DOMESTIC VIOLENCE AND SUBSTANCE USE: OVERLAPPING ISSUES IN SEPARATE SERVICES?

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Contents

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List of tables

Executive Summary

The links between problematic substance use[1] and domestic violence are increasingly coming to the attention of agencies. Questions are being raised about the extent of overlap and the ways in which the dual issues of substance use and domestic violence can be addressed.

This report details a one year research project, jointly funded by the Home Office and the Greater London Authority (GLA), which aimed:

a) To identify strategies for progressing practice and policy through building upon the developing good practice in both the substance use and domestic violence sectors;
b) to explore the overlap between domestic violence and substance use by men and women who are accessing services in the sectors - this includes the overlap with both survivors and perpetrators of abuse;
c) to ascertaining service user experiences of help-seeking and service provision.

The aims of the research were realised through the following methods:

- 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 distributed to service users in 13 substance use and domestic violence agencies. Screening questions about domestic violence and substance use were also asked for a week in agencies.

- 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 2 areas in England. These were:

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

The research was based in adult services; hence the issues for children whilst acknowledged are not developed within the project.

Identifying problems and possibilities: key informant interviews

All key informants recognised that there was a very distinct separation of substance use services and domestic violence services for both perpetrators and survivors even though the problems of dual issues were obvious to practitioners, managers and policy workers. It was not seen to be a useful separation, yet recent research by Women's

[1] We recognise that there is continuum of substance use and where the line is drawn to denote problematic use or misuse is very variable. We have therefore used the terms 'substance use' or 'problematic substance use' as they are less stigmatising terms than others which could be used

Aid (Barron, 2004) identifies only a small number of organisations in the UK where initiatives are being developed which jointly address both issues.

A wide range of reasons were given for the separation of services. Key themes which emerged included:

- A cultural clash between services;
- the politics of a single issue focus and concerns about causality;
- resource constraints;
- the lack of knowledge and training in relation to 'the other' issue whether that is substance use or domestic violence;
- and the problems of fragmentation at government level.

Overlapping issues: domestic violence and substance use

Two methods were used to gather data on the number of service users in each agency who experienced the dual problems of substance use and domestic violence: agency screening and questionnaires. Under-reporting is a widespread concern when people are asked about sensitive issues; shame, denial and fear of the consequences are common anxieties, and this needs to be recognised as it will affect the accuracy of the data. The extent of overlap recorded in agencies was highly dependent upon what context questions were asked and by whom. Recorded rates were highly varied across agencies in the study.

Domestic violence survivor agencies

Six agencies distributed questionnaires to their women service users. A total of 75 questionnaires were returned of which 38 (51%) were from respondents where 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 variable return rate between agencies meant that this was not an accurate means of establishing overlap.

- The highest returns (45%) were from the Area 2 outreach/tenancy support scheme. In this service 92 per cent of the women reported dual problems. This is a high number, however many of these women also have limited access to refuge accommodation and this may not be an unrealistic estimate for the service.

The 'screening week' adds data which may be more accurate in relation to the issues of overlap given that all women over a one week period in 4 agencies were asked a question about the history of problematic substance use for either themselves or their partner.

- The 'screening' data, showed 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.

Substance use agencies
Substance use agencies[2] found it easier to implement one week screening than systematic questionnaire distribution. The data has the problem of small numbers of service users in each of the 4 services over the one week period. However, a picture emerged of a significant proportion of service users experiencing domestic violence problems.

- 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.

Perpetrator programmes
When the screening data and the questionnaire data are taken together they suggest high rates of substance use for men attending perpetrator programmes.

- The screening data for the perpetrator programme in Area 1 was systematic and based on 99 assessments over a 1 year period. This data suggests that 63 per cent of men attending perpetrator programmes reported the dual issues of substance use and domestic violence.
- The numbers in the Area 2 perpetrator programme were small, both in terms of questionnaire returns (13) as well as the 'screening week' (9). Under these circumstances, a difference of one or two respondents shows a disproportionate shift in the percentage of men with dual problems ranging from 55 per cent in the 'screening week' to 86 per cent of men filling in questionnaires over a two month period.

Patterns of substance use and domestic violence

Types of substances
When asked about whether in their experience some substances appeared to be more dangerous than others, only half the respondents in domestic violence survivor agencies and perpetrator programmes responded to the question (27).

- Alcohol was the substance more frequently reported as increasing levels of domestic violence.
- Cannabis and cocaine, were noted by a minority with 3 perpetrators mentioning prescription drugs.
- Only a small number of respondents from substance use agencies responded to this question. A wide range of substances were mentioned in this context: alcohol, amphetamines, ecstasy, crack and cocaine.
- A majority of women survivors who responded to the question also said that when abusers used more than one substance that this was more threatening/dangerous than use of a single substance.

Severity of violence and abuse

- In this sample of men and women with substance use problems, both survivors and perpetrators reported either perpetrating or being subjected to violence and abuse at the severe end of the continuum.

[2] Substance use agencies comprised agencies which offered a service to problematic alcohol and drug users.

- The forms and patterns of violence experienced by women using refuges and outreach services suggests a pattern of intimate terrorism. Of 38 survivors, 50 per cent reported being forced to have sex (raped) and 63 per cent were pressured to have sex. Seventy one per cent had been threatened with being killed and 74 per cent had been held or grabbed by the throat.
- 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. The most serious forms of violence were perpetrated by men (in two cases this was in gay or bi-sexual relationships).
- The severity of violence was exemplified by the fact that 74 per cent of survivors in this sample needed to seek medical help with their injuries on at least one occasion but with some reporting many visits to accident and emergency and hospitalisation.
- Fifteen of 17 survivors who were interviewed raised mental health issues they were experiencing, most commonly reported were 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 should raise issues of major concern for all agencies involved. This issue has major implications for children living in families where there is both substance use and domestic violence.

Patterns of substance use

Both the history of substance use and the patterns of use in relation to violent incidents were different for survivors and perpetrators in the sample.

- Almost two-thirds of survivors drawn from domestic violence agencies reported that they began their problematic substance use following their experiences of domestic violence.
- All survivors 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.
- There was also a minority pattern where the survivor's use of substances was used as an excuse for the violence perpetrated against them. A total of 35 per cent (14) of survivors in this sample were using substances prior to being assaulted by their partners/ex-partners.

Further data came from 15 of 17 perpetrators who filled in questionnaires.

- Fourteen of the 15 (93%) perpetrators reported that they were problematic substance users before they became domestically violent.
- In all cases where known (12), their problematic substance use began before they perpetrated an incident of violence and for 6 (half of these) their use increased during incidents of violence. This pattern was confirmed by the reports from women survivors, 80 per cent saying that their partners/ex-partners with substance use problems began using prior to

an incident with almost half saying 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.

For a group of perpetrators based on both their and their partners reports there were no discernable patterns to the substance use and patterns of violence. Most were clear that substance use was an excuse, not a cause of violence.

Help-seeking

The help-seeking paths for men and women, survivors and perpetrators with the complex issues of substance use, domestic violence and more frequently than not, mental health issues, were lengthy and complicated.

- In spite of having dual problems, only a minority of service users had experiences 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.
- Both key informants and service users raised the particular difficulties of access when an area is both under-resourced 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 accessing 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 safety in relation to substance use intervention may not be explored where the links with domestic violence are not recognised.
- 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 and hence an important opportunity for intervention is being missed.

The notion of 'readiness' to accept help was one raised by most service users who were interviewed as well as by 'key informants'. Successfully finding a pathway through services may be assisted by a multi-agency context which is more carefully set up to resource service users at different points in their help-seeking processes. Hester and Westmarland's (2004) model, which maps four stages in help-seeking namely, vulnerability, chaos, stabilising, and moving may be applicable in relation to where there are dual issues of domestic violence and substance use.

Conclusion

This research has highlighted a number of issues which have significant implications for policy and practice. These include:

- 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;
- further research is required to establish more accurately the extent of this overlap in a range of agencies;
- 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;
- the extent of violence which was reported by service users where there were dual issues of substance use and domestic violence was at the severe end of the continuum. This highlights the urgency with which this issue needs to be addressed and also raises issues 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 patterns of help-seeking suggest that service users are primarily using either substance use agencies or domestic violence agencies and not receiving appropriate intervention for 'the other' issue;
- to date, there has only been marginal development of the practice and policy which links these two areas of work.

The new initiatives now being developed in some agencies point the direction for future work. However, it requires political will, resourcing and a much greater acknowledgement within the policy framework if this work is to continue.

DOMESTIC VIOLENCE AND SUBSTANCE USE: OVERLAPPING ISSUES IN SEPARATE SERVICES?

Introduction and background

The links between substance use and domestic violence are increasingly coming to the attention of agencies in both sectors, yet the evidence base within the UK is relatively undeveloped. This initial, one year research project was funded jointly by the Home Office and the GLA through the Stella Project[3] to begin to address this issue.

The aims of the project were as follows:

a) To identify strategies for progressing practice and policy through building upon the developing good practice in both sectors;
b) to explore the overlap between domestic violence and substance use by men and women who are accessing services in the sectors. This includes the overlap with both survivors and perpetrators of abuse;
c) to ascertaining service user experiences of help-seeking and service provision.

The project commissioners were clear that this was an applied piece of research which would be used to inform the development of joint working across the domestic violence and substance use sectors. To this end, the research team worked closely with the Stella Project to ensure that dissemination and utilisation of the research was built into every stage of the work. It should also be noted that this project builds on research funded by Women's Aid (Barron, 2004) which undertook a comprehensive mapping of services for women with complex needs, identifying the level of policy and practice development required to meet those needs by domestic violence, substance use and mental health organisations.

Terminology
Terminology in this area is contested. Within this report, the following terms and definitions have been used.

Domestic violence
Typically this involves a pattern of physical, sexual and emotional abuse and intimidation which escalates in frequency and severity over time. It can be understood as the misuse of power and control by one partner over the other in an intimate relationship, usually by a man over a woman, less frequently by a woman over a man and also occurring amongst same sex couples (Humphreys and Mullender, 2000).

We recognise that using the term 'violence' may over-emphasise physical abuse at the expense of the emotional abuse which women often comment upon as having more long-lasting and disturbing effects. Because of this, 'domestic abuse' has become the preferred term by some organisations, while for others wanting to emphasise the

[3] The Stella Project promotes good practice and supports direct service providers across drug, alcohol and domestic violence sectors in Greater London.

gendered nature of domestic the term, 'abuse by known men' is used. However, in this research, particularly in the substance use agencies, a number of women reported that they were both survivors and perpetrators of violence. We have stayed with 'domestic violence' as the most commonly recognised terminology in this area. This also emphasises that domestic violence often constitutes a violent crime and that the involvement of police and justice systems is appropriate in this area.

Within this research there was also evidence of violence and abuse which was not perpetrated by partners or ex-partners. Care needs to be taken to acknowledge and not exclude the impact of these experiences.

Substance use or problematic substance use

'The use of substances such as illegal drugs, prescription medicines or alcohol, in such a way that it results in harm to the individual user or to the wider community. The range of harms include problems for physical health, psychological health, violence, financial problems, family problems or social problems' (Stella Project, 2004).

We have chosen to use the generic term for problematic alcohol and drug use unless otherwise stated. We recognise that there is continuum of substance use and where the line is drawn to denote problematic use or misuse is very variable. We have therefore used the terms 'substance use' or 'problematic substance use' as they are less stigmatising terms than others which could be used.

Service users

Refers to men and women using substance use services as well as those attending perpetrator programmes or using refuges and domestic violence outreach services. While some 'service users' object to defining their status through their use of services, others are positive about the linkage across services and the ability to create alliances for greater participation and empowerment through the political 'service user' movement.

Screening

In this report screening is used as a short hand term which is currently used in both sectors. It refers to the process through which workers ask 'systematic questions' either about domestic violence or substance use for every service user accessing an agency.

Policy context

The policy backdrop to this research is provided by the Updated Drug Strategy (2002); the National Crack Action Plan (NCAP); the *Alcohol Harm Reduction Strategy for England* (2004) and *Safety and Justice* (2003) which provided the basis for consultation leading to the Domestic Violence Bill. There are also a range of other legislative and policy documents which impact upon the development of work in this area, for example, the Crime and Disorder Act, 1998 which led to the establishment of the multi-agency Crime and Disorder Reduction Partnerships (CDRP) in local areas and *Women's Mental Health: Into the Mainstream* (2002).

In none of these policy documents is tackling the relationship between domestic violence and substance use a central feature and there are currently no performance indicators tied to this particular issue. Nevertheless, it is mentioned in several policy documents and this could create some space through which greater attention can be given to this significant issue in the future.

Updated Drug Strategy and National Crack Action Plan

While the Strategy does not specifically mention domestic violence, the harm to parents, carers and families is recognised and their need for support through access to advice, help, counselling, and mutual support is acknowledged (Updated Drug Strategy, 2002, p.5). For many family members, particularly partners and children, this will equate to help and support for the issue of domestic violence. The Strategy, therefore, does not discount an avenue for linking substance use services with domestic violence services.

The services for crack and cocaine users are to be expanded including new guidance, improved training and support for front line drug workers (Updated Drug Strategy, 2002, p11). This recommendation runs alongside the recognition that the treatment services currently available, which were developed primarily for white, male opiate users may not be suitable and accessible to crack and cocaine users. There are opportunities here to recognise that the needs of women drug users (particularly those using crack cocaine) may be different from those for men, and may need particular consideration of the effects of violence and abuse on their ability to access treatment, to stay in treatment, and relapse rates.

The Updated Drug Strategy also stresses the necessity of integrated solutions and the co-ordinated delivery of services (Updated Drug Strategy, 2002, p11). This is a recommendation which could be used to highlight the need for substance use services and intervention strategies to be developed in conjunction with, rather than separated from developments in domestic violence intervention where there are overlapping issues.

Alcohol Harm Reduction Strategy for England

The private nature of domestic violence has often meant that the public crime and disorder agenda has over-shadowed the attention to alcohol-related violence in the home. However, while not a central plank of the Strategy, the fact that domestic violence is 25 per cent of violent crime and in at least one third of cases alcohol use is reported, places domestic violence firmly within the remit of the crime related aspects of the Strategy.

The Strategy states that, 'We need to recognise the nature of the links between alcohol misuse and domestic violence and address those links in public policy and in the design of local services' (s.6.4). The Strategy goes on to recommend avenues for better identification of alcohol problems and referral to alcohol services as part of existing measures on domestic violence.

The Alcohol and Harm Reduction Strategy recommends that local alcohol producers and sellers make a financial contribution toward managing the crime and disorder consequences of alcohol misuse (s.6.1) through the establishment of a Fund. Local domestic violence projects and support should be considered within the remit of the Fund.

***Safety and Justice*: consultation on domestic violence**

The government consultation document *Safety and Justice* raised the issue of the relationship between substance use and domestic violence and the need for more extensive multi-agency working across these issues. The consultation also pointed to the role of the research commissioned as part of the Updated Drug Strategy in informing the way forward in this area of work. 'Safety and Justice' has since been super-ceded by the Domestic Violence Bill and the issues of substance use and domestic violence are not addressed in a particular form, though clearly there are implications for all domestic violence survivors in relation to the new Bill.

Crime and Disorder Reduction Partnerships

The Crime and Disorder Act, 1998 placed an obligation on local agencies - health, housing, social services, education, police and probation - to co-operate over local strategies for tackling crime through the establishment of local partnerships. These partnerships should now include the local Drug Action Team and senior representatives from the Primary Care Trusts and other local multi-agency initiatives such as Sure Start and the Domestic Violence Multi-agency Partnership. However, at this stage, many of the CDPR partnerships are narrowly based, in spite of government recommendations to expand the basis for partnership. A well developed CDRP can allow for the development of a framework of services and criminal justice strategies which tackle the overlap between domestic violence and substance use.

Every Child Matters

Children living with domestic violence and substance using parents are not acknowledged in the Domestic Violence Bill, nor are they acknowledged in the consultation document for the Children's Bill, *Every Child Matters*. They have also little or no recognition within the Drug and Alcohol Strategies. This is a significant oversight, given that children growing up with fathers and/or mothers with problematic substance use and domestic violence are over-represented amongst children showing high levels of behavioural problems and emotional disturbance (Hester at al, 2000; Mullender et al, 2002). However, there is space within the documents on Safeguarding Children for the issues for children and young people living with domestic violence and substance use to be addressed, even though their specific issues are not named.

Women's Mental Health: Into the Mainstream

This policy document from the Department of Health pointed out that the women most vulnerable to being overlooked within mental health service provision included

women suffering from domestic violence and women with drug problems. The Implementation Guidance Section 5 (Service Delivery) recognises that individual assessment and care planning needs to address the issues of problematic substance use as part of the service delivery for women suffering from mental health problems.

In summary, there is no contradiction between most of the policy documents and the development of services and intervention strategies which link domestic violence and problematic substance use. However, it is also clear that without a more robust strategic and policy response that this issue will remain marginal with no specific performance indicators and targets tied to advancing service links in this area.

Research design

A multi-methodological research design was used to provide both quantitative data as well as qualitative interviews with service users, service providers, and policy workers.

Phase 1

Key informant consultation

The first aim of the project was to identify strategies for progressing policy and practice and building on work which had already been undertaken. Agencies and key informants were identified through the Stella Project (the London-based project which promotes good practice and support for service providers across the drugs, alcohol and domestic violence sectors), and through snowballing, where one person referred to another person or agency undertaking work in the area of substance use and domestic violence.

Semi-structured interviews were undertaken with 48 'key informants' across Engand, and this also provided the foundation for the second and third stages of the project. Key informants comprised:

- 9 informants from support services for domestic violence survivors;
- 6 informants from domestic violence perpetrator programmes;
- 10 informants from substance use services (drugs and alcohol);
- 1 informant from a service providing support to children with substance using parents;
- 1 informant from a service for prostitutes;
- 8 informants holding strategic and/or policy roles at either a national or local level;
- 3 academics/researchers.

These 'key informants' were consulted about: their knowledge of substance use and domestic violence and how they understand the links between these two areas; the barriers they experience or see in relation to developing practice links between the two areas; the policy issues which are relevant; identifying issues specific to work with black and minority ethnic service users and other issues of diversity; and the opportunities for progressing work in this area.

Phase 2

The second aim of the project was to explore the overlap of domestic violence with substance use within agencies settings. Agencies from two areas of England, where there had been some development in the response to the dual problem, were identified and approached to participate in Phase 2 and 3 of the project.

Each agency did not participate in all aspects of Phases 2 and 3. The participating agencies included:

- Women's refuge services 3
- Women's outreach projects 4
- Substance use agencies 4
- Perpetrator programmes 2

Questionnaires
Identifying the overlap between substance use and domestic violence ideally involved each agency giving out a questionnaire to every service user over a 3 month period. The questionnaire asked about the service user's experiences of substance use and domestic violence for themselves and their partner or ex-partner, and also included questions about their processes of help-seeking.

Agencies approached the issue of questionnaire distribution differently. With most agencies it was not possible to ask every service user to fill in the questionnaire during the specified time. In some agencies, service users were proactively given the questionnaire to fill out by workers and the research was explained to them. In other agencies, flyers about the research were displayed and questionnaires left out for service users to fill in if they chose to. The response to the questionnaire was therefore very uneven. The difficulties of 'rolling out' the questionnaire within agencies highlighted a number of issues:

- the difficulties of asking front-line workers who are already pressured to take on another task;
- the discomfort experienced by workers asking about the issue of either substance use or domestic violence;
- the fears of 'opening a can of worms' without having skills and services in the area;
- the mismatch between the perceived needs of service users and research demands;
- the problems of administering a questionnaire which front line workers perceived to be too long;
- the problems of developing a research tool which, in spite of consultation and feedback by several agencies was not 'owned' by many agency front line workers either in terms of its content or the process of distribution.

One agency had an interesting experience. Workers had thought that participation in the research project represented an unnecessary and possibly insensitive demand on service users. However, when service user representatives were consulted they were adamant that the research would be useful and should go ahead.

While information from the questionnaire illuminated a range of complex issues for service users, the significant problems raised in the questionnaire distribution meant that the aim of establishing the extent of the overlap between substance use and domestic violence were not fully realised through this method.

Data was analysed using SPSS, a statistical analysis package for use in the social sciences.

Agency screening
Systematically asking questions which elicit whether a person using a service has the dual issues of domestic violence and substance use highlights a controversial area of practice. Many agencies, particularly those in the drug and alcohol rehabilitation sector, express reservations about asking such sensitive questions. There are some

specific issues which arise when screening is used as an element in the research process to identify the number of service users in an agency with dual problems.

Invariably, under-reporting is to be expected particularly in the early stages of referral and initial assessments when service users will not always feel comfortable disclosing sensitive issues and where in both areas of substance use and domestic violence men and women often have great difficulty in naming their experiences of abuse, or of problematic substance use either by themselves or their partners. A further barrier is created by the perception (and often the reality) that refuge services in particular will not accept women who have problems of substance use. Moreover, research indicates that if screening questions are being asked by staff who are uncomfortable with asking these questions in the first instance, or who are under pressure from other service demands, then systematic questioning may not have been implemented as rigorously as necessary for accurate figures to be ascertained (Taft, 2002).

Agencies in this study were asked if they could provide systematic information on the dual problems of substance use and domestic violence drawn from their service users. This process occurred in two ways. In three agencies, case file information from the referral or assessment forms was used to identify those service users who acknowledged the dual problems of domestic violence (either as perpetrators or victims) and substance use.

Where these questions were not asked as part of the referral process and therefore recorded on case files, each service user who came in contact with the service during a 'screening week' was asked a question about the dual issue. Substance use agencies asked questions about domestic violence, and domestic violence agencies asked about substance use.

Six agencies participated in the screening. This represented 3 substance use agencies, one domestic violence outreach service for survivors, one refuge and two perpetrator programmes. The Domestic Violence Helpline co-ordinated jointly by Women's Aid and Refuge also provided information gathered from their data base.

Phase 3

Ascertaining service user experiences of help-seeking and service provision was the third aim of the project. The questionnaire asked service users whether they would be willing to be interviewed either face to face or by telephone, and agencies also approached service users about whether they would be willing to be interviewed. Nineteen service users were interviewed from women's domestic violence services, substance use agencies and perpetrator programmes. A themed analysis was undertaken to discern patterns and connections with issues identified through the questionnaire and screening. Other dominant patterns, such as the significance of mental health problems, emerged consistently in the interviews but were not an aspect of the questionnaire.

Ethical issues

Both substance use and domestic violence are issues of sensitivity due to the stigma associated with them. There are also compounding issues of safety, both psychological and physical, which need to be attended to so that research participants

are not harmed through the process of participation. Potentially, researchers work towards participation as a positive, rather than merely neutral experience.

The research proposal was passed by the Faculty of Social Studies research ethics committee at University of Warwick, and agencies participated on the basis that the proposal met their criteria for ethical research. Interviewees were paid a small honorarium for their time, and consent forms were signed or discussed with participants prior to phone interviews. These involved guarantees of confidentiality and anonymity to service users. Offers for follow up contact were discussed should distressing issues require a further conversation. Approaching current service users meant that there was support available within agencies should it have been needed.

Contextual issues

A one year project on a sensitive and complex subject such as this, acts as a pilot which highlights issues in research methodology and research evidence which need to be addressed in future developments in this area.

This report does not address the needs of children and young people. It was agreed with the research commissioners that this required a separate project so that children's and young people's needs were not a 'secondary add on' to this project which has a focus on adult services. However, when reading this report it is important to recognise that a high proportion of men and women with the dual problems of substance use and domestic violence have children living with them (Cawson, 2002). The research evidence suggests that a significant group of these children are deeply affected by living with domestic violence and substance use showing significant emotional disturbance and behavioural problems (Gorin, 2004; Kroll, 2004; Mullender et al, 2002). Unsurprisingly, they are over-represented amongst those children coming to the notice of social services either as children in need or those in danger of significant harm (Sloan, 2003; Harwin and Forrester, 2002).

This final report needs to be read in conjunction with the interim report which documents the first phase of the project (Humphreys et al, 2004; Humphreys et al, 2005). While a summary of key issues is included, the interim report provides a more detailed discussion of the consultation with key informants from policy and practice in the area.

Identifying problems and possibilities: key informant interviews

The links between substance use and domestic violence have been recognised for many years (see Humphreys et al, 2005). However, intervention has generally remained separated in spite of the overlap for many service users.

Phase 1 of the project sought to find out where there were areas of practice developing which addressed the needs of service users with dual problems. It also explored with key informants where they saw the barriers and the opportunities for the development of services in this area.

A mystifying separation

While all key informants recognised that there was a very distinct separation between substance use and domestic violence services for both perpetrators and survivors, most informants found the extent of the separation of services difficult to understand when the problems associated with dual issues were obvious to most practitioners. It was not seen as a useful separation for those service users with dual issues, yet recent research by Women's Aid (Barron, 2004) identifies only 3 or 4 services in the country where it is known that initiatives are being developed which address both issues of substance use and domestic violence. (Further specialist posts have also been advertised since these interviews occurred).

Key informant from services which had made inroads into developing more holistic services commented that aspects of this were not difficult to implement and although the barriers were easy to identify, the ongoing 'siloing' of services was hard to understand.

> *It's never made sense to me that we haven't done more work around this area. Lots of women that we've engaged with, have actually at some point in time come out and spoken about their experience of misusing alcohol mainly, but lots and lots of women have also spoken about kind of using crack or heroin, etc., as well* (Female manager, DV service for women).

Barriers to linking substance use and domestic violence services

A wide range of reasons were given for the separation of services. Five themes have been drawn out for discussion. Four were raised by a majority of informants and the fifth was only mentioned by a minority, but was commented upon forcibly by those that identified it. The themes were:

- a cultural clash between services;
- the politics of a single issue focus and concerns about causality in relation to perpetrators;
- resource constraints;
- the lack of knowledge and training in relation to 'the other' issue whether that be substance use or domestic violence;
- and the problems of fragmentation at government level.

A cultural clash

The reason quoted by more than half of the informants for the current separation of services can be described as 'cultural differences'. This related to three areas:

contrasting practice models and knowledge bases; splits between statutory and voluntary sector services; and the significance of a gendered perspective.

> *I'm aware that there's a different ethos for different ways of working. A lot of drug agencies are first of all quite centred round the needs of the drug user, which is obvious and logical whereas if that user is also an abuser, then the focus of the work has to change. I think that can be problematic in both [types of] agencies. Some agencies [have] a kind of medical model of drug use, which of course is something that domestic violence agencies really shy away from: they talk about seeking responsibility* (Male worker, perpetrator programme).

At its most stereotyped, the cultural differences are explained as substance use services working primarily with a medical/disease model focused on the individual and on one issue, often linked to a crime agenda, with many of these services based in the statutory sector. By contrast, domestic violence services are described as working from a social/feminist model with an advocacy/empowerment approach and based in the voluntary sector. This provides a polarised view of the sectors. It was noted that there were areas of work, for example, women's groups and services within the substance use sector, which were very close to the underpinning value base for services in the domestic violence arena.

This is an issue widely commented upon in the literature (Bennett and Lawson, 1994; Zubretsky, 2002). Levy and Brekke (1990), for instance, note that while there may be some commonalities in individual dynamics (denial, increase in frequency and severity, often a family history of the problem, minimisation of their behaviour and its effects, blaming others for the problem) that there are different values and beliefs which underpin the intervention in different sectors. Substance use services often highlight the powerlessness of service users in the face of their dependency, while family violence programmes (women's programmes and perpetrator programmes) emphasise the issue of control and empowerment (Zubrestky, 2002).

Others have pointed to concerns about the gender-neutral approach in many substance use services and how concerned domestic violence workers are with any referrals which may involve women in family therapy or 'co-dependency' approaches which minimise the need for safety and empowerment for women living with domestic violence (Rogan, 1985/86). Substance use approaches which fail to recognise the role that alcohol can play in the dynamic of abuse may minimise the use of alcohol as a 'control strategy'; often used as a threat and a means of creating an atmosphere of fear (Room,1980; Gondolf, 1995). Approaches which emphasise cognitive-behavioural and educational techniques for both substance use and perpetrator programmes may provide a better basis for a non-contradictory intervention, as against those models with a disease approach to substance use (Connor and Ackerley, 1994). Addressing these 'cultural issues' are essential steps in moving the field beyond the simple exploration of the association between substance use and domestic violence and towards addressing the policy and practice implications of these findings (Leonard, 2001).

The politics of a single issue focus and concerns about causality
An issue mentioned by several informants was the politics associated with keeping a single focus:

> *There's a lot of stigma attached to it (substance use). And if you're suffering domestic violence as well that means that you've got double the stigma. So I think that's why they've always been kept separate issues. I may be wrong, but I think it's the same with all areas of diversity….it's just much easier to deal with one problem…So I think that people try and put people in silos and say, 'Well, we can deal with this problem and let's hope everything else gets sorted out* (Female senior policy worker).

The single issue focus was in evidence at every level of interventions: the focus of work, the training and background of the worker, policy and legal framework, the resource base, and the political understanding which workers brought to the issue. Tackling the complexity which service users with dual issues bring can challenge every aspect of the service intervention.

At the heart of many workers' concerns lay the issue of causality. While every worker recognised the overlap between the issues, the interpretation of what that meant in terms of intervention is a vexed one within the sectors (Gorney, 1989; Zubrestky, 2002). It was recognised that in a dominant culture which is often tolerant of behaviour (particularly male behaviour) 'under the influence', many perpetrators of domestic violence use the dis-inhibiting effects of alcohol or drugs to excuse violent behaviour.

> *A lot of the men who come here will cite drinking as, they will see it as the cause of their violence. They'll say "Oh I did it 'cause I was drunk." And certainly my belief is that for some of those men they are more likely to be drunk because they're violent. It may be a dis-inhibitor, but then again it may be men who do it, men who drink and then use violence maybe using it as an excuse…* (Male worker, perpetrator programme).

In contrast to how perpetrators and sometimes their partners may use substance use as an excuse for their behaviour, all informants, bar one, were clear that it is **not** the cause of domestic violence. However, more than half of the informants noted that within some agencies still, substance use is seen as an excuse for domestic violence. It was also noted that police and the courts often see women's substance use as a legitimate excuse for male violence and will not act appropriately on the violence perpetrated against them under these circumstances. This is an issue also raised in the literature (Leonard, 2001).

A further point mentioned by five informants in various ways was that highlighting the links between alcohol, drugs and domestic violence does not necessarily assist any group in attracting public sympathy. Survivors of domestic violence can be viewed very differently when their problematic substance use is named. Similarly, substance use organisations have been very proactive in educating the public about the 'disease' of addiction and the need for personal and public support for those seeking help. Acknowledging that many of these same people are also perpetrators of domestic violence does little to enhance a sympathetic public awareness of addiction issues. It

was noted, particularly for black and minority ethnic women that the double stigma associated with being both a victim of domestic violence as well as having a substance use problem may compound the difficulties of help-seeking.

Problems of resourcing services for men, women and children with complex needs
The issue of resourcing was raised by all informants as a constraining factor which kept agencies with a single issue focus.

> *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).

The need for resources was not only mentioned in relation to accommodation. Scattered throughout the informant interviews were other aspects of work which would need resourcing if the entrenched separation between the sectors is to be overcome. Such areas included: training, multi-agency working, policy development and increased staffing to meet the longer time it takes to work with women and men with complex needs. The specialist needs of men and women from black and minority ethnic backgrounds in particular were recognised by London workers and it was noted that their needs also demanded further resources. Many workers commented that without further political will supported by resources the single issue focus was likely to be retained.

Lack of knowledge and training across substance use and domestic violence services
In relation to individual agencies, the lack of knowledge and training was seen by all informants as a major barrier to the development of more appropriate holistic responses by staff. This lack of training results in staff working in one sector being uncomfortable dealing with issues raised by any individual service user which have traditionally been dealt with in the other sector.

> *It's difficult for them to see it and name it for what it is because they don't feel confident or capable to kind of get into beginning to look at what her needs are, because they haven't been trained* (Male worker, drug and alcohol assessment team).

A small number of informants pointed out that there were very few people currently whose skills and knowledge base spanned both sectors. Workers were either trained in substance use or domestic violence. It was noted that foundational training in professional courses such as social work did not comprehensively address both issues. This is also a consistent theme in the literature (Zubrestky, 2002).

Fragmentation at Government Level
It was interesting that few workers or policy makers mentioned the fragmentation of response at government level. However, national policy workers did point out that

they were actively working to bridge the 'departmental silos'. An holistic approach is not assisted by the policy and dominant funding for each sector being separated. Drugs issues are based within the Home Office due to the links with the crime and disorder agenda; alcohol issues are the responsibility of the Department of Health emphasising the connection with health and the medical model; domestic violence services for survivors are largely funded through the voluntary sector and accommodation needs through housing based with the Office of the Deputy Prime Minister, while the voluntary sector and probation services fund programmes for perpetrators.

> 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).

While funding streams were separate, it was mentioned that at policy level there were links through, for example, the Home Office holding lead responsibility for domestic violence; the Alcohol Strategy mentioning the need to address domestic violence and the development of the Crime and Disorder Reduction Partnerships to include police, the DAAT and PCTs.

The complexity of service user needs are reflected in these equally complex departmental arrangements and point to the amount of work which will need to be done to create a shared agenda.

Good practice directions

A range of directions for good practice were discussed at length with key informants. These are discussed at the end of the report (Help-seeking and implications for practice, policy and research) and written in conjunction with similar issues raised by service users.

Overlapping issues: domestic violence and substance use

Two methods were used to gather data on the number of service users in each agency who experienced the dual problems of substance use and domestic violence: questionnaires and agency screening. The results are discussed separately for each group of agencies: domestic violence agencies supporting women survivors; substance use agencies supporting both men and women; and perpetrator programmes working with men.

Domestic violence agencies

Six agencies distributed questionnaires to their women service users. A total of 75 questionnaires were returned of which 38 (51%) were from respondents where either they or their current/ex partner had used alcohol, illegal drugs and/or prescribed medication in problematic ways in the past five years. Over half of the respondents defined themselves as belonging to a minority ethnic group. All of the questionnaire respondents were female and all current/ex partners male. Table 1 below gives a detailed breakdown of questionnaire returns from the 6 responding agencies.

Table 1: Domestic Violence Survivor Services: Questionnaire Returns

Agency	Total Returns n	Return Rate %	Dual Problem Returns n	% with dual problems in each agency %
Area 1 Agency 1 (Advocacy/outreach)	31	37	11	31
Area 1 Agency 2 (refuge)	11	-	05	45
Area1 Agency 3 (Advocacy/outreach)	10	10	07	70
Area 2 (Asian women's refuge)	08	38	01	12.5
Area 2 (Tenancy support/Outreach service)	13	45	12	92
Area 2 (refuge)	02		02	100
Total	75		38	

* All percentages rounded to nearest whole number

The overlap for each agency ranged from 12.5 per cent to 100 per cent. However, while the total returns on a distributed questionnaire are acceptable, they are not high enough to give an accurate picture of the dual overlap issue. The highest returns were from the Area 2 outreach/tenancy support scheme and represented a 45 per cent return rate for that service. The figure of 92 per cent of the women having dual problems is high. However, further research may be needed to establish whether this is an accurate figure for women who have limited access to refuge accommodation.

The overlap data from questionnaires needs to be seen in conjunction with the results from the agency screening. The results of asking a screening question to each woman using the refuge or outreach service during a one week period are presented in Table 2 below.

Table 2: Domestic Violence Survivor Services Screening

Service	Period	Total no. of service users	No. with substance use problem	% with dual problem
Area 1 Agency 3 (Advice and advocacy service)	1 week	35 women	11	31%
			1 (partner with substance problems)	35% (with experiences of substance use from either self or partner)
Area 1 Agency 4 (Advice service)	1 week	5 women	2 (crack cocaine)	40%
(Prison support group)		7 women	6 (drugs + alcohol)	86%
(Refuge service)		33 women	16 (when prescription medication is included)	49%
Area 2 Agency 3 (refuge)	1 week	7 women	6	86%
			7 (with partner/ex partners with substance problems)	100%
Area 2 (Local women's helpline)	1 week	30 women	10	33%
			13 (partner/ex partner substance user)	70% (with experiences of substance use from either self or partner/ex partner)

The 'screening week' adds overlap data which may be more accurate given that all women over a one week period were asked a question about the history of problematic substance use for either themselves or their partner. In this data, women with experiences of problematic substance use contacting domestic violence services ranged from 33 to 86 per cent of the total number of service users. The refuge service in Area 1 Agency 4 reported a very low rate of alcohol and drug use (7%) but a high rate of women on prescription drugs. It was unclear to what extent this was problematic use.

When their partner or ex-partners' experiences are included, the number of women affected by problematic substance use increases substantially, with one refuge reporting 100 per cent and the local helpline indicating 70 per cent of women affected.

The results from an analysis of the database of women using the 24 hour helpline where front line workers ask women about their substance use problems are also recorded here in Table 3.

Table 3: Women's National Helpline

Service	Period	Total no. of service users	No. with substance use problem	% with dual problem
	N	N	N	%
National Women's Helpline (Women's Aid)	3 months	9432	61	0.6
National Women's Helpline (Refuge)	6 months	19,138 (information calls deleted from total)	1015	5

The results from the National Helpline show only a tiny percentage of women reporting dual problems, a figure significantly lower than for the general population. This points immediately to the problems with screening questions – in what context questions are asked and by whom (see discussion below).

Discussion

This initial data from domestic violence services shows that the number of survivors seeking help from women's refuge and outreach services who have dual problems may be significant. The questionnaire data is limited by the low return rates, which means that it is not an accurate measure of the overlap between substance use and domestic violence amongst women using domestic violence services. The screening data is a more accurate measure of overlap for a short period of time, but is also limited by low numbers. Taken across a larger number of services, the screening data has the potential of gaining a more accurate picture of duality in the future.

The lower rate reported in the returns from the Asian women's refuge requires more research to establish whether this is a more general pattern across Asian women's refuges. It may be that there is a genuinely lower rate of substance use by Asian women using refuges. However, there will always be major inaccuracies in estimating the size of the problem in an area where shame and secrecy lead to difficulties in naming the problem and seeking help. Issues are compounded by fears of losing residency of the children, immigration, cultural and religious issues and concerns about racism (Taylor, 2003). The problem of exclusion from services where women are perceived to have substance use problems also prevents some women speaking out about the issue and again will have the effect of under-reporting.

On the other hand, the very high rate of substance use reported at the refuge in Area 2 (86 per cent with substance use problems) may be far from representative for the refuge sector. It is a small refuge with a known policy of being sympathetic to

women with substance use problems. Further research is clearly required to look more closely at the patterns for women with complex needs using refuges.

Small studies undertaken in the US reported 29 per cent of residents of a refuge with substance use problems (Khan et al, 1993). This rate was comparable with a study by Gleason (1993) which found 23 per cent of 30 residents with alcohol use and 10 per cent with drug use within the refuge, but, as expected (due to lack of exclusion criteria), higher rates of 44 per cent alcohol use and 25 per cent drug use for the 32 women receiving outreach support. A Welsh study suggested a rate of 22 per cent of women using refuges with substance use problems. Again there are problems of under-reporting where data is taken by workers and where women fear they may be excluded (Charles et al, 2004).

The data from the national helplines, which shows rates of 0.6% and 5 per cent respectively of women reporting dual problems, points to the degree to which under-reporting may occur when women perceive their interests to be undermined by admitting to substance use problems. It may also point to the problems associated with large data bases where front line workers may not always ask the screening question (particularly when women are in crisis) and when workers may not be consistent in their inputting of data particularly in highly stressful working conditions. The local helpline results were very different – taken over a shorter period with high supervision in relation to data collection and where finding shelter is not a primary role of the helpline.

Other studies suggest that women suffering from domestic violence are at least twice as likely to have problematic substance use as those women who are not being abused (Roberts et al, 1998) though, like this study, the rate is highly dependent upon the research site. The literature overview by Barron (2004) points out that the Yale trauma study found that those women experiencing domestic violence were more than 15 times more likely to use alcohol and 9 times more likely to use drugs than women in the general population in the US. It is data such as this which suggest that the helpline data is a gross (though understandable) under-reporting of the problem which helpfully highlights the need to be wary of the data from screening questions (Taft, 2002). Who asks the questions, under what conditions, and how the data is perceived to be used are key issues which affect the result alongside the degree of rigour with which information is entered on the database.

Perpetrator programmes

Two perpetrator programmes actively distributed questionnaires to their male service users. A total of 22 questionnaires were returned of which 17 (77%) were from respondents where either they or their current/ex partner had used alcohol, illegal drugs and/or prescribed medication reported in the past 5 years. The data primarily referred to the respondent's substance use (15 of 17 positive responses). One respondent was Asian, the others were all white British (11) or from other countries in Europe. All current or ex/partners were female.

Table 4: Questionnaire Returns

Agency	Total Returns n	Return Rate %	Dual Problem Returns n	% with dual problems in each agency %
Area 1 Perpetrator programme 2	07		06	86%
Area 2 Agency 1	13	54	11	85%
Total	22		17	

* All percentages rounded to nearest whole number

The number of respondents from Area 1 is small and the return rate unclear. The Area 2 Agency 1 data needs to be seen in conjunction with its screening data.

The screening process occurred in two agencies. In Area 1, data from clinical assessment reports where questions were systematically asked about the man's substance use was used to ascertain the extent of dual problems. In Area 2, men in the group work programme were asked a screening question about their substance use over a 1 week period.

Table 5: Perpetrator Programme Screening

Service	Period	Total no. of service users	No. with substance use problem	% with dual problem
Area 1 Perpetrator programme 2	1 year	99 assessment reports	62 (3 unknown)	63%
Area 2 Perpetrator programme 1	Group attenders during 1 week	9 men	5	55%

Taken together the data indicates that there are very high rates of substance use for men attending perpetrator programmes. The screening data for the perpetrator programme in Area 1 was systematic and based on assessments over a one year period, suggesting that this is relatively accurate data on the number of men on perpetrator programmes with the dual issues of substance use and domestic violence. The numbers for Area 2 are small, both in terms of questionnaire returns and the 'screening week'. Under these circumstances, a difference of one or two respondents shows a disproportionate shift in the percentage of men with dual problems ranging from 55 per cent in the 'screening week' to 86 per cent of men filling in questionnaires over a two month period.

Discussion
When taken together, the screening data plus the questionnaire data suggest that well over half the men attending perpetrator programmes have substance use problems. This reflects other findings in the literature which point to particularly high rates of problematic substance use for men participating in perpetrator programmes. Two US studies (Brown et al, 1998; Feinerman, 2000) showed 63 per cent and 70 per cent respectively of men on perpetrator programmes also reporting problematic substance use. A US overview found an average across studies of 50 per cent (Gondolf, 1999).

While men attending perpetrator programmes are a quite specific population, other population studies and overviews also suggest high rates of drug and alcohol problems amongst the perpetrator population (Finney, 2004; Gilchrest et al, 2003).

Substance use agencies
Questionnaires were actively distributed to service users in three agencies (1 in Area 1 and 2 in Area 2). A total of 32 questionnaires were returned of which 19 (59%) were from respondents where they had been either a victim of, or had perpetrated domestic violence during the previous five years, whilst they or their current ex/partner had been under the influence of alcohol, illegal drugs and/or prescribed medication. Only 2 respondents defined themselves as having mixed ethnicity and one was from Western Europe. Two male respondents identified as gay and two females as bi-sexual. Table 6 below gives a detailed breakdown of questionnaire returns from the three responding agencies.

Table 6: Substance Use Agency Questionnaire Returns

Agency	Total Returns n	Return Rate %	Dual Problem Returns n	% with dual problems in each agency %
Area 1 Agency 1	15	35	07	47
Area 2 Agency 1	13	6	10	77
Area 2 Agency 2	04		02	50
Total	32		19	

* All percentages rounded to nearest whole number

The questionnaire returns from the substance use agencies provide interesting data on a range of issues. However the return rates are not substantial enough to provide accurate overlap data.

Screening questions were asked during a one week period by workers of current service users about their experience of domestic violence.

Table 7: Substance Use Screening Table

Service	Screening Period n	Total no. of service users n	No. of victims of dv n	No. of perpetrators of dv n	No. with dual problem n	% with dual problem %
Area 1 Agency 1 Substance Use (men)	1 week	19 men	1	4	5	26%
Area 1 Agency 1 Substance Use (women)	1 week	6 women	4	0	4	67%
Area 2 Agency 2 Substance Use (day programme)	1 week	10	4		4	40%
Area 2 Agency 2 Substance Use (tenancy support)	1 week	13 + 1 refusal	8		8	61.5%

Substance use agencies found it easier to implement one week screening than systematic questionnaire distribution. While the data has the problem of relatively small numbers of service users in each service over the one week period, there is nevertheless a picture emerging of a significant proportion of service users with domestic violence problems ranging from 26 to 67 per cent depending on the service and whether the primary service users are men or women.

One other agency took data from their database, as they routinely questioned service users about their experiences of domestic violence at referral and assessment. The results are shown in Table 8.

Table 8: Assessment Data

Service	Screening Period	Total no. of service users	No. of victims of dv	No. of perpetrators of dv	No. with dual problem	% with dual problem
Agency 3 Substance Use (men)	16 month	879 men	27	65 + 13 perpetrator and victim	105	12%
Agency 3 Substance Use (women)	16months	434 women	63	9 + 10 were both	82 women	19%

The rates reported from the agency database are considered a very significant under-estimate of the problem of domestic violence. For the agency, it raised issues about the rigour of inputting on to the database and the way in which questions were asked. While staff were trained in both substance use and domestic violence, some staff had greater comfort asking the questions than others.

Discussion

These data (other than the Agency 3 database) point to a significant overlap between the issues of domestic violence and substance use for service users accessing substance use agencies. However, the limitations and the lessons about screening data are also amply illustrated by these findings. It needs to be mentioned here that the extent of the overlap between reported domestic violence and substance use is very dependent upon the context in which questions are being asked, the database, and who is asking the questions. A US study of men using a substance use agency showed the rate of dual problems varied from 20 per cent when taken from clinical files, to 52 per cent when the men were asked directly by the researcher, to 82 per cent reported by their partners or ex-partners (Gondolf and Foster 1991). There are further issues to be taken into account in this UK study.

Firstly, 1 week screening where there are small numbers of service users can only be indicative of a pattern and not a 'fact' about the consistent overlap of substance use and domestic violence. Secondly, substance use and domestic violence (for both perpetrator and victim) are subject to stigma, shame and therefore under-reporting. High levels of trust are often required to admit firstly to oneself, and then to other people, the nature of the problem. This is perhaps particularly true for men in substance use programmes being asked about whether they have perpetrated domestic violence. Thirdly, the large data bases which are reliant on front-line workers inputting data, may provide access to larger numbers taken over a longer period of time, but have other inbuilt inaccuracies. For example, workers may not be asking the questions, may not be inputting the data, and service users may be unlikely to answer accurately questions about their substance use or experiences of domestic violence at an early point in their contact with an agency.

The 1 week screening data suggest that, if a much greater number of agencies were used, that this method is more appropriate for substance use agencies than questionnaires as a means of exploring the dual problems with substance use and domestic violence. Services with predominantly women users showed a rate of more than 60 per cent for a 1 week period, though these numbers need to be used with care given the small numbers in each agency.

The rate, however, is consistent with other research both in the UK and US. Women approaching substance use agencies are reporting particularly high rates of domestic violence. Swan et al (2001) in a US study involving 360 women across 8 substance use agencies reported 60 per cent of clients disclosing either current or past domestic violence and 47 per cent reporting current domestic violence at intake. Rates of domestic violence were higher amongst users of crack cocaine compared to women who used alcohol and other drugs. Similarly, Downs et al (1993), working through substance use agencies, showed that 60 to 70 per cent of women experienced violence or abuse in the previous 6 months.

Other studies in the UK of women with drug problems again show a worrying overlap with domestic violence. Becker and Duffy (2002) state that between 50 and 90 per cent of women attending substance use services reporting abuse, while a study of 60 women using crack cocaine (Bury et al, 1999) found that 40 per cent reported being regularly physically assaulted by a current partner and 75 per cent assaulted by a current or past partner. Much of this abuse was at the severe end of the continuum with approximately 50 per cent needing hospital treatment in the past year as a result of partner violence. Other violence from acquaintances, dealers, relatives and friends was also reported. A further study of 66 women opiate users showed that 30 per cent reported physical violence from a current partner and 44 per cent reported high conflict (Powis et al, 2000).

Taking the data together, it appears that a significant number of service users using substance use agencies have the dual problems of domestic violence and substance use though further UK research is required to establish more accurate data in this area.

Making sense of the overlap: severity, types of drugs and explanations

The previous section provides initial evidence of a substantial overlap between domestic violence and substance use. This section explores further aspects of this overlap including the types of substances which were used in this sample group, the severity of domestic violence experienced and the explanations which people gave for these overlapping issues. Data from both the questionnaires and the interviews are taken together in this section. In addition information about perpetrators from both the substance use agencies and the perpetrator groups are looked at together, as are the survivors accessing refuge and outreach services and those accessing substance use services. This data contributes to a picture of emerging patterns of substance use and domestic violence, much of which is also reflected in other research. The first section deals predominantly with the impact on survivors; while the second section focuses on perpetrators.

Domestic violence survivors

Fifteen women from domestic violence services reported that they had misused substances; and 17 respondents (11 women and 6 men) from substance use agencies said they had been victims (9) or both a victim/perpetrator (8) of domestic violence. Two of the male victims had male partners who had perpetrated abuse. Men from perpetrator programmes also gave some information about substance use by their female partners or ex-partners (9). A further 19 people were interviewed, of whom 17 were victims of domestic violence. One of these survivors was gay and victimised by a male partner. Of these interviewees, 8 had not previously filled in a questionnaire and 5 had their own substance use as an issue.

This data thus draws on information from 37 survivors and 9 perpetrators who responded to questions about the substance use of their victimised partners or ex-partners.

The reported pattern of victimisation and perpetration of violence by men and women using substance use agencies who filled in questionnaires is complex and more easily understood through the table below.

Table 9: Victimisation and Perpetration of Domestic Violence in Substance Use Agencies

Experience	Female Respondent		Sex of current/ex partner		Male Respondent		Sex of current/ex partner	
	N	%	Male	Female	N	%	Male	Female
Victim	05	42	4	1	04	57	2	2
Victim and perpetrator	06	50	6	0	02	29	1	1
Perpetrator	01	16	-	-	01	24	-	-**
Total	12				07			

* All percentages rounded to nearest whole number

** Neither respondent here gave information on the sex of their current/ex partner

The data shows 6 women who said that they were both victims and perpetrators of violence and 4 men who reported being victims and a further 2 who reported being both victim and perpetrator. The data from these different groups were analysed separately. However, in the themed discussion below, data from the different groups was bought together with data from the other agency findings.

Survivors: Types of substance use
Amongst women using refuges and outreach services, alcohol was the most frequently misused substance (9) followed by illegal drugs (8) with problematic prescribed medication use reported by a minority (4). Six of these respondents misused a combination of alcohol and illegal drugs. A different pattern emerged with the 17 survivors or survivor/perpetrators accessing substance use agencies. Here, polydrug use was the norm with a combination of alcohol and illegal drugs reported. The information from perpetrators about their partners/ex-partners was similarly that polydrug use was more common than single substance.

In relation to illegal drug use, amongst the sample of women using domestic violence agencies, cannabis was the most frequently used illegal drug (5) followed by ecstasy and crack (3 respectively). Amphetamines and cocaine were noted by two respondents respectively and heroine by 1. Again, perpetrators reports of their partner's substance use cited cannabis as the most commonly used illegal substance (7), and 4 used illegal substances in combination, most frequently cannabis and amphetamines.

Table 10: Survivor substance use

Alcohol	Alcohol + illegal drugs	Illegal drugs	Prescribed medication (single + alcohol/drugs)	Unknown	Total number
7	20 (most common substance cannabis)	7	7	5	46

In summary, survivors used a wide range of drugs. Alcohol was commonly used in this sample, though often in combination with cannabis. However, the patterns varied depending from where the sample was drawn. Substance use agencies had a greater number of people using Class A drugs. Clearly, a larger number of service users across agencies would need to be looked at to confirm any patterns of substance use by survivors.

Domestic violence perpetrators
Data on perpetrators use of substances is drawn from the following sources:

- Summary of data from clinical reports of 99 men assessed on a perpetrator programme of whom 62 reported substance use problems;
- 17 men attending perpetrator programmes who filled in a questionnaire;

- 8 respondents who where both victims and perpetrators and 2 perpetrators from substance use programmes;
- 35 reports from women using domestic violence agencies about their partner/ex-partners.

The data on substance use and its links with domestic violence was drawn from 124 perpetrators of domestic violence.

Perpetrators: Type of substance use
In exploring the reported substance use of perpetrators of domestic violence two aspects are striking. Firstly, the extent of alcohol use and secondly, the extent of polyuse of drugs and alcohol.

Table 11: Perpetrator Substance Use

Alcohol	Alcohol + illegal drugs	Illegal drugs	Prescribed medication (single + alcohol/drugs)	Unknown	Total number
n	n	n	n	n	
35	50	24	6	9	124

While cannabis use was not uncommon amongst the women survivors, in this sample of perpetrators, Class A drugs were equally or more common, either in combination with each other or alcohol. Other studies have also reported high rates of polydrug use either in combination with alcohol or with different sorts of illegal drugs. A US study of police records of domestic violence incidents identified a significant amount of dual alcohol and drug abuse, with 36 per cent of perpetrators reported to have used a combination of alcohol and cocaine in the previous six months. Amongst cocaine users, 40 per cent had used cocaine three times per week during the month preceding the police call out incident. The heaviest drinkers were also the heaviest drug using group (Hutchinson, 2003).

Some respondents or partners did make comments about substances which seemed to be particularly problematic in relation to the violence and abuse.

Amongst the women using domestic violence refuge and outreach services, 16 respondents (46 %) commented on this issue. For almost all of these women (13), the substance noted here was alcohol. Cannabis and cocaine, were noted by a minority. Eleven of the respondents said that more than one substance was more threatening/dangerous.

Some of the respondents to the questionnaire from perpetrator programmes (11 and 17 men) also reported that some substances were more dangerous than others. The substance noted by the entire group was alcohol. Cocaine was an issue for 3 respondents with 2 noting prescribed medication. One respondent only reported that combining substances was more threatening/dangerous.

The 17 respondents from the substance use agencies only provided a small number of comments on this issue. Three male victims reported that some substances were more dangerous in relation to the current/ex partners (2 male and 1 female). Alcohol, amphetamines, ecstasy, crack and cocaine were all implicated here. Three female and 1 male respondent reported that some substances were more dangerous in relation to their own abusive behaviour, in all cases this involved alcohol. Two female and 1 male respondent reported that this was the case for their current/ex partners. A wide range of substances were mentioned including alcohol, cannabis, ecstasy, amphetamines, crack, and heroine.

To date, the literature is relatively sparse on this issue. Several studies confirm some of the experiences of survivors in this study which suggest that perpetrators who use alcohol and drugs in combination are more likely to be dangerous than single drug users (McCormick and Smith, 1995; Denison et al, 1997; Schafer and Fals-Stewart, 1997). For example, in a study of domestic violence incidents, Brookhoff et al (1997) found that family members reported that two-thirds of the male perpetrators had used a combination of cocaine and alcohol on the day of the incident. Moreover, in a study of 20 homicides, alcohol or drug involvement was found in all cases, including 20 per cent where alcohol and cocaine were both used by the perpetrator (Slade et al, 1991). Further research has also suggested that crack cocaine is implicated in increased violence and this includes the problems associated with withdrawal, where again violence may increase (Miller and Potter-Efron, 1990).

In summary, where respondents made comments on this issue, alcohol was consistently mentioned as increasing dangerousness, alongside a minority of respondents who said that using drugs in combination was also more threatening or dangerous. This was not the focus of this research and further studies are needed to look at the intersections in this area. Again, care needs to be taken over the issue of causality. Attitudes to masculinity and violence, criminal activity, and the ways in which force and violence are used as a strategy of intimidation are key issues, not just the chemical substance which is being used.

The extent of the violence

Questions were asked about the forms of violence experienced and some of the consequences of that violence. This involved self-report from the 38 women survivors using domestic violence agencies (15 who had substance use problems themselves), 17 survivors (8 of whom were both victims and perpetrators who used substance use agencies) and 17 men on perpetrator programmes who answered questions about the form and extent of violence they perpetrated towards their partners or ex-partners.

The data across all agencies provides evidence of abuse at the severe and chronic end of the spectrum of violence and raises issues of major concern about the safety of those involved. Table 12 outlines the form and frequency of the abuse experienced by women living in refuges or using outreach services and who reported that either they, or their partners had problematic substance use.

Table 12: Forms of Violence Experienced

Form	Whether Experienced		Frequency					
			Once		Several Times		Frequently	
	N	%	N	%	N	%	N	%*
Repeated criticism	35	92	-	-	08	23	27	77
Stopped from seeing friends/family	30	79	02	07	12	40	16	53
Threats of violence	34	90	02	06	14	41	18	53
Threats to kill	27	71	07	26	10	37	10	37
Threats to remove children	19	50	04	21	07	37	08	42
Damage to property	29	76	05	17	13	45	11	38
Slapped/punched	30	79	04	13	13	43	13	43
Held/grabbed by throat	28	74	02	07	15	54	11	39
Beating	23	61	05	22	05	22	13	57
Attacked with a weapon	16	42	05	31	06	38	05	31
Pressured to have sex	24	63	06	25	13	54	05	21
Forced to have sex	19	50	06	32	10	53	03	16
Total	38							

* All percentages rounded to nearest whole number

The forms and patterns of violence experienced by women using refuges and outreach services suggests a pattern of intimate terrorism. Fifty per cent had been forced to have sex (raped) and 63 per cent pressured to have sex. Seventy-one per cent had been threatened with being killed and 74 per cent had been held or grabbed by the throat (the most frequent way in which women in the UK are murdered by their partners and ex-partners). It is also salutary to note how many had used the children and the removal of children as a threat.

While the key focus of the interviews was to explore the experiences of help-seeking many survivors mentioned intensely painful experiences of abuse.

> *I just got sick to death of him beating me again. And um and the things he was making me do. He was sending me out to work for money for him for his drugs. And do you know what I mean. Six months before someone had tried to murder me and rape me and he's sending me out to work as an escort girl. And if I refused to do it he was just beating the hell out of me. And I just… if I hadn't have done it I'd have ended up committing suicide. So I got out of there* (Kylie[4], refuge resident).

> *Me actual second husband, he raped my two girls. Um. And me as well. And when um I confronted him about it he put me in hospital for about nineteen*

[4] All names have been changed to protect anonymity

month. …...One minute he were fine and once he'd been drinking he'd just turn nasty. And he just used to beat the shit out of me basically. So I mean I still got…bruising and stuff from it. But um I just had enough basically (Brenda, refuge resident).

The patterns of violence reported by men and women using the substance use agencies were also serious with similar reports of rape, sexual pressure, and strangulation. The most serious forms of violence were perpetrated by men (in 2 cases this was in gay or bi-sexual relationships).

The men using perpetrator programmes reported on the violence they perpetrated towards their ex-partners. These reports suggest a group of men who had generally perpetrated very severe and chronic patterns of abuse. While 100 per cent said that they had repeatedly criticized their partner/ex-partner, threats of violence, damage to property (94%) and physical assault (88%) were also all common. Four reported that they had attacked their partner with a weapon, and 12 (71%) admitted having held their partner by the throat.

The serious impact of some of the physical violence experienced by respondents is reflected in their use of medical services for injuries they had received. The British Crime Survey Findings (Walby and Allen, 2004) report that only 30 per cent of women with injuries seek medical assistance and that those who seek help are disproportionately women with serious injuries experiencing chronic domestic violence.

This sample shows twice the above rate for those seeking medical help. Amongst women accessing domestic violence agencies, over two-thirds (24) had sought medical attention. Of this group, 71 per cent (17) had made a visit to a hospital casualty department and for 9 respondents this had happened on 2 or more occasions. Six of the respondents had spent time as a hospital in-patient as a result of a domestic violence related injury and for 3 this had happened more than once. Thirteen of this group (54%) had sought medical attention from a GP at least once, although it should be noted that 2 respondents had made at least 6 visits to a GP.

The complex pattern of perpetration reported in the substance use agencies, which included both men and women as perpetrators, indicates that of the 6 women who reported that they were both victims and perpetrators, all of them had had to seek medical attention for the abuse they had experienced, suggesting that these may have been unequal 'battles' in which women were the ones sustaining injuries. The severity of the experience of male on male violence reported is reflected in the use by the two men involved of medical services for domestic violence related injuries. Both had visited a hospital casualty department, in 1 case on 6 or more occasions. This latter respondent also spent time as a hospital inpatient on more than two occasions.

The 17 respondents from the perpetrator programmes noted that 15 current/ex partners sought medical attention for injuries they had received. Two respondents noted that this had happened between 2 and 5 times. Nine respondents said their current/ex partner had visited a hospital casualty department for a domestic violence related injury and in 2 cases this had happened on 2 or more occasions. None reported that their current/ex partner spent time as a hospital in-patient.

The treatment for mental health problems was also indicative of the scale of violence perpetrated. This was also a strong theme in the interviews with survivors. Women using domestic violence agencies sought treatment for mental health problems as a result of domestic violence in 23 cases (61%). The most commonly cited cause was 'depression' (87%, 20) followed by 'anxiety' (74%, 17). Eleven respondents (48%) reported experiencing suicidal thoughts with six (26 per cent) reporting an attempted suicide; the same number also stating that they had self-harmed. Two respondents (9%) reported that they had sought treatment for a psychotic episode. For 19 of the respondents treatment had been sought for multiple forms of mental health problems.

Of the 9 victims of domestic violence using substance use agencies, 4 had sought help for mental health problems (2 men and 2 women), while a further 6 of the 8 respondents who were both victims and perpetrators had sought help for mental health problems. Taken as a group, anxiety, depression and suicidal thoughts were common amongst the 10 who sought help for mental health problems and 5 of these people had attempted suicide.

Five men on perpetrator programmes also reported that 'depression' had caused their current/ex partners to seek treatment for mental health problems with 1 noting that 'anxiety' had done so. Two current/ex partners had attempted suicide and the same number had 'self-harmed'. Problems of depression, panic attacks, anxiety and suicide attempts were all issues raised in interviews.

> *At the moment um I've been on anti depressants um for a long while. But there's days when I feel… I mean the depression is so severe that I just sort of go into a trance and don't want to leave the home. Don't want to go anywhere. Just stay there and want to sleep* (Sukhi, substance use service user).

While some related their depression to their experiences of abuse, others, and particularly one woman, saw the direct influence of substances altering her moods.

> *I took an overdose once after drinking. Well I did it more than once actually. But um when like the next day, when um… whenever you take an overdose you have to go and see … a psychiatrist or somebody before you're allowed home. And she asked me why I did it and I basically says to her because I was drunk. Which is true. I wouldn't have done it had I not had the drink* (Daphne, substance use service user).

The literature on domestic violence and its relationship to problems of depression, trauma and suicide attempts consistently shows that the correlation between abuse and mental health problems is so strong as to suggest a causal relationship (Golding, 1999). The evidence of severe and chronic violence reported by a significant group of survivors and perpetrators in this research is reflected in other studies of substance use and domestic violence (Cascardi et al, 1999).

The violence reported here is at the severe end of the continuum, when the reported incidents, frequency and severity of abuse experienced across this sample is considered. It should raise issues of major concern for all agencies involved. e

Explanations of the link between substance use and domestic violence

Survivors of domestic violence with substance use problems
A slightly different sub-sample is used to explore issues in relation to the patterns and explanations for survivor substance use and domestic violence. Survivors (9) and survivor/perpetrators (8) using substance use agencies, and domestic violence survivors who were also substance users accessing refuges and outreach services (15) were asked about both the pattern of substance use and domestic violence and how they perceived the link, if any between substance use and domestic violence. Seventeen survivors were also interviewed of which 8 had not filled in questionnaires. Thus a total of 40 survivors were asked about the patterns and links that they saw in relation to their own substance use and domestic violence. A further 9 perpetrators gave information about the links they saw in relation to their partners and ex/partners' patterns of substance use making a total of 49 survivors from whom information for this section is drawn.

In this sample, one-third of the 40 survivors had substance use problems which pre-dated their experiences of domestic violence. Thus, almost two-thirds of the sample began their problematic substance use following their experiences of domestic violence. Men from the perpetrator programmes reported a different pattern and suggested that 8 out of 9 of their partners/ex-partners had substance use problems which pre-dated the domestic violence. (It may well be that men on these programmes find it difficult to implicate themselves in the development of their partner's problematic substance use, or else men and women who already have substance use problems may be more likely to become partners).

The history of substance use for survivors and survivor/perpetrators accessing substance use agencies is more complex than the patterns reported for survivors accessing domestic violence agencies. For the latter, just over half used substances once an incident began and for two-thirds their use increased following incidents of violence.

There is some evidence in this sample that there are a group of survivors whose substance use is being used as an excuse by their partners for domestic violence and abuse, though only 1 woman cited that she thought this was the cause/excuse for her partner's violence towards her. Three women victims said they were using substances prior to an incident, while 6 survivors or survivor/perpetrators were using substances prior to their experiences of domestic violence. In 5 cases men on perpetrator programmes reported that their partner's substance use occurred prior to domestic violence incidents. Thus a total of 35 per cent (14) of survivors in this sample were using substances prior to being assaulted by their partners/ex-partners.

The majority (97%, 31) said that substances were used to dull the physical (50%, 16) and emotional pain of the assaults. Other reasons cited were to 'escape reality' (50%, 15); 'to have a sense of control' (8); 'because they feel/felt out of control' and/or 'to survive the abuse' (12). One respondent said 'It made me sleep so I would not be awake when he came in'. The respondents from the perpetrator programmes in 3 cases thought that their current or ex-partners used substances to dull the physical and

emotional pain or 'escape from reality' while 4 said that it was because their partners 'felt out of control'.

While all the women accessing domestic violence services thought there was a link between their substance use and the domestic violence they experienced, only 59 per cent (10) of those using substance use agencies thought there was a link, while 5 of the 9 male perpetrators thought their partner's substance use was linked to the violence.

The interview data drew out the complexities of the way in which the links between domestic violence and substance use were experienced. The comment below encapsulates three consistent themes: that substance use was used as part of a control strategy in the abuse; that it was an excuse for violence; and that it was used by survivors to dull the pain.

> *…they (substance use and domestic violence) are in fact linked… I think the link I can see is, if and when, the substance is used as part of the abuse, or as part of controlling the person who's being abused. I think for the perpetrators it's mostly an excuse rather than what's really behind the abuse….. Because I did use alcohol as an anaesthetic….for all sorts of different feelings. It was part of it, yes. And to make me feel OK* (Haley, substance use service user).

The dulling of the pain was not just emotional, but physical as well.

> *…it's like I'd drink to get rid of the pain and stop it hurting as much. Both emotionally but more at the time – it was more physically. Looking back in hindsight I can see that a lot of it was the sheer terror of what was gonna happen and drinking enough kind of got rid of it but it was also the anaesthetic before the pain. The physical pain and with Craig. He'd just drink and do it* (Brian, substance use service user).

> *I took it constantly. All the time…I had to block out the pain of [sex] working. Block out the pain of him beating me up and constantly. So it was the only way I could handle it*….(Kylie, refuge resident).

The reported use which survivors in this study made of substance use as an anaesthetic is also evidenced in other studies. A study by Barnett and Fagan (1993) showed different patterns of drinking between men and women. Men drank twice as much as women during an incident (30% versus 17.8%), but women's drinking was twice as common following the abusive attack (48% versus 24%). Other smaller studies have reported a similar pattern of women's drinking (Stringer, 1998) and point to the ways in which women use alcohol and drugs to cope with the trauma of abuse (Zubretsky, 2002; Downs et al, 1993). This highlights again the links between women's mental health and domestic violence (Humphreys and Thiara, 2003).

Perpetrators of domestic violence with substance use problems

This section explores the links between substance use by perpetrators of domestic violence and whether either ex-partners or the perpetrators themselves see a link between their violence and the substance use. It needs to be made explicit that a link does not imply causality. There is a major difference between recognising a pattern of

behaviour where abuse is regularly perpetrated under the influence of drugs and alcohol and suggesting that the substances cause the violence.

The data from the 99 clinical reports in which 62 men had both problematic substance use and perpetrated domestic violence drew on both the perpetrator self-report and input from partners or ex-partners. In this sample, 34 per cent (22) men or their partners/ex-partners saw a link between their substance use and the domestic violence they perpetrated. Comments were made, such as: 'the level of violence depended on the amount of alcohol consumed'; 'a clear indication that substance misuse induced paranoia which influenced abusive behaviour' 'he was intoxicated during all incidents of violence – blamed his behaviour on alcohol'.

Further data came from 15 of the 17 perpetrators who filled in questionnaires. Fourteen of the 15 (93%) reported that they were problematic substance users before they became violent. For all, where known (12), their misuse started before they perpetrated an incident of violence and for 6 (50% of these) their misuse increased during incidents of violence.

A series of questions were designed to elicit if and how their substance use was linked to their perpetration of violence. Seven respondents (40%) admitted that they used their substance use as an excuse for their abusive behaviour, with 6 (35%) stating that they misused because they felt out of control. Five respondents linked their substance use with being able to live with their abusive behaviour and/or to dull their awareness of their current/ex partner's emotional pain. Being able to blame the substance use rather than themselves for their behaviour, and giving them a sense of control, was admitted by 3 respondents.

Thirty-eight women using domestic violence agencies reported on the links they saw between their partner's substance use and violence and abuse towards them. Just under half (45%, 17) said their partner/ex used substances as an excuse for their violent behaviour with 42 per cent (16) saying it gave their partner/ex a sense of control. Twelve women (32%) said that their partners increased their intake of substances during an incident and 28 (74%) said that substance use began prior to an incident. Thirteen respondents said their partner/ex misused in order that they could blame the substance rather than themselves for their behaviour (34%). Misusing in order to dull their awareness of the emotional pain was noted by nine respondents (24%) and in order to live with their abusive behaviour by seven (18%).

A range of comments were made by women, including: 'When no drugs available, stole and got abusive '; 'After the use of alcohol, gave him a sense of control'; 'He's just an abusive man'; 'Although its in his nature anyway to be cruel he didn't like to see me get well so he'd pull me back down, even jealous of my cat'; 'Because they are thick enough to take it '.

Some women were living in extremely abusive situations in which their lives were controlled by their partner/ex-partner's drug taking habits.

> *Yeah. If he didn't have it he'd beat me. If I didn't make the money for him he'd beat me. And then when he'd had too much he'd do it as well. So yeah* (Kylie, refuge resident).

Ten of the 17 respondents from substance use agencies who were victims or victim/survivors thought there was a link between their partner/ex-partner's substance use and violence and abuse. While noting many of the issues raised by respondents in the other agencies, two of the victimised men said that their partners/ex-partners blamed the substance use for the abuse inflicted on them, and a further 4 women who were victim/perpetrators said that they used their substance use as an excuse for their abusive behaviour towards their current/ex-partners.

One woman said that she did not see substance use as the cause of domestic violence but that 'using drugs set fuel to the fire'.

Both the perpetrators who were interviewed recognised their need to take responsibility for their actions: however, they also spoke of the lack of control they experienced when taking substances – an issue which highlights the theme mentioned by some survivors that the severity of abuse would increase with the amount of substances taken:

> *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).

> *I remember one night in the middle of the night, I come to me senses while I'd got her pinned to a wall with me hands round her throat and she was clawing at me, she actually clawed down my chest and I don't even remember waking up to hit her. I just sort of seemed to have flipped and pinned her to the wall for whatever reason and she was in bits and I was all apologetic when I came to my senses but I couldn't remember why I'd done it. It made no sense what so ever to me, you know what had started it off and whatever and why I'd pinned her up and she was trying to smash something over my head 'cause she was trying to fight back. You know, so I think they [prescription drugs] were great putting me to sleep but once somebody woke me up for whatever reason I was a different person – I wasn't the person that had gone to sleep* (Serge, perpetrator programme).

As both men state, the level of intoxication does not provide an excuse for violence, but does indicate how dangerous such states can be for those on the receiving end. Other research has explored the patterns of substance use (particularly alcohol use) and domestic violence. The research is inconsistent in relation to drinking patterns and domestic violence. Some studies indicate that binge drinkers were more abusive than those who drank consistently and heavily, though there is some evidence that the heavier the drinking pattern the more likelihood of increased physical violence (Brown et al, 1998; Brecklin, 2002). Some of this evidence is unclear. For example, a Canadian study found higher levels of injury where the perpetrator had been drinking, but not necessarily higher levels of drinking (Pernanen, 1991), and one

study showed that the heaviest drinkers were actually less dangerous than those drinking moderately (Coleman and Straus, 1983).

The links between domestic violence and substance use have been a consistent theme in the research and literature. Most studies note the link, but point out that this does not imply causality. A number of issues confound the notion of causality. Firstly, population based studies indicate that less than half of domestic violence incidents directly involve drugs and/or alcohol (Leonard, 1999; Mirrlees-Black, 1999). Secondly, while abusers may have alcohol problems violent incidents may not be linked to their drinking (Frieze and Browne, 1989). In smaller studies, like this research, while women report that there is often drinking at the time of the incident, most women also report being beaten when the man was sober (Galvani, 2001; Sonkin, 1985).

Research indicates that other factors are consistently shown to be of more importance, involving a range of personal, attitudinal and social factors. There are several different permutations on the significance of attitudes and beliefs. These include:

- That it is not the chemically induced disinhibiting effects of alcohol which are key, but rather the belief that it is disinhibiting and hence, in many cultures, it allows an individual (particularly men) 'time out' from the normal rules of social responsibility (MacAndrew and Edgerton, 1969; Coleman and Straus, 1983), allowing perpetrators who wish to be violent to get themselves drunk in order to be violent (Gelles, 1993);
- attitudes about violence and abuse, namely that it is sometimes justified to physically abuse and control your partner are more significant than the substance use patterns (Kantor and Straus, 1987; Johnson, 2001);
- attitudes to drinking and masculinity are significant and that those men who drink and are also perpetrators of intimate violence often hold the belief that drinking is a defining and acceptable aspect of masculinity and that aggression and power are increased by alcohol consumption (Leonard and Blane, 1988; Leonard, 1990).

When taken together, these beliefs ensure that the problematic use of alcohol and other substances becomes another strategy of domination and control within male-female relationships (Room, 1980; Gondolf, 1995). It is thus entirely relevant as an issue which needs to be addressed by both substance use agencies and programmes which work with perpetrators. However, this needs to be done in relation to attitudes and beliefs and not causality.

In summary, the reports from both perpetrators and their partners or ex-partners suggest a range of different patterns to explain the links between domestic violence and substance. They suggest that there are a group of perpetrators, mainly, though not only men, who have a pattern of assaulting and abusing their partners when they are under the influence of substances. The majority of these perpetrators begin taking substances prior to an incident of domestic violence and often increase their intake through the incident. There are others where there is no such link. They are equally abusive whether they are under the influence of substances or not. There are also those who are less abusive when using substances and where coming off substances,

can increase their violence and levels of abuse, a pattern reported in another study (Bennett and Williams, 2003). While a number of respondents suggested that some substances seemed to make the violence worse, there were very few comments or responses which suggested that the substances caused the violence. Rather both perpetrators and their partners or ex-partners often saw the substance use as an excuse for violence and abuse.

Help Seeking

Help-seeking patterns

The research and literature in the areas of both substance use and domestic violence show that service users in both sectors often embark on a lengthy process of help-seeking (Zubretsky, 2002). The complexity of the process for some service users suggest that aspects of the model of help-seeking developed by Hester and Westmarland, (2004) from their overview of Home Office research on street prostitution may be of relevance to this service user group as well. Their research suggests that there are different stages in help-seeking where the needs and support vary and where different forms of intervention are more effective and applicable. They outline 4 stages of need and support: Vulnerability (protection and prevention services; and trust building where outreach services are applicable); chaos (crisis intervention and practical provision including drop-in centres, fast track, housing, debt, health advice; assistance with domestic violence); stabilising (practical provision including counselling, therapy, education and training); moving on (support for those exiting from their problems) (Hester and Westmarland, 2004 p. 131).

There is some overlap between men and women working in the sex industry and those living with domestic violence and substance use, so it is not entirely surprising that there may be useful ideas to be drawn from experience in this area. It is useful to consider that for many service users there are different stages of vulnerability, chaos, stabilisation and moving on which affect their 'readiness' to engage with services and which may in the future allow for more nuanced assessments of the suitability of women who may currently be excluded from refuges.

The questionnaire data from perpetrator programmes, substance use agencies, and domestic violence refuges and outreach services provides information on the use of agencies, provision that was helpful, and any comments on unhelpful services or unmet needs. This data needs to be taken in conjunction with qualitative data from the 19 service user interviews and 48 key informant interviews which explored help-seeking patterns in greater depth.

Agency use

This section documents the use of agencies and access to help-seeking. However, for most men and women informal and community networks remain key sources of support, particularly in the early stages of problem development (Kelly, 1996).

Several patterns of help-seeking emerged.
Firstly, that there are a broad range of agencies which are contacted when people have complex needs. Approximately half of the respondents had been referred to their current support service by another agency, highlighting the significance of professionals/workers knowing a network of agencies to which they can refer.

Secondly, once service users had been referred to either the domestic violence or substance use sectors, they tended not to be referred to, or access services in the other sector in spite of having the need for the 'other' service. Thus, although all the respondents to these questionnaires had dual issues, only 6 approaches had been made by domestic violence survivors to drug and alcohol agencies (and 1 respondent may have approached more than 1 agency); 4 drug and alcohol agencies had been

approached by this sample of 15 men on perpetrator programmes; and 5 domestic violence agencies had been accessed by the 14 people using drug and alcohol programmes. Again, the numbers are small so more extensive research is required to establish these patterns with any accuracy.

The interviews showed a similar pattern of complex help-seeking patterns through many agencies and with little cross-referral between substance use and domestic violence service. A further pattern which was shown in the interviews and confirmed in the substance use questionnaire was that GPs potentially played a pivotal role. All 19 interviewees had accessed GPs for their substance use and/or domestic violence problems. Seventeen out of 19 interviewees also spoke of their mental health problems, primarily citing depression, suicide attempts, panic attacks and other symptoms related to anxiety. These were issues which they frequently contacted their GP about, and again there was little cross-referral to substance use or domestic violence agencies for their 'other' problems.

Satisfaction and effectiveness

Men and women accessing all agencies, whether substance use agencies, perpetrator programmes or domestic violence survivor services where known (53), were overwhelmingly positive about the helpful and supportive responses they received (85%, 45). Three respondents from domestic violence services welcomed the pro-active approach of the agency and also noted that the agency had enabled them to feel 'listened to'. Men and women accessing substance use agencies made many positive comments: 'Providing refuge', 'a lead in the right direction', 'encouragement' and 'quick/immediate' response were all mentioned.

A further question asked how agencies could have been more helpful. There were a number of responses. Eight women accessing domestic violence services cited a number of issues which were quite specific to these services. For 2 respondents this related directly to a lack of refuge space or alternative housing when attempting to flee domestic violence. Other comments made included: taking the respondent's disability into account; returning phone calls; home visits; more groups for women; listening more; empathy; genuine care; taking danger more seriously; and more sympathy and understanding.

Seven respondents from perpetrator programmes also cited areas where help could have been more forthcoming. This related predominantly to the length of time it took to receive a service though other issues such as taking more interest, more individual treatment and helpful reading material were also mentioned. Substance use agency respondents cited the following issues: 'faster process for rehab', 'raise awareness of alcohol problems for women', 'more security', 'shorter waiting times', 'more emotional support' and 'more understanding'.

Only 2 people commented on an inadequate response: one female and one male. The female respondent said the agency she had contacted had been too prescriptive about substance misuse with the male respondent complaining that there was no help available for a gay man or for helping him to exit an abusive situation.

> *They wanted me to stop drinking! Before they would attend to my physical/emotional wounds*.

The most significant feature of these questionnaire responses is that the lack of attention to their dual or complex issues was not a source of complaint. However, the interviewees show a different story, and as most of these research participants had already filled in questionnaires, it may suggest limitations with this questionnaire data which showed that when people are treated respectfully and experience being listened to then they will usually report positively on this experience.

Working with dual or complex issues

Half the service users interviewed, when probed about the issues of accessing services for both the issues of domestic violence and substance use thought that the division between services in the different sectors was problematic.

> *If I could have had more support I may have ended the marriage a lot sooner……I think so. Because I mean it was such an issue. Apart from the drink, that was one of the biggest issues really. You know. Because the arguments and the violence. Oh it was awful. I mean it's a horrible way to live…… I think if I could have had support…..I just thought you know once the drink stops then the violence would stop. You're very mixed up sometimes.* ….. (Daphne, substance use service user).

> *What I've found, it's like I've found [substance use agency] only deal with drug and alcohol. Do you know what I'm saying? And it's like if you mentioned violence to them, they said 'well that – the drug and alcohol, violence comes with it, but we're a separate part, do you know – we'll deal with the drug and alcohol, this is where you go', if they wanted they could give you a number to probably like go to [a perpetrator programme]* (Matthew, perpetrator programme).

A small number commented on treatment for substance use being unsuccessful because issues of domestic violence were not dealt with:

> *It didn't work, I drank again afterwards but… the majority of that was because I actually didn't do any talking about the violence – the stuff that had happened to me and…*(Brian, substance use service user).

Many respondents reported not being asked about both issues.

> *No not really. Apart from when I used to talk to J. I used to tell her. Because my husband used to want sex every night when he wasn't working away and I hated it. I hated sex with him. I can't ever remember enjoying sex to be honest. And that's when a lot of the time when the violence would happen. Because quite often I just used to do it just so that he'd go to sleep you know. But it became more and more difficult. So I did used to tell her about that. But she never really… Obviously she was sympathetic and you know we talked it through and she probably told me to be more assertive or something…*(Daphne, substance use service user).

Respondents spoke positively about agencies that had offered them support around both substance use and domestic violence. Women, in particular, found the holistic

support they gained either individually or when they were in women only groups at some substance use agencies helpful.

A substance use agency was also where a gay man eventually found help for the complex intersection between his experiences of violence and problematic substance use.

> *One [substance use agency] really helped me, they offered me support through my detox… I think the main thing I got from it was… they were prepared to listen to whatever I said and were prepared to let me choose my own path in it…They gave me counselling, I got counselling – still wasn't completely comfortable with talking about the violence issue but I knew that it was such a huge issue that I had to…..Yeah, I actually ended up with I think 2 three hour sessions where I just sat and we focused on that…*(Brian, substance use service user).

While contact with social services was negative for a number of interviewees, 1 man had a positive experience because they required him to deal with both the substance use and the domestic violence.

> *I mean I do believe it was only the social workers that said "Right, you've got to go drug and alcohol, right, look, you've got to go to [a perpetrator programme] as well," 'cause they recognised the whole aspect kind of thing..(*Matthew, perpetrator programme)

While both perpetrators and survivors spoke positively of opportunities that they had had to deal with both issues, those who had never had this experience were equivocal about how the dual issues could be dealt with. For instance a woman who sought help for substance use had not received any help with domestic violence; she herself had not seen this as a problem.

> *Um. It's not really an issue if I'm honest. It's something that I've dealt with in my own way I think. You know. Um. At the time it was. I mean you don't talk to nobody. You don't see nobody. You hide away because you've got bruises. I've done all that.* (Claire, substance use service user).

Another service user who had experienced a client-centred model of counselling, thought that it might take many years before she felt able to totally confide in services and preferred to deal with one issue at a time.

> *Uh. I think they… I felt it was up to me to decide what I wanted to use the service for….. They say these are what we can do, this is what we are and they gave me uh a lot of information. And they say no it's really up to you how you want to use the services available….. I think it was respectful….I guess they were very much aware… I guess, that I can only deal with only so much at a time…..And that's how I feel now* (Haley, substance use service user).

This same woman, however, also revealed that she had been living with stalking and constant harassment through child contact for several years before the police

helpfully named this as domestic violence. This then helped her to confront and deal with the issue much more effectively.

While in general the research participants spoke positively about being asked about the 'other' issue when they accessed an agency, an Asian woman in a refuge experienced being asked somewhat too regularly:

> *….I'm asked about it all the time. I've started to find it not….it's getting to me a bit because I feel like, 'Oh, do people really think I'm taking it?'*

She goes on to say:

> *It could be done in a more sort of subtle way to get people to talk about it* (Rubia, domestic violence service).

A further consistent theme through the interviews was the notion of 'readiness'. Both men and women stated that there was often a turning point in relation to the violence, their children, or a frightening incident associated with substance use which created the circumstances where they felt ready to turn to and accept help.

Service access

Domestic violence intervention comprises broadly services for perpetrators (usually men), services for survivors (usually women) and children. In both areas of adult services the issue of access is pertinent. At one level, the issue of access relates to extending the service so that those with substance abuse problems *currently excluded* have access to services. At another level, it involves extending the service so that the high numbers of perpetrators and survivors *currently using* services have their issues acknowledged and are appropriately supported with a more holistic intervention.

A primary issue related to access was recognising the extent to which the issues for women may be hidden. 'Domestic violence and substance misuse have mutually reinforcing negative effects on the victim's well-being and access to services' (Taylor, 2003p 9). This has implications for services being pro-active in the way in which they access and respond to this group of women. It is an issue which is often seen to be compounded for women from black and minority ethnic backgrounds where high levels of stigmatisation associated with shame and dishonour to both families and the community may be prevalent.

An Asian woman accessing a substance use agency made this point:

> *…I'm afraid of his side of the family and parents….Being a Sikh and having this sort of problem. Is it just me that is going through this patch? But I've made friends ..and talked about it…I've got mixed race friends, white, black, Asian, mainly Bengali. They told me things as well which they didn't want known…you know in secret…It's not just me. It's other people as well really* (Sukhi, substance use agency).

Other groups who were mentioned specifically by informants as marginalized in relation to agency responses and access included refugees and asylum seekers and the travelling community. Amongst the interviewees on this project a gay man with problematic substance use experiencing severe domestic violence felt excluded from services.

Multiple languages in some locations excludes service users from all sorts of agencies. The vast majority of work with individuals on these issues is based on 'talking' in some form and a common language is essential particularly for group work. A number of informants raised concern about the lack of specialist workers with requisite language skills.

> *Services are not set up appropriately to cater for that need. I would say that generically. I think people just need targeted support, and the reason why some of these services work the way that they do, and Asian women go to them, is because they are targeted to work with Asian women, they're run by Asian women, they're linguistically appropriate, there's kind of things like outreach, advocacy, befriending, drop-in centres, those are the kinds of things that really work* (Director of an Asian women's network).

Outreach services which are community specific and well advertised were seen by informants who commented on this issue as the most effective way to both reach communities and provide appropriate services. This was echoed by service user interviewees who often mentioned that they did not know where to seek help.

A further issue which was consistently raised in relation to access were women's fears of losing their children to the care system. It was a theme through many of the interviews as well as one raised by workers.

> *I think that, from my experience, working with women that there is an awful lot of fear of how they will be treated, based on the information that they disclose. Fear. Because that's the position they're coming from, that they occupy anyway. They are subjected to fear. So they have all the symptoms relating to fear and then fear of institutionalised abuse almost. If there's children for instance, the man might be using that as a threat, "If anyone finds out about this your children will be taken away from you". So women do tend to be very cautious about what they will admit to* (Female, domestic violence project worker).

However, while the problems with stigma and fear create access problems, the exclusionary criteria in relation to access to refuges were the most cited problem by key informants. This issue of refuge provision were particularly complex and contested. On the one hand it was noted sympathetically that refuges were ill-equipped to accommodate women with substance use problems: no training; vulnerable women providing mutual support without 24 hour staff; and little space for any behaviour which might be disruptive. Women with chaotic substance use problems could well decimate the relationship fabric of such houses.

On the other hand, the lack of attention to the needs of this significant group of women was also being seen as inappropriate and discriminatory and failed to acknowledge the extent to which many women could be functional even though they had substance use issues.

> *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).

The impression given by most key informants was that refuges did not take women with problematic substance use. However, this needs to be placed in the context of Jackie Barron's research (Barron, 2004) which showed a more complex picture to refuge access. In the audit of refuges in that study it showed that 64 per cent of refuges say they would take women with additional needs depending on the nature and severity of the woman's needs. This included women with drug, alcohol or mental health problems. Eighteen refuges offer space for women with additional needs, though many will limit the number of women they would take at any one time. A number of informants mentioned that they were aware that there was not necessarily a full exclusion policy, but a process of individualised assessment. One substance use worker expressed reservations about the policy of individual assessment as it often, in practice, operated as an exclusionary policy. They also pointed out that the reluctance of many refuges to take substance using women means that most women will not take the risk of disclosing the problem for fear of being turned away. This was amply shown in the quite extreme under-reporting of substance use shown in the National Helpline data.

A 'model policy' has now been written by the Stella project to assist refuges taking women with problematic substance use as a means of facilitating and clarifying the policy issues involved.

Amber House, Nottingham
A women's refuge which has a policy of openly supporting one women within their refuge who has substance misuse problems. The policy is made transparent to the other women coming into the refuge. Refuge workers have training on substance misuse and further support is provided by the Women's Drug Service

Perpetrators who also misuse substances are likely to be excluded from some violence prevention programmes.

We have guidelines that they should be sober – whatever substance it is – for 24 hours before the group, so for some men that is actually an exclusion practice. It's not designed as that but it is effectively, so that's a real problem (Male worker, perpetrator programme).

In summary, access to appropriate services remains a major issue which needs to be addressed in each of the sectors.

Assessment and screening
All informants were able to provide examples of bad practice in agencies in both sectors. Not screening for domestic violence in substance use agencies and not screening for 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 automatic screening designed to ensure that information is gained on both issues from service users. The Tower Hamlet's report (Taylor,

2003) identifies the complexity of these processes, highlighting both barriers to introduction as well as the costs and limitations which occur when organisations fail to explore these issues with men and women using their services. 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 and sensitively undertaken.

> *I think it's probably like everything. …if you ask you get information and if you don't you don't. And it's not just asking, 'Have you got an alcohol problem or do you use drugs?' But actually asking in a way that opens people up so that they can talk about it* (Female, policy worker).

Drug and Alcohol Service for London (DASL)
An alcohol service which has shifted its focus to develop an integrated model for working with perpetrators of domestic violence and substance misuse. A women's service is also attached to it. Two key aspects of work developed to date have been training for staff and the development of screening and assessment for both domestic violence and substance use.

Reservations were also raised about the accuracy of screening given that many women are reluctant to admit to problems that they might be having with substance misuse and many perpetrators of violence and abuse are also very reluctant to admit to their violence. In both areas shame, stigma and denial are major issues. The first step in help seeking is often to help the service user name and acknowledge the extent of the problem. The research indicated how inaccurate the large data bases could be when they had 'screened' for domestic violence. Again it highlights the need for questioning to be sensitive and to occur at all stages in the process from referral through to assessment and the intervention which is undertaken with the service user.

Training issues
Cited as equally important by key informants was training. This was seen as providing an effective means of increasing capacity within current agencies and where appropriate, should be delivered on a multi-agency basis. It was thought by some informants that multi-agency training was the most effective way to break down barriers between sectors and support better understandings of the differing perspectives and issues which frame practice. In addition, it could provide the foundation of partnership working or other forms of inter-agency arrangements and ensure that workable policies and protocols are developed. Training was also seen as a way to ensure that there would be provision to all service users of both specialist and generic services. Outreach services, able to work with both issues, was cited as vital for effective response by a number of informants.

There were a number of issues which it was considered training should address: understanding of both domestic violence and substance use (to include awareness raising and dealing with negative stereotyping); impact on individuals and families; practical issues (which includes accommodation, what drugs look like, needle disposal etc.); managing challenging behaviour and child protection issues.

The Stella Project is now actively engaged in joint training work and other regions have also developed their own initiatives.

Direct work across substance use and domestic violence
It was also recognised that good practice in this area, as with other areas of domestic violence intervention required priority attention to the safety of women and children. Other documents such as the Nottingham Good Practice Guidelines (in Stella Project, 2004) and Taylor (2003) outline the principles for practice across agencies.

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

Problems arose in working with those with chaotic drug and alcohol use.

> *Having to work through the time she can work with you, that she's not either too drunk or out of it too high that she can't attend her session and work with you, and about getting information through to them, and you need to work it different ways about getting information, that they can retain the information. You know, a lot of people – their memory goes and there's a lot of the stuff going on that they can't remember the information you've given them, so you need to find other ways of giving them the information, so they retain the information* (Male, project worker).

> *The most significant problem, particularly if they're using opiates, is that they certainly can't engage with any of the material, they're either emotionally flat or emotionally highly charged* (Male, probation manager).

Linking into these concerns was the view that tackling the substance use in the first instance may be needed in order to work with issues of domestic violence.

> *So I suppose the barrier and the difficulty to my mind of working with perpetrators of domestic violence who also misuse substances, is the difficulty of getting people to stop misusing substances. So I really think that it's about getting people to tackle that problem. But I mean if you're dealing with someone who's just generally violent under the influence of drugs or alcohol, then they become very problematic for anybody to deal with, if you can't get them to stop. 'Cause no-one will deal with people like that* (Male, probation worker).

In contrast, other informants thought that both issues, could and should, be tackled at the same time.

> *I think clearly there's always been an issue about what comes first, if you've got a domestic violence perpetrator and you know there is a history of substance misuse, do you deal with those problems in sequence, in other words "Well let's deal with the substance misuse problem first and then*

engage with the domestic violence problem," or do you deal with them at one and the same time. And I think increasingly we're opting, to deal with them at one and the same time (Male, policy worker).

As quoted earlier, a number of service users were also supporting the notion that these issues needed to be addressed together due to the inextricable links between the two issues – particularly when, for example, the number of survivors who use substances to 'dull the emotional and physical pain' of abuse is acknowledged.

A further central reason for acknowledging and addressing the interlinked nature of the problems lay in addressing the safety issues for survivors and the power and control issues for perpetrators using substance use programmes. These issues are central to work with domestic violence and undermine the efficacy of substance use services if they are not addressed.

The women's drug services tend to be where much of the work in this area is now being developed for women with both substance use and domestic violence issues. In these services it was the women's definition of need which determined how the relationship between the issues would be prioritised, rather than the agency setting the agenda.

Women's Drug Service, Nottingham

As in other areas, (Northampton, Hounslow) where there is a women's drug or alcohol service, strong attempts are often being made to provide a holistic service to women who have problems with both substance misuse and domestic violence. The Nottingham service initially began by monitoring the number of women presenting with substance use problems who were experiencing domestic violence. Good practice guidelines were developed. The service also provides 'satellite' support to refuges and has provided training to refuge workers on substance misuse.

What is different from some other drug services is that we work from an empowerment model, so it's very much about women making changes that they want to make, identifying the changes and seeing that as a really useful and positive way of working with women (Female, Women's Drug Service worker).

In summary, the help-seeking paths for men and women, survivors and perpetrators with the complex issues of substance use, domestic violence and more frequently than not, mental health issues were lengthy and complicated. When people have been abused or are abusive, access to a supportive service, being treated respectfully and non-judgementally will usually lead most service users to evaluate an agency positively. Holistic services which allowed a broad range of problems to be addressed were also spoken of very positively. The notion of 'readiness' and finding a pathway through services may be assisted by a more nuanced approach to intervention which recognises and responds more appropriately to the different needs of service users at various stages in the help-seeking process (Hester and Westmarland, 2004).

Issues which need to be addressed to progress work in this area included: greater attention to access issues; the development of screening and assessment to take into account substance use and domestic violence; the central importance of training; and

the development of models of direct work across substance use and domestic violence, including addressing the issues of safety and the role of substance use as a strategy of power and control in domestic violence abuse .

Policy, practice and research implications

This research has highlighted a number of issues which have significant implications for policy and practice. These include:

- 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;
- further research is required to establish more accurately the extent of this overlap in a range of agencies;
- 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;
- the extent of violence which was reported by service users where there were dual issues of substance use and domestic violence was at the severe end of the continuum. This highlights the urgency with which this issue needs to be addressed and also raises issues 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 patterns of help-seeking suggest that service users are primarily using either substance use agencies or domestic violence agencies and not receiving appropriate intervention for 'the other' issue;
- to date, there has only been marginal development of the practice and policy which links these two areas of work.

Good practice directions

A consensus is emerging, both from key informants and interviews with staff in services involved in this project, alongside other reports (Carter, 2003; Taylor, 2003; Barron, 2004) about the range of issues which need to be addressed to cater more appropriately for the needs of those with both domestic violence and problematic substance use issues within currently established organisations. These include:

- The political will and leadership within organisations to acknowledge the issue and respond with appropriate service development;
- creating greater access to services, including pro-active work to include those from minority groups within the community;
- funding to support capacity building including an increase in appropriate accommodation;
- systematically asking questions and assessing for domestic violence and problematic substance use;
- training across both sectors;
- the development of multi-agency working at both operational and strategic level;

- an holistic approach to service users which allows for joint working and information sharing;
- heightened attention to the issues of safety for survivors and workers;
- attention to the needs of children across their experiences 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 have raised the need for specialist services, which would also support the capacity building within the mainstream.

Specialist Developments

- 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 (Sen, 1998);
- specialist provision for young women.

The chapter on help-seeking addressed in greater detail several of these issues which impact on both the policy and practice context.

Research issues

A substantial amount of the literature and research which has been drawn upon to inform this research project has been taken from the US. While there are many similarities between US and English culture, they are not coterminous. Primary research based in the UK still needs to be developed. Arising from this project, a number of areas stand out for specific attention:

i) This research project has identified that undertaking a 'snapshot' in an agency for a short period of time is the means through which the overlap in relation to the issues of domestic violence and substance use could be more accurately established. This requires a large number of domestic violence survivor agencies, perpetrator programmes, and substance use agencies being prepared to undertake a one week screening. Alternatively agencies which have very good clinical records based on substantial assessments also have an accurate data from which to establish overlapping issues. The original record needs to be available rather than secondary data from large electronic databases where there can often be inaccurate inputting by workers.

ii) The very high numbers of men with substance use problems assessed for, or participating in perpetrator programmes highlights a particularly important unmet need. There is no UK research, and only limited US research and evaluation on the most effective interventions for men who are both perpetrators of violence and also have problematic substance use. Similarly, the issues for the smaller numbers of women who are both perpetrators of violence and use substances are neither addressed in practice nor researched. While this is a practice issue, it is also a research issue. Different models for intervention need to be developed and

evaluated to provide some guidance for the sector about how to progress work on the dual issues.

iii) Little research attention has been given to the impact of substance use treatment on survivors of domestic violence, either in terms of the safety issues for them when engaging in rehabilitation, or the issues of safety when their partners or ex-partners who are violent and abusive engage with treatment. It was an issue raised by many workers in the both sectors. There are important implications for such research in providing the evidence base for the development of safer, more appropriate treatment, particularly for women using substance use services.

iv) There has been reluctance in the substance use sector to include systematic questions about domestic violence in the assessment process. An action research project which addressed the complex issues involved in systematic screening from both the perspective of workers and service users through evaluating the on-going process of implementation could provide a positive impact on service development in the sector.

v) Research with children who live with substance use and domestic violence needs to be undertaken to highlight the issues they face and appropriate interventions. Research which focuses on children in this area tends to focus either on domestic violence or substance use and the impact of 'the other' issue falls into the background.

vi) Black and minority ethnic groups have raised particular problems in relation to access, shame, stigma and the impact of immigration laws. Research which ensures that these issues do not become invisible is required.

vii) Women, men and children working in the sex industry highlight the ways in which the issues of violence and substance use intersect. On-going research based in practice is essential to ensure that these issues do not continue to be marginalized, or treated only within the crime agenda.

Concluding comment

This research study draws attention to the overlaps and links between substance use and domestic violence. The 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 dangerous. To date, the complex issues of safety have been given too little attention and the use 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 direction for future work. However, it requires political will, resourcing and a much greater acknowledgement within the policy framework if this work is to continue.

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