

**Domestic violence and substance use:
overlapping issues in separate services?**

Briefing Report
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introduction and methodology

The links between substance use and domestic violence are increasingly being noticed by services providing help to people with drug and alcohol problems or to those affected by domestic violence. Questions are being raised about the extent of overlap between substance use and domestic violence, and the ways in which the dual issues of substance use and domestic violence can be addressed through more holistic approaches to intervention.

This briefing summarises findings from a one-year research project, jointly funded by the Home Office and the Greater London Authority (GLA), which aimed to:

- identify strategies for improving practice and policy by building upon good practice in both substance misuse and domestic violence sectors
- explore the overlap between domestic violence and substance use by men and women who are accessing services in the sectors - including survivors and perpetrators of abuse
- ascertain service user experiences of help-seeking and service provision.

The research consisted of:

- semi-structured interviews with 48 'key informants' to identify problems and directions for progressive practice. Key informants included service providers and policy makers in both the domestic violence and substance use sectors
- questionnaires of those using substance use and domestic violence services. The questionnaires were distributed by 13 agencies' that carried out an assessment of services users
- interviews with 19 service users from four women's refuges, four domestic violence advice and advocacy services, four substance use agencies and two perpetrator programmes.

The research took place within selected agencies in two areas in England:

- Area 1: East and West London
- Area 2: Nottinghamshire

It should be noted that data accuracy could have been affected by service users' anxiety when asked about sensitive issues, as shame, denial and fear can lead to under-reporting. In addition, the extent of overlap recorded in agencies was highly dependent upon the context in which questions were asked and by whom. As a result, recorded rates varied highly across agencies in the study. Nonetheless, the findings provide a valuable source of information on a highly important issue.

Not all agencies participated in every aspect of the project. The research was based in adult services, and although children-related issues are acknowledged, they were not developed within the project.

overlapping issues: domestic violence and substance use

Current set up of substance use and domestic violence services

All key informants recognised that there was a very distinct separation of substance use services and domestic violence services for both perpetrators and survivor. This separation was not seen as useful and the overlap between substance use and domestic violence was obvious to practitioners, managers and policy workers.

However, recent research by Women's Aid (Barron, 2004) identifies only a small number of organisations in the UK where initiatives are being developed that address both substance use and domestic violence.

Key informants gave a wide range of reasons for the separation of substance use and domestic violence services (see Humphreys et al, 2005). The key themes that emerged included:

- cultural clash between services
- politics of a single issue focus and concerns about causality
- resource constraints
- lack of knowledge and training in relation to 'the other' issue - substance use or domestic violence
- problems of fragmentation at both central and local Government level.

The facilities which have existed for a long time have been fairly limited. Particularly refuges have not been well staffed or they've not had sufficient cover and so have always felt that they've had limited ability to cope with women with additional substance use issues. It has been a heated problem I have encountered where they feel they can cope with one issue, but they can't cope with additional issues.....they really just don't know how to deal with them and don't feel that they have the facilities to offer them (Female worker, drug action team).

It has all been very separated across government....There is a need for a much more strategic focus and approach to this issue as well....it would mean a lot of government departments getting together to agree something....No one has ever sat down properly and sorted out approaching it more strategically. (Female, Drug Strategy Directorate worker).

The perspective from users of domestic violence survivor agencies

Six domestic violence agencies distributed questionnaires to their women service users; 75 questionnaires were returned. More than half of respondents (51 per cent) said that either they or their current/ex-partner had used alcohol, illegal drugs and/or prescribed medication in problematic ways in the past five years.

The highest rate of overlap occurred for women from the outreach/tenancy support scheme in Area 2 where 92% reported dual problems of domestic violence and substance use.

Over a one-week period, all women in four domestic violence agencies were asked about the history of problematic substance use for either themselves or their partner. The findings revealed that:

- women with experiences of problematic substance use contacting refuge and outreach services ranged from 33 to 86 per cent of service users
- the extent of overlap depended on the type of service, the agency policy in relation to substance use and whether the use of prescription medication was also taken into account.

The perspective from users of substance use agencies

Substance use agencies found it easier to implement one-week screening than systematic questionnaire distribution. Despite small numbers of service users in each of the four services over the one-week period, a picture emerged of a significant - though varying - proportion of service users experiencing domestic violence problems.

The screenings revealed that the extent of overlap varied from 26 to 67 per cent depending upon the service and whether the primary service users were men or women.

The perspective from users of domestic violence perpetrator programmes

63 per cent of men attending perpetrator programmes reported the dual issues of substance use and domestic violence.

patterns of substance use and domestic violence

Types of substances used by domestic violence perpetrators

Research was carried out amongst clients in domestic violence survivor agencies and perpetrator programmes into whether, in their experience, some substances appeared to be more dangerous when used by perpetrators than others. Findings revealed that:

- alcohol was the substance most frequently reported as increasing levels of domestic violence
- cannabis and cocaine were noted by a minority
- a small number of perpetrators mentioned prescription drugs
- the wide range of substances mentioned included amphetamines, ecstasy and crack
- the majority of women survivors use of more than one substance by an abuser was more threatening/dangerous than use of a single substance.

Patterns of substance use

Both the history of substance use and the patterns of use were different for survivors and perpetrators.

Of the survivors:

- almost two-thirds of women from domestic violence agencies reported that they began their problematic substance use following their experiences of domestic violence
- all those with problematic substance use using domestic violence agencies saw a link between their substance use and their experiences of domestic violence - the most commonly reported being to dull both the physical and emotional pain
- a total of 35 per cent in this sample were using substances before being assaulted by their partners/ex-partners.

The findings from perpetrators showed that

Based on data from the 15 perpetrators:

- 93 per cent reported that they were problematic substance users before they became domestically violent
- problematic substance use began before they perpetrated an incident of violence and in half of the cases their use increased during incidents of violence
- 80 per cent said that their partners/ex-partners with substance use problems began using prior to an incident, and almost half said that the substance use increased during an incident of violence
- most women reported that they had also been abused when their partner/ex-partner was sober.

Most interviewees were clear that substance use was an excuse, not a cause of violence.

I was so off my head, drunk, off any kind of substance, you know what I mean, it's like my mind, my brain, my head, wasn't really in the right frame of mind to make proper choices, you know what I'm saying? You know, so like I was intoxicated, I was like chemically altered, so yeah, I'd say definitely. Definitely, about 80 per cent. But then having said that, at the end of the day, it's no excuse, do you know what I mean? It's like I did what I did and I shouldn't've done, basically (Matthew, perpetrator programme).

Severity of violence and abuse when combined with drugs and alcohol

In this sample of men and women with substance use problems, both survivors and perpetrators reported either perpetrating or being subjected to chronic violence and abuse.

The forms and patterns of violence experienced by women using refuges and outreach services suggest a pattern of severe violence.

Of 38 survivors:

- 50 per cent reported being forced to have sex (raped)
- 63 per cent were pressured to have sex
- 71 per cent had been threatened with being killed

- 74 per cent had been held or grabbed by the throat (attempted strangulation).

The patterns of violence reported by men and women using the substance use agencies were similarly serious with reports of beatings, rape, sexual pressure and strangulation. Men perpetrated the most serious forms of violence - including in gay or bisexual relationships.

The serious impact of physical violence is reflected in survivors' use of medical services. Almost two-thirds (66 per cent) of domestic violence survivors used medical services - more than twice the UK average rate of 30 per cent (see Walby and Allen, 2004).

Fifteen of the seventeen survivors (88 per cent) interviewed raised mental health issues they were experiencing - in particular depression, anxiety and suicide attempts.

Taken together, the reported incidents, frequency and severity of abuse experienced across this sample of survivors in domestic violence refuge and outreach services, substance use agencies and the reports from perpetrators about the violence and abuse inflicted on their partners raise issues of major concern for all agencies involved. This issue has especially major implications for children living in families where there is both substance use and domestic violence.

help-seeking

The help-seeking histories for survivors and perpetrators with the complex issues of substance use, domestic violence and, often, mental health problems, were lengthy and complicated.

In spite of being affected by both domestic violence and substance misuse, only a minority of service users had experience of both domestic violence and substance use agencies. Service users went down one route (substance use) or the other (domestic violence) with the opportunity to work effectively with both problems being missed. This is particularly problematic when - for a substantial group of service users - the issues are interlinked.

When we've actually tried to get women into refuges, they won't take women who are drinking 'cause they're automatically perceived as being chaotic and very difficult, which I don't think is necessarily the case. I mean I think people can be chaotic and difficult without using substances, frankly, but I mean it's sort of that kind of stereotype (Female manager, substance use agency).

Both key informants and service users raised the particular difficulties of access when an area (this could be a city, neighbourhood etc) is under-resourced (in terms of the services provided, the amount of staff available, the quality of the staff and their interventions, the opening times, the accessibility of a building, the lack of childcare etc), and where there are compounding issues of stigma and shame. This issue was raised particularly in relation to black and minority ethnic service users with dual problems, as well as other groups with specific needs. The lack of services for gay men living with domestic violence was raised, as were the difficulties for young people with substance use problems who only have access to adult services in both sectors.

The issues of power and control and the way in which substance use can be used as another aspect of domestic violence are not addressed when services are separate. Similarly, the implications for women's safety in relation to substance use intervention may not be explored when the links with domestic violence are not recognised or acknowledged. The abuse of substances as a means of managing the pain of living with domestic violence is also not being routinely addressed by domestic violence agencies: hence, an important opportunity for intervention is being missed.

The notion of 'readiness' to accept help was raised by most interviewed service users and by 'key informants'. Successfully finding a pathway through services may be assisted by closer collaboration and referral by domestic violence and substance use agencies which are set up to

resource service users at different stages of help-seeking. A model described by Hester and Westmarland (2004) in relation to women working in the sex industry maps four stages in help-seeking: vulnerability, chaos, stabilising, and moving on. This approach may be useful for agencies deciding the most applicable intervention for those seeking help in relation to the dual issues of domestic violence and substance use as different services will be more appropriate at different stages and this approach seemed to mirror both client and agency experiences highlighted within this study.

improving practice and recommendations

Assessment and routine questioning

All informants were able to provide examples of bad practice in agencies in both sectors. Not routinely asking about domestic violence in substance use agencies and/or substance use in domestic violence agencies was the most commonly cited example of bad practice. An issue raised by almost all informants was the need for thorough assessment and routine enquiry designed to ensure that information on both issues is gained from service users. The London Borough of Tower Hamlets' report (Taylor, 2003) identifies the complexity of these processes. It highlights both the barriers to introduction and the costs and risks that occur when organisations fail to explore these issues with service users. Again, it is difficult to separate training for staff from this issue. It was also an issue raised by some interviewees, who pointed out that questioning needed to be explained to them and sensitively undertaken.

Training issues

Key informants highlighted training as providing an effective means of increasing capacity within current agencies and it was proposed that training should be delivered on a multi-agency basis where appropriate. Some informants thought that multi-agency training was the best way to overcome barriers between sectors and support better understandings of the differing perspectives and issues which frame practice. Furthermore, training could provide the foundation of partnership working or other forms of inter-agency arrangements and ensure the development of workable policies and protocols. Training was also seen as a way to ensure that there would be provision to all service users of both specialist and generic services. A number of informants said that outreach services able to work with both issues were vital for an effective response.

Direct work with clients across substance use and domestic violence services

Good practice in the area of substance use and domestic violence required that priority attention is given to the safety of women and children.

However, almost all those informants engaged in direct work with service users raised the difficulty of actually working with any substance user who was also a victim or perpetrator of domestic violence. Distinctions were drawn between those with a chaotic lifestyle dominated by their substance use and those who were maintaining a relatively functional lifestyle in relation to both themselves and other people.

Much of the development work for women with both substance use and domestic violence issues is within drug services. In these services it was the women's definition of need that determined how the relationship between

the issues would be prioritised, instead of the agency setting the agenda. Self determination of need is considered an important aspect of treatment.

Good practice directions

A consensus amongst researchers, practitioners, policy makers and local authorities is emerging about the range of issues that need to be addressed to cater more appropriately for the needs of those with both domestic violence and problematic substance use issues within established organisations. Gathered from key informants and interviews with staff in services involved in this project, plus other reports (Carter, 2003; Taylor, 2003; Barron, 2004), issues to be addressed include:

- the political will and leadership within organisations to acknowledge the problem and respond with appropriate service development
- the need to create greater access to services, including pro-active work to include those from minority groups within the community
- finding funding to support capacity building, including an increase in appropriate accommodation
- systematically asking questions for domestic violence and problematic substance use
- assessing the type and severity of domestic violence and problematic substance use
- training across both sectors
- the development of multi-agency working at operational and strategic levels
- a holistic approach to service users which allows for joint working and information sharing
- heightened attention amongst practitioners and local agencies to the issues of safety for survivors and workers
- attention to the needs of children arising from their experience of living with domestic violence and substance use
- organisational development informed by service users, including the development of practices responsive to service user needs

- evaluation and monitoring of new developments.

Many informants raised the need for specialist services, which would also support the capacity of mainstream services to deal effectively with the dual issues. Development of the following specialist services would benefit women with domestic violence and problematic substance use issues:

- the development of women-only rehabilitation and residential services including safe 'detox' units for women escaping domestic violence
- specialist refuges to cater for women with substance use problems escaping domestic violence
- specialist provision for young women.

key points to emerge

This research has highlighted a number of issues having important implications for policy and practice:

- a very significant number of people using domestic violence survivor agencies, perpetrator programmes and substance use programmes face the dual problems of domestic violence and substance use
- for many survivors and perpetrators of abuse, the patterns of substance use are linked to the violence and abuse, which they are either perpetrating or experiencing. This link should not be understood as a causal relationship, but one where the practice issues of safety planning, and identifying the strategies of power and control need to be addressed in the context of, and intersection with, problematic substance use
- violence reported by service users where there were dual issues of substance use and domestic violence was severe. This highlights the urgency with which this issue needs to be addressed and also raises concern about the children that are living with mothers and fathers where there is co-occurrence of substance use and domestic violence
- mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently symptoms of abuse and need to be addressed alongside the issues of substance use and domestic violence
- the majority of service users who have domestic violence and substance use problems are primarily using either substance use agencies or domestic violence agencies and not receiving appropriate intervention for 'the other' issue
- there has been only marginal development of the practice and policy linking domestic violence and substance use.

the future

This briefing paper draws attention to the overlaps and links between substance use and domestic violence. The high number of service users with these dual issues accessing substance use, domestic violence survivor and perpetrator agencies suggests that the intersections between these issues need to be dealt with in a more holistic way.

Without greater attention to the ways in which these issues intersect for individual men and women, intervention will be undermined. At best, much work will be ineffective - at worst, it will be dangerous. To date, the complex issues of safety have been given too little attention, and the role of substance use in the armoury of strategies through which violence and abuse is perpetrated has been minimised. The exciting new initiatives now being developed in some agencies point the way for future work. However, if this work is to continue, then political will, better resourcing and a much greater acknowledgement within the policy framework are all required.

good practice guidelines (Stella Toolkit, 2004)

For survivors of violence:

- Women should be able to choose the support they want and who provides it
- Women in violent situations often leave their relationship several times before the break is permanent. Workers can support women in making their own choices in their own time, in a space where they feel comfortable
- Whenever possible, women-only and women-led services must be available to all clients who wish to access them
- Treatment and other interventions should not be dependent on a woman's relationship and her current level of safety
- Women's experiences of domestic violence and abuse can often be defined in terms of trauma. Post-traumatic stress disorder is common among survivors
- Women must not be sent back to where the violence has been occurring
- Women experiencing domestic violence should never be asked to participate in couple or family counselling or mediation. Raising the issue of violence in this manner may actually increase her danger
- Always validate women's experiences if they disclose violence. Recognise and name abusive behaviour and respect her choices of what to do about it
- Ensure all women are provided with information about how to access help for domestic violence.

For drug and alcohol users:

- Clients require a non-judgemental and safe environment to enable them to disclose substance use
- Drug and alcohol assessments are helpful in making decisions about care, treatment or support
- Substance users need a variety of treatment options
- Clients reducing their substance use or becoming drug-free may relapse on several occasions. This is very common and clients should be supported through this, rather than criticised or excluded.

Worker and agency responses:

- Clients should not be denied services due to issues with domestic violence or substance misuse
- Only refer violent men to perpetrator programmes which are members of the Respect network¹
- Staff can enable clients to make choices about their own lives and to take control of decisions
- Clients need to be consulted about the interventions they find supportive and effective
- Confidentiality boundaries need to be made clear at all times
- Clients should be encouraged to speak freely with workers about substance use or domestic violence without it affecting service provision
- Prescription medication should not be given without counselling and other therapeutic support
- Early detection of substance use or domestic violence could provide a client with greater safety and options. Services may find it beneficial to carry out routine questioning for both issues after receiving training
- Services need to be accessible to all potential clients. This includes provision for children, as well as disability access and access to interpreters where relevant.

¹ Contact Respect on 020 8563 8523 or www.respect.uk.net or info@respect.uk.net

useful contacts

National Domestic Violence Helpline: 0808 2000 247 (24-hour freephone)

RESPECT phoneline for domestic violence perpetrators: 0845 122 8609

The Frank phoneline for free confidential drugs information and advice: 0800 7766 00

Drinkline, for information and advice about alcohol misuse: 0800 917 82 82

The Stella Project, for specialist advice and information in relation to domestic violence and substance use: www.gldvp.org.uk

A full copy of the research report can be found online at:

www.warwick.ac.uk/fac/soc/shss/swell/www.cwasu.org/

www.gldvp.org.uk

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Chinese

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Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

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Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

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