

PRACTICE GUIDANCE:

Engaging with
young women
experiencing
domestic and
sexual violence,
substance use and
mental ill-health

The Stella Project Young Women's Initiative conducted research and delivered a programme of training in London Borough of Enfield and the Royal Borough of Kensington and Chelsea between 2010 and 2013, funded by the JP Getty Jnr Foundation, on responding to young women in substance misuse treatment who have experiences of domestic and sexual violence. This guidance for practitioners has been developed from our learning over the three year project.

This guidance is designed to be read in conjunction with *Complicated Matters*: a toolkit addressing domestic and sexual violence, substance use and mental ill-health (<http://bit.ly/16eFhbn>). As the toolkit is aimed at working with adults, this guidance acts as an additional tool focussing specifically on supporting young people who are affected by these three issues.

The specific needs of young women

There has been a growing recognition of young women's experiences of domestic violence, both in their own intimate relationships and in the context of so-called 'honour'-based violence and forced marriage. Research conducted by the NSPCC found that 25% of girls who had been in a relationship had experienced physical violence and 31% had experienced sexual violence from a partner.¹ 'Honour'-based violence and forced marriage are predominantly experienced by young women in their late teens and early twenties, and these forms of abuse from family members often coincide with a young woman's first intimate relationship. These young women can find themselves caught between the threats from an abusive partner and threats from abusive family members. Young women in their late teens and early twenties are more likely to be raped or sexually assaulted than any other age group.²

Teenagers experience high levels of relationship abuse. The 2011/2 Crime Survey for England and Wales found that young people aged 16 to 19 were more likely to suffer partner abuse in the last year than any other age range.

What you may already know about supporting adult women with overlapping needs in relation to domestic and sexual violence, substance use and mental health is a good foundation for working with young women around these issues. However, being young brings with it specific experiences, strengths and vulnerabilities that you need to think about in the way you work. Young women are also more likely than adult women to be affected by gang association, which may also include involvement with the youth justice system.

Young women are far less likely than adult women to be dependent on substances and those who are using predominantly use alcohol and cannabis and generally not every day. Unlike adult women in substance misuse treatment, they are rarely injecting substances and do not face the risks associated with heroin and crack cocaine use. However, early substance use is a risk factor for developing dependency in adulthood and evidence is beginning to emerge around the impact of alcohol and cannabis on adolescent brain development. For this reason, young women's substance use needs to be evaluated differently to adult women's substance use, and should be taken seriously by practitioners.

Definitions

The current Government definition of domestic violence in England and Wales is "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

¹ Barter, C., McCarry, M., Berridge, D. & Evans, K. (2009), *Partner exploitation and violence in teenage intimate relationships* (Bristol & London: University of Bristol and the NSPCC), available: http://www.nspcc.org.uk/inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf

² British Columbia Ministry of Public Safety and Solicitor General (2007), *Sexual Assault: Victim Service Worker Handbook*, (British Columbia: Justice Institute of British Columbia for the Ministry of Public Safety and Solicitor General, Victim Services and Crime Prevention Division), available: <http://www.pssg.gov.bc.ca/victimservices/service-provider/docs/victim-service-worker-sexual-assault.pdf>

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

"A girl's phone rings and the boy says, "Who's that? I don't want you speaking to nobody", grabs the phone and dashes it on the floor and starts fighting her."³

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

AVA and the Home Office has published guidance on the new definition, Information for Local Areas on the change to the Definition of Domestic Violence and Abuse, which can be accessed here: <https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas>.

SPOTLIGHT ON: Harmful traditional practices

Young women are at particular risk of types of violence or abuse which are termed 'harmful traditional practices'. These are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most common practices in the UK are:

- **Forced marriage.** Where one or both parties entering into a marriage do or cannot consent to the marriage, this is considered to be a forced marriage. Both women and men can be forced into marriage, although most cases involve young women between 16 and 25.

- **So-called honour based violence.** Any physical or psychological violence committed to maintain the 'honour' of a family or community. Most often perpetrated against women for behaviour that is deemed to have shamed their family or community.

- **Female genital mutilation (FGM).** FGM involves procedures that include the partial or total removal of external female genitalia for non-medical reasons. FGM is most frequently carried out on young girls between infancy and the age of 15.

Sexual exploitation 'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/ economic and/or emotional vulnerability'.⁴

Sexual violence and sexual exploitation have also become a feature of gang life with rape in gangs functioning as a form of punishment or as part of an initiation process. Girls are passed around the gang as property, sold between gangs to settle disputes, used as sexual currency to pay off drug debts and forced into organised prostitution. Gangs may also introduce young women to drugs and once addicted they are often forced to pay for their usage through sex.

The Government has published an accessible step-by-step guide for frontline practitioners on what to do if they suspect a child or young person is being sexually exploited. The guide can be downloaded here: <http://media.education.gov.uk/assets/files/pdf/s/step%20by%20step%20guide.pdf>.

³ All the quotes included in guidance are taken from focus groups with young women which were conducted as part of the Stella Project Young Women's Initiative. From more information can be found at www.avaproject.org.uk

⁴ Department for Education (2009), Safeguarding children and young people from sexual exploitation: supplementary guidance (London: Department for Education)

"When a man coerces a girl to have sex with his friends for different reasons by saying he loves her and receiving money for it - prostitution"

SPOTLIGHT ON: Sexual violence, consent and young people

Like many adults, young people may not be clear on what constitutes sexual violence and may often not understand their experiences as being abusive.

"If a husband has sex with his wife when she does not want it, I do not see how that's classed as rape...rape always sounds like it's a stranger."

Practitioners therefore need to be aware of the key legislation relating to sexual violence, namely the Sexual Offences Act 2002.

- Under the Act, the age of consent for sexual activity is 16. Sexual activity with someone between 13 and 15 is an offence if the other person did not "reasonably believe" they were 16 or over. Sexual activity with someone 13 or younger is always an offence
- Rape includes non-consensual penetration of the vagina, anus or mouth with a penis. Non-consensual penetration with anything else (e.g. hand, object) is 'assault by penetration'. Any other non-consensual sexual touching is 'sexual assault'.
- Sex with anyone under 18 is an offence if the offender is in a position of trust in relation to the child.
- Paying for sex with anyone under 18 is an offence.
- Possessing or distributing indecent photographs of anyone under 18 is an offence. Controlling the involvement of anyone under 18 in prostitution or pornography, or arranging or facilitating their involvement, is an offence.

In terms of consent, section 74 of the Act defines consent as "if he agrees by choice, has the freedom and capacity to make that choice". This means asking two different questions: 1) does the person have the capacity

(i.e. age and understanding) to make a choice, and 2) was he or she in a position to make that choice freely?

For young people, both questions can raise some difficulties:

- Is the person fully aware of what they are consenting to and in what way do they consent?
- Young people may not have the skills to negotiate sexual encounters and may give permission whilst not wanting to.
- Young people's understanding of consent is usually not framed in legal terms. For young women it is about their reputation and how much bodily contact they will allow. For young men they view convincing a woman to have sex with him as a mark of their masculinity for himself but also in relation to his reputation with his peers.

Substance use

For adults, we talk about "problematic" substance use as use of alcohol and other drugs that results in harm to the individual user or the wider community. However, defining substance use as "problematic" or "not problematic" isn't particularly helpful for young people. Because of the links between early substance use and adult dependency, as well as potential developmental harms and risks around criminalisation (for example, young people don't receive the benefits of the cannabis warning system in the way adults do), all substance use by young people should be addressed by practitioners.

Mental health

Mental health is about what we think and feel, and how we behave. The 2010 Department of Health report, *Confident Communities, Brighter Futures: A framework for developing wellbeing*, defines good mental health as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'⁵.

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⁵ Department of Health (2010) *Confident Communities, Brighter Futures: A framework for developing wellbeing* (London: Department of Health)

⁶ Young Minds (2013) *Mental Health Statistics*, available from http://www.youngminds.org.uk/training_services/policy/mental_health_statistics, accessed 18/09/13

Conversely, many people – both adults and children – will experience times of mental ill-health that affects their daily life, relationships or physical health. Among young people, the most commonly diagnosed mental health problems are conduct disorders, anxiety and depression⁶. In relation to domestic and sexual violence, survivors consistently report higher rates of depression, anxiety and post-traumatic stress disorder compared with women who have not experienced violence or abuse⁷.

Working with young women with multiple needs

Many practitioners report finding it especially difficult to engage young women in their services. In designing services for young people, we often expect young people to adapt to us. Encouraging engagement in services, however, means meeting young people where they are at – in terms of model of service provision, and our individual approach. Services need to be safe, youth-friendly and flexible.

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SPOTLIGHT ON: Barriers to accessing services

A number of factors either encourage an individual to seek help or act as a constraint or disincentive to do so. For young people, these include:

- Complications due to what professionals might do with the information, e.g. fulfilling safeguarding responsibilities by reporting to the police or children's services might mean young people are not in control and powerless in what happens to them
- Stigmatisation is a very real barrier to young people accessing healthcare service, e.g. attending sexual health clinics may create a sense of shame
- Young people's disillusionment with services and professionals being unable to make a difference to their circumstances
- The impact of developmental trauma and brain development affects key areas of brain functioning related to planning and action, which can create a real barrier to seeking help

- In terms of gang involvement, there may be grave consequences to exposure of problems involving retaliation and risk to her and the family

"That's why some of us don't like speaking up. Because it's gonna cause even more trouble at home for us."

Service design

- **Geographical location:** The location of the service in relation to other young people's services is important. For example, if the young people's domestic/sexual violence service is close to the Youth Offending service, a young woman might not access the domestic or sexual violence service because her abuser/s attends the Youth Offending service and she is concerned about running into him. If the service will be open to young people resident in a geographical area in which more than one street gang operates, they are unlikely to be able to safely access a location if it's in the territory of a rival gang. This is true not only for gang members, who are often boys, but for girls who may be associated as sisters, cousins or girlfriends of gang members. Requiring multiple locations does not necessarily mean greater expense, however, but rather more flexible thinking about how services share spaces across the local area.

"Most of the centres round here - they wonder why people don't go into them - they need to realise that some of them are barriers if you are shy - with the possibility of walking in and seeing someone they know - when going in about a serious problem."

- **School-based services:** Schools can provide a good base from which to work with young women, and this may be particularly useful for young women experiencing 'honour'-based violence who are closely monitored by their family outside school hours. However, young women are unlikely to be able to access these services without their peers knowing, and these services will not reach young women who are not in education.
- **Working over the phone:** Young women are less likely than adults to have access to a private space where they can be alone to talk, since they are often

either living at home with their families or in shared accommodation. This doesn't mean that workers shouldn't contact young women by phone - for some young women this may be their preferred method of contact. However, telephone support should not be the only support available, and young women must be able to access support without being required to complete an initial assessment over the phone.

- **Online:** The online space can offer many opportunities for supporting young people, particularly those who may be wary of accessing a face to face service. Most young people use the internet for information and advice, and there is no longer a divide between their online and offline worlds. As a professional working with young people, you should learn how to use social networks that young people use, as this is likely to be the best way to contact them. You should seek training in safe use of social networks so that you don't put a young person at risk, and get support to understand the most appropriate social networks to use. For example, facebook and twitter are unlikely to be particularly helpful networks for a professional relationship, but BBM (BlackBerry Messenger), WhatsApp and SnapChat are widely used and often the main way that young people communicate with each other, so may be a useful way to stay in touch or remind young women of appointments to promote engagement. There are also many existing support options online that you can refer young people to. Note, however, that these change all the time and you need to continually update your knowledge of the most commonly used social networks.

SPOTLIGHT ON: Technology - as a context for abuse and a tool for change

As communicating online has become a part of everyday life for many young people in the UK, it is becoming increasingly evident that technology can be used in numerous ways to abuse young people. Research has shown, for example, that 6% of secondary school children aged 11-16 in the UK has received a message or image relating to sex that made them feel uncomfortable or upset.⁸ Other types of abuse include:

- Gifts of expensive smartphones that can be used in exchange for gang membership, sexual favours and abuse
- Cyber bullying
- Online grooming
- Digital stalking, including using social location services to keep track of people
- Naming of rape victims online
- Use of Blackberry messenger to target vulnerable young people
- Sexting – the “exchange of sexual messages or images” and “creating, sharing and forwarding sexually suggestive nude or nearly nude images” through mobile phones and the internet⁹

However, as highlighted on p.4/5, technology and the internet also offer unique ways of engaging with young people and providing support and information. Furthermore, some research suggests this may be the preferred means of support for young people.¹⁰

If you want more information and support about young people, technology and social media in relation to domestic and sexual violence, have a look at our new course: <http://www.avaproject.org.uk/our-training--events/our-courses/how-technology-is-used-to-abuse-and-protect-young-people-experiencing-vawg.aspx>

- **Flexibility:** Finally, practitioners need to have the flexibility to work with young women in whatever space the young woman feels comfortable in. While providing secure locations is important to allow young women to disclose safely, allowing workers the flexibility to meet her in a space that's on her own terms - whether that's McDonalds, Starbucks or the local park - can be integral to building a trusting relationship. However, use of public spaces should be done with an understanding of the risks that may involved and the service must also provide private spaces. It is not appropriate or safe for a young woman to disclose experiences of abuse in a public place, and being seen in public with a worker could place her at risk.

⁸ Cross, E., Piggitt, R., Douglas, T. and Vonkaenel-Flatt, J. (2012) *VIRTUAL VIOLENCE II: Progress and Challenges in the Fight against Cyberbullying* (London: Beatbullying)

⁹ NSPCC (2012) *Children, Young people and Sexting* (London: NSPCC)

¹⁰ Sharpen, J. (2012) *The Online Space as a Forum for Discussion and Disclosure about Teenage Relationship Abuse*

Creating the right environment

- **Physical space:** Just as the geographical location needs to be secure for the young woman to access, the physical space itself also needs to be safe. This means offering a private, confidential space that will allow them to talk about their experiences of violence without fear of being overheard or seen. This may seem obvious, but in our experience it is not uncommon for one-to-one work with young people to be done in rooms where they can easily be heard through the walls, or where there is a glass panel in the door that anyone can look through.
- **Language:** Being youth-friendly is not only about the physical surroundings. It also means becoming comfortable communicating with young people. This does not mean starting to talk like a teenager, but you should try to find out as much as you can about the language young people use and what it means. Be honest with the young women if you do not understand what they say – better to ask than to pretend. Young women might also use language to test you out and see if you can really be trusted as someone who understands them.
- **Be respectful:** Survivors of domestic and sexual violence often report that their fundamental need is to be treated with respect and dignity.¹¹ Young people may be at even greater risk of not having their experiences or wishes respected. A report, for example, by the NSPCC suggested young people may feel they are not taken seriously by adults, and that adults can trivialise abuse or minimise the effects of emotional abuse due to the lack of visible harm. Consequently, professional practice may not be responding to, or reflecting, young people's own concerns, fears and wishes regarding the impacts of violence and abuse.
- **Confidentiality:** This is a key area of concern for young people, so always aim to be transparent about the limits on what information you can keep confidential. From the outset, explain your confidentiality policy, and make sure to repeat the limits of confidentiality at regular intervals during your contact with a young woman. This may make disclosures less likely, but it is necessary for a positive

disclosure environment, because the young woman needs to be confident that they know what you will do with the information they provide. In the long-term, being open and honest in this way may build trust with the young person.

"Our school tells us that things are confidential but when we tell them they end up telling their head of year that then tell our parents."

Asking the question

- **Allow time:** Before asking about sexual and domestic violence, substance use or mental health problems, make sure that you have enough time to really be able to listen to them once they've been brave enough to disclose.
- **Prioritise safety:** Workers should not ask questions that are likely to put young women in further danger, and asking questions about sexual and domestic violence and gang involvement should always be with the primary motive of promoting a young survivor's safety. Prioritising safety is not just about external threats, but also internal risks, and so you should consider how you will ensure that the young woman has the resources to manage how they respond to disclosing experiences of violence or abuse.
- **Be aware:** Asking young women about sensitive topics, particularly around domestic and sexual violence or exploitation, is not the same as asking adults:
 - The younger she is, the more likely the young woman is to experience distress at being asked questions about violence e.g. if she is not experiencing violence, she may be distressed by finding out that many other young women are.
 - Avoid using euphemisms for sex that suggest that you are embarrassed to talk about sex generally, or sexual violence specifically. Overall, be clear in your questions and your language so the young woman knows what you are talking about. Be clear, for example, that domestic violence is not just physical violence, but includes psychological, emotional, sexual and financial abuse as well.

¹¹ Holly, J. and Scalabrino, R. (2011) "Treat me like a human being, like someone who matters": Findings of the Stella Project Mental Health Initiative Survivor Consultation (London: AVA)

- If you don't understand slang terms the young woman uses – whether it relates to substance use or violence and abuse, ask them to explain. Don't make assumptions.

SPOTLIGHT ON: What questions to ask

1. Start with open, indirect, non-threatening questions:

- How are you feeling generally?
- How are things going at home? In your relationship? With your friends?

2. Follow up general questions with more specific questions, where relevant:

- Have you ever felt afraid of anyone? Could be someone in your family, your boy/girlfriend or an ex-partner or someone else?
- Have you ever been threatened or hurt by anyone?
- Have you ever felt like you had to change your behaviour because you're worried about what someone else will say or do?
- Have you ever felt under pressure to do something sexual that you didn't want to do? Do you ever feel like you have to have sex, even when you don't want to?
- Has anyone ever touched you in ways that don't feel okay, or make you feel uncomfortable?

3. You can also link your questions to what you notice about the young person, e.g. possibly skipping school, running away, physical injuries, sleeping/eating difficulties, sexual health problems, appearing down and withdrawn or aggressive and hostile. You can explain that you have noticed something has changed and are concerned about their safety and well-being.

4. If you are aware that the young person has been affected by domestic or sexual violence, ask questions that make the link between all three issues as this can reduce the risk of appearing judgemental, shows you understand the links and also raises the survivor's awareness of how these issues are interlinked. For example:

- Being hurt by someone doesn't just cause physical injury but also emotional or psychological harm. The effects of living with violence and abuse can cause people to feel depressed, anxious or ill. Have you noticed changes in the way you feel?
- Some people feel very sad, depressed, anxious or traumatised after being abused or attacked. Some people use alcohol and drugs to manage the physical and the emotional pain....have your experiences led you to feel this way or do anything specific to cope?
- Some people find alcohol and drugs help them cope with how they are feeling – do you use anything to help you manage your situation, what you been through or how you are feeling?
- Has your partner (or anyone else) ever made you feel you had to use drugs or alcohol?

- **Responding:** How you respond to a disclosure is just as important as how you ask the questions. Be aware of appearing to pass judgement about what has happened to the young women, to ensure that she understand she is not to blame for someone else's behaviour nor for how she has responded to or coped with the trauma, e.g. by using alcohol or other drugs. If you identify that she is using substances as a coping mechanism now, even if she's not using in a way that suggests she's dependent, helping her identify alternative coping strategies at this stage in her life could prevent her becoming dependent in adulthood.

- **Know what you can offer:** Asking about sexual and domestic violence, substance use or mental ill-health is not a 'benign' intervention. If you ask the question and a young woman discloses, but you do not act on the information or provide relevant support, they may not seek help again.

A holistic model of support

If you or your organisation is responsible for supporting young women who have experienced domestic and sexual violence and are using alcohol or other drugs, you should consider adopting a trauma-informed holistic model of support. Being 'trauma-informed' means understanding that:

- 1) Domestic and sexual violence is a form of trauma.
- 2) People respond to trauma in many different ways.
- 3) Young people may also experience developmental trauma, i.e. that affects their cognitive, neurological and psychological development.
- 4) People cope with trauma responses in many different ways, some of which can have risks attached.

Interventions, therefore, should not only focus on addressing the young woman's external environment (e.g. housing, education, personal relationships) but also give consideration to the woman's internal world by helping her to make sense of how she is feeling and develop her resources to manage difficult and overwhelming emotions.

SPOTLIGHT ON: Trauma responses and coping strategies

As individuals, we all respond to trauma in different ways. Most common trauma responses include:

Physical: sleep disturbances, eating difficulties, migraines, impaired immune system, sexual and reproductive health risks, chronic pelvic pain, chronic fatigue syndrome, physical injuries from assaults/lack of medical care/self-harming behaviour

Emotional: mood swings, hopelessness, powerlessness, anger, rage, aggression, shame, guilt, numb, fear, sadness, depression, hypersensitivity, anxiety, pre-occupation with danger

Cognitive: poor concentration, disorientation, problems planning and making decisions, apathy, self-blame, fragmented memory, flashbacks, nightmares, dissociation, panic attacks, phobias, fragmented sense of self, loss of meaning, exaggerated startle response

Behavioural: self-harming, suicidal ideation, suicide attempts, alcohol and drug use, risky sexual behaviour, eating problems, impulsive and aggressive behaviour, loss of interest in activities, impatience, fiercely independent, rejects help, hostile, anti-social behaviour

Interpersonal: withdrawn, difficulties with trust, angry outbursts, expectation of rejection, problems relating to others, impaired ability to perceive other people's feelings, isolation, difficulties with power and control assertion, lack of boundaries, lack of assertiveness

As many of these responses can be overwhelming, adults and young people may use a range of strategies to cope with the intense feelings and thoughts. These include some of the behavioural responses outlined above:

- Self-harming – has multiple functions including expressing internal pain, providing a distraction from emotional pain, increasing a sense of control and autonomy, as a form of punishment
- Using drugs and alcohol – depressants (alcohol, cannabis, heroin) can help manage anxiety and hypersensitivity as well as enabling people to dissociate and avoid painful thoughts/feelings/memories; stimulants (cocaine, speed, ecstasy) can increase concentration and counter feelings of depression and being numb

"They [alcohol and drugs] make me forget everything."

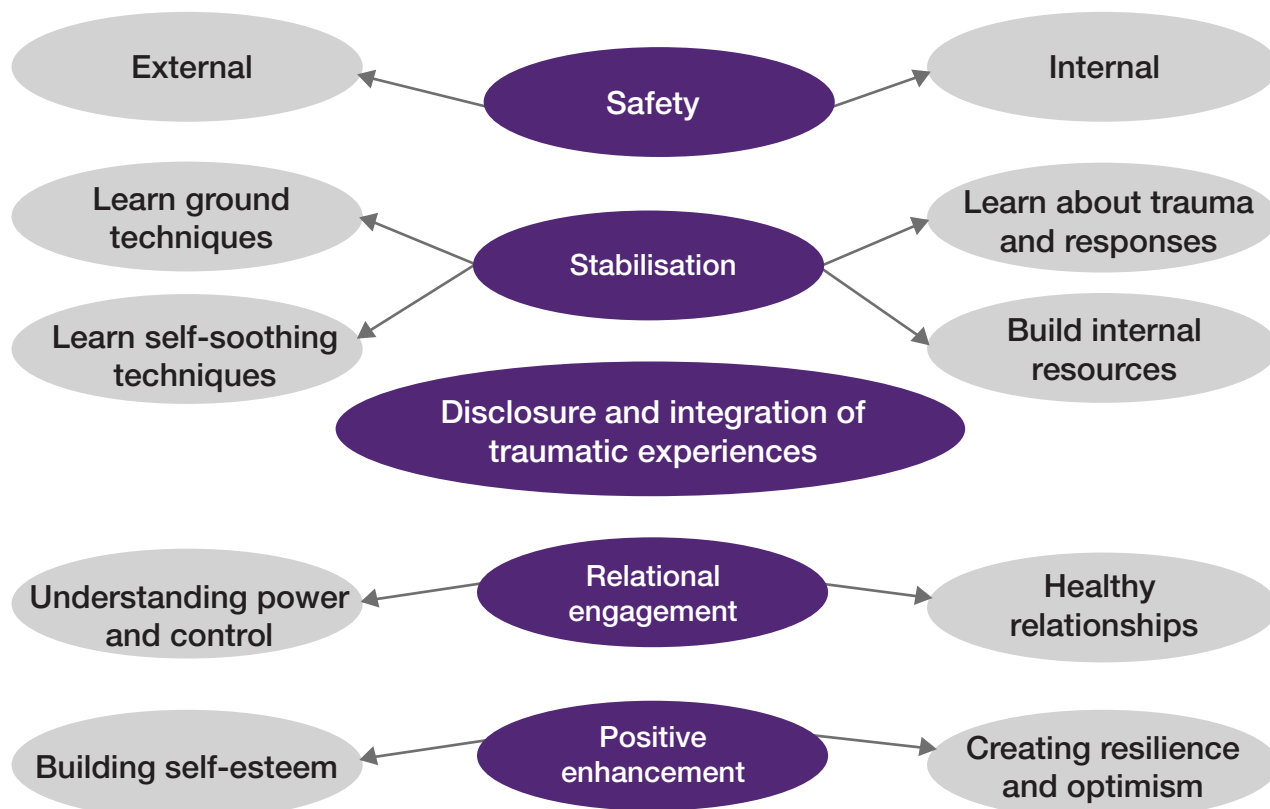


Figure 1: WGN holistic model of support

- Eating disorders – may be used as a way to express self-hatred or to exert control over one aspect of life. Some young people may also use eating as a form of protection, i.e. to be very under/overweight in order to be unattractive to potential abusers.

Women and Girls Network (WGN) is a pan-London service that supports women and girls affected by all forms of gendered violence including domestic and sexual violence and sexual exploitation. In order to provide safe space for young women to address and recover from experiences of violence and abuse, they have devised a holistic model of support (see above). This model can be used by a range of professionals as a way to frame interventions aimed at restoring wellbeing to young people and protecting against poor outcomes in adulthood.

More information about implementing the holistic model of support can be found in AVA's toolkit, *Complicated Matters: a toolkit for addressing domestic and sexual violence, substance use and mental ill-health*. AVA and WGN training programmes also cover this model. Details for the toolkit and training can be found on p.12.

Partnerships for holistic support

Young women may need support from a range of agencies, depending on the risks they face, their needs and the action they want to take. In terms of an initial risk assessment, you may want to consider:

- Has she disclosed experiences of violence or abuse? From whom? Does she identify her experiences as abuse?
- Is the young woman involved in a gang? Or is she at risk from sexual exploitation?

- Peers – is she associating with risky peers or older peers?
- Is she using alcohol or drugs? Is her use causing any immediate problems? What might the long-term impact be?
- Do they have any mental health problems, particularly self-harming and suicide that could lead to serious or fatal injuries?
- Is she disengaged from education?
- Is she a looked after child?
- What coping skills does she have? Is she engaging in risk-taking behaviours?
- What are her social networks like? Does she have contact with people or services that could support her?
- Does she have anywhere safe to stay?

As there are very few services specifically for young women who have experiences of domestic and sexual violence, substance use and mental ill-health, it is quite likely that your service user will benefit from coordinated support from more than one agency. Inter-agency support should be coordinated through the safeguarding process, which for 16-17 year olds may also include a referral to your local MARAC (multi-agency risk assessment conference).

You may also want to consider referring the young woman to your local IDVA (Independent Domestic Violence Adviser) or ISVA (Independent Sexual Violence Adviser). In some areas there are specific children and young persons' IDVA and ISA services that provide specialised support to children and young people affected by violence and abuse. The Home Office is also funding 13 Young People's Advocates working in areas most affected by gangs. They provide direct and dedicated support to young people who have been victims of, or at risk of, sexual and domestic violence and/or sexual exploitation.

For a young person, having lots of people involved can quickly become overwhelming and it can be confusing to know the reason for the referral or what role each person has.

"I don't know how these services work. If you tell them your problems what exactly are they going to do for you? Are they going to help you? What can they do? ... If you are just going to tell them your problems and are feeling all embarrassed and ashamed, what's the point of people going?"

When making a referral to another agency or to the safeguarding team, always ask yourself:

- How much do you know about the service – what do they actually offer? Is the young person likely to meet the referral criteria? Is it youth-friendly? Is it safe and easily accessible for a young person?
- Does your service user know what the service does and why you are referring them on?
- Is your client okay with you sharing information between the two organisations?
- Is the young person able to go by themselves? Do they have a named contact when they arrive at the meeting place?
- Does the young woman understand what happens next?

After making a referral, don't forget to follow it up. Find out if your client went to the first appointment. If not, you might want to speak to the client about why they are not engaging – they could give you useful feedback about the other service, or maybe it just wasn't the right time for the young person.

SPOTLIGHT ON: Obtaining consent from young people

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

When sharing information about a young person, you may need to assess whether they are competent to consent to this interventions, particularly if they have disclosed abuse by a parent or carer and it is therefore not appropriate to seek consent for an intervention from this adult. When obtaining consent from young people you should consider:

- Can the young person understand the question being asked of them?
- Do they have a reasonable understanding of:
 - What information might be shared
 - The main reason or reasons for sharing the information
 - The implications of sharing that information, and of not sharing it?
- Can they:
 - Appreciate and consider the alternative courses of action open to them
 - Weigh up one aspect of the situation against another
 - Express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do
 - Be reasonably consistent in their view on the matter, or are they constantly changing their mind?

If the young person is competent to give consent, then their consent or refusal to consent is the factor to consider, even if a parent or carer disagrees. However, you should encourage the young person to discuss the issue with their (non-abusive) parents. You should never withhold a service on the condition that they discuss/obtain consent from their parent/s.

If a young person can't consent, or if you've judged that they're not competent to consent a person with parental responsibility should be asked to consent on their behalf. However, the young person's views should still be sought as far as possible. The consent of one parent is sufficient: if family members are in conflict, consider carefully whose consent should be sought.

AVA resources

These resources are available on the AVA website (www.avaproject.org.uk), or call 020 7549 0280 to order hard copies.

- Complicated Matters: A toolkit addressing domestic and sexual violence, substance use and mental ill-health
- How to help your mates: Young people and relationship abuse (leaflet)
- “It blocks out the problem and becomes the addiction”: The intersections between problematic substance use and domestic and sexual violence experienced by young women in two London boroughs
- Information for Local Areas on the change to the Definition of Domestic Violence and Abuse, available at: <https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas>
- Commissioning for multiple disadvantage: Developing effective services for young women experiencing domestic and sexual violence who have substance use and mental health problems

AVA Training

AVA delivers a range of accredited and non-accredited training courses on these issues. For further information, visit <http://www.avaproject.org.uk/our-training--events/our-courses.aspx>.

- Working with young people experiencing sexual and domestic violence and problematic substance use - Level 1
- Working with young people experiencing sexual and domestic violence and problematic substance use - Level 2

- Troubled Families, Problematic Substance use and Domestic and Sexual Violence
- Safeguarding Children - Living with parental substance use and domestic violence
- Working with gang-affected young women experiencing sexual and domestic violence
- Young People and Violence Against Women and Girls (VAWG)
- Working with children and young people exposed to domestic violence and related violence against women and girls

Women and Girls Network (WGN) Training

- Gender Responsive Trauma Focused Approach for Engaging Women’s Recovery from Sexual Violence: Supporting Survivors Resilience, Moving Beyond and Through Experiences of Sexual Violence
- Counselling and Therapeutic Interventions for Working with Women Overcoming Experiences of Violence: A Multicultural and Feminist Approach
- From the Margins to the Centre of Women’s Healing: Promoting Recovery to Support Women with Complex Needs

"The worker who works with me asks for ideas about stuff I wanna do, I'm like can you please get a big board for us to throw paint at, but she didn't do it...stuff like that is just fun, like paintballing, and go-karting and trips out."

"Even when you do talk to someone, you're sitting there thinking right I better not say that in case they tell someone, so you're talking, but you're still not getting it all out so there's no point talking."



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