not blame women for the abuse they experience from their partners or other family members. Responsibility for the abuse lies with the perpetrators.
3. Always believe a woman who discloses abuse. The perpetrator may have told her that no-one would believe her – your belief in her story is vital.



Appendix 1

EXAMPLE LETTER TO LOCAL SERVICES FOR RECRUITING VOLUNTEERS

Dear

As part of the Tayside Domestic Abuse and Substance Misuse Initiative the project management group have engaged Pure Media UK to develop and implement a Forum Theatre Project. This project is an adaptation of the traditional table top training model and aims to provide an interactive resource for practitioners working in the domestic abuse and substance misuse sectors.

The forum theatre model is premised on the active involvement of service users (both current and previous) throughout the process of researching, scripting and performing a realistic scenario, which can be used for training purposes. The inclusion of service users not only ensures the realism of the final resource, but also offers women the opportunity to develop and use creative writing, performing, and communication and group works skills. I am aware that a number of agencies in Tayside may have worked with Pure Media UK on creative arts projects, and trust you have found this to be a positive and beneficial experience for everyone involved.

The main objective of our forum theatre project is to produce a training resource that will assist practitioners from the domestic abuse and substance misuse sectors to:

- Understand the roles and remit of agencies working across both sectors.
- Understand how they can refer clients to appropriate agencies.
- Begin to appreciate the complex circumstances and needs of women experiencing domestic abuse who also have a substance misuse problem.

In order to ensure this project is a success we hope to identify local women who are interested in becoming involved in the project from October 2007 until March 2008. It is our intention to run an informal information session for women and their support workers in October. Our development worker, Heather Duncan, or Ashley Davidson, Pure Media UK, will be contacting you soon to provide you with details of this event and to invite you to discuss participation with your service users.

In the meantime, should you have any questions about the forum theatre project, or wish any further details regarding Pure Media UK, please do not hesitate to contact me.

Thank you in advance for your co-operation.

Yours sincerely

Kathryn Sharp
*Lead Worker, Tayside Domestic Abuse
and Substance Misuse Initiative*



Appendix 2

SCENARIO OUTLINES AND SCRIPTS

Please note that these were the final versions of the scenarios but in the process of rehearsal and improvisational a lot of elements changed.

Scenario 1 - Harm Reduction Service

Issues - Controlling Behaviour - Domestic Abuse and Substance Misuse

Shona is a young woman who uses heroin but does not inject.

She is from a stable, good family. when her father died unexpectedly she was 15 years of age. She adored her father.

She had a good relationship with her mother but she started being absent from school a lot. Her mother started to drink and was unable to comfort or cope with Shona. Shona eventually left school and got in with a crowd of young people who regularly drank and smoked cannabis. This progressed to taking speed. She fell pregnant when she was 18. She decided to terminate the pregnancy since she was no longer with the father of the child. She received no follow up care from the termination.

We meet Shona 2 and a half years on. She is with another partner and has progressed to smoking heroin.

Her partner Billy is older, rather dominant and injects his heroin. Shona has very little contact with her mother.

AT THE HARM REDUCTION CENTRE

Billy and Shona are at the harm reduction centre to collect Billy's injecting equipment. They are both known to the staff.

Whilst Billy is out of the room, Shona grabs a word with Hazel, the worker. She tells Hazel that she is very worried. Billy has told her that tonight she will inject for the first time.

Shona feels great shame as she feels this will make her look like a junkie. She is very distressed. The worker tries to comfort her and council her but Billy enters and asks her what she is telling Hazel. He becomes verbally aggressive and Shona is visibly frightened. Billy informs the worker that if he says she will inject then she will. He grabs her arm and pulls her away. On the way out he again reassures her that everything will work out OK.

HOT SEATING SHONA

DETAILS OF HER HISTORY ABOVE

HOT SEATING HAZEL

Hazel is not sure where to turn to help Shona. She does not know any other agencies to contact

SHONA IN BILLY'S FLAT

Billy tells Shona that he has to see a man about a dog! He will be back in a wee while. He leaves. The door bell rings and it is her wee pal Tracy. Tracy is also a user. She smokes heroin.



They have a conversation. Shona tells her that she has injected, that Billy does it for her. She also discloses that he gets her to beg on the streets but he will not do it himself. (It is implied that Shona is being coerced into prostitution from Billy) Shona feels isolated and shameful and alone.

Scenario 2 - Substance Misuse Agency

Police have attended a Domestic Abuse incident and found a couple apparently under the influence of substances. They have a son in primary 7 but fortunately he is staying with friends for the night (although it is a school day the next day)

Both are arrested.

Scene 1:

While in the cells but the woman is allowed home after she has calmed down a bit.

(Woman is talking to herself as she reflects on the incident)

***Sitting here, it's dark and cold,
alone, without him to hold.***

Holding on, turn back time, I haven't committed any crime.

I'm locked in here, no way out, I need a drink, no-one's about.

A smoke would be good, but food - no

I couldnae face it - I'd only waste it.

My fault again, I should keep it shut, but I can't. He called me a slut!

The slaps and kicks I felt no pain.

It hurts to the core to be called THAT name!

I know he didn't mean to hurt me

He only does it cos he loves me

I shouldnae nag or disobey him - I LOVE HIM!

The male is being held in custody for an appearance at court. He has been charged by the police and a report is being sent to the Procurator Fiscal.

(Man is talking to himself as he reflects on the incident)

I wonder who called the police this time? - I hope I don't get jailed

Her voice it grates and agitates - I feel impaled.

The shaft it drives right through me - words are sharp with bite.

Bitter twisted, cursing words have landed me here tonight.

When was it that I lost the plot? I remember being provoked

She hit out first, I couldn't stop - it started out a joke!

Why does she make me do it? She needs put in her place

I didn't mean to hit so hard - her lovely face....



***I've not committed any crime, my liberty is lost
It's my job to keep her there at any cost.***

I wish she'd learn that I am right - I'M STUCK IN HERE TONIGHT!

Scene 2:

The woman is visited by Barnardos and Tayside Police in an effort to provide support for the woman and her child through providing information on court procedures and options for her and her son given that her partner/husband is in custody.

This visit is done while the partner is detained and is provided while the woman has space to think.

During the visit the son comes down the stairs to the sitting room. He is dressed in pyjamas and is playing with this PS3. He is wearing earplugs and is taken over by what he is listening to. The mother asks him to go back to his room but he appears not to hear her and sits in with the workers.

The mother tries repeatedly, short of pulling him off the chair but he is very resistant and is verbally abusing her and kicking the furniture as he leaves the room.

He has been excluded from school.

The workers explain to her what will happen in court, that the sheriff will make any decisions and that the police will request bail conditions to be imposed.

The woman is told that SW Department will be informed given that there is a member of the household who is a child where there has been an incident of DA.

Barnardos inform the woman that they can provide ongoing support for her and her son should they want it and they also point out that Women's Aid Provide Children and Young People's Support too.

Scenario 3 - Domestic Abuse - Refuge and Substance Misuse

2 women are sharing a cigarette and a cup of tea after a meal they had cooked together and had eaten together. Both have built up very good relationships together, sharing and looking out for one another. They are forming the basis of a lasting friendship

Both are in refuge.

Ann has been in refuge for 6 months and Maureen has just come into refuge 3 weeks ago. Initially she had been in a family refuge, feeling quite isolated so, after discussion with her support worker, was moved to more suitable accommodation.

Ann - well it's been a long day, think I'll turn in for the night.

Maureen - Ah, stay up a while with me, I need a wee blether - I've been so down the last couple of days.

Ann - OK - but just for another wee while - I'm beat.



The two women talk about their situation, their families, what they saw on TV and the things they've seen in the sales. Both are in receipt of income support, losing their jobs through having to move away from the abuser to a different area in the town.

Ann - I really need to go now (seeming agitated). Eight O'clock is about my limit these days

Maureen - (notices this) Ok then, I'll see you in the morning. (wondering why A was going to bed earlier and earlier yet getting up later and later - talking to herself)

It is 11am and Maureen is concerned that Ann is still not up and about.

She knocks on the door.

After a while, Ann lets her in and jumps back into her bed, curling up into a ball. Maureen is invited to sit on the edge of the bed.

Ann is not looking too well, she is slurring her speech and still seems quite tired and dozy.

Maureen - Ann, I don't mean to be nosy but I can't help noticing that you are looking dead beat these days and sleeping a lot. Is anything wrong? Maybe you should speak to one of the workers if you are not coping.

Ann - Don't worry Maureen, I will - tomorrow. I'll get up in a minute.

Maureen - OK Ann, I'll go put the kettle on - strong tea is it?

Ann - Na, I think a coffee, black, no sugar thanks.

The next day the support worker comes into the refuge for a 'house meeting'. Ann is just up and Maureen is busy about.

Ann is putting her make up on in her room. Maureen knocks at the door - "remember to speak to the worker today if anything is bothering you."

Ann - I will. Don't fuss too much, I'm Ok

After the house meeting Ann is speaking to the worker and Maureen is quite happy that she is doing what she said she would do. Maureen goes out.

Both the women cook and eat their dinner together and have their usual cuppa. It is 7.30pm and Ann is looking agitated again.

Ann - I really must go to bed. It has been really one of my worst days. I am so tired.

Maureen - Did you speak to the worker?

Ann - Well, eh.,not really

Maureen - What is it? Why not? You can tell me, I'm your pal you know. Anything you say will be kept within these walls, you know that...

Ann - Na, I'm no sure...maybe just get off to bed, be better tomorrow.

Maureen - Come on, I know now there's something.

Ann - (is even more evasive for a while) OK then but it HAS to stay between us. They won't have it if they know.



To be honest with you I have been going to bed each night, no to sleep though, I mostly manage to get through 2 bottles of wine - that's just to get me to sleep. I can't get through the night without it.

Maureen - Is that why you are off to bed early all the time?

Ann - Yeh, and then in the morning I KNOW the hangover is there and I take a couple of Valium. That's why I lie long too, I can't wake up. It eases me into the day and gets me through the day 'til it's time for the wine again. It's like a vicious circle I can't get out of. This has been happening since I came here, it helps me get through it all, numb the pain and face the world. I can't tell them (the workers)...can I?

Scenario 4 - Pregnancy, Domestic Abuse and Substance Misuse

Carol and Tom's Flat

A health visitor, Joy and a worker from New Beginnings, Sarah, are visiting Carol and her new baby, Mark.

Carol was referred to New Beginnings through midwifery services because of her use of Dihydrocodeine and Alcohol. Carol is using anti-depressants.

The baby appears to be healthy but Carol is nervous throughout the visit.

Joy asks Carol how she is coping with the new baby. Carol tells her that she is still a bit nervous and sometimes gets anxious when the baby cries, she is not sure if he is still hungry. Joy reassures her telling her it is perfectly normal to feel stressed.

Joy asks her how she is feeling herself - a new baby can be a strain for any couple. Carol says she is a bit tired.

Joy asks if her husband Tom is happy being a Dad. Carol says he is a great Dad.

We hear Tom coming in shouting to Carol - who the hell left that shoe in the hall - I nearly fell and broke my neck you stupid cow.

He comes in, sees the worker and makes fun of his comments. Joy tells Tom that Carol has been saying what a good Dad he is. He shrugs this off as - it is no big deal is it?

He heads toward the door indicating that the workers must have lots of houses to visit and that they were coping just fine.

The workers give Carol their card and tell her to contact them at any time. Carol goes to take them to the door and Tom takes over showing them out. Tom picks up the card, rubbishes it and becomes aggressive.

3 months later...

Carol is seeing her counsellor Susan at the GP Surgery. Carol reveals that she is drinking again. The counsellor asks her why she drinks. Carol can't hold it in any more and disclosed domestic violence - that it started during her pregnancy, its severity etc. She says it's her own fault, she is a terrible mother to Mark, she is drinking and taking medicine and that's why Tom



is like that. If she could just get off the drink and pills she is sure things would get better. She is very concerned that Tom never finds out what she has said. She leaves the meeting feeling a bit relieved. The counsellor has given her some leaflets.

Back in Carol and Tom's Flat

Carol is on the phone to her sister, Jane. Tom comes in and takes the phone. He talks to her saying they should all get together soon - but HE will arrange it. He quizzes Carol about their conversation.

Tom tells Carol that she is weak and expects everyone to drop things and run around after her. Tom says the reason her sister and parents don't get in touch is 'cos they are sick of her being pathetic and a drunk. He says that he is the only one to care about her and no-one else would, any sane man would have left.



Appendix 3

POEMS

Scenario 1

*Please excuse the tears, I'm frightened and confused,
I've dabbled wi' lots of stuff but needles I havnae used.
Oh wait a minute here he comes, I cannae let him hear -
what Im trying tae tell ye, cos I've got a lot of fear!
It's the needles, ye see I dinnae want to go there.
That's takin' me down the slippery slope that leads to nowhere.
Nowhere good! That is, it's the bottom of the pit,
but he told me to inject, he's gonna make me do it!!
I can't see any way out, he makes me beg and more -
I have tae earn the money so he can get a score!
My friend thinks I'm a junkie now, she says I should get out,
But who can I turn to now for help - what help is there about?*

Scenario 3

*I cannae sit here all night and blether
I am shaking that much I can't even think
It's been a long day, I am at the end of my tether
And I've two bottles of wine there to drink
I was forced to let Mags in
She kept knocking on my door
She's got me sussed out
She knows the score
She says I should talk to the workers
But would they understand
I am frightened that they'll ask me to leave
So I burry my head in the sand*



Scenario 4

I can't hold it in any longer, I'm at the end of my tether.

If only I could stop drinking, I know things would get better.

Tam says I'm pathetic and weak - no other man would stay.

That's why my folks don't come near. It's me that keeps them away.

*When the health workers come to visit, he acts like the perfect dad,
then he sends them away trashing their calling card.*

He shouts at me and pulls my hair, even with the baby in my arms.

He knows I can't defend myself - I have tae keep wee Mark from harm.

It must be my fault - I'm a terrible mother tae Mark.

Drinkin' an' takin pills, that's why Tam's like that.

*Please! Don't tell him what I said, he'd get mad and start tae shout,
but I had tae talk to somebody, I feel much better now it's out.*



Appendix 4

EXAMPLE PROGRAMMES

Please note that at our event we did not run the scenarios in the same order as they appear on the DVD.

FACILITATOR'S PROGRAMME

Table Top - Forum Theatre

12 March 2008, Mains Castle, Dundee

9.00	Registration / Tea & Coffee / Breakfast
9.30	Whole Room - Engagement Game
9.50	Welcome
10.00	Substance Misuse Agency
10.15	Questions and Discussion
10.25	Feedback
Presentations:	
	ADDaction
	Dundee Women's Aid - Refuge Service Provision
	Tayside Drug Problem Service
	DCC Homeless Housing Department
11.00	Break
11.15	Domestic Abuse Agency
11.30	Questions and Discussion
11.40	Feedback
Presentations:	
	Tayside Alcohol Problem Service
	SW (Alcohol and Drugs) Team
12 noon	Lunch
1.00	Whole Room - Engagement Game
1.20	Criminal Proceedings - Part 1
1.25	Questions and Discussion
1.30	Feedback



Presentations:

Arrest Referral

Tayside Police Domestic Abuse Officer

Barnardo's DA Initiative

1.55

Criminal Proceedings - Part 2**Presentations:**

Perth Women's Aid - CHYP Services

The Change Programme (Assessment)

The Change Programme (NCH)

2.25

Feedback

2.45

Break

3.00

Pregnancy - Domestic Abuse and Substance Misuse

3.15

Questions and Discussion

3.25

Feedback

Presentations:

New Beginnings

Tayside Council on Alcohol

Aberlour Outreach

Angus Women's Aid - Outreach Service

4.00

Plenary session

4.20

Evaluation and closing



Participant's Programme
FORUM THEATRE TABLE TOP TRAINING
Mains Castle
12 March 2008 (9am - 4.30pm)

9.00am	Arrive - Registration (Tea & Coffee/Breakfast)
9.30am	Engagement Game
9.50am	Introduction Kathryn Sharp, Tayside Domestic Abuse and Substance Misuse Project Leader
10.00am	Scene 1 Questions, Discussions and Feedback
11.00am	Break
11.15am	Scene 2 Questions, Discussions and Feedback
12noon	Lunch
1.00pm	Engagement Game
1.20pm	Scene 3a Questions, Discussions and Feedback
1.55pm	Scene 3b Questions, Discussions and Feedback
2.45pm	Break
3.00pm	Scene 4 Questions, Discussions and Feedback
4.00pm	Evaluation
4.20pm	Close



Appendix 5

EXAMPLE QUESTION AND ANSWER LIST

SCENARIO 1 - POSSIBLE QUESTIONS & ANSWERS

1. What are the main agencies out there who have a remit to provide support for Shona?

This largely depends on the services in your area, but the following agencies all might have a role to play - Harm Reduction Team, Women's Aid or other domestic abuse support agencies, Homeless Department (Council), NHS (GP).

2. What is my responsibility and how can I help Shona?

Again, this depends on the organisation that the participant works for. However, all participants should consider listening, believing Shona, considering safety issues and discussing her options with her as their role. Discussing options means the need to know what services are available locally and suggesting them to Shona. The worker should not tell Shona what she should do, or try to push her to receive a service she does not want to receive.

3. What are the issues that jeopardise her safety?

Billy is in control of Shona's drug use, including the method of use. He is very controlling of every aspect of her life. It is important to think of domestic abuse crossing both social space and time – it is not just a matter of incidents of physical violence at home but on-going control and fear. Begging on the street makes her further vulnerable, and prostitution even more so. If she leaves, then she is homeless and without a supply of drugs. Research also suggests that leaving is a particularly vulnerable time for women who are experiencing domestic abuse and there is no guarantee that this would mean the abuse would stop – it may even escalate.

4. What can be done to minimise the risk and keep her safe?

It is important that options are discussed with Shona and that whatever is agreed feels safe and comfortable for her. Consider harm reduction whilst she thinks about her options. It is important that you see her independently of him, allowing time to build relationships and trust. It is important to be aware that he might be using the same service, or might try to sabotage her access to your service which may feel like a threat to his control over her. You may be able to do some basic safety planning with Shona – but it is important to remind her that any safety plan can only make her safer, it is not a panacea and it needs to change as circumstances change.

5. What can agencies do to provide services for Shona - what are the issues/barriers that might make this service provision difficult?

It is important that a consistent and coordinated approach, under-pinned by non judgemental attitudes is sought. Different agencies have different roles to play and it is important to recognise what these roles are, the extent of these roles and how sharing expertise enables more holistic support. Inter-agency training for staff is an effective way of gaining shared understanding and trust. Information sharing protocols and women only services can also help.



6. Do you think multi-agency work should be the way forward here?

A local discussion about the strengths and barriers to local working should be facilitated.

7. How can multi-agency work help to overcome the issues / barriers you have identified?

Better communication, effective and safe information-sharing can be achieved through clear and concise protocols in relation to asking the question, disclosure and referral.

8. What training is required to ensure best quality service provision?

It is important that training is tailored to the specific needs of agencies and their clients. Training should allow workers to gain insight into the dynamics of domestic abuse as a pattern of coercive control that crosses social space and time and reduces a woman's space for independent action. It should also look at how drug and alcohol use impacts on a person's experience of encountering or perpetrating abuse. Training should also look at building skills and confidence in asking about domestic abuse and talking with someone about domestic abuse.

SCENARIO 2 - POSSIBLE QUESTIONS & ANSWERS**1. What are the main agencies out there who have a remit to provide support for Ann?**

This largely depends on the services in your area, but the following agencies all might have a role to play - Harm Reduction Team, Alcohol Support Projects, NHS (GP), Social work Department.

2. What are the issues that the refuge providers should consider?

In the first instance they need to consider whether Ann is safe. They want to discuss Ann's options with her and whether there are any agencies that could come in to provide support if Ann was happy with this. It is also important to consider whether Ann's behaviour's affecting any other service users and how, if this is the case, this should be addressed (it is important not to make the assumption that there is an impact).

3. What can be done to minimise the risk of further substance misuse and keep her safe?

Work with Ann to minimise risk through exploring her usage and considering activities which may help control the use. These may include keeping a diary to keep a record of substances used, introducing other activities in the evening that would take her away from going to her room.

4. What can agencies do to provide services for Ann - what are the issues that might make this service provision problematic?

It is important that a consistent and coordinated approach, under-pinned by non-judgemental attitudes is sought. Different agencies have different roles to play and it is important to recognise what these roles are, the extent of these roles and how sharing expertise enables more holistic support. Inter-agency training for staff is an effective way of gaining shared understanding and trust. Information sharing protocols and women-only services can also help.



5. How can multi-agency work help to overcome these problems?

Better communication, effective and safe information-sharing can be achieved through clear and concise protocols in relation to asking the question, disclosure and referral.

SCENARIO 3 - POSSIBLE QUESTIONS & ANSWERS**1. What are the effects of domestic abuse on Children and Young People?**

The impacts are many and vary from child to child, and can change over time. Some impacts which might be witnessed include – being withdrawn, behavioural changes, over/under achiever in school, failure to thrive, developmental problems, quiet, clingy, aggressive, disobedient, emotional and behavioural disturbance - all of these responses will be affected by factors such as age, personality and circumstances. Physical problems may include stomach aches, headaches, bed wetting, sleep disturbances.

2. What are the effects of Substance Misuse on Children and Young People?

Again, the impacts are many and vary from child to child, and can change over time. Some impacts may include - worrying, problem behaviour, poor health (mental and physical), fear, shame, guilt, life of secrecy, isolation, low self esteem, avoid social contact with other children or adults.

3. Thresholds for action in relation to child protection often vary across agencies. What would your actions be in relation to

- Prescription medicine misuse?
- Illicit drug misuse?
- Alcohol misuse?
- Domestic abuse?
- Will all cases be child protection cases?

Participants should be encouraged to refer to their organisational policies to consider these points.

4. How do you think relationships between mother and children are affected by these issues?

This is a sensitive issue and, again, assumptions should not be made. The relationship between child and mother may be affected in a variety of ways - the child may become clingy or protective, withdrawn from the mother, copy the actions of the father/partner and join in with the abuse. Both may have feelings of guilt in relation to the cause and also in relation to protecting the other.

5. How can multi-agency work help to overcome these problems?

Multi - Agency work can have beneficial outcomes for the young person by providing a holistic approach, working with the Child or Young Person to deal with the effects of parental substance misuse and domestic abuse.



SCENARIO 4 - POSSIBLE QUESTIONS & ANSWERS

1. Identify the indicators of domestic abuse

Indicators of domestic abuse may be physical & emotional (such as bruising, reports chronic pain, minimising injuries, symptoms related to stress, substance misuse), behavioural (such as not making eye contact, being evasive, unable to communicate by herself), pregnancy related (such as late booking, unplanned/unwanted pregnancy, general unhappiness about the birth, frequent visits with vague complaints) and perpetrator related (such as attempts to accompany or speak for woman, sexual jealousy or possessiveness, excessive telephoning or texting the woman, following the woman and constantly checking her whereabouts)

2. What do Carol and the baby need? Which agencies could support them?

Carol and the baby need the agencies who are already working with her to recognise that she is experiencing domestic abuse and act to support her. They should discuss support options with her, reassure her that she is not a bad person or to blame for the abuse she is experiencing and look at ways to help Carol to protect Mark.

3. Why would Carol be more open about excessive drinking to her counsellor than about her experiencing domestic abuse?

She might be more open to talking about her drinking rather than the domestic abuse for a range of reasons: fear of having Mark taken into care, the stigma attached to domestic abuse, and feelings of failure, shame, guilt, low self esteem. Carol may hold herself or other circumstance responsible for the abuse.

4. What has the counsellor done well to support Carol? Is there anything she could have done better?

It is important that workers are comfortable and confident to ask about domestic abuse. Workers should be prepared for the fact that, if they do ask, they may get a disclosure – or conversely they may face denial. If a disclosure is made it is important to remain non-judgemental, open and empathetic. It is also vital to be non-judgemental and discuss options with the woman rather than telling her what to do.

5. What are the other implications for Carol and the baby if the abuse were to remain hidden?

The implications, if domestic abuse was not disclosed, are potentially increased entrapment for Carol, with the control her partner exerts over her becoming stronger and her sense of isolation increasing. It is also possible that the physical violence will increase with potential bodily harm to either her or the baby.



Appendix 6

Example Briefing Session Notes
Facilitators Briefing Session
FORUM THEATRE MAINS CASTLE 12 MARCH 2008
Tables will be set out - 10 tables with 7 participants
The scenes will be acted by the actors

Each scenario has a set of questions. After the scenario has been acted, the main facilitators would ask table facilitators to open their envelopes, give every participant a copy of the questions and facilitate a discussion around the table, taking notes of the answers that the group is providing. The facilitator will also have a copy of all answers to the questions so that he/she can help the participants at their table if they find it difficult to answer the questions.

After the discussion time is over (10 minutes) the roaming facilitators will ask one facilitator from a random table to answer a question. The other tables will be asked to add anything to the answer if they think it is important.

When the facilitators report the answers of their group, they would mention some of the organisations which have prepared a presentation for the scenario. At this point the floor facilitators will ask agency speakers to say a bit about what they do. - very informal. The floor facilitator will then turn to another table for feedback

PRESENTATIONS

Scene 1 - (10am - 11am)

ADDaction -

Direct Access Service for Substance misuse

TSMS (Drugs) -

Rehabilitation Service for Substance Misuse (Drugs)

Dundee Women's Aid

Service for women experiencing domestic abuse (physical, emotional, sexual)

Harm Reduction (Cairn Centre) -

Needle Exchange and Support Service

Scene 2 (11.15am - 12noon)

Tayside Substance Misuse Service (Alcohol) -

Rehabilitation service for substance misuse (alcohol)

SW Alcohol and Drug Team -

Support service for substance misuse



Scene 3 (Part 1) (1.20pm - 1.55pm)

Arrest Referral

Offer assessment to people in custody whose offences are directly linked to their substance misuse

Tayside Police -

Domestic Abuse Officer

Barnardos DA Initiative -

Domestic Abuse Support Service

(Part 2) (1.55pm - 2.45pm)

Change Programme

Domestic Abuse Perpetrator Programme

Change CJS

Assessment for Change Programme

Angus Women's Aid CHYP Services -

Offer support and information to Women and Children and Young People experiencing domestic abuse

Scene 4 (3pm - 4pm)

New Beginnings -

Pregnancy and Substance Misuse

Angus Women's Aid Outreach Service

Provide support and information to women and children and young people experiencing domestic abuse

Aberlour Outreach -

Outreach support service Substance Misuse/Domestic Abuse/Families

Tayside Council on Alcohol -

Provide Counselling, support and information to people with substance misuse issues, mainly alcohol related



Appendix 7

EXAMPLE MARKETPLACE BOOKING FORM

DISPLAY INFORMATION AND REQUIREMENTS

Tayside Domestic Abuse and Substance Misuse Project

Table Top Training

12 March 2008, 9am - 4:30pm, Mains Castle, Caird Park, Dundee

Name of Organisation _____

Person Responsible: _____

Size of Space Required: _____

(Please state number and approximate size of any display boards / banners)

Electrical Connection Required

 Y N

Number of Tables Required: _____

Contact Details:

Address: _____

Post Code: _____ Telephone No: _____

E-mail Address: _____



Appendix 8

EXAMPLE EVALUATION FORM

Tayside Domestic Abuse and Substance Misuse Project Forum Theatre

Feedback Questionnaire

Name

Organisation

1 **How do you rate the forum theatre event?** *(please circle a number)*

Poor 1 2 3 4 5 Excellent

2 **What parts of the event did you find most useful and why?**

3 **Which parts of the event did you find least useful and why?**

4 **Describe one action you intend to make and/or one practice you intend to change as a result of this event?**



5 **The contribution of the facilitators was?** *(please circle a number)*

AM Unhelpful 1 2 3 4 5 Helpful

PM Unhelpful 1 2 3 4 5 Helpful

6 **The venue and domestic arrangements were?** *(please circle a number)*

Unsatisfactory 1 2 3 4 5 Satisfactory

7 **Is there anything else you would like to cover in the future?**

8 **Your evaluation of the whole forum theatre event is?** *(please circle)*

Uninteresting Good Average Excellent

9 **Any comments or suggestions you might like to make?**

Thank you



