

NO BOUNDARIES
THE TAYSIDE DOMESTIC ABUSE AND
SUBSTANCE MISUSE PROJECT

FINAL RESEARCH REPORT

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1 Introduction and background

- 1.1 This report presents the results of a secondary analysis of data collected for the Tayside Domestic Abuse and Substance Misuse Project by a different research team. The secondary analysis was conducted by Dolev & Associates, with funding from the Scottish Government Multiple and Complex Needs Initiative.
- 1.2 An attempt was made to identify depositional and organisational factors that shape the experiences of women who are affected by domestic abuse and their own substance misuse at each stage of their service use. It is important to note, however, that this was not fully achievable due to some limitations of the data collected during the initial research project.

National policy context

- 1.3 The link between domestic abuse and substance misuse is not a central feature in any current policy documents in the UK / Scotland. However, it is mentioned in several key policy documents:
 - *“Looking Beyond Risk”: Parental substance misuse: Scoping study* (Scottish Executive, 2006). The authors make recommendations in relation to identifying priorities for future research in this area, which include “undertake a review of ‘what works’ in relation to child protection, especially with overlapping issues of substance misuse, and of domestic violence”. (p.2)
 - *The Updated Drug Strategy* (2002, p.11) stresses the need for integrated solutions and the co-ordinated delivery of services. This recommendation highlights the need for substance misuse services to be developed in conjunction with domestic abuse interventions where there are overlapping needs (Thiara & Regan, 2005).
 - Concerns about the competence of service provision for people with multiple and complex needs have been put forward on a number of policy fronts (Rosengard et al, 2007). These include the 'personalisation of services' agenda (Leadbeater, 2004); and developing better public services in Scotland through the Modernising Government Fund (Scottish Executive, 2003 & 2006).
 - The Government's Social Exclusion Unit (2005) has noted the following in relation to the issue of multiple and complex needs: “Effectively meeting the needs of disadvantaged people – particularly those with the most acute and/or multiple needs can be expensive. In the context of increased efforts to make efficiencies, we need to develop the best possible understanding of the economic and ethical cases for investing in more intensive and longer-term support for those who need it.” (Social Exclusion Unit, 2005a, p16).

Tayside Multiple and Complex Needs Initiative

- 1.4 In 2006, the Scottish Executive established the Multiple and Complex Needs Initiative with the aim of improving public services for people with multiple and complex needs. One of the objectives of the initiative was to understand the processes by which people with multiple and complex needs engage with services to resolve their problems, and to determine how service providers might better facilitate this process (Scottish Executive, 2006). With this objective in mind the Social Inclusion Division (formerly Social Inclusion and Voluntary Issues) provided funding for a series of pilot / demonstration projects in specific sectors which would work to address multiple needs.

- 1.5 A pilot / demonstration project was established in August 2006 by a consortium of partners from the domestic abuse and substance misuse sectors within Tayside. The project was set-up to target women experiencing domestic abuse who also have substance misuse issues, and their children (if any). The first phase of this project consisted of a six-month research programme which aimed to validate existing anecdotal knowledge and to identify priority areas for the development of services.
- 1.6 The stated aims of the project were:
- To ensure a co-ordinated and consistent multi-agency response to women with dual experience of domestic abuse and their own substance misuse across Tayside.
 - To ensure a co-ordinated and consistent multi-agency approach to children and young people across Tayside who have specific needs as a result of their experiences of both domestic abuse and the impact of parental substance misuse.
- 1.7 The project was undertaken on a Tayside wide basis, covering the three local authority areas of Perth and Kinross, Dundee City and Angus. Partners in delivery included three Domestic Abuse Forums, three Drug and Alcohol Action Teams (DAATs), and various other organisations (including Voluntary Sector organisations, Tayside police, NHS Tayside, Women's Aid and more) .

Prevalence of domestic abuse and substance misuse in Tayside

- 1.8 Evidence suggests that both domestic abuse and substance misuse are significant problems in the Tayside area.

Domestic abuse in Tayside

- 1.9 During the year 2006-7 Scottish Police Forces recorded 48,801 incidents of domestic abuse across Scotland, 3,709 of which were recorded in Tayside (Scottish Executive, 2007). These figures indicate a rate of 947 domestic abuse incidents per 100,000 population, slightly under the Scottish average of 954 (Scottish Executive, 2007).
- 1.10 Rates per 100,000 population vary widely across Tayside from 621 in Perth & Kinross to 773 in Angus and 1,403 in Dundee City. The domestic abuse rate for Dundee City is the third highest in Scotland.
- 1.11 Figures from Tayside Police Central Division (Dundee area) for July 2006 show that 180 reports of domestic abuse were dealt with. Of these incident reports, 60% (108) also mentioned drug and/or alcohol involvement¹. Initial figures for the year 2005/06 for the whole of Tayside area suggest that up to 35% of recorded domestic abuse incidents also involved the use of alcohol.

Substance Misuse in Tayside

- 1.12 The National study of the prevalence of problem drug misuse in Scotland (Hay et al 2005) estimated that in Tayside there were 4,747 (2.27% of population aged between 15-54) problem drug users. This estimated figure includes: 1,038 (1.99%) problem drug users in Angus; 2,522

¹ Please note this can range from an Officer recording either party involved in the incident having been under the influence of drugs and / or alcohol, to an Officer observing a bottle of alcohol being visible at the location of the incident.

(2.80%) in Dundee; and 1,187 (1.76%) in Perth & Kinross. It was also estimated that out of the 4,747 problem drug users in Tayside, over 60% (2,913) were not in touch with services.

- 1.13 Figures from the Scottish Drug Misuse Database suggest that during 2004/05, 542 new individual patients / clients presented to specialist substance misuse services in Tayside. Numbers ranged from 68 in Perth & Kinross to 99 in Angus and 378 in Dundee City.
- 1.14 The Scottish Health Survey (2003) estimated that across Tayside 45% of men consumed 4 or more units on the heaviest drinking day (the same as the Scottish average), and 33% of women consumed 3 or more units on the heaviest drinking day (slightly higher than the Scottish average of 32%).
- 1.15 In 2004/05 there were 420 alcohol-related discharges from general hospital of Angus residents (3% increase from 1999/00), 635 alcohol-related discharges of Perth & Kinross residents (no increase) and 978 alcohol related discharges of Dundee City residents (10% decrease). These figures are substantially lower than the increase of 21% for Scotland overall (ISD Scotland, 2006).

Definition of multiple and complex needs

- 1.16 There is a lack of consensus in the literature on the meaning 'multiple' and 'complex' needs. Taking that into account, Rankin and Regan (2004) identified the essence of complex needs as implying both:
 - Breadth of need: multiple needs that are interrelated or interconnected;
 - Depth of need: profound, severe, serious or intense need.
- 1.17 Rankin and Regan suggested a definition which describes 'multiple and complex needs' in terms of an active framework for response:

A framework for understanding multiple, interlocking needs that span health and social issues. People with complex needs may have to negotiate a number of different issues in their life, for example learning disability, mental health problems, substance abuse. They may also be living in deprived circumstances and lack access to suitable housing or meaningful daily activity. As this framework suggests, there is no generic complex needs case. Each individual with complex needs has a unique interaction between their health and social care needs and requires a personalised response from services. (p 1)

Aims of the research project

- 1.18 The aim of the research project was to identify depositional and organisational/institutional factors that positively and negatively affect the progression of women affected by domestic abuse and their own substance misuse at each stage of their service use (from access to outcomes), with a view to establishing:
 - Evidence of a link between domestic abuse and substance misuse
 - Incentives/barriers to accessing services
 - Experiences of service provision in both sectors
 - Experiences of partnership working between the two sectors
 - Links to other needs (i.e. homelessness, mental health issues)

Structure of this report

1.19 The remainder of the report is set out as follows:

- **Chapter 2** outlines the methods used both in the initial data collection stage (carried out by a different research team) and in the secondary analysis of data (carried out by the author of this report).
- **Chapter 3** provides a brief overview of the literature on domestic abuse and substance misuse.
- **Chapter 4** examines the link between domestic abuse and women's own substance misuse.
- **Chapter 5** looks at the experiences of service provision at various stages: accessing, using and leaving.
- **Chapter 6** explores multi-agency work between domestic abuse and substance misuse services.
- **Chapter 7** examines the links to other needs, in particular housing, mental health and General Practitioners.
- Finally, **chapter 8** discusses the main themes and issues that have emerged from the information and evidence presented in this report.

2 Methods

Background

- 2.1 This research report involves a *secondary analysis* of data collected for the Tayside Multiple and Complex Needs Initiative by a different research team. To reflect this, the methods section is divided into two. The first section describes the data collection procedures employed by the original research team and the second section describes the methods of data analysis employed by the author of this report.
- 2.2 An attempt was made to identify depositional and organisational factors that shape the experiences of women who are affected by domestic abuse and their own substance misuse at each stage of their service use. It is important to note, however, that this was not fully achievable due to some considerable limitations of the data collected during the initial research project.
- 2.3 As outlined below the quality of data collected by the initial research team subsequently limited the analysis carried out by the current researcher. The main limitation was that the initial research methods (both questionnaire and interviews) did not sufficiently identify the target group that was supposed to be the focus of this research (i.e. women with dual experiences of domestic abuse and substance misuse). Instead, data was collected that reflected the experiences of women with single issues, women as carers of partners with dual issues, and of service providers' general experiences of providing services to all clients (including men) in their own target group (i.e. domestic abuse or substance misuse). This lack of focus meant that the data collected was largely irrelevant for the original purpose of the research project. Subsequently some of the original aims of the research project were modified or abandoned.

Data collection

- 2.4 Following is a brief description of the data collection methods employed by the original research team:

Service user's questionnaire

- 2.5 The aims of this questionnaire were:
 - to explore women's experiences of substance misuse and domestic abuse,
 - to explore the possible links between the two, and
 - to examine women's experiences of approaching and using services.
- 2.6 Questionnaire design was based on an adaptation of the Humphreys, Thiara & Regan's (2005) *Domestic Violence and Substance Use: Overlapping Issues in Separate Services?* With permission from Humphreys et al. Both their domestic violence and substance use questionnaires were adapted for a Scottish context (mainly changes to language) and a further question was added around experiences of homelessness (see appendix 1a and 1b).
- 2.7 The questionnaires sent out to substance misuse agencies varied slightly from those sent out to domestic abuse agencies in terms of the wording and order of some of the items. This was in line with the original Humphreys et al study.

2.8 The questionnaire included both quantitative and open-ended items and enquired about the following topics:

- Demographic information
- Experience of substance misuse (by self and partner)
- Experience of domestic abuse (by self and partner)
- The link between substance misuse and domestic abuse
- Children experiencing / witnessing domestic abuse
- Experience of approaching and using services (self and partner).

2.9 In total 233 questionnaires were distributed to key domestic abuse and substance misuse services across Tayside. These services were identified by the Management Group of the Tayside Domestic Abuse and Substance Misuse Project, and were as follows:

- Women's Aid (Dundee, Angus, Perth & Kinross)
- Barnardo's Tayside Domestic Abuse Initiative (Angus office)
- Domestic Abuse Officers (Tayside Police Central (Dundee City) and Eastern (Angus) Divisions)
- Social Work Drug & Alcohol Teams (Dundee City Council, Perth & Kinross Council)
- Tayside Substance Misuse Service (TSMS), including Tayside Harm Reduction service.
- The WEB Project (Angus, Perth & Kinross)
- Tayside Council on Alcohol (TCA)
- Aberlour Outreach (Dundee)
- Enhanced Addiction Casework Service – Scottish Prison Service (Perth Prison)
- Arrest Referral scheme (AR)

2.10 Services were asked to distribute questionnaires to **all** women currently using their services. Questionnaires were designed to be completed and returned by any women, regardless of whether or not they reported experiencing the dual issues of domestic abuse and substance misuse. This was important in later allowing overlap figures to be established.

2.11 Questionnaires were distributed between the 8th and 30th March 2007. A total of 41 questionnaires were returned.

2.12 In total 140 questionnaires were distributed to domestic abuse services, with 22 being returned (16% response rate). In total 93 questionnaires were distributed to substance misuse services, with 19 being returned (20% response rate).

Interviews with service users

2.13 Interviews were held with 12 service users. Interviews included open-ended questions in relation to the following topics:

- Experiences of accessing, using and leaving domestic abuse / substance misuse services
- Perceptions of the role of services
- Informal sources of support

- The link between substance misuse and domestic abuse.
- 2.14 Interview schedules were designed by the original researcher with support from their supervisor. Questions were developed to address the declared aims of the research project at that time (see appendix 2).
- 2.15 Interviewees were recruited through the initial quantitative questionnaire in the first instance. Service users who completed questionnaires were asked to provide contact details if they were willing to be interviewed at a later date. Some 'snowball' sampling was also employed as individual interviews with service users and service providers led to further recommendations of women who were willing to be interviewed.
- 2.16 Interviews lasted on average 30 minutes. Interviews took place in the office of the service through which women had originally been identified and in a few instances at the woman's home address. All interviews took place during March and April 2007.

Interviews with service providers

- 2.17 Interviews were held with 20 substance misuse service providers (13 managers / team leaders and 7 staff) and 8 domestic abuse service providers (3 managers and 5 staff) across Tayside. The interviews included open-ended questions in relation to the following topics:
- Accessing, using and leaving the service
 - Impact of having children on service provision
 - Service users being prevented access to other services
 - The link between substance misuse and domestic abuse
 - Screening for the "other" need (substance misuse / domestic abuse)
 - Knowledge of other services
 - Views on the separation of substance misuse and domestic abuse services
 - Barriers to services working together.
- 2.18 Interview schedules were designed by the original researcher with support from their supervisor. Questions were developed to address the declared aims of the research project at that time (see appendix 3). A pilot interview was held in January 2007 after which further adaptations were made to the interview schedule. Interviews took place during March and April 2007.
- 2.19 Interviewees were recruited from the key domestic abuse and substance misuse services identified by the project Management Group for questionnaire distribution. Agencies were asked to identify an appropriate member(s) of staff to respond to questions relating to the areas outlined above. Some 'snowball' sampling was also employed, with service provider interviewees identifying colleagues who were willing to be interviewed as part of the project. Interviews lasted on average 40 minutes and all took place in the office of the interviewee.

Secondary analysis

- 2.20 The following section describes the methods of data analysis employed by the author of this report. These include:

- A brief review of the literature on women with dual experience of substance misuse and domestic abuse
- Analysis of service users' questionnaire data (quantitative & qualitative)
- Analysis of service users' interview data (qualitative)
- Analysis of service providers' interview data (qualitative).

Review of the literature

2.21 This research paper includes a brief review of relevant English-language literature relating to women who experience both substance misuse and domestic abuse. Some of the papers included in the review were identified by the commissioners of this research and others were identified by the current researcher. The review focused on the following four themes:

- Evidence regarding the link between domestic abuse and women's substance misuse
- The nature of service provision for women with dual experience of domestic abuse and substance misuse
- Barriers and levers to linking substance misuse and domestic abuse services
- UK based projects for women experiencing both domestic abuse and substance misuse.

Analysis of service user questionnaire data

2.22 The initial sample size as reported by the original researcher was 41. However, this sample included seven largely uncompleted questionnaires and a further five questionnaires which were filled in by women who experienced a single issue (either substance misuse or domestic abuse). These 12 questionnaires were therefore excluded from the analysis, leaving a sample of 29 respondents.

2.23 Seventeen (17) of the 29 respondents were recruited via domestic abuse agencies. Nearly a quarter of those (4) were also engaged (or had been engaged) with substance misuse agencies (all alcohol). The remaining 12 respondents were recruited via substance misuse agencies. None of them were engaged (or had been engaged) with domestic abuse agencies.

2.24 Demographic characteristics of the sample:

- Gender: All participants in the sample were female, and all their partners (or ex-partners) were male.
- Age: Four women were aged between 16-21 years, an additional four were aged between 22-30 years, eleven women were aged between 31-45 years and ten were aged between 46-60 years (see figure 1, appendix 4).
- Ethnicity: All women were White British, except for one Asian woman.
- Marital status: Four women were married and living apart, an additional four were living with a partner, five women were in a relationship but living apart, six were separated, seven women were single, and three were divorced (see figure 2, appendix 4).

- Children: Twenty four of the women had children (15 women had one to two children and nine women had three or more children). Fourteen of the women had children living with them at the time of the survey.
- Employment status: Thirteen women were unemployed at the time of the survey, eight were employed full/part time, seven described their position as parent / housework, six described themselves as being sick, and the remaining three had not specified their employment status (see figure 3, appendix 4).
- Qualifications: Five women had no qualifications, ten women had SGs, six women had O grades, seven women had HGs, three women had SVQs, two women had an HNC, one woman had an HND, and two women had a university degree.
- Homelessness: 19 women have been homeless in the last five years. The main reasons quoted by them for their homelessness were domestic abuse (17 women) and current/ex partners' substance misuse (5 women).
- Mental health: 21 women sought treatment for mental health problems, including depression (20 women), anxiety (21 women), suicidal thoughts (16 women), attempted suicide (9 women), self harm (6 women) and psychotic episodes (6 women) (see figure 4, appendix 4).
- History of abuse: 12 women grew up in a household where domestic abuse happened
- Partner's substance misuse: Nearly all women (27) had ex/current partners who relied or heavily used substances.

Interviews with service users

- 2.25 A total of 12 women were interviewed by the original researcher. However, only five of them had dual experience of substance misuse and domestic abuse. Four had only experienced domestic abuse and two had only experienced substance misuse. One was the carer of a substance-misusing partner and therefore excluded.
- 2.26 The secondary analysis, therefore, focused on the five women who were affected by domestic abuse and their own substance misuse. Data from the remaining six women were only used to highlight issues that are either different from or similar to those of women with dual needs.
- 2.27 The interview data were analysed using qualitative thematic analysis. It is worth noting that even the five women who experienced both substance misuse and domestic abuse were not asked specifically about their dual needs in relation to service provision. In addition, all women interviewed were involved with the service at the time of the interview and therefore were not able to comment on experiences relating to leaving the service. Taking into account the above factors, as well as the very small sample size, the insights which these interviews offered, while interesting, were rather limited in scope.

Interviews with service providers

- 2.28 Interviews were held with 28 service providers. All interviews were included in the analysis, however several of them involved staff who worked with children / young people and hence were

only able to offer limited insights into the experiences of women who are affected by domestic abuse and their own substance misuse.

- 2.29 The interview data were analysed using qualitative thematic analysis. One of the key themes that were explored in the interviews involved service providers' perceptions of what works well and what does not regarding accessing the service, using the service and moving on from the service. It is worth noting that when interviewees were asked to reflect on these issues, they were not instructed to focus on what it's like for women who are affected by domestic abuse and their own substance misuse to access, use and move on from the service. As a result, the discussion of this theme could only be done in a general level, reflecting the experiences of all service users.

3 Literature review

- 3.1 This chapter presents a brief review of the literature about the links between domestic abuse and women's own substance misuse, and about service provision for women presenting with both issues. In addition, the chapter presents a national and local picture of domestic abuse and substance misuse initiatives.

Definitions

Domestic abuse

- 3.2 In 2008, the Scottish Government will publish a strategic framework for *Violence Against Women*, which recognises domestic abuse as part of a continuum of behaviours and actions that constitute violence against women. This framework builds on the comprehensive literature review of violence against women published by the Government in 2004 (see Greenan, 2004), which provides an overview of the extent, consequences and responses to violence against women.
- 3.3 The National Strategy to Address Domestic Abuse in Scotland provides the following definition of domestic abuse:

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

Scottish Partnership on Domestic Abuse, 2000

- 3.4 This definition of domestic abuse is careful to focus not on particular acts or incidents of abuse, but rather on the intent and impact of a pattern of behaviour perpetrated by partners or ex-partners. It recognises a range of tactics and behaviours which function to exercise coercive control over the partner. This characteristic pattern of behaviour has been described by leading researchers in the field as a 'constellation of abuse' (Dobash and Dobash, 2004) and as 'intimate terrorism' (Johnson 1995). Although incidents of physical assault may be the most readily identified as criminal behaviour, Evan Stark (2007) argues that the key to understanding most abuse is the coercion and control, which 'jeopardises individual liberty and autonomy as well as safety', and is centred on 'the micro-regulation of women's default roles as wife, mother, homemaker and sexual partner'.

Substance misuse

- 3.5 For the purposes of this report, and the work of the Tayside Project, substance misuse has been defined as:

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

Adapted from Hidden Harm (2003:7)

The link between domestic abuse and women's substance misuse

- 3.6 In the last decade, research has found associations between domestic abuse and women's own substance misuse (Barron, 2003; Becker and Duffy 2002; Charles, Griffiths and Kinnera, 2004; Gutierrez & Van Puymbroeck, 2006; Humphreys, Thiara and Regan, 2005; Powis, Gossop and Bury, 2000). For example, Downs Miller and Panek (1993) found that women who misuse substances have higher rates of partner violence than women in general (87% vs. 28%) (see also Miller, Downs and Gondoli, 1989).
- 3.7 A review of literature on parental substance misuse (Templeton et al, 2006) reported that one of the important findings was the co-existence of domestic violence as a key factor in the environments of parents with substance problems. Similarly, Cleaver et al (2006) in a study of 357 social work cases found that domestic violence and parental substance misuse rarely exist in isolation. A comprehensive review by Kantor and Asdigian (1997) examined four types of association between women's substance use and their victimisation by men and concluded that there is an association, but no direct causal mechanism, between women's substance use and abuse by male partners.
- 3.8 To date, the UK evidence base is small and relatively undeveloped and therefore the extent of the overlap between these two issues cannot be accurately described. Reported UK figures of domestic abuse victims who also misuse drugs or alcohol range between as low as 22% (Charles et al, 2004) and as high as 90% (Becker and Duffy, 2002). Women's Aid cites the following US based statistics:
- Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.*
- Stark and Flitcraft (1996)
- 3.9 It is important to note that any figures relating to women who experience domestic abuse and substance misuse are likely to be underreported. Humphreys et al (2005) highlighted several contributing factors: The stigma and shame associated with both substance misuse and domestic abuse; the high levels of trust that are required to admit the nature of the problem to other people; mothers' fear that their children be taken away from them; and non-engagement with services or fear of being excluded from services.
- 3.10 Research highlights four key explanations for the link between the two issues: coping mechanism, social isolation, substance introduced by partner, and increased vulnerability. These are outlined below.

Coping mechanism

- 3.11 Women who experience domestic abuse often turn to substances (or increase their use of substances) as a means of coping with the abuse from their partner (Clark and Foy 2000; Corbin et al. 2001; Galvani 2006; Miller 2001; Miller et al. 2000). Kaufman, Kanter and Asoligan (1997) suggested that women in violent situations misuse substances as a form of self-medication and relief from the pain, fear, and guilt that are associated with domestic abuse. Ettorre (1997) suggested it was a way of 'deadening the pain'. The Camden Domestic Violence Forum (2007) reported that women tend to use substances after a violent episode, rather than before, and women often report problematic substance use following experiences of domestic abuse.

- 3.12 The vast majority (97%) of domestic abuse survivors in Humphrey et al's study (2005) said that they use substances to dull the physical and emotional pain of the assaults. Other reasons cited were to 'escape reality'; 'to have a sense of control'; 'because they feel/felt out of control' and/or 'to survive the abuse'.

Social isolation

- 3.13 There still exists a social stigma that domestic abuse is a private matter or that it only happens to women from certain backgrounds. Women who experience domestic abuse often feel ashamed that it is happening to them and feel guilty for allowing the abuse to continue with their children in the house. The shame and secrecy that surround domestic abuse often mean that women who experience abuse are either reluctant or do not know how to get help. This, in turn, increases the likelihood that they will turn to substances (Kaufman et al, 1997; Camden, 2007).
- 3.14 Similarly, there is a high level of shame and guilt experienced by women who misuse alcohol and/or drugs. The shame is often an internalisation of the stigma arising from societal attitudes towards substance use and women (Finkelstein et al, 1997). Guilt and shame also underlie the often well-founded fear amongst women that they could lose their children if their substance use becomes known to those in authority (Poole, 1997).
- 3.15 According to Baron (2003) women who misuse substances are likely to find it even harder to report domestic abuse than other women.

Substances introduced by partner:

- 3.16 Bennett & Lawson (1994) provided evidence to suggest that male partners frequently introduce (or coerce and manipulate) women to substance use. This is often done as a way of increasing power and control over the women. Moreover, when a woman's partner is also her supplier, it will be particularly difficult for her to end the relationship (Swan, Farber and Campbell, 2000). Any attempts on behalf of the woman to stop her substance use will likely be actively resisted by her partner as it presents a threat to his control over her.

Increased vulnerability

- 3.17 Studies have shown that women's substance misuse increases their vulnerability to experiencing abuse in general and domestic abuse in particular (Mirrlees-Black 1999, Downs, Miller and Panek, 1993). For example, Downs et al found that women who misuse substances have significantly higher rates of partner violence. In addition, Miller, Downs and Gondoli (1989) suggested that some men excuse their own violence because of their partners' substance misuse. It is important to note that findings like these do not imply that women are to blame for their victimisation but do imply a potential vulnerability to victimisation associated with substance misuse: Women who misuse substances are more vulnerable to and less able to minimise or avoid their partners' abusive actions, hence increasing victimisation (Mirrlees-Black 1999).

Service provision for women with dual experience of domestic abuse and substance misuse

- 3.18 Service provision for women with dual experience of domestic abuse and their own substance misuse is fraught with difficulties and complications, and they are seen to be particularly poorly

served by services² (Rosengard, Laing, Ridley and Hunter, 2007). A key contributing factor to this situation is that, to date, practice and policy linking domestic abuse and substance misuse have only been marginally developed. Since intervention generally remains separated in spite of overlap for many service users, most women affected by both domestic abuse and substance misuse have to choose between “safety” and “sobriety”, as only very few agencies can cater for both. Marai Larasi (2004), the Director of Nia (formerly Hackney Women’s Aid), explained the consequences of keeping intervention separated for these women:

If a substance misuse agency ignores a woman’s safety – she may never get sober. If we ignore her using as domestic violence providers - she may never be safe. Can we really afford to keep taking that risk?

3.19 In their review of the literature, Rosengard et al (2007) highlighted some of the key issues in service responses to people with multiple and complex needs. All of the following apply to women with dual experience of substance misuse and domestic abuse:

- Awareness of services – there is a general lack of or inaccessible information, poorly advertised services and low awareness of what services can offer for people with multiple and complex needs.
- Accessing services - many people with multiple and complex needs are excluded from services due to criteria governing service use or because their needs are assessed as ‘too complex or challenging’ for the service. Access is also limited by lack of referrals between agencies and / or inappropriate referrals. As a result many people with multiple and complex needs do not gain access to the services they need or end up in inappropriate services.
- Experience of services – many of these service users receive repeated assessments, which is stressful. According to the Stella Project³ report (2004) both sectors patronise and ignore this client group or actively discriminate against them. In addition, inflexible service criteria prevent continuity of care, and a ‘silo mentality’ works against co-ordination of support and risks people receiving inappropriate services with poor outcomes.

Barriers to linking substance misuse and domestic abuse services

3.20 Humphreys et al (2005) identified five key reasons for the current separation of substance misuse and domestic abuse services in the UK. These are: 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 be substance use or domestic abuse; and the problems of fragmentation at government level. Following is a brief discussion of each of these themes.

3.21 *A cultural clash:* the clash between the two services has been widely commented on in the literature (Bennett and Lawson, 1994; Levy and Brekke, 1990; Zubretsky, 2002). The two main areas of cultural clash are (a) a split between statutory sector (substance misuse) and voluntary sector (domestic abuse) services. (b) contrasting political views and treatment philosophies: misuse services work primarily with a medical model focused on a single issue, whereas domestic abuse services work from a social/feminist model with an advocacy/empowerment approach. Within

² This is a problem common to all service users who are identified as having multiple and complex needs, not only women with dual experience of substance misuse and domestic abuse.

³ See page 19 for an overview of the Stella Project

substance misuse agencies the domestic abuse problem tends to disappear and become buried under treatment of substance misuse issues (Taylor, 2003; Radford & Gill, 2004). Similarly, within domestic abuse agencies “there is often a climate of fear and prejudice about substance misuse” (Tortell, 2006)

- 3.22 *The politics of a single issue focus and concerns about causality:* The complexity of engaging with women who have dual experiences of substance misuse and domestic abuse challenges every aspect of service intervention - from training individual workers to the wider policy and legal framework. To complicate things further, Humphreys et al (2005) suggest that highlighting the links between drug misuse and domestic abuse does not necessarily assist any group in attracting public sympathy. In terms of concerns about causality, within some agencies substance use is still seen as an excuse for domestic abuse.
- 3.23 *Resource constraints:* problems of resourcing services for complex needs is a constraining factor which keeps agencies with a single issue focus. Areas which would need additional resources in order for a collaboration between services to become possible include training, increased staffing, multi-agency working, and policy development.
- 3.24 *Lack of knowledge and training:* the current lack of knowledge in both sectors is a consistent theme in the literature (The Stella Project, 2004, Zubrestky, 2002). Workers are either trained in substance use or domestic abuse. Hence, staff working in one sector usually do not know how to respond to disclosure of issues raised by any individual service user which belong to the subject area of the “other” sector.
- 3.25 *Fragmentation at government level:* both policy and funding for each sector come from different sources. This presents a major barrier at every level for bridging the gap between substance misuse and domestic abuse services.

Levers to linking substance misuse and domestic abuse services

- 3.26 One of the key levers for successfully linking the two services involves the many similarities that exist between the client groups of the two services. Both service user groups are likely to experience social isolation and exclusion. Both groups are likely to be experiencing shame and guilt, have low self-esteem, initially deny the problem, and be fearful of being “outed”. Many of them face threats of physical and psychological harm, of losing their home or having their children taken away from them. Finally, both groups are likely to have past and/or present experiences of trauma (The Stella Project, 2004).
- 3.27 In addition, there are many similarities in the way substance misuse agencies and domestic abuse agencies work with their client group. The Stella Project highlights the following key similarities:
- Both sectors work with a harm minimisation approach, where the safety of the client is the priority.
 - Both sectors work with multiple complex issues.
 - Both sectors take into account the various systems and structures in a person’s life.
 - Both sectors work at the client’s pace, considering their perspective on things.
 - Both sectors conduct risk assessment and screening.
- 3.28 The similarities in client groups and in the ways in which both services work with their client can provide a basis for a better integration of the two services, as long as there is support at a wider government and policy level.

The national picture: domestic abuse and substance misuse initiatives

Prior to the establishment of the Tayside Domestic Abuse and Substance Misuse Project there were few projects in Britain specifically examining the links between domestic abuse and substance misuse. The Stella Project (London) had been in operation since 2002, encouraging partnership working to develop inclusive service provision. This is the most well established project in Britain and has been used as a source of information and good practice both by the Tayside project and by individual organisations working in these fields. The Stella project, and two other key initiatives (the Nia project and the Drug and Alcohol Service for London (DASL) Women's Domestic Violence and Substance Misuse Project) are outlined below.

The Stella Project

- 3.29 The Stella project was established in 2002 as a joint initiative between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA). Its aim is to raise awareness about the relationship between domestic abuse and drug and alcohol misuse, promote good practice and support direct service providers across the drug, alcohol and domestic abuse sectors in Greater London. It is currently the leading agency addressing drug and alcohol related domestic violence and abuse, working across all 33 London boroughs.
- 3.30 The underlying assumption guiding the project is that there is no simple causal link between domestic abuse and substance misuse and that the latter should never be accepted as an excuse for violent or abusive behaviour, nor should survivors' substance use be used to justify the use of violence against them. In terms of service provision, the Stella project holds that "similarities between the services make working together not only feasible, but essential, so that resources are pooled instead of providing ineffective repeat services" (The Stella Project, 2003).
- 3.31 The project offers a comprehensive training programme with basic and advanced training (including strategic manager's training) in domestic abuse and substance misuse; consultancy support to agencies and local authorities wishing to develop a strategic response to domestic violence and substance misuse; and a toolkit for practitioners who work with clients experiencing these dual issues.
- 3.32 The toolkit developed by the Stella project covers the following areas:
- The links between substance use and domestic abuse, both academic and practice related
 - Basic drug and alcohol information for domestic abuse workers
 - Basic domestic abuse information for drug and alcohol workers
 - Practice interventions that are recommended for this client group
 - Sample policies and procedures
 - Resources, a directory of services and web links
- 3.33 An evaluation of the effectiveness of the training and events which the Stella Project has delivered in the previous four years was undertaken in 2006. The report concluded that the work of the project has been highly effective and valued by the vast majority of delegates. Future aims of the Project include: to engage with boroughs who are negotiating Local Area Agreements to ensure domestic violence and substance misuse features in future funding priorities; to map specialist domestic violence and substance misuse projects to provide an evidence base for use by boroughs who wish to develop similar work; and to develop training with Ethnic Alcohol Counselling Harrow (EACH) with the objective of catering to the specific needs of black and minority ethnic women.

The Nia Project (formerly Hackney Women's Aid)

- 3.34 The Nia project is an independent charity dedicated to the elimination of violence against women and children and to providing appropriate support to survivors. Amongst the services they provide, they offer specialist support for women with substance misuse issues, giving special attention to Black, minority ethnic, and refugee women.
- 3.35 The Nia project aims to stop discrimination against women who experience domestic abuse and substance misuse, and all women referred to the service are assured that they would not be excluded by disclosing substance misuse. The aim is to provide these women with as holistic a service as possible. In addition, they are currently developing a specialist refuge for women with substance misuse issues, to work along with (rather than replace) mainstream services.
- 3.36 The project's advice service also offers domestic abuse support for women who cannot or choose not to go into a refuge. This is suitable for many women including those with substance misuse problems. The project carries out in-house training and workshops in domestic abuse and substance misuse geared at increasing staff's knowledge and confidence in dealing with women with these dual issues, as well as challenging their attitudes around substance misuse.

DASL's Women's Domestic Violence and Substance Misuse Project

- 3.37 DASL's Women's Domestic Violence and Substance Misuse Project was established in 2003 as a pilot project to support and advise women experiencing both substance misuse and domestic abuse issues (as well as women experiencing substance misuse related domestic abuse) in the London Boroughs of Newham, Tower Hamlets and Redbridge.
- 3.38 The support and advice offered to women by the service include assessment, alcohol/drug intervention, therapeutic and support groups, advice clinics, and one-to-one counselling. The project also provides training in domestic abuse and substance misuse to relevant practitioners and professionals.
- 3.39 The project was evaluated three years ago (Ranzetta, 2005) concluding that it has been successful in meeting its objectives and has helped many of its clients to address their issues. Other aspects of the project that have worked well included the use of all known good-practice guidelines in response to domestic abuse and substance misuse, staff's willingness to share experiences with those in the field, and the raising of local awareness of the links between domestic abuse and substance misuse. The main difficulties encountered by the project involved recruiting suitable workers, providing childcare for clients attending the service, and reaching out to women from Black, ethnic minority and refugee communities.

Other projects

- 3.40 The Tayside Project is also aware of two further projects operating in Britain: North Ayrshire Women's Aid Addiction Workers and the East Durham / Easington Domestic Violence and Alcohol Project. The North Ayrshire Workers provide specialist support to women around a range of addiction issues, including substance misuse, gambling and shopping. The East Durham / Easington Project aims to examine local data collection systems and raise awareness amongst professionals and the public about the links between domestic abuse and alcohol.

The local picture: Tayside domestic abuse and substance misuse initiative

- 3.41 Each Local Authority area in Tayside has had both a multi-agency domestic abuse partnership and a Drug and Alcohol Action Team for some time. Whilst multi-agency working within each sector has been improving steadily for some time, partnership work between the sectors has been largely inconsistent. Individual examples of good practice can be identified, but ongoing prioritisation of partnership work between the sectors had not yet taken place. The establishment of the Tayside Project was therefore an important opportunity to develop this area of work more comprehensively.
- 3.42 The Tayside pilot / demonstration project was established in August 2006 by a consortium of partners from the domestic abuse and substance misuse sectors within Tayside. The project was set up to target women experiencing domestic abuse who also have substance misuse issues, and their children (if any). The aim of the project was to ensure a co-ordinated and consistent multi-agency response to women with dual experience of domestic abuse and their own substance misuse and their children across Tayside.
- 3.43 The project was undertaken on a Tayside wide basis, covering the three local authority areas of Perth and Kinross, Dundee City and Angus. Partners in delivery included Domestic Abuse Forums, Alcohol Action Teams, and various other organisations in these three local authorities.

Chapter summary

- Research provides evidence for an association, but no direct causal mechanism, between women's own substance use and abuse by male partners.
- To date, the UK evidence base is small and relatively undeveloped and therefore the extent of the overlap between these two issues cannot be accurately described.
- Research highlights four key explanations for the link between the two issues: coping mechanism, social isolation, and substance introduced by partner, and increased vulnerability.
- To date, practice and policy linking domestic abuse and substance misuse have only been marginally developed, hence service provision for women with this dual experience is fraught with difficulties and complications, and they are seen to be particularly poorly served by services.
- There are a number of barriers to linking substance misuse and domestic abuse services in the UK, including a cultural clash between services; the politics of a single issue focus; resource constraints; the lack of knowledge and training; and fragmentation at government level.
- There are also some important levers to aid in linking the two services. These include similarities in the two services' client group and similarities in the way substance misuse agencies and domestic abuse agencies work with their clients. These similarities make working together feasible and provide a basis for a better integration of the two services.
- The experiences of a number of UK based services that address dual issues of substance misuse and domestic abuse provide an important insight into the various factors that assist and hinder service provision for women in these situations. These important lessons could assist in the development of a strategic response to future service provision.
- The Tayside multiple and complex needs initiative (established Aug 2006) was set-up to target women experiencing domestic abuse who also have substance misuse issues and their children (if any). The

project aimed to ensure a co-ordinated and consistent multi-agency response to these women and children across Tayside.

4 The link between domestic abuse and substance misuse

- 4.1 The extent of the overlap between domestic abuse and women's own substance misuse in the UK cannot be accurately described for two main reasons: (a) current evidence base is relatively small and undeveloped, and (b) figures relating to both issues are likely to be underreported. US based statistics suggest that women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally (Stark and Flitcraft, 1996).
- 4.2 The aim of this chapter is to draw attention to the experiences and views of these women in order to highlight their needs in relation to service provision. The quantitative findings presented here are based on questionnaire responses of 29 women residing in Tayside who had been affected by domestic abuse and their own substance misuse. All women had been in touch with services (domestic abuse and/or substance misuse) at the time of the study. These findings are supplemented with qualitative data from one-to-one interviews with a sub-sample of these women and one-to-one interviews with service providers representing both domestic abuse and substance misuse agencies.

Characteristics of domestic abuse

Forms of abuse against women

- 4.3 Questionnaire respondents reported the following forms of abuse used against them by their partner:
- Almost all women (26) reported suffering repeated criticism / insults, threats of violence and damage to property;
 - Over three quarters (23) were held/grabbed by the throat;
 - Over three quarters (23) were stopped or discouraged from seeing their friends/ family;
 - Over two thirds (21) were slapped or punched;
 - Nearly two thirds (18) of the women had their partner threaten to kill them;
 - Over half (15) were beaten by their current/ex partner;
 - Over a third of the women (12) were pressured to have sex against their will, and under a third (9) were raped by their partner;
 - Over a third of the women (12) had their ex/current partner threaten to take their children; and
 - Over a third were attacked with a weapon (11).

Severity of abuse

- 4.4 Nearly two thirds (19) of the women suffered injuries during an incident of violence that required medical attention. Four of them reported having had to visit the casualty department.

Children's exposure to abuse

- 4.5 Children who live in homes where domestic abuse occurs are at risk of witnessing and/or experiencing abuse. Children may indirectly receive injuries when household items are thrown or weapons are used. Infants may be injured if being held by the mother when the abuse begins. Older children may be hurt while trying to protect their mother or while trying to stop their parents from fighting.
- 4.6 Nearly two thirds (15) of the women with children in the sample reported that a child (or children) was present during an incident(s) of violence between them and their current/ex partner. Two of them reported that their child had been physically harmed during an incident of abuse.
- 4.7 The literature suggests that domestic abuse results in similar outcomes for many children, whether they are direct victims or only witnesses of the abuse. These outcomes include cognitive or language problems, developmental delay, stress-related physical ailments, depression, aggression, temper tantrums, guilt and self-blame, isolation from peers, self-harming behaviour, excessive anxiety symptoms, and poor school performance (for review see Fantuzzo and Mohr ,1999). In addition, Violence by a person in a position of trust impairs the child's ability to trust others and increases the risk of victimisation in later life (Resnick, Acierno, & Kilpatrick, 1997).
- 4.8 A number of authors have suggested that domestic abuse is a predictor of child abuse. Children living in homes when domestic abuse takes place are up to 15 times more likely to be abused or neglected themselves than children from non-violent homes (Bowker, Arbitte & McFerran, 1988; McKay, 1994)

Forms of abuse used by women against their ex/current partner

- 4.9 Over half of the women (17) reported using some kind of abuse against their ex/current partner. This suggests that in many cases the abuse is bi-directional. However, it is important to note that when women were the perpetrators of abuse (in comparison to men), the abuse was:
 - Less common;
 - Less frequent;
 - Less extreme;
 - Less physical (nearly half of the examples given were of verbal/emotional abuse);
 - Never of a sexual nature; and
 - Never in relation to stopping or discouraging the men from seeing their friends/family.

Academics, such as Straus (1990), have claimed that violence within heterosexual relationships is mutual following studies which found equal rates of violence amongst men and women (Dobash et al, 1992: 71-72). However, this assertion has been challenged by various academics who have evidenced that where women are violent this is overwhelmingly in retaliation, fighting-back or self-defence on the basis of their partners' previous pattern of behaviour and their genuine fear of further incidents / injuries (Saunders 1988: 98-100). Indeed, Straus himself identified a number of reasons why women should still be the focus of intervention which are in line with the findings of this study; men had the highest rates of the most dangerous abuse, men repeated abuse more frequently, men had more potential to damage,

women were more likely to be trapped by other factors (i.e. economic circumstances) and women were more likely to be using violence in self-defence (Saunders, 1988: 95).

4.10 Here are the forms of abuse used by women in the sample (in order of frequency):

- Over a third (11) of the women repeatedly criticised or insulted their partners;
- Over a third (11) of the women slapped or punched their partner;
- One fifth (6) of the women threatened their partner with violence;
- One fifth (6) of the women damaged their partner's property;
- Four (4) women attacked their partner with a weapon;
- Four (4) women threatened to take the children away from their partner;
- Three (3) women threatened to kill their partner;
- Three (3) women held/grabbed their partner by the throat; and
- Two (2) women reported beating their partner.

4.11 According to Scottish Executive (2006) statistics, incidents with a female victim and male perpetrator represented 87 per cent of all incidents of domestic abuse where this information was recorded.

Characteristics of substance misuse

Substance type

4.12 Questionnaire respondents reported relying or heavily using the following types of substances:

- Over half of the women (16) reported relying or heavily using alcohol.
- Over half of the women (15) reported relying or heavily using prescribed medication.
- Nearly half of the women (14) reported using (or having used) illegal drugs.

Illegal drugs

4.13 Out of the 14 women in the sample who reported using illegal drugs:

- Almost all (12) used Cannabis;
- Over half (8) used Ecstasy;
- Half (7) used Amphetamines;
- Over a third (5) used Cocaine;
- Over a third (5) used Heroin;
- Three women used Crack; and
- Four women reported using other types of illegal drugs.

The link between domestic abuse and women's own substance misuse

Overlap between domestic abuse and substance misuse

- 4.14 Of the original sample of 34 completed questionnaires, 29 were completed by women who reported dual experience of domestic abuse and substance misuse. This suggests an 85% overlap between the two issues, however the return rates are not substantial enough to provide accurate and reliable overlap data.

Time of starting to use substances

- 4.15 Nearly two thirds (18) of the women in the sample reported first starting to use substances *prior* to their experience of domestic abuse. Three (3) women started using once the abuse had started and two women started using after their experience of abuse had ended.

Substance use during incidents of abuse

- 4.16 In relation to incidents of abuse, ten women reported starting to use substances before an incident of abuse had started, three women reported using once an incident has started and three other women reported using after the incident had ended. Three (3) women reported using before, during and after an incident. We recognise that the use of the terms "incidents" and "use" as they appear in the original questionnaire could be ambiguous and therefore was potentially interpreted by different respondents to mean different things. However, despite this methodological limitation, we felt it was still useful to include this finding in the report.
- 4.17 During incidents of abuse over half (16) of the women reported their substance use had *increased*, six reported that it stayed the same and none of the women reported it had decreased.

Reasons for using substances

- 4.18 In relation to their experience of domestic abuse:
- Nearly three quarters (21) of the women reported using substances to dull the emotional pain they were feeling and over half (15) reported using it for dulling the physical pain they were experiencing.
 - Nearly three quarters (21) of the women said they used substances to escape reality.
 - Over a third (12) of the women said they used substances because they felt out of control, and seven women said using substances gave them a sense of control.
 - Over a third (11) of the women said they use/d substances to survive the abuse they were experiencing.
- 4.19 Nearly half (9) of the women thought that their substance use was used as an excuse by their current/ex partner for their abusive behaviour.

Perceptions of the link between domestic abuse and women's substance misuse

Women's perceptions

- 4.20 Most of the women interviewed for the study thought that there was a link between domestic abuse and substance misuse, or had known other women who experienced both issues. Here are some examples of how they explained the link:

Some people maybe cannot handle it and they will take then drugs or take then alcohol just to forget the pain, and maybe... maybe their beatings are worse than mine so they maybe taken more, just to get... numb the pain a bit more, eh. (Service user, DA)

I've met a few women that have... because of the situation they go to the doctors to end up then on anti-depressants - valium, sleeping tablets... I've done all these things myself but I am not on anything now (Service user, DA)

Service providers' perceptions

- 4.21 All but two of the service providers interviewed for this study, from both domestic abuse and substance misuse agencies, perceived a link between women's experiences of domestic abuse and their own substance misuse:

Oh, huge links, huge links, I mean I think that's often because women are trying to escape chaotic lifestyles that they get into the drugs and alcohol, you know, it softens it, or they feel it softens for them and often what we've experienced is that it's not uncommon for the perpetrator to introduce them to drugs because then it's a control thing and that's a big thing (Service Manager, DA)

It's a hard one because you think what comes first... cause and effect... I think that obviously somebody whose experienced domestic abuse they may turn to drugs and alcohol and I think when somebody's already in that cycle that could cause the domestic abuse as well so I think it's kind of a two-way thing (Worker, DA)

Well I can think of a number of clients, mostly female clients, who report experiencing domestic abuse... I certainly know that there are lots of people who use our service who have experienced domestic abuse in the past... (Worker, SM)

If we are talking about the two issues together we talk about the three ways in which we see a relationship between alcohol and domestic abuse and that will be we see women and men who are drinking because of earlier trauma in the family where maybe their parents did the domestic abuse, we'd see women that are drinking because of previous trauma of their own abusive relationship or women drinking to cope with current abusive relationship... So domestic abuse has a big relationship to the work we do. Lots of people in all of those categories we would see. (Manager, SM)

- 4.22 As can be seen from the above quotes, service providers' perceptions of the link between domestic abuse and substance misuse are based on either theoretical knowledge and/or practical experience of having women clients presenting with both issues.

4.23 To sum up, here is a quote from a domestic abuse worker that helps to illustrate the immense difficulties faced by women who misuse substances and are trying to leave their abusive partner:

The women who are misusing drugs and need to get away from their partner, they quite often will say they'll need to get right out of the area, they'll need to get right away from all of their network, their drug using network, the people who know them as a "druggie"..., that is really virtually impossible to do if a woman wants to go on a methadone script because you can't just move from one bit, one part of the country to another if you are on prescription, it's not accessible enough for them.... And that's to me a huge issue cause I do I really do think that women who you know in that situation who are being pursued by their partner who probably is using them for all sorts of things and who's got a vested interest in keeping them drug dependent I think as long as he's in the area, you know... if somebody wants to find somebody they can...., so the only solution that I can see to the women in that situation is for her to move away actually, not just away from him but you know from all of her drug using contact....And that's you know, where does that put her, you know, it makes her very, very vulnerable and dependent on moving to an area that she maybe doesn't know to rely on services that she doesn't even know might be there (Worker, DA)

KEY FINDINGS

- Almost all women in the questionnaire sample experienced emotional abuse from their partners; over three quarters experienced various forms of physical abuse (with over two thirds suffering injuries which required medical attention); and over a third experienced sexual abuse.
- Nearly two thirds of the women with children reported that a child (or children) was present during an incident(s) of violence between them and their current/ex partner. Two of them reported that their child had been physically harmed during an incident of abuse.
- Over half of the women reported using some kind of abuse against their ex/current partner. When women were the perpetrators of abuse (in comparison to men), the abuse tended to be less common, less frequent, less extreme, less physical and never of a sexual nature.
- Over half of the women in the sample reported relying or heavily using alcohol and/or prescribed medication. Nearly half of the women reported using (or having used) illegal drugs. The most common illegal substances women reported using were Cannabis (almost all), Ecstasy and or Amphetamines (over half), Heroin and Cocaine (over a third).
- Nearly two thirds of the women in the sample reported first starting to use substances *prior* to their experience of domestic abuse. This is an interesting finding, as the literature seems to suggest that women who experience domestic abuse and who also misuse substances are more likely to do so as a *consequence* of their abuse.
- In relation to incidents of abuse, over a third of the women reported starting to use substances before an incident of abuse had started. Over half of the women reported their substance use had *increased* during incidents of abuse. These findings are in line with literature suggesting that women who experienced domestic abuse were particularly prone to misusing substances following incidents of abuse.
- The majority of women in the sample reported using substances to dull the emotional and physical pain they were experiencing as a result of their abuse and in order to escape reality. The literature suggests that women who experience domestic abuse often turn to substances (or increase their use of substances) as a coping mechanism for the abuse.

- Half of the women thought that their substance use was used as an excuse by their current/ex partner for their abusive behaviour.
- The vast majority of both service users and service providers interviewed for the study thought that there was a link between domestic abuse and substance misuse and had personally known women who experienced both issues.
- Service providers' explanations of the link between domestic abuse and substance misuse included substance misuse as a coping mechanism for women who experience domestic abuse, women being introduced to drugs by their abusive partner, and both issues being related to past or childhood trauma. Women who experience both domestic abuse and substance misuse are perceived to be in a vicious cycle where each of these issues is exacerbating the other.

5 Experiences of service provision: Accessing, using and leaving the service

- 5.1 This chapter aims to identify dispositional and organisational/institutional factors that positively and negatively affect the progression of women who are affected by domestic abuse and their own substance misuse at each stage of their service use. Each stage (accessing, using and leaving the service) is discussed in terms of the levers and barriers to providing good quality service.
- 5.2 All of the themes presented here apply to both domestic abuse and substance misuse service, unless otherwise specified. This, in effect, is a finding in itself, as it illustrates the similarities in successes and challenges faced by both domestic abuse and substance misuse services.
- 5.3 The author of this report would like to reiterate at this point one of the main limitations of the initial research method was that it did not sufficiently identify the target group that was supposed to be the focus of this research (i.e. women with dual experiences of domestic abuse and substance misuse). This lack of focus meant that the data presented in this chapter largely reflects:
- Service providers' general experiences of providing services to all clients (men and women) in their own target group. (i.e. domestic abuse or substance misuse).
 - The experiences of women with single issues (i.e. domestic abuse or substance misuse), as well as of women with dual issues.
- 5.4 Despite the lack of focus at the data collection stage, it is important to note that while the themes highlighted by both service providers and women refer more generally to service provision for either domestic abuse or substance misuse clients, by and large these themes apply to women with dual experience of both issues. Where possible, the experiences of women with dual needs were emphasised.

Accessing services

- 5.5 The women in the survey reported approaching the following services for help with domestic abuse and/or substance misuse issues:
- Police – approached by nearly two thirds (18) of the women.
 - Specialist drug and/or alcohol services – approached by over half (16) of the women.
 - GP / hospital - approached by over half (16) of the women.
 - Housing - approached by over half (16) of the women.
 - Domestic abuse agencies - approached by under half (14) of the women
 - Social services – approached by over a third (10) of the women.
- 5.6 The women in the survey found out about the above services through one (or more) of the following:
- Referred by another agency (19 women)
 - Given information for self-referral by another agency (7 women)
 - Via a family member, friends, or current/ex partner (5 women)
 - Used a telephone directory (5 women)
 - Saw a leaflet at the GP surgery (1 woman)

Incentives to accessing services

- 5.7 The key incentives to accessing services, as highlighted by both service users and service providers, can be divided into three categories: quick and easy access, effective advertising and presence in the community. These are discussed in more detail below.

Quick and easy access

- 5.8 One element of attaining quick and easy access to services was described by service providers as having an open-door policy. This means that the referral process is very flexible and anyone can (a) self-refer to the service and (b) refer without appointment.

We have an open-door policy, we are on a duty system Monday to Friday in the morning, anybody can just come in and talk to a duty worker and the fact that most of our referrals are self-referrals... I think it's because of that.... I think access is particularly easy (Manager, SM)

Well what's good about our service is it can be accessed by any person and the referral doesn't have to come via a GP or something like that. There is no intermediate stage so you can either have the person themselves referring themselves or you can have someone doing the referring on behalf of the person as long as they have their consent (Manager, SM)

They could get advice over the telephone and they can come to us to just get support from us without actually needing access to the service at all. Some women just come a couple of times and that's it, they can get help from an outreach service as well so they can continue to live in their own home and be safe (Worker, DA)

We are able to offer an instant service, we don't use an appointment system (Worker, DA)

- 5.9 Another important factor for achieving quick and easy access is the service's ability to respond quickly without having to put potential clients on a waiting list.

Being able to see somebody whilst they are motivated and whilst they are actually... taking that first step, it's not a case of "I need to talk to somebody about a drug and alcohol problem" . "Oh could you make an appointment and come back in two weeks?" Our duty system allows for instant contact (Team Leader, SM)

What we do is offer women kind of instant access, we don't insist that women make appointments [during opening hours] any woman can walk in off the street and be seen very quickly by you know whoever's around, so I mean, in terms of that type of access they do get an instant service... I feel that our accessibility... is quite good during the times that we are open (Worker, DA)

A lot of people phoning up for contact and they get an appointment really, really quickly, we've got a target of 2 weeks for seeing somebody from initial contact but we usually get an appointment within one week and many people would get an immediate intervention by telephone or some sort of support or response or telephone counselling so it's a pretty immediate service if they do manage to pick up that phone and access us that way (Manager, SM)

- 5.10 Women who have children are often prioritised in terms of accessing substance misuse services:

We do still have a prioritisation process in there so that people who are pregnant or who have kids, who are in a position where there is welfare issues will be fast tracked (Manager, SM)

Well up to now they would have been prioritised and seen quicker. I would hope that we're in a position now where everybody will get seen at the same rate, you know there wouldn't actually be a need to prioritise them just because they have children (Team leader, SM)

I prioritise these individuals [women with children], getting them in here, making sure that we're quite content with what's going on in the home and where they put their needles and if they use in front of the child or not, who they're using with, stuff like that you know. I've got to be satisfied that there's no... the parental responsibilities are taken kinda seriously but yeah I would say if we have a child here and there is issues certainly I double my efforts you know and get in touch with voluntary agencies and the Social Workers keeping them updated...(Worker, SM)

Effective advertising

- 5.11 Several service providers mentioned active service promotion as an incentive for people accessing their service:

I think because we promote ourselves quite widely that people know how they can access the service either by filling in a referral form or by phoning us up and referring themselves... we've got sort of like posters and information leaflets, little cards that we give out... so I think fairly we are fairly widely known... (Worker, SM)

What we like to do is make ourselves as well known to all our partners and that includes social work, police, housing etc who will maybe refer clients to us, but in the main I would say it's self-referral systems and that's through getting information from our posters, from... you know websites etc, etc. (Manager, DA)

- 5.12 An important aspect of service promotion seems to be done by word-of-mouth. This is an issue that was highlighted by substance misuse service providers only:

We have had self-referrals through word of mouth with clients who have benefited from being with this project and referred them onto their friends (Manager, SM)

A lot of word from the mouth of the client group will go round, and equally social workers and other health professionals will know of us and will actually ... say to people "Just go"... "Just turn up and do that". So the biggest percentage of our referrals is by people coming in and asking for help (Team leader, SM)

We are very much a client-centred, non-judgemental service... with a good reputation among the kind of people, that people trust, and know that they can have some, yeah a place... and find that we are easy to engage with... (Worker, SM)

We are specifically focused on engaging with quite hard to reach difficult to engage client groups... so we're always looking for new strategies to do that and I don't think this is a magic formula, it's a case of trying different things with different populations and at different times.... but whatever else you do it's word of mouth and the reputation of our service within the group is probably the most important factor (Worker, SM)

Presence in the community

- 5.13 Presence in the community is an issue that has mainly been raised by substance misuse service providers. It involves being present at community events, being involved in local schools and community groups and generally being available and approachable.

Being seen in the community is really, I think, a valuable thing in this job. Being at community events, being approachable when you're out and about, getting people to speak to you again (Worker, SM)

We very much... operate within the community so we've got very much community presence... I think that the presence within their schools and local community groups actually makes it quite easy for services to be accessed (Manager, SM)

Well I'm from [an] area which has got a lot of hard core drug users, as any other area, but a lot of them come in here and they know me, they know my face whether it be from school or they might be the son of a friend and stuff like that you know and they know that I am not gonna break the confidentiality and stuff like that (Worker, SM)

- 5.14 Presence in the community also has a more 'practical' aspect of services being in a central and easily accessible location:

Well, the locality of our own office within the centre of the town... I think that works well for service users (Worker, DA)

I think that because it's in the centre of the town and all buses come into the centre of town again it's reasonably accessible but we will also pick up and drop off, either the workers doing that or arrange taxi and help people to access our service (Manager, SM)

Being in the town centre is obviously a good help as well, however, that could also be a barrier because a lot of them have got ASBOs and may be banned from the town because they're always committing crime and shoplifting and stuff like that so it's a barrier (Worker, SM)

Barriers to accessing services

- 5.15 Both service users and service providers had pointed out a variety of factors that might hinder service users' access to substance misuse and/or domestic abuse services. The first factor involves service users' dispositional motives, including stigma and shame, fear and denial of problem. Other factors that hinder access are of an organisational / institutional nature, including long waiting times, inflexible working hours, ineffective advertising and hard to reach groups. All these factors apply generally to any individual who wishes to access either substance misuse or domestic abuse services.

- 5.16 Two additional factors that have been mentioned as barriers to accessing services are specifically relevant to women with dual experience of domestic abuse and substance misuse:

- Women's own substance misuse is a significant barrier to accessing domestic abuse services
- Women with children may struggle to access substance misuse services due to child care issues.

5.17 Following is a detailed discussion of the range of barriers to accessing services.

Dispositional factors

5.18 One of the key factors that stop people from accessing substance misuse and domestic abuse services can be attributed to the individual – their personality, beliefs, or other internal factors. There are typically high levels of shame, guilt and secrecy associated with either of these needs, which means people are often reluctant to approach service or even to acknowledge the problem. The situation is even more difficult for women who experience both issues as they need to cope with the double stigma associated with experiencing domestic abuse and with being a woman (and especially mother) who misuses substances. Here are some comments made by women service users:

I am private, I don't want people to know I have been used and... that, you know, how stupid I've been... I had a feeling that people will look as though "Well you deserved it because you didn't stand up for yourself and you like... he talked to you like that, treat you like that you never... what do you expect?" (Service user, DA)

Embarrassment, yeah. Even when [key worker] comes up here I shut the windows and everything because I don't want anybody to hear. It's embarrassment... (Service user, SM)

5.19 Here is a quote from a service provider about the stigma associated with women with dual experience of domestic abuse and substance misuse, and how it might stop them from accessing services:

As far as women with drug and alcohol problems... they've been made to believe it [domestic abuse] is their fault, you know, "Well you asked for it! You are drinking... you are taking...". So they find it difficult to access services and it maybe that... well, they want help for the abuse to stop but they might not be ready yet to look at their own addiction problem, you know, so that is sometimes an issue. And then also if they feel that the abuse is happening during... alcohol drinking or drug taking, they feel that they are less likely to be perceived as a victim and that the responsibility is theirs so I think sometimes they can find it hard to access services (Manager, DA)

5.20 Fear is another factor that stops people from accessing services: fear of the unknown, of what other people might think of them, losing the support of friends/family, further social isolation. These fears are exacerbated by the dependence many women experience within relationships.

I didn't know much about [domestic abuse service], I didn't really know where they would put me or what was gonna happen - fear of the unknown as well that made me stick it. (Service user, DA)

You don't want to go saying, "Well... he just slapped my face or he just pulled my hair" in case they said, "Well. Oh that's nothing really. What's a wee slap or a kick?" you know, so women tend to wait till it's really, really bad, till they are really, really frightened and they know they've got to get their children and themselves out (Service user, DA)

Most women in like abusive relationships are isolated because you are isolated from your friends, you are more isolated because you become dependent on him and you think that you can't survive without him because he structures your whole day and you start to think that you can't survive without him, and I think

that stops a lot of women approaching because now, once you've done that, once you've made the admission that you've been hit or you've been abused verbally or whatever way, now you have to start taking responsibility for yourself and you... you've probably not done that for a long time and it's frightening (Service user, DA)

- 5.21 Another major fear experienced by women who wish to access either services is the fear of having their children taken away:

This is just through people that I've talked to, they don't want none like nosing in, they are scared by it... they think "Oh, I will get my children taken away" (Service user, SM&DA)

I think one of the big barriers for women is that... the myth that social work will take their kids into care because that's what they've been threatened with... So for some women that would stop them contacting the police as well (Manager, DA)

There are loads of women using drugs out there... [that] perhaps stay away from here or get others to come in here to get their needles because they're maybe scared that we will bring in Social Workers... they've got it in their head sort of wrongly that Social Work is going to come and take the kids away you know so that's quite a big barrier (Worker, SM)

Sometimes they are frightened to access the police because they think that we will do something to try and get their children taken from them. Perhaps they've been told that by their partner, or it's just a fear of authority figures that you know... police, social work... that once they are involved that's it... that you know your life will not gonna be your own again.(Worker, DA)

- 5.22 Finally, many women who experience domestic abuse and/or their own substance misuse find it difficult to acknowledge their situation and admit (to themselves and to others) that they have a problem:

I just kept thinking "Maybe it's me, maybe he will change" and I just couldn't go... couldn't bare going through the grief of having to start again (Service user, DA)

I didn't think... I just... I didn't think I needed them [substance misuse services]. I suppose, it never occurred to me to do anything about it. ... No I had a problem with other things, you know, there was other things and ... you know, the alcohol was just something that I was using to help with the other problems I had (Service user, SM)

I think in terms of the people themselves, I think it takes a long time for them to actually accept that this is what's going on in their relationship... and that's a barrier for them accessing the service (Worker, DA)

I think the term 'domestic abuse', this is actually the same difficulties as the terms of 'alcohol problems' or 'alcoholic', they are all labels that are around. People don't generally identify what's happening to them as these terms, they see the posters for whether it's domestic abuse or alcohol service, folk think "That's not me" (Manager, SM)

Organisational / institutional factors

Long waiting times

- 5.23 Of all the organisational / institutional factors that hinder access to services, long waiting times have been quoted most frequently by both service users and service providers - mainly in relation to substance misuse agencies.

Yeah I was phoning up and saying "When can I get in" because I didn't want to be a drunk, I knew that I didn't want to be like this... I phoned [service] ... spoke to X ... I even phoned [residential detox service] and they said, "No you'll have to wait" and I just thought that was terrible, you know, I was screaming for help and couldn't get it.... it was from July [when first saw doctor] to December when I got into [residential detox service] which is a long time... (Service user, SM&DA)

The only problem is the length of time at the beginning and if I could have seen someone that week it would have been great. You know because I was referred... I went to the doctor on the Monday and if I could have seen someone by Friday it would have been fantastic. Because if... well the three weeks you just... you just felt like you are in limbo a little bit (Service user, SM)

- 5.24 Here are some quotes from substance misuse service providers in relation to long waiting times:

And what has been difficult recently is that we've had a substantial wait down list and people have actually waited in some cases up to a year for a service (Team leader, SM)

So at the moment we are operating on a waiting list and there are roughly 20 people on that waiting list, not all of them have got a low priority, one or two of them have got what I would say was a fairly high priority but we just physically don't have the staff to... to address them (Manager, SM)

The clients are there, there's just not the capacity for us to take them on when they're saying "I want help"... if they go on a waiting list, by the time you get round to them six months down the line they have either moved, or jailed, or they are not interested (Worker, SM)

- 5.25 The issue of waiting times for accessing domestic abuse services had only been brought up by one service user and one service provider:

My husband beat me up basically so I was staying at my daughter's house but she's got two children and I said, "Right I need to get something done"... He had all my furniture, he had the house, everything. I just walked out with what I had on so I went down to [domestic abuse service] and I spoke to X and she said that there wasn't a room available so I had to wait for two weeks for the room which I thought was pretty naff you know (Service user, SM&DA)

I would say gaps are... we can't take on anymore work, I mean we are at full capacity (Manager, DA)

Inflexible working hours

- 5.26 Services' inability to provide evening and weekend coverage for service users has been highlighted by both service users and service providers as another barrier to accessing services.

It might be good if there was something maybe more at weekends rather than just like emergency numbers, if there was more... maybe just something like a drop-in. I know that they are short-staffed and everything but I mean in an ideal world it would be good if say the [domestic abuse service] place was here or some drug and alcohol team was open on a Saturday (Service user, DA&SM)

Probably the hours that we work. I find that quite difficult.... I think the 9 till 5 hours that we work Monday to Friday can be difficult for the... for chaotic drug users who maybe, you know, on a Saturday or Sunday need just a wee bit of extra support. It's also arranged around the assumption that every substance misusing person doesn't have a job and for instance one of my workers is working at 7 o'clock tonight because a guy who works through in [name of place] is still needing help and support (Team Leader, SM)

I would say the one thing that doesn't work as well is our opening hours we're open from 9.30am to 2.30pm. When other professionals are looking to engage with the service perhaps bring a woman in, or when a woman herself is looking to engage with the service, after the hours of 2.30pm it does kinda needs to be on an appointment type system... Because there needs to be a worker specified to be here to meet that woman (Worker, DA)

Well, we don't have a weekend worker... we don't have a paid on-call service, on-call I mean being on the end of a phone in the evenings... That's a barrier I think... not being able to access any kind of meaningful service in the evening, we have to divert people on to the answer machine, the National Domestic Abuse Helpline (Worker, DA)

Ineffective advertising

- 5.27 Not being aware of what services are available to women who misuse substances and/or are experiencing domestic abuse has been mentioned by a number of service users as a key barrier for access:

I didn't know there was anything really that I could do... places that I was able to go or... anything. (Service user, SM&DA)

People don't know of the support because there is no advertising. Really that's being honest with you. I would never even known about [domestic abuse service] (Service user, DA)

I didn't know what to do. The social worker was involved with the family because I had young children. I didn't have a clue you know what to do... (Service user, SM)

I used to be through it... the black eyes, stitches here with a broken bottle and everything... bites... I have been through it all and... just probably at that time I didn't ken who to get in touch. That's... it's just this last... maybe not even a year that I did... I was getting letters from the Victim Support (Service user, SM&DA)

- 5.28 Another problem linked with ineffective advertising is that it keeps alive some common misconceptions about the nature of both domestic abuse and substance misuse services. Here are some of the misconceptions associated with domestic abuse services:

I think most people have heard of [domestic abuse service], maybe they don't know all what it entails or maybe they just think it's only for women that have been beaten up, they maybe don't think it's actually for verbal abuse and stuff like that sort of, they maybe think it's only for people that have left their husbands or... you know intending to... (Service user, SM&DA)

I think for the [domestic abuse service] a lot of people think that it's... you know, it's full of lesbians, which it isn't at all, that's nonsense and it really is nonsense... they think that they are all men-haters. They are not, I mean, the women... most of them are married, you know they... they are quite happily married (Service user, SM&DA)

I thought it was gonna be inside a big dormitory where women are, but I had to do something I was desperate... just thought, "Well if it a big dormitory I am just gonna have to put up with that" you know until I get a house. But it wasn't, it was great... (Service user, SM&DA)

I think also another gap is that people think we're just a safe house for women, children and young people that are fleeing domestic abuse and we're not showing that because we do an awful lot of work I think that it's perhaps just the lack of knowledge (Service manager, DA)

5.29 Here are some misconceptions associated with substance misuse services:

*I think there are perceived barriers with us being part of Social Work Department which raises anxieties in people about what it is we are going to do *to* them rather than *with* them or to support them... Our role has been... perceived as being the only ones who are involved in taking children away from people which isn't accurate of course (Manager, SM)*

People think "I'm not bad enough yet to go and get help with the [SM service]. And that's something... you know it doesn't matter how small it is, you know we are quite happy because we would rather get in... early and be able to save people you know... you are maybe not in a huge difficulty yet but you've done the right thing coming here because unless you do x, y and z this is gonna get worse, you are gonna increase your use of drugs, you are maybe a recreational drug user, you are maybe a recreational alcohol user but the signs are that you are here because you are recognising that it is escalation so this is what we need to do (Team leader, SM)

I think sometimes the public's got an... a kind of weird expectation of what we do and what we can provide and what part they have to play in it. We can't cure people, they cure themselves but I think a lot of people think, "Oh I've got a social worker therefore I can sit back and watch Jeremy Kyle and everything will be absolutely rosy" (Manager, SM)

Hard to reach groups

5.30 A number of substance misuse and domestic abuse service providers reported that they had not had success with, or had not attempted to, enable easier access for minority, ethnic and disabled groups:

I think there is a big gap... broadly in terms of the uptake of our service amongst minority ethnic cultures and I think we are not accessible to different cultural groups particularly. And I think that goes beyond there being just a simple kind of language barrier... we've talked about making the information and our

publicity available in different languages but... I think what we don't have is... perhaps good understanding of the issues around alcohol in different cultures and actually what it might mean to be coming forward and saying, "You've got an alcohol problem" (Manager, SM)

I personally felt that it was pointless having leaflets in a range of languages if we have nothing we could respond to people effectively in a range of languages. So we could have for example leaflets in Punjabi but the person would get a real crap service if they phoned in because it will be an English speaker (Manager, SM)

Minority ethnic women - we get a few - I have no idea whether they are representative... there's a big Polish community in [the area] now and I'm not aware of a single Polish women that's you know come in... Well, probably because we don't have leaflets in Polish... We don't tend to get women in from the Chinese community, which is the biggest minority ethnic community in [the area]... and we don't tend to get them unless they are married to a Scottish man or something you know, the less traditional (Worker, DA)

We've just not approached any of the groups working with disabled women. Although you know we do get the odd disabled woman in but we're not making an outreach approach to these groups (Worker, DA)

We've also, I would say, got quite poor disabled access in these premises. (Manager, SM)

- 5.31 Hard to reach group also include people who live in rural areas. Seeking help for either domestic abuse and/or substance misuse problems is particularly difficult in small communities where social networks are small and interconnected, and where there is a lack of privacy and confidentiality.

Sometimes the barriers for seeking help is... is rural... I think that that's a difficulty for lots of women to access services, you know in [this area] it's quite... you know it's got pockets of rural so sometimes it's... it's hard for them to... to make contact... for a lot of women if they are in a rural area they don't have access to transport (Manager, DA)

Working in a rural area - it's quite hard to get it right. We tried to have outreach surgeries, we attempted to have an outreach surgery in [small town]. And to make it lovely and non-stigmatising we had it in the adult learning centre... But women wouldn't go and the reason that we were given that women wouldn't go is because they had to get past the receptionist in the adult learning centre and give a kind of code, ask for 'Mary' or something it was, and because everybody in [the small town] knows everybody else nobody wanted to go and do that because it's such a wee place (Worker, DA)

Women's own substance misuse

- 5.32 Women's own substance misuse is a significant barrier to accessing domestic abuse services. This is an issue that has been discussed in length by domestic abuse service providers. Some of the reasons they quoted for disallowing / limiting access to their service for women who misuse substances include the disruption / risk to other service users and their children, which is associated with chaotic drug use (especially in shared accommodation), lack of engagement, inability to be live independently and even stealing.

Because we are communal living we cannot have somebody that is either abusing drugs or using alcohol to you know to quite a high degree.... because of the risk to the other users, particularly and their children (Service Manager, DA).

In terms of women who abuse substances... we can't have... it just wouldn't work having a woman with chaotic lifestyle particularly in the shared refuge... We don't say that women can't use the service if they misuse drugs or alcohol but we need to know that they are not chaotic drug users or that they're likely to be drunk all the time, we need people to be able to kind of engage with the service a bit... And we do have women that misuse alcohol and we have had them in refuge, sometimes it's worked and sometimes it hasn't (Worker, DA)

It's hard to know really how to support women [who misuse substances] in that situation, quite honestly, particularly I'll say, drug users, you know, chaotic drug users, because we've had experience of women who've been heroin users or on methadone scripts and things coming in and just kind of walking out with some of our resources. Because they obviously need to steal to feed their drug habit and we could not possibly accommodate somebody like that in refuge we would just have no tellies left or you know, and that's the reality. While they are in that you know, while it's so uncontrolled it's just not a possibility (Worker, DA)

Within refuge, because it is so confidential and because they're independent living flats, the women that come in here, although they would get help to live independently, they've got to really be at that stage where they're able to do that, and my experience with the substance misuse is that people often come in very chaotic and can't manage to live daily and do day-to-day chores that they're maybe expected to do here... Also they forget things, they forget appointments... they'll not want you to see their children or whatever... they've always got something to hide as well, even though it might well be nothing, that they end up like contradicting their stories all the time....I don't think at the moment our service can provide for that, we do take people that are on prescription, prescribed medication and that, and that's okay if they're in treatment and if everything's going fine then they can manage... To me there's a barrier there because we may not be reaching people who are suffering from domestic abuse and substance misuse (Worker, DA)

They are denied [access] if it is an illegal drug, but to be honest we don't [always] know that... until they're actually in refuge. Now what we can do is we would try to access services but a lot of them don't want these services so ultimately if they're using it when they're in refuge we have to put them out and that happens, and I would say that it happens quite a bit with, or it can happen quite a bit, with young women that have no children that are coming into refuge (Manager, DA)

5.33 Domestic abuse service providers are well aware of the complexities involved in providing access to women who misuse substances and are trying to find suitable alternatives:

[If a woman misused substances] she wouldn't get the service. She would get it on an outreach basis... in fact it's happened already.... she couldn't come in so we took her to housing and said "We can't take into refuge - can you put her up in temporary dispersed housing or whatever?... We will try and support them to get other housing, it's not that we are just washing our hands of them, we will then support them to go and try and access other housing and give them support from there (Manager, DA)

Now we are extremely aware that it [substance misuse] is... just another need along with domestic abuse that a lot of women turn to alcohol and turn to illegal substances to deal with the pain of what's going on, to escape from...what the rest of their lives are like, and we are only too well aware of that and we'd dearly love to be able to offer the same service to these people. However in communal working we can't do it. We are having purpose built flat, built down the street along and they will all be individual flats so then the scenario will become very different and we will then hopefully be able to work with women with more complex needs (Manager, DA)

Child care

- 5.34 Women with children may struggle to access substance misuse services due to child care issues. According to substance misuse service providers, many of their services are not set up to either provide child care arrangements / facilities or are not always able to offer appointments at suitable times.

We did a gender survey last year in the agency... we also asked them about whether women clients thought there was a difference for women drinking as opposed to men drinking in society ...and they were sort of citing child care as a big barrier to accessing service (Manager, SM)

Because of the hours we work it would be very difficult to do any in-depth work with children running around or if somebody has to get to the nursery to pick kids up or the school or... or whatever so that can be difficult to get that on time (Manager, SM)

It presents other issues for us I suppose or for the patients in sort of them being able to attend at certain times or not being able to attend at certain times because of child care responsibilities and very often people will bring their children with them to appointments which really is not ideal. I mean (a) this is a distraction and (b) it's not very nice for the child (Team leader, SM)

Some places that would send people away for rehabilitation, some take children some don't, so some people may say, "Well I am not going to rehab because I don't want to be separated from my children" and that is fair enough we will work with you here on that (Team leader, SM)

Using services: What works well and what could be improved

What works well about using services?

- 5.35 When asked about what works well in using substance misuse and/or domestic abuse services, service users mentioned having motivated and skilled staff. Service providers have reiterated that theme and added several other factors that they perceive to be working well, including the needs-led and flexible nature of services, the voluntary nature of services and good multi-agency work.

Having motivated & skilled staff

- 5.36 The main theme highlighted by both service users and service providers has been having motivated and skilled staff.

What helps it to work well? ...the enthusiastic staff we've got here and the motivated staff we've got (Team leader, SM)

The good thing about the team is I think that genuinely majority of people in the team actually care very much about what they do... everybody in the team without exception cares for the group of people and their families and the situations that people find themselves in (Manager, SM)

The expertise that's around in [the service] around substance use, dependency issues... And I've got very motivated, very committed staff team... and I think that comes across to the service users (Manager, SM)

I think there is quite a strong knowledge base within this group that is shared constantly... we're quite good at acknowledging within the group amongst ourselves who actually has any skills or specified skills in other areas (Worker, DA)

Dedicated staff, staff that have an understanding... have come from like different backgrounds and have got a lot of different areas of understanding like we've got a lot of people from Housing, there's drug and alcohol, there's people from adult literacy and that's how it works well because it's a kind of service that a lot of domestic abuse, it kind of offers a bit of everything because they live independently basically so yeah that works well (Worker, DA)

- 5.37 Staff skill and motivation have been praised by service users too, who have emphasised two key issues: having someone to talk to and getting practical help.

Well... well more than anything X [Service worker] is just like a pal now and before it was like it was just me and the kids and it was like no adult conversation, nothing and like when X started coming up God it was like I've got loads of things like out of my chest, I was able to sit and speak to her. (Service user, DA&SM)

Yeah, but again like [service name] is good support because you can be speaking to your best friends but sometimes it's good that you can just talk to somebody that's... impartial... Or you don't want to bother them [family/friends], that kind of thing (Service user, DA&SM)

She's [service worker] helped us in loads of ways. Like... for instance she sent away to some place, I think it was like Children in Need and helped to get money towards going like on a holiday and she always gives us loads of good advice, helps us with the kids... (Service user, DA&SM)

And the workers themselves are brilliant. I went in one day and the next day I had a worker come over and help me fill up all the forms... well, she did all the forms and... because I was just a wreck... (Service user, DA&SM)

X has been really good yeah, she keeps coming round to see if I am OK and see if I am coping and... When it comes to court they are gonna be there for me and anything like that. I just think they are really helpful and really nice. (Service user, DA&SM)

Needs-led / flexible service

- 5.38 Service providers in both substance misuse and domestic abuse agencies have stressed the importance of providing a needs-led and flexible service for their client group type:

I think what's very good about our service is it is very person centred, it's not too prescribed, we try to see people on their own terms in their own homes where possible, to carry out a very holistic assessment. We involve people from the start in that process of doing the assessment and involve them in creating a care plan for themselves so we try to make it as inclusive as we possibly can, the process. (Manager, SM)

It's very much needs led so as that people come in everybody's different so you're working towards that, your catering for the individual (Worker, SM)

I think the flexibility of being able to just meet people when they want or where they want: in the family home, in the office, out in the community, where they feel safe, I think that's beneficial to the client (Worker, SM)

We're really good at juggling. Because it is needs led, the nature of the service can change from day to day as and when required, and I think we are very, very good at accommodating that re-prioritising constantly what needs to be done (Worker, DA)

We try and be as flexible as possible because I think that's what gives [this organisation] its unique selling point actually... we are quite proud of having that flexibility and it seems to be what women want, and you know we are constantly asking women what they want and we are aware that women vote with their feet, and if they don't like our service then they won't come back and use it. We do get a lot of women who seem very pleased with the service and... quite relieved that we're here (Worker, DA)

Services delivered by the voluntary sector

- 5.39 The voluntary nature of services is perceived by service providers to be non-threatening for their clients. This is seen mainly in relation to elements of service provision including, less pressure to attend appointments, more confidentiality and less discipline. Providers believe that this allows service users more flexibility and increases their motivation to engage with the service.

What works well is the voluntary nature of the service.... non-threatening, certainly our ethos is non threatening (Manager, SM)

I think what works well with our service is that it's voluntary for the people that do it so there's no sort of pressure on them to sort of, I say attend... I think that works and it gives people options rather than a sort of mandatory measure that they've got to come and they've got to work with us..... Confidentiality as well, we're completely confidential for them (Worker, SM)

What works well is that it is voluntary... that clients are better motivated to work with people who are non uniformed, who are not a part of the disciplined environment (Worker, SM)

It's a voluntary service and they are free to dip in and out at any time so some... some women might just want to see us as a one-off, others want more (Manager, DA)

Good multi-agency work

- 5.40 Several of the service providers from both fields have praised the good multi-agency work they are able to achieve and the networks of support they get from other agencies.

I think we're very, very good at or involving other organisation. If it's not possible for us to provide that service we're really good at collaborative work, inter-agency work (Worker, DA)

We have good networks of support from other agencies, not just in the drug and alcohol field but likes you know housing, we are not a housing provider but you know we know the system, maximising people's benefits, working with carers, accessing adequate health provision (Manager, SM)

We're on first name terms with people for instance in the homeless department. You know the networks are quite tight in [this area] so we've got fairly good multi-agency stuff going on (Worker, DA)

Our relationships that we have within the [bigger organisation] and any other agencies that work within this environment are very good and that's you know basically down to the [organisation] embracing the idea of bringing in external agencies who are specialist in their fields, so they have acknowledged that that's not what they do best dealing with drugs and drugs treatment so they have brought in an agency that perhaps is more acceptable to the clients (Worker, SM)

Another thing... that adds value I think... is the fact that we work in partnership with the association for mental health... who have a women's counselling space next door and we've got a joint project with them (Worker, DA)

Using services: What could be improved?

- 5.41 Service providers have suggested the following issues as things that could be improved in relation to service use: Staffing shortage, lack of/short-term funding, inadequate facilities and unsatisfactory multi-agency work. These themes are illustrated below.

Staffing shortage

- 5.42 The chronic shortage of staffing (an issue raised by substance misuse service providers only) means that many services operate on a reduced capacity. As a result of that, service users are not seen as quickly or as often as they should have been.

There's just not enough people involved in the delivery of alcohol services (Manager, SM)

We see people once a week or even once a fortnight when sometimes they might benefit actually from more frequent contact than that (Team leader, SM)

My personal opinion is that we have a very small team here... per capita Glasgow had 10 times the number of staff that we have in [this area]. Now I think that's a problem in itself, that's a resourcing problem that we can't really influence on the ground (Manager, SM)

In the past because we had say 3 or 4 Drug Workers then, now we're only really down to two because of like funding cuts and stuff like that you know, although we've got a training Social Worker on board at the moment so, yes, we're kind of operating at a reduced capacity (Worker, SM)

Funding

- 5.43 For substance misuse and domestic abuse services funding is always an issue. Lack of funding or being able to secure short-term funding only means that services are constantly struggling financially. This makes it very difficult to retain staff and to set up long term projects / goals.

Short term funding is always an issue, like I said fighting for CRF funding or Lloyds TSB funding... it's only for one year contracts or... three contracts or whatever it is so that's also quite difficult...(Worker, SM)

Funding, I would say is a big one, definitely funding... yeah, that is it, the short-terms contracts which means you're struggling... fighting for CRF funding or Lloyds TSB funding... that's quite difficult...(Worker, SM)

Lack of long term funding, where we will be in 3 years time I don't know... don't know what my budget is for next year (Manager, SM)

Funding is always going to be an issue. Keeping workers long-term is always going to be an issue so long as funding is only just for a year and stuff like that you know and your position is never secure. Skilled Drug Workers are genuine gold dust you know, that has to be addressed and whereas Scottish Executive are our main funders they are gonna have to start funding maybe for like for 3/5 years at a time as opposed to one year there and one year there (Worker, SM)

Inadequate facilities

- 5.44 Some service providers mentioned the lack of physical space (rooms) on the premises as a real barrier for providing adequate service

A difficulty in rooms... there is loads of us after three rooms, three interview rooms, and that can be difficult. I interviewed somebody on the stairs this morning. And that's not good practice... The rooms when we do have them there is no sound-proofing so [when] we play music in the wait-down room... you can't hear very well in the interview room (Manager, SM)

I think this year is the most we've struggled to provide the kind of instant service. Sometimes we've got enough workers but we've not got enough rooms to see women, so women may have to wait in the hall for a few minutes but, which is not ideal, but it's... you know at least they don't have to make appointments and they are never sent away to come back the next day or anything like that, they are seen. (Worker, DA)

- 5.45 Domestic abuse service providers have also mentioned communal living as a barrier for using the service:

Well the gaps are that it's communal living and that is a gap in itself. Because we can't... it doesn't allow us to take in every service user depending on their needs (Manager, DA)

Again it's more the communal setting in itself can be a barrier for people because they get... they do have their own bedroom but that's only a small space, they don't have a lot of sort of personal space that's theirs. Again living with someone who perhaps you wouldn't choose to associate yourself with outside of the house can be really difficult, there is the whole sort of clashing of personalities and different standards and things really that... that is a... a problem as well but one again that we are looking to address (Worker, DA)

Unsatisfactory multi-agency work

- 5.46 Multi-agency work has been mentioned by some service providers as a thing that works well in service provision. Other service providers, however, believe that the knowledge of what other services do and the communication between them leaves much to be desired.

I think' it's got to come down to communication between other services and I'm not putting fault on anybody in particular but you know I think without the communication between services and again the knowing of who does what and where people are and things like that, I think that can definitely produce gaps and barriers (Worker, SM)

I don't think there's a really good working partnership here in [the area] to be quite honest.... (Worker, DA)

There is so many agencies around you know that is the difficulty you don't have the time to be as involved with everybody as you might like. And there are lots of people who don't know about us as well I mean we are really, really busy but lots of folk... or lots of people that do know us will assume that we do something we probably don't (Manager, SM)

I think often there is a perception that different services and different teams have got, kind of conflicting aims or objectives for working with clients and actually when we discuss that and sort of explore it, it's usually not the case but it's a perception around that so it's kinda the way that different services are perceived by each other as opposed to the reality of what they are in assisting to do, so it's kinda just better all round knowledge and contact and interface between services. (Worker, SM)

Leaving services: Levers and barriers

- 5.47 The final stage of service use is leaving the service. It is very important that this stage is carefully thought out as service users leaving either substance misuse or domestic abuse services are likely to be very vulnerable and might relapse if they don't have some type of support network. Following is an overview of the some of the levers and barriers to leaving service, as highlighted by service providers. It was not possible to include input from service users on this matter, as all service users interviewed for this study were still engaged with services.

Levers to leaving services

“Follow-on” services

- 5.48 Service providers claimed that the key lever to leaving services was having follow-on services in place to support service users in any aspects of their independent living.

We're lucky we've got [employability service] and [move on service] who have had quite a few successes with and we've moved people on to that service and they have gone on to college and voluntary work... So there are new services coming on board looking at that end of it so it's getting better but it could probably be a lot better (Worker, SM)

Well I suppose the fact that the [move on service] team are out and about and not just, you know people are not just coming to the one centre, people are getting out in their own communities, community centres, local sort of health centres, all that you know so getting people back into normal life.. I think that part of it works because a lot of our clients... feel isolated... and find it difficult to access things in the community and they need a bit of help, even something as simple as going to a gym, you know because of whatever in the past, they find themselves they're either barred because other people have judgemental ideas about them you know and I think having the workers to go in with them and move them into these things is a big bonus as well (Team leader, SM)

We provide follow-on service, so once the woman is re-housed we would help. The Family Support Worker would provide a follow-up service for that woman and her family for up to six weeks and that's just like to basically cover Community Care stamps, referral to furniture places, making sure that they can get everything they're entitled to, making sure their electricity and their heating and everything's on, making sure the family's settled in and any blips that go from Housing Benefit or whatever, so we provide that for a period of six weeks and we also refer them to our Outreach Service who then continue to work with the woman in their own home and that to access stuff in their wider community (Worker, DA)

And they have what we call Followers Report which is people still get support from ourselves for... we will have a meeting when they go to their own tenancies and we will decide what they... what they require. Now it might be once a week for 6 weeks but we will also by this time have identified public services that are necessary and they will start their taking over if you like you know from us. So and after the six weeks we will have another meeting and by that time it might be sort of deemed that we don't need to be involved again, it's all up to the woman or we might think well we'll still be involved but we'll lessen it to once every two weeks and you know you hope at the end of that 6 week lot (Manager, DA)

What works well is reviews so if there was somebody with criminal justice or children services issues as well as drug and alcohol... the hand-over is done in a joint way. We have a key worker system so as other people are involved in every step. We would not signpost somebody and say "Right, go down the road and ask to speak to him or her". We make sure that that hand-over is done in a very positive way so the person remains motivated... And that works really well. I must say that is one big strength that we have here. It kind of makes the service users feel special (Team leader, SM)

Keeping an open-door

- 5.49 Service providers have highlighted the need to have realistic expectations in terms of working with individuals who misuse substances and/or experience domestic abuse. It is often the case that services are not able to “cure” everyone that walks in the door, and many of them will either relapse or move back in with their abusive partner (or both). Hence, keeping an (non-judgemental) open-door might be the best thing you can do to help these individuals.

Some women you just never know what's happened with because they are... they just stop making contact with you and often what you find is because they've taken the partner back and so they will start to withdraw from the service but it's about always letting them know that the door is always open if they want to... if they wanted to phone back again at... at some point (Manager, DA)

It's really a false expectation if you think somebody's gonna come through that door and... be cured right away, so we have a revolving open door thing and that's the duty thing as well or anything that... that somebody says, "Oh it's not for me" you know " I am sick of being sick but I am still going out there to perform with the drink or the drugs or whatever" then that's your choice and we provide lots of choice for people and we make sure that it is their choice "It's your choice, you are doing that and if at some point in the near future or whenever you want to come back then it's..." you know "Clean start. OK you had a chance there, we worked through certain things, that seemed to work, what didn't work..." So we are... we are very much a revolving door here as well which is a big plus (Team leader, SM)

Barriers to leaving services

Gap in “move on” resources

- 5.50 Service providers suggested that the main barrier to leaving services was the gap in “move on” resources, especially in terms of limited follow-on services / limited places in services and Housing.

That was one of our biggest problems we were kind of bottlenecked as well because there was very few places to put people (Manager, SM)

We refer them to other services if it is appropriate that they attend other services... and maybe this is a gap... perhaps they've finished with the project but they're maybe still needing... some sort of befriending service that it's getting to a stage that they have achieved goals or they've achieved all the goals they can manage for that time, but they do need some sort of befriending service, someone who can just come in a chat to them and see how they're getting on as opposed to being there to do focus work with them and we've moved referral onto other services, but that is a gap that is missing and we think that it could be beneficial in the future to people (Worker, SM)

I am very aware that that's something that we are not so good at... there is not a lot of services to move on to and housing is a particular difficulty in [this area], having people housed, it's very difficult to maintain positive changes without any secure base so housing makes that difficult, lack of resources to pass for people to move on to, these are few and that... that makes it difficult (Manager, SM)

It's like the hard core group that I work with, it's like a revolving door, you know it's permanent almost.... they get put in the [homeless facility] for example, but everybody is using drugs there, it's like there's no way out of it at all you know or any services (Worker, SM)

Women are remaining in refuge longer and longer, this is one of the real problems that we have, we now have women sitting... it used to be maybe 6 weeks or 8 weeks, couple of months, three months, really tops, we are talking a year... There is a lack of social housing and then their options are very, very limited... As they're sitting in refuge longer and longer it is easier for them to become dependent (Worker, DA)

Council housing is increasingly difficult to come by and women are staying in refuges longer and longer and longer because the turnover of housing is very slow so the likelihood of us being offered Council accommodation anywhere is, you know is not very likely (Worker, DA)

The follow-on service and the outreach service work, they would work better if they were better resourced (Worker, DA)

- 5.51 One substance misuse service manager has also raised the issue of service users becoming overly dependent of the service which interferes with them moving on.

Well, I suppose coming back to that issue of having that open ended contact that... that from a service point of view can... kind of burn up the service a bit because we do need folk to be moving on... It's kind of really thinking about the whole ethos of minimal intervention and not really wanting to interfere overly in the lives of children, in the lives of families but trying to do enough so that you are properly supporting (Manager, SM)

KEY FINDINGS

- Over half of the women with dual substance misuse and domestic abuse needs in the survey, have approached one (or more) of the following services: police, specialist drug/alcohol services, GP/ hospital and Housing. Under half of the women approached domestic abuse services and social services.
 - The majority of women in the survey were referred to services by another agency. Under a third were given information for self-referral by another agency or by a family member / friend, or have used the telephone directory.
 - The key incentives to accessing services, as highlighted by service users and service providers, are quick and easy access, effective advertising and presence in the community.
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- The key barriers to accessing services are (a) Dispositional factors: stigma and shame, failure to acknowledge the problem and fear; and (b) Organisational / institutional factors: long waiting times, inflexible working hours, ineffective advertising and hard to reach groups.

- Two barriers to accessing services are specifically relevant to women with dual experience of domestic abuse and substance misuse: (a) Women’s own substance misuse is a significant barrier to accessing domestic abuse services; and (b) Women with children may struggle to access substance misuse services due to child care.

- Both service users and providers perceived the aspects that work well in using substance misuse and/or domestic abuse services to include:
 - * Motivated and skilled staff,
 - * Needs-led and flexible services,
 - * The voluntary nature of services and
 - * Good multi-agency work.

- Service providers have put forward the following issues as the key barriers to using services: staffing shortage, lack of / short-term funding, inadequate facilities and unsatisfactory multi-agency work.

- Service providers perceived the key levers to leaving services as having follow-on services in place to support service users in any aspects of their independent living, and having an open-door policy.

- Service providers suggested that the main barrier to leaving services was the gap in “moving on” resources, especially in terms limited follow on services / limited places in services and Housing.

6 Multi-agency work

6.1 Effective multi-agency work involves a range of professionals from different services working together in an integrated way in order to promote positive outcomes for service users and their families. The following chapter examines substance misuse and domestic abuse service providers' perceptions of multi-agency work in relation to:

- the barriers to multi-agency work in general
- the nature of multi-agency work between substance misuse and domestic abuse service
- whether substance misuse and domestic abuse services should remain separate

Barriers to multi-agency work

6.2 This section explores service providers' views on the barriers to multi-agency work in general. The four key barriers highlighted by service providers from both services were lack of meaningful communication, lack of willingness to work together, competition for funding and lack of clear processes for multi-agency work.

Lack of meaningful communication

6.3 Communication is perceived to be an important facilitator of multi-agency work, and lack of meaningful communication was therefore considered to be a key barrier

I think one of the biggest barriers in Tayside was that most of the issues were built on myth, they were never really checked out, it was all individual perceptions of each other and some of the things that didn't help was then because the dialogue wasn't happening decisions were made in silence and the health service was always viewed as the big powerful health service with all the money that just does what it likes (Manager, SM)

There's a high turnover of staff in a lot of different services out there so sometimes these relationships between workers can't be made or sometimes these links... don't happen. People's case loads now are through the roof, you know, so we don't have time.... My experience of other services, I don't want to keep picking on Social Services but, you know, the majority of the time we get a lot of referrals from them and that's all you'll get, you'll get a referral and then you'll maybe not hear back from them for ages and it's kinda you get the feeling it's kinda just like "there you go, you can deal with that now". Although you think that they're, or you should know that they're dealing with other aspects of that young person's life they're not exactly getting back in touch with you to find out, and a lot of the time they're sitting on a wealth of knowledge, wealth of information about this young person that they've not told other people because we're voluntary, we're confidential (Worker, SM)

When people won't have meaningful dialogue with each other ... often people won't have the difficult conversations they skip around each other and are p.... off with each other but won't address it and they just skirt around (Manager, SM)

Actually, I think it depends on the people, I mean you could have the best joined up work in the world but if you don't have the right sort of people in the right jobs and they're not communicating then it's extremely difficult and I think it's building up a liaison and communication (Manager, DA)

- 6.4 Another feature of poor multi-agency communication is that services do not know what other services do, how they operate and what they can offer:

I thinks ... it is actually about having an understanding about what different services and different sort of teams do and to have opportunities to develop networks and contacts within other teams so that people know who to contact and also have an idea about what other teams are in existence to do what other services are focused on really (Worker, SM)

That's quite hard to have relationships with so many agencies and know the right people and know the criteria and when it changes take that onboard and so on and so forth. That can create barriers yeah... (Manager, SM)

The lack of understanding of each other's rules is huge one... I think it's just lack of knowledge of other services, how they work and why they work in that particular way (Manager, SM)

I think some of the barriers actually are around other agencies' perceptions of what [this organisation] does... some representatives of some of the agencies don't really know what we do. The police refer people, very seldom, for instance... and if we get social workers and health visitors it tends to be the same social workers and health visitors. You know, so there are whole stacks of people out there who don't really know what we can offer, or don't believe that we can offer it, or just don't accept that domestic abuse is something that needs to be tackled on a multi-agency kind of basis (Worker, DA)

Lack of willingness to work together

- 6.5 In order to achieve successful multi-agency work, it is essential that those involved are committed to it and that they are willing and able to develop understanding, trust and mutual respect. Substance misuse service providers have given several examples of how this can go wrong:

It is great in principle speaking about partnership working but sometimes when you get around the table sometimes some other partners are reluctant to be involved and there is I think a worry that you know some people will be left taking on this piece of work and others, other people aren't being involved in it as well (Manager, SM)

All that we needed was for some of us to say "We can say yes actually, and we can open the doors", whereas what was happening was everybody said "No" and so we couldn't, and if you actually asked somebody why they couldn't do anything, they couldn't tell you why they couldn't do anything, just cause they couldn't, just no... (Manager, SM)

Often you've got to force things to work, you know, and so long as people aren't being forced to work together they'll not do it, you know, so there has to be quite radical thinking there and make folk work together kinda like impose joint working teams and stuff like that (Worker, SM)

- 6.6 Sometimes, lack of willingness to work together stems from individuals / services finding it difficult to share information and/or responsibilities in relation to their own area.

I think people get precious about their areas (Manager, SM)

You know there's times that some people could be a bit too precious on their part of the work and I'm thinking it's just breaking that down and saying to people that we're all on the same side here you know, it's for the client that we're here we're not here for ourselves we're here for the client and I think that's a barrier at times with some people (Team leader, SM)

I think essentially it's because everybody is concentrating on their own bit of work and they're not looking at the bigger picture... I think everyone's got to keep in mind the bigger picture and I think they do to a certain extent but I think it could be done more, I think everybody's got to like I said sing from the same hymn sheet, more contact, rather than just once a month or when you've got to write a report or something like that... be I think it's a case of everyone having to make an effort and I think it's about thinking about the individual that you're working for and not thinking about the job that you're doing. (Worker, SM)

Competition for funding

- 6.7 The reality of having to constantly compete for funding is perceived to be a barrier for agencies in terms of sharing ideas and information, establishing good relationships based on trust, and being able (and willing) to look at the bigger picture.

I think a massive barrier for services working together particularly... maybe this is particularly true for voluntary sector, these issues around funding and there being a limited amount of funding and people feeling that they need to kind of protect their corner so they need to be... you know we are the alcohol agency, we are the domestic abuse agency, cause you have funding that comes down with different labels, it's domestic abuse funding or it's drugs funding, or it's alcohol funding... I think it does create this kind of sense of competitiveness and wanting to kind of protect your own cards which I think isn't helpful... it's a big barrier and the more we move towards tendering process we are actually as agencies, we are competing against each other in a very much a kind of business model (Manager, SM)

Competition for funding - we are always competing with each other for funding, that's the main one.... I think that's the main one because that doesn't always create the best sense of trust in people (Manager, SM)

Funding. Yes funding, mainly funding in the sense that the education department isn't going to split its funding budget with the health. Social Work doesn't actually have its own budget it comes under the local authority budget and so everybody needs to protect their own post and their own positions (Worker, SM)

Instead of saying "let's come together" a lot of services are like "let's keep what we've got safe" and I can understand that when you look at the Council when they're all vying for their funding and taking bits of the pie. I can kinda see what goes on in there, where I find a lot is quite disturbing, I think the bigger picture is just lost along the way from what actually are your aims and your values and your ethos which is quite, it's not very nice (Worker, DA)

Lack of clear multi-agency processes

- 6.8 In order to establish successful multi-agency work there is a need for clarity of purpose through clear and shared protocols and aims. Service providers highlighted two key elements as hindering this process. The first element is bureaucracy:

One of the biggest things I struggle personally with, and I think we all do, is bureaucracy... we're now working between homeless, housing and allocations so when a woman moves into refuge she needs to take, fill in forms for 3 departments, take copies of or take her birth certificate, passport and a utility bill or something to each organisation for photocopying. Why can't they just talk to each other, why can't there be a central file? (Worker, DA)

The bureaucracy, because health and social work will never, they might get engaged but will never get married. Put it that way.... the two bureaucracies are just so totally different. If we want to make a decision we can sort of go: "well we'll need to ask him, he'll need to ask him and he'll ask him and we will get an answer" whereas Health Board seem to have about 26 different people that they have to go to before they can find out who to ask (Worker, SM)

I think it's probably about the bureaucracy that would be the barrier..... just saying you got this thing off the ground - who would manage it, who would hold the money, who would supervise the staff, would you need different kinds of supervision for different, you know there's all of that, but I think these are quite small barriers, I think if we put our heads together we'd get around it (Manager, SM)

- 6.9 The second element that is symptomatic to the lack of clear multi-agency processes is the issue of confidentiality and data protection

I think sometimes confidentiality becomes a barrier... sharing of information, I think if you're looking at health services, their understanding or their belief in relation to confidentiality can be different from Social Work and the voluntary sector.... generally, they're reluctant to share information about someone's treatment, despite the fact you might also be working with that person, so that can sometimes be a barrier (Team leader, SM)

But I think the confidentiality card, the Data Protection Act, is played. It's played for each individual organisation. If I have something that I feel that somebody should know because I'm gonna help you, if I'm sharing a big case conference for 10 people, I would share as much as I needed to share, but I wouldn't break confidentiality in that sense, but I would share what, what my thoughts, my feelings were, if I thought somebody was in danger, or if you know there was a high risk, I would want to I'm not gonna sit there and not say it (Worker, DA)

I think sometimes it can be confidentiality, not sharing information as required and I think that's... I think it's easier now, certainly I am talking from child care perspective of the children involved in parents who have a substance misuse problem that it was often difficult to get a clear indication as to the substance misuse because of the confidentiality... you know agencies think "My client is the adult so I am not concerned with child care so therefore I am not sharing that" But I think over the years that certainly got a lot better because it does have an impact, yeah. So it's very much about doing joint training making all the people then respect each other and you know that there is a need for some shared information (Manager, DA)

The confidentiality, I think.... in terms of that sharing that's really hard... we can't disclose to, we won't even do it to the Police ... it needs to be that confidential... [so that] the women have at least one place where they are guaranteed that confidentiality But that's what I'm saying that other services - how do you get that across to other services? It's very difficult because if the Police phone us up or whatever looking for women and that we need to do everything through the Domestic Liaison Officer so we can't even go to the Police or anything, so that in terms of networking, to me that's really difficult (Worker, DA)

Working relationship between domestic abuse & substance misuse

- 6.10 This section explores perceptions of the working relationship between domestic abuse and substance misuse services. It touches on three aspects: general impressions of shared work, how much each service knows about the other and whether each service screens for the “other” need (i.e. domestic abuse services screening for substance misuse and vice versa).

General impressions of shared work

- 6.11 As interviewees were not specifically asked about the nature of the working relationship between substance misuse and domestic abuse service, the input relating to this question is fairly limited. However, some service providers have made some useful comments – some of which illustrate a positive impression and some a more negative one:

I'm part of various strategic groups so we've a lot of linkage in there, a lot of sharing of information, support ... so there's that group with a lot of us coming together on a fairly regular basis as part of a task group with a substance forum... it is good lots of joined up working going on (Manager, SM)

Now... so [DA service manager] and I have talked about how we can sort of bring our two areas of expertise together to help these women and these children. Coz when you think about what's happening to children who are affected by domestic abuse and substance misuse - it's a bit of a double whammy you know, in fact it's probably more than that coz probably the relationship is so much more complex, violence is part of these children's lives and that shouldn't be.... What we are talking about is working together to provide a service that will offer accommodation to women whose substance misuse is chaotic but are also affected by domestic abuse... and children.... And we are looking at the possibilities of extending the current refuge provision and working in partnership. I mean it's all at a very early stage... very but... there's some interest in it, we have people I've spoken to in my organisation (Manager, SM)

Not very good links [between substance misuse and domestic abuse services]. I am saying that on the basis that I know that we have had some successes with, you know, safe houses and that with staff but not the degree of interface or discussion that you would maybe want to have if you are going to provide a really top rate service (Manager, SM)

I've taken people to [domestic abuse service]. ... that's been a mixed experience because ... it's not a 24 hour service, so you can phone up and be told to phone back tomorrow. Of course it's not a lot of use when you've got somebody sitting down with you who is... who is being abused and wants help to get out... And another one I had to take to [domestic abuse service in a different area] and it was going really well, the interview, the assessment was going really well till the woman from [the service] realised that my client is a drug user and then she didn't want to know, they suddenly didn't have any beds. They seemed to be working towards clearing this bed that was... she was going to and what not and then... there is a

huge assumption there that somebody who is using un-prescribed drugs is a risk and that's not necessarily... It can be, and I am not saying it never would be, but it's not immediate conclusion and I think people should be assessed as individuals rather than as a service user (Manager, SM)

Knowledge of the 'other' service

6.12 An important feature of successful multi-agency work is how much knowledge each service has of the other service. The following section explores domestic abuse services' perceptions of how much knowledge they have of substance misuse services that are available in their area and vice versa.

6.13 Some domestic abuse service providers reported having good knowledge of substance misuse services:

Yes, I would say we're quite, we're fairly well up to speed with the services locally and if we don't know... then we'll find out what's going on. For instance... we felt that among the team there was a bit of a lack of knowledge about the sorts of... illegal drugs that are being used in [the area]... so we got a CPN in who was absolutely an expert on, you know, he works with substances misusing homeless people, so he was well up to speed on what's currently around in [the area] (Worker, DA)

Yes – I worked in a substance misuse agency (Worker, DA)

6.14 One domestic abuse service provider felt she had only limited knowledge of substance misuse services:

Well basically just through promotional materials, leaflets and things that we have in the office and through going out and visiting agencies to try and make links to find out what kind of work they do and to build up links so that we can know where to refer people to if we can't help them (Worker, DA)

6.15 All domestic abuse service providers interviewed for the study (except for one children's worker) said that they routinely provided information to clients about substance misuse services:

Obviously the way we work, the empowerment ethos, means that information is knowledge, it's power, so by empowering the woman giving her as many choices as possible, as much information as possible but it needs to be quality information (Worker, DA)

Yea, we do that [provide info about SM services] as a matter of course (Worker, DA)

Yeah we'd always... we've got leaflets so that... then we would provide the leaflets for them to take with them, contact details (Worker, DA)

Whatever the information we have we would give them (Manager, DA)

6.16 The majority of substance misuse service providers reported being aware of a range of domestic abuse services:

That's one of our skills as a service provider is our depth of knowledge about what services are around (Team leader, SM)

Yes, we have had to build up our own database bank for our services, you know, where would be appropriate to... and we have a fairly extensive range of where we would send people to for any kind of abuse issues (Team leader, SM)

I wouldn't like to say I've got an encyclopaedic knowledge of services... but I would say I know quite a few of them.... I guess there is somebody I could always phone up to find out something if I had a question.... because of an event that we had last year and you know the... the joint working that went on there I am more aware now of services that are available and know people in them and can make referrals quite easily and even you know phone up and ask for advice (Manager, SM)

Obviously we have some links to Women's Aid, to the Women's Rape and Sexual Abuse Centre, to Young Women's project, kind of there is a whole set of services that we would and could potentially refer on to. We have certainly referred women on to Women's Aid or made them aware of Women's Aid services (Manager, SM)

- 6.17 However, several substance misuse service providers (including at managerial level) claimed to have limited knowledge of domestic abuse services that are available in their area:

To be honest probably not as good as it should be... we've make links to the Domestic Abuse Worker [in our area]... to be honest my knowledge is not as good as what it should be... you know you tend to deal with things as they come along, like if there's an issue about that then you would obviously contact the Agency (Team leader, SM)

Other than the regular sort of safe housing..... No (Manager, SM)

Well, limited yes, I mean I know which services I could refer people onto or get advice from. Then I wouldn't... No, I don't know the detail of what they do. (Worker, SM)

- 6.18 All substance misuse service providers (except for one who wasn't sure) reported routinely providing information to clients about domestic abuse services that are available in their area:

Yes, we have done and we have helped people move into refuges.... I would say that workers within here are pretty well versed in giving specific information and practical information to women who are experiencing domestic violence and work with kids around their own thoughts of domestic violence (Worker, SM)

The staff would know which direction to point people in to get you know most specific support and that along those lines. (Team leader, SM)

Yes, yeah all the time we do that yeah, as much as we can (Manager, SM)

If they're going through some sort of domestic abuse or something and they needed help with that then we can deal with them, yeah, we would then enable them to then get correct access... We definitely make moves to rectify the problem or to get people that could better deal with situation than us (Worker, SM)

Screening for the 'other' need

6.19 Service providers from both services were asked whether they screen for the "other" need. Screening, as defined by the UK National Screening Committee, refers to the application of a standardised question or test according to a procedure that does not vary from place to place.

6.20 All domestic abuse service providers said that they do screen for substance misuse. However, one domestic abuse worker added that:

We don't screen them - we ask them, and sometimes they lie (Worker, DA)

6.21 The situation appears to be less clear with substance misuse agencies screening for domestic abuse. Some service providers said that they do not screen for domestic abuse:

Not routinely, if they mentioned it themselves then we would, maybe, depending on the situation, might do something to take it... sort of do something with that, but we don't routinely assess that. (Worker, SM)

No. We are asking about violence though, we do ask about violence. But that's usually about their behaviour rather than experience of others (Manager, SM)

There's no protocol as such saying that if we identify domestic abuse then they go to A, B, C. (Team leader, SM)

6.22 Many other substance misuse service providers reported either asking indirectly about domestic abuse at the assessment stage or asking more directly about it at a later stage once a relationship has been formed with the client. This practice seems to be of 'routine enquiry' rather than screening. In routine enquiry, procedures are not necessarily standardised but questions are asked routinely in certain settings or if indicators of abuse arise.

On referral, it's not something I tend to ask but what we do ask is if it's safe for workers to attend the home alone...So on referral we ask for any other issues that have been important to that family so we usually get told then, but it is something that we would hopefully ask later on and it's something that we will ask once we've built that trusting relationship with the client, it's something to obviously ask then. (Worker, SM)

We wouldn't do it during the screen assessment, during the comprehensive assessment we would... The comprehensive assessment would be after they've got a key worker and they have done the first 2 or 3 sections and that would be assessing their whole social situation, the drug use and then all the factors that go with it so it's every part of life there (Team leader, SM)

We would mention ...at that point in time that if somebody is using we would say to them "Are you using and why do you use it? Are you using it to hide something that has happened to you in the past or whatever?" And you can open end the question like that so we would be not looking for but looking for in a way that will look at every single possibility. It's for a... a part of the overall assessment it is not something that we put in as an extra special thing to make the client uneasy.... we are not going to go over the top with them, it is too painful - you work at their pace (Team leader, SM)

Yeah, you wouldn't go straight in there but there's a couple of questions that would point to that, you know a sort of Risk Assessment I suppose of them and... their family and their situation so that would sort of point to that (Team leader, SM)

6.23 Finally, one substance misuse worker reported trying to find out information about domestic abuse in indirect ways:

It's not unheard of for us to... phone say Social Work Department and ask the K2 system... to check if there were alerts on anybody within the household or in any way close related to the family and then following that we can usually get information that there has been domestic violence or there has been domestic violence in the past (Worker, SM)

Views on the separation of services

6.24 A woman with dual experience of substance misuse and domestic abuse needs to approach each service separately in order to deal with the two different aspects of her problem. At present, domestic abuse services in Tayside cannot offer help on substance misuse issues and vice versa.

6.25 Some service providers argue that domestic abuse and substance misuse services should be joined up. The key reasons they highlighted were:

- There is a clear link between domestic abuse and substance misuse as evident by the number of women clients presenting with both issues.
- Joining up services will enable them to provide a more holistic treatment for clients
- Linking up services with reduce some of the barriers for both accessing and remaining in treatment

6.26 Here are some quotes by service providers (from both services) who are in favour of the joining of substance misuse and domestic abuse services

I think that [having joint services] would be beneficial when you look at the numbers of women who have come through our service who are affected by substance misuse that are also affected by domestic violence, then it definitely would be beneficial, yeah (Worker, SM)

In an ideal world... I would love to have a one stop shop covering absolutely everything... I have no reason to think it wouldn't work if it was managed properly and everybody was joined up it would work (Team leader, SM)

I think in terms of... the correlation between domestic abuse and substance misuse, you know, to me from experience of working with that client group previously there is a definite link so... in terms of anybody coming through a service who has experienced both, why should they have to go to another service for one part of it and have to go to another service for the other part, you know... from their point of view if they've linked into a service to look for support a lot of the time it is referring them on to another service for part of that (Manager, SM)

I think that we need to have like a... refuge for women which allows substance misusers in the doors, that's probably a resource that we don't have in [the area] that we need to have somewhere that'll be able to have 24 hour cover, work with people experiencing domestic abuse who are substance misusers, cause that maybe the barrier to them actually accessing treatment as a... you know what came first substance misuse or domestic abuse sort of thing. If we are gonna treat people we need to treat everybody holistically (Manager, SM)

I think there should always be an integration at some level of services because we're not doing women any favours if they're going to have to present to different services for different issues and never the twain

shall meet, then each service doesn't have an understanding of the whole woman, you know, we don't have an understanding of her drug or alcohol problem and those other services don't have an understanding of her domestic abuse problem (Worker, DA)

I think in other cities like Glasgow and I know it's difficult to compare Glasgow is a much bigger place I think there is specialist services, there are certainly specialist services for women. I think that's a good start... (Manager, SM)

6.27 Other service providers, on the other hand, believe that the joining up of domestic abuse and substance misuse services can lead to some potential difficulties:

- Creating one big service that tries to deal with everything and is very hard to manage
- Further isolation of women with dual issues by pigeon-holing them into a 'domestic abuse and substance misuse' client category.
- Complex legal issues around the use of illegal substances in refuges.
- It might enforce a stereotype that there is always a link between domestic abuse and substance misuse, which would be untrue and unfair for many clients.

6.28 Here are some quotes from services providers (from both services) who think substance misuse and domestic abuse services should remain separate:

Substance misuse cuts across every single issue, usually it is a factor in lots of our main issues across health care particularly but also for the criminal justice and social work. I think you can never have everything in the one - you would be unmanageable... I do think the trick is about how you get the services working together in a meaningful way. I think we will never be able to capture every single issue in the one service and I don't think you should try, I think you should try and make sure that where you need that intervention you know exactly how to get it and that you can actually get the communication at a level that is going to be helpful to the individual (Manager, DA)

If there was a separate service for domestic violence stroke substance misuse I wonder would you be just sort of sub dividing them into a smaller group and isolating them even more (Team leader, SM)

If you are in a small unit and they were all substance misusers who were victims of domestic violence then I think you would have all sort of problems in that you know with substance misuse going on in it... if you were allowing them to use illegal drugs on the premises then... I don't think that would ever happen particularly if there were illegal drugs but... if somebody is a heroin user and... if you are narrowing them to a client group where you've got the substance misusers then you know in all likelihood they are gonna have syringes and things like that and they are gonna keep them in their room or whatever and then how do you know what's going on. You would have all sorts of complex legal issues there because if somebody did get arrested on the premises you know strictly speaking whoever's running that service is allowed drugs and drug using paraphernalia to be on the premises (Team leader, SM)

You know there is not always a relationship between the two, both things are not always present so it's like there is a risk of assuming that that's the case as well, I think there is a big risk in that, but where the two issues are present I think some services are much more aware of that than they used to be (Manager, SM)

I think that there will always have to be some separate services without question, otherwise there will be a stigma attached to either thing where some... where public and society think that everybody who has been abused has all to do with substance use and it's totally nothing to do with that, you know it's used as an excuse for it (Manager, SM)

I think there is a risk of creating all sorts of new service when actually there is not enough resource for a lot of the existent. I think we just need to think properly how to do it better between us you know (Manager, SM)

6.29 Some service providers felt that their professional identity would be threatened if they started working with the 'other' issue:

We have a really specific function here, we don't tackle all issues... we're very specific in what we do to meet their needs, we have to work with the other services to provide and help meet those needs, but I don't know whether the collaboration or joint working would work because if you put alcohol and drugs with domestic abuse to me that would I would find that quite hard to have that in one thing here, but if you're talking about closer working partnerships, maybe (Worker, DA)

KEY FINDINGS

- The four key barriers to multi-agency work, highlighted by service providers from both services, were lack of meaningful communication, lack of willingness to work together, competition for funding and lack of clear processes for multi-agency work.
- Service providers' perceptions of the current working relationship between domestic abuse and substance misuse services were mixed – some viewed it in a positive light and some in a more negative one.
- The vast majority of service providers from both service types reported having some knowledge / awareness of what the other service does, however the level of reported knowledge varied extensively.
- Nearly all service providers from both service types reported routinely providing information to clients about other services that are available in their area.
- Screening: All domestic abuse service providers said that they routinely screen for substance misuse. Substance misuse services, on the other hand, are more likely to routinely enquire about domestic abuse rather than apply standardised screening.
- Some service providers argue that domestic abuse and substance misuse services should be joined up. The key reasons they highlighted were: the clear link between the two issues, providing a more holistic treatment and eliminating some of the barriers for service users.
- Other service providers, on the other hand, suggested that the joining up of domestic abuse and substance misuse services can lead to some potential difficulties, including: creating one big and unmanageable service, isolating service users, complex legal issues, and enforcing a stereotype about a necessary link between domestic abuse and substance misuse.

7 Link to other needs

When women with complex needs come here it's very difficult for us to support them. It's also difficult to put them elsewhere because I don't think there's a really good working partnership here in [the area] to be quite honest.... if you were homeless and you needed somewhere to go and you needed support and services - it's very difficult to get it here.... there's just so little services provided here there's just not enough going round at all for women to be referred, and the time that it takes to do that when it should be immediate in some cases. If a women walks in here and says she's suicidal, where do you put her... if there is risk? I think there's very few places here to put them I don't think really what we do is recognised wide enough within other agencies, not just Social Work I mean Health I think there needs to be another big impetus and hopefully we would all be working together to support the needs, too many people fall through the net and I think the more need they have the less likely they are to get the services they need (Worker, DA)

- 7.1 Women who experience domestic abuse and their own substance misuse typically present with multiple and complex needs. To illustrate this point, a quick glance at the demographic characteristics of the questionnaire sample reveals that:
- Two thirds of the women have been homeless in the last five years.
 - Over two thirds of the women sought treatment for mental health problems, including anxiety (21 women), depression (20 women), suicidal ideation (16 women), attempted suicide (9 women), self harm (6 women) and psychotic episodes (6 women);
 - Nearly half of the women have had a childhood history of domestic abuse;
 - Nearly half of the women were unemployed at the time of the survey.
- 7.2 The following chapter examines the link between women's experiences of domestic abuse and substance misuse and the link to other needs they are likely to have. Service providers highlighted the following three needs: housing, mental health services, and general practitioners. In addition, the chapter includes a brief discussion of informal sources of support as reported by service users.

Housing

- 7.3 The shortage of housing is an issue that has been raised mainly (but not only) by domestic abuse service providers as presenting a particular difficulty in supporting women to move on from services.

Refuge was never meant to be for months and months, refuge was always meant to be an emergency situation, reacting to a crisis at the time and you would then be re-housed. On average they are staying between about 6 to 9 months in refuge.... So you can imagine 3 families living... just in a normal family sized house, sharing a kitchen, sharing a living space for that length of time with all different standards for the children, for cleanliness... it's an endurance test for anybody (Manager, DA)

Women are remaining in refuge longer and longer, this is one of the real problems that we have, we now have women sitting... it used to be maybe 6 weeks or 8 weeks, couple of months, three months, really tops, we are talking a year... There is a lack of social housing and then their options are very, very limited... As they're sitting in refuge longer and longer it is easier for them to become dependent (Worker, DA)

Well, housing, just lack of housing in [the area], it's just increasingly difficult for women who come into refuge accommodation to move on from refuge accommodation. They are made, you know, one offer and if that offer, by the Council, I mean they are entitled to one offer from housing and if they turn down that one offer or if they really can't cope with the idea of moving to that particular place then that's, the Council just discharge their responsibility obviously under the Homeless Act (Worker, DA)

7.4 Concern was also expressed about the condition and location of the housing stock that is available:

They maybe come from a really nice house of their own you know their own tenancy... and they are shown a house that's three floors up, has smashed windows and... I mean there was one instance the woman was shown this thing she had a wee girl and the alley was full of needles and things... Now I know that housing stock... there isn't that much of it anymore... but to insult someone that is there, homeless, because of not their own... fault... [after] what's happened to them... to be offered that is quite insulting (Manager, DA)

Housing can be a problem. At one point they were getting stuck into ghettos, there were certain bits of the town that everybody with a problem got put into and that just created more problems so housing is still a big issue. (Worker, SM)

7.5 Due to the shortage of adequate housing women who come into refuge stay there for prolonged periods of time, which brings about a variety of problems:

- Living conditions in refuges are intended as a temporary solution and are not suitable for long term residence.
- The longer women spend in refuge the more dependent they are likely to become.
- Women are not able to “move on”.
- It creates a bottleneck in terms of service provision – as women take longer to leave the service there is less capacity to take on new cases.
- Poor housing puts families back into deprivation and can create a “ghetto mentality”.

CASE STUDY

Sarah has been staying in refuge in Perth for a year with her 14 year-old daughter. Sarah was desperate to move out: “I've been in refuge now for a year and I just didn't see... I was going in circles I didn't see myself getting out of the little bubble because it's not real life and I so wanted things to hurry up and me to have a life”. Finally, Sarah was offered accommodation but it was out of Perth in a small town which is an hour away on the bus. Sarah refused the offer because her mother stays in Perth and her daughter just settled into school in Perth and did not want to move again. Sarah appealed and was offered a different house that 3 or 4 other people have refused so she said no without even looking at it. As a result Sarah was taken off the housing lists. Sarah said: “I was absolutely gutted that this was happening, I've left my husband to start a new life and they were moving me away from my support... even from the girls downstairs in Women's Aid, they were moving me out where I knew nobody and I wanted Perth. And I was just crying all the time, I was absolutely devastated so I am now on anti-depression tablets”. Sarah started looking for private rented accommodation. This was not an easy task as it was much more expensive and she found that women who are signing on or who are in receipt of benefit are not always welcome at the estate agents. However, finally she has managed to find a two bedroom flat just down the road from the

refuge. Sarah said: "we haven't moved in yet because it is you know... as filthy as they are... My mum is there now trying to clean... I am so happy for that. Hopefully that's me with my life up".

Mental health

- 7.6 According to substance misuse service providers women (and people in general) who misuse substances appear to have difficulties in accessing mental health services. Substance misusing individuals are often refused mental health treatment until they are "stable" or "clean". At the same time, substance misuse / domestic abuse services are not skilled to deal with severe mental health problems. As a result many clients are either passed on from one service to the other, or remain with one service provider, unable to receive support for the "other" need.

Classic situation that we have almost on a weekly basis is that we have people who are deeply disturbed, people who have psychiatric problems, we can't get them assessed, get their psychiatric problems assessed until their drug problem is treated. Which is intensely frustrating but you know psychiatric services only come up with "Oh well you know there's drug induced psychosis" (Team leader, SM)

This happens a lot then you know for whatever reason we can't stabilise them on methadone or whatever we need to do until the other service engage them as well but the other service is adamant that they can't do anything at all until we've stabilised them and the person is pushed back and forward between the two services and gets nothing (Team leader, SM)

The huge problem is psychiatric hospital, here the local one won't even assess anybody under the influence of drugs and alcohol and we've had really hairy moments when we were taking very ill people up there, people who are acutely suicidal or even on a couple of occasions homicidal and they haven't been assessed or admitted, we were told "Take them away and bring them back when they are clean, they are dry" That's a huge problem (Manager, SM)

The only service that I know that prevents our service users accessing it is the Primary Mental Health Team, I think because they, it's because if somebody's using drugs they deem that they can't then work with that person because if they're trying to work out psychological issues they've got to know if it's coming from the person or if it's because of their drug use (Worker, SM)

Yeah the mental health assessment is difficult for a lot of people. We've had a number of clients that I don't understand why they haven't been receiving any care... We get stuck in the position of - if we don't provide any support for someone they could have absolutely nothing and yet we are not necessarily always... obviously we are not gonna be the most appropriate service all the time because people have a range of different needs (Manager, SM)

Great big gap with people with complex mental health problems where the biggest challenge we face is people being referred here or dumped here when they are not managing to get mental health assessment somewhere else, they are not managing to get service because they are falling between people's services, that remains a big difficulty for us. So for example alcohol services not being able to manage the other mental health needs and mental health services saying, "You've got to sort out the alcohol problem first before we can do this", that's really frustrating (Manager, SM)

- 7.7 One domestic abuse service provider explained the difficulty and complexity of working with clients who present with severe mental health problems.

I've had a woman in with mental health issues and that was very very difficult supporting her because she wouldn't engage at all and she did keep breaking the rules in the refuge by covering up the smoke alarm... and things like that....She refused to engage with homeless, she had a CPN, and we eventually had to ask her to leave because... she wouldn't engage and because she was coming in here and then she wasn't taking her medication and she had schizophrenia. We did have to ask her to leave which was awful, but for everybody's safety it was kind of (Worker, DA)

General Practice

- 7.8 Substance misuse service providers commented that substance misusing clients are sometimes being denied access or are being ill-treated by GPs and hospitals.

I think there is a general misunderstanding about substance misuse problems with mainstream services... I've had examples where I felt that people have received a less than perfect service from GPs and hospitals in the way that they've been dealt with and that they've maybe... maybe been pigeon-holed as difficult or violent or not motivated or maybe... I hate to say it even not worthy of the same kind of service as other people... because they are ... perceived to be doing something harmful to themselves which they could stop if they wanted to, you know.... and that... that makes me dismayed (Manager, SM)

Well, considering I work with quite chaotic drug users then the answer would be yes. Lots of them are refused access to things like general practitioners. General practitioners have no compulsion about putting people off their lists if they are drug users. I think there are inequalities in how drug users are treated and alcohol users and they are very chaotic alcohol users I mean you're talking about probably the very hardened alcohol users then they're not nice and we don't want them in this practice (Team leader, SM)

- 7.9 Women service users who were interviewed for this study have also described their experiences with GPs:

She [my sister] came to the doctor with me... He said, "Oh you know it's not a problem" sort of thing, and my sister said, "It is a problem, She's got a problem with drink, she needs some help"....it took me a long time to get the help that I needed from the doctor... His first answer was psychiatrist so I went... and doctor X, he said, "No I think you need to see an alcohol person..." so we went to Y [from specialist service] but it did take a long time.... the psychiatrist had said "Continue drinking", [Specialist service] said to continue drinking as well until they could get me into [residential detox] and that took a while as well so I just continued to drink (Service user, DA&SM)

Every time I went to the doctor I said, "I really need help. I'm gonna kill myself. I just can't bear being like this". And many times I thought about it you know... I was suicidal and I told the doctor that, and he just sent me home... You know they didn't... if somebody came to me and said they were suicidal I'd lock them in a cupboard or something.... But no, I was sent home. I just thought "This is wrong! This is really wrong", you know. It was my kids that stopped me doing it, I've got four girls and every time I wanted to do it I thought "Well think of the shame you are gonna bring on them! Imagine that! Everything else that

you've done and you are gonna do that to them next!" But I just could not bear being me. I think the doctors could have done a lot more than they did. (Service user, DA&SM)

And your doctor is not interested... well mine's weren't. I mean the one that I saw he was great, he referred me there, he referred me to a psychiatrist but if you get any of the older like doctors, they are just not interested, all they want to do is give you pills and that's not the answer. (Service user, DA&SM)

I'd... I'd told my doctor and that [about her domestic abuse] but he never... he gave us one phone number to phone some people but I never ever got... I never phoned them. (Service user, DA&SM)

7.10 It is important to note that some comments about GPs were positive:

She [GP] was amazing. I was really surprised. She knew... yeah she knew what to do. She was... she has not been local for very long so she did ask one of the other doctors for where that she should refer me but, you know, in terms of helpful she was... she was fantastic. And... this was on a Monday... oh and that same day I went to... because she told me about the Drop-in Centre ... so I went there because I thought I really need... my GP was great but I really needed to talk to someone who knew what they were talking about that day, right now... That was brilliant because it felt... you know I... they said I could go back there any time, it took quite a while between my GP referring me and me getting an appointment so in that time I knew that I could go back to the Drop-in Centre. It turned out I didn't but I knew that I could which was really good (Service user, SM)

I do know women who have reported that they go through the GP and they've had really positive experience where they are not ready to report things but they've had their injuries noted and they've been given a few leaflets or they have been given contact details of people that they get in touch with it or like that, alcohol related advice and be put in touch with... the relevant people. Other people say that they haven't had a particularly good experience with GPs because they were not that well informed about domestic abuse which I would probably agree with. You know obviously not generally there are GPs that are very well informed but again that's maybe a service that needs to be... there needs to be more training with as well (Worker, DA)

7.11 In general, service providers and service users appear to suggest that there is room for improvement in terms of GP's attitude towards and knowledge of both domestic abuse and substance misuse.

Informal sources of support

7.12 Informal sources of support are an important resource for helping women who experience domestic abuse and their own substance misuse. According to the women interviewed for this study the main sources of informal support are family / friends and fellow service users. It is important to note that a considerable number of respondents reported having no informal sources of support whatsoever.

Family & friends

Yeah my mom's just around the corner so I've got my mom and she is there for us any time I want to go around and usually I am seeing her every day anyway. And I my auntie is above her in her own flat so yeah I've got a lot of family and friends (Service user, DA&SM)

I mean I've got my brother... mum and dad aren't helpful at all, if anything they make things worse. But my brother and sister more... you know they are quite supportive towards me but I haven't told them the whole story if you get me... you know they know I've left my husband, they know he's bad tempered and that but they don't actually know about anything physical that's gone on, almost like protective thing that I don't want them getting upset, going and wanting to sort of sort things out kind of thing... So it's kind of a protective thing... (Service user, DA&SM)

I felt like I was in a black hole... I wouldn't answer my phone or buzzer... I just didn't want anybody... then my sister came back to speak to me sort of thing so I remember saying to her, "Nobody's speaking to us" and she used to give us a cuddle "I am speaking to you!" (Service user, DA&SM)

Oh yeah. I have a good friend and my daughter, she is very supportive. I am quite honest with her about my problems, sometimes I think I put too much on to her to be honest (Service user, SM)

Fellow service users

X, a women I was in refuge with. She was just like me. I was lucky that the women I was in with were great. We all wanted to move on sort of thing and we all got on really well... we called it The Big Brother House, that's what it was like. We all cooked tea for each other. You know I'd say, "Well I will make the tea tonight and you can make it tomorrow night" and Y made it the next time. We've all got houses now and... but we still keep in touch..... Well yeah it is important because I've made new friends and I think we will always be friends because we've all been there... I could tell them anything and they could tell me anything and... you know we are not gonna be shocked... (Service user, DA&SM)

No informal sources of support

I've got no friends anymore and my family don't speak to me... I've got nobody! (Service user, DA&SM)

I mean for about two weeks none of the family spoke to me because my daughter had moved out because I was a drunk basically.... (Service user, DA&SM)

So I never see any of them now [her grown up children], I never see anybody, I just sit here. If I go to the shop I know everybody and they would speak to you but that's it. I've been to my doctor for depression. I got tablets before - Prozac - but the headaches I was getting with them... (Service user, DA&SM)

I've got the dog. They are... they are such a fantastic thing... if it ain't him I do not know what... or my wee sister (Service user, DA&SM)

They [family] don't like the fact that I've stopped, they don't like it ... they are not very happy about that. Some of my friends are not very happy about it either, but... oh well.... (Service user, SM)

KEY FINDINGS:

- Women who experience domestic abuse and their own substance misuse typically present with multiple and complex needs such as homelessness, mental health problems, history of childhood abuse and unemployment.
- Due to the shortage of adequate housing women who come into refuge stay there for prolonged periods of time, which brings about a variety of problems for the women and for the service.
- Women who misuse substances appear to have difficulties in accessing mental health services. Substance misusing individuals are often refused mental health treatment until they are “stable” or “clean”:
- Both service providers and service users appear to suggest that there is room for improvement in terms of GP’s attitude towards and knowledge of both domestic abuse and substance misuse.
- The main sources of informal support for women who experience both domestic abuse and substance misuse are family / friends and fellow service users. However, a considerable number of respondents reported having no informal sources of support whatsoever.

8 Discussion

8.1 This final chapter discusses the main themes and issues that have emerged from the information and evidence from the literature review and data analysis. The basis for the discussion will be the research objectives (set out in Chapter 1) aimed at establishing:

- Evidence for a link between domestic abuse and substance misuse
- Incentives/barriers to accessing services
- Experiences of service provision in both sectors
- Experiences of partnership working between the two sectors
- Links to other needs (i.e. homelessness, mental health issues)

Evidence of a link between domestic abuse and substance misuse

8.2 A review of the literature reveals that there is an association, but no direct causal mechanism, between women's substance use and abuse by male partners. Evidence from US and UK studies suggests that the nature of the association between these two issues is one of close co-existence, with each issue exacerbating the other.

8.3 Some studies show that women who experience domestic abuse and who also misuse substances are more likely to do so as a consequence of their abuse (Clark and Foy 2000; Corbin et al. 2001). Other studies demonstrate that women's substance misuse increases their vulnerability to suffering domestic abuse (Mirrlees-Black 1999, Downs Miller and Panek, 1993). For example, Downs et al found that women who misuse substances have significantly higher rates of partner violence. It is important to note that findings like these do not imply that women are to blame for their victimisation but do imply a potential vulnerability to victimisation associated with substance misuse.

8.4 The view of a close association between domestic abuse and substance misuse was echoed by the vast majority of service users and service providers interviewed for this study and many of them reported to have firsthand experience of knowing and/or caring for women with this dual need.

8.5 The literature offers four key explanations for the link between the domestic abuse and substance misuse: coping mechanism, social isolation, substances introduced by partner and increased victimisation. Findings from the present study provided vast support for the coping hypothesis:

- The majority of women in the survey reported using substances to dull the emotional and physical pain they were experiencing as a result of their abuse and in order to escape reality.
- Service providers from both sectors held the view that substance misuse is often used as a coping mechanism for women experiencing domestic abuse.

8.6 The majority of women in the survey reported first starting to use substances prior to their experience of domestic abuse. This is an interesting finding, as the literature seems to suggest that women who experience domestic abuse and who also misuse substances are more likely to do so as a consequence of their abuse. For example, Galvani (2004) found that almost two thirds of women drawn from domestic abuse agencies in her study had begun their problematic substance use following their experience of domestic abuse. A possible explanation might be that although these women had initially started using substances prior to the abuse by their partner, the abuse has amplified and worsened their substance misuse. Indeed, Downs and Miller (1994) provided

evidence that alcohol problems are worsened by domestic abuse. We also recognise that the sample in our study was a small one, and therefore any results carry the risk of being skewed.

8.7 During incidents of abuse over half of the women in the survey reported that their substance use had increased. These findings are in line with Barnett and Fagan's (1993) study which showed that women who experienced domestic abuse were particularly prone to drinking following incidents of abuse. They found that whereas men's drinking was approximately twice as common as women's during an abusive incident (30.0% vs. 17.8%) women's drinking was twice as common as men's after the abusive incident (48.1% vs. 24.2%).

8.8 Nearly half of the women thought that their substance use was used as an excuse by their current/ex partner for their abusive behaviour. Indeed, Downs, Miller and Panek (1993) suggested that some men excuse their violence towards their partner because she is using substances. However, this is a view that is also held by some women about themselves, as illustrated in the following quote by a woman interviewed for the study who had experienced both domestic abuse and substance misuse:

I think one triggers the other yeah. If I didn't drink I probably wouldn't get abused

8.9 Beliefs such as these illustrate how substance misuse can easily become another strategy of domination and control within male female relationships (Room, 1980; Gondolf, 1995). This is an issue that needs to be addressed by both domestic abuse and substance misuse agencies working with women who experience both issues.

8.10 To date, the UK evidence base is small and relatively undeveloped and therefore the extent of the overlap between these two issues cannot be accurately described. It is important to note that any figures relating to women who experience domestic abuse and substance misuse are likely to be underreported, as many women do not access services for any of these needs. The next section explores this last issue in more detail.

Incentive/barriers to access services

8.11 The key incentives to accessing services, as highlighted by service users and service providers, are quick and easy access, effective advertising and presence in the community. These findings are in line with good practice identified by Rosengard et al (2007), including single access points, targeted and outreach information provision in accessible formats and community development and empowering approaches.

8.12 Findings from the present study suggest that some of the key barriers to accessing services involve dispositional factors such as shame (due to social stigma), fear and denial of problem. Social stigma is especially significant in stopping women from accessing either domestic abuse and/or substance misuse services. Experts believe that, in general, society views women who misuse substances more harshly than men (Currie, 2001), and they are more seriously penalised by society for seeking treatment (for example threatened with loss of children). In addition, there still exists a social stigma that domestic abuse is a private matter or that it only happens to women from certain backgrounds. All this makes the open acknowledgement of problems and needs very difficult for people in general and for women with dual needs in particular, and often results in women denying symptoms or feeling unable to seek treatment.

8.13 Organisational / institutional factors that have been found to hinder access to services include long waiting times (this finding was especially prominent for substance misuse services), inflexible

working hours, ineffective advertising and hard to reach groups. These findings are in line with the literature on multiple and complex needs, which states that there is a general lack of, or inaccessible information, poorly advertised services and low awareness of what services can offer (see review by Rosengard et al, 2007), and that long waiting lists worsen problems for those with multiple and complex needs.

- 8.14 The present study found that women with dual experience of domestic abuse and substance misuse face a unique barrier to accessing services: women's own substance misuse presents a real problem for accessing domestic abuse services – especially refuge. This is an issue that has been discussed in length by domestic abuse service providers. Some of the reasons they quoted for disallowing / limiting access to their service for women who misuse substances include the disruption / risk to other service users and their children which is associated with chaotic drug use (especially in shared accommodation), lack of engagement, inability to be live independently and even stealing.
- 8.15 These findings support a previous UK survey of 216 organisations providing domestic violence services (Department of Health, 2003) which found that only 13% of organisations would always offer accommodation to women who misused alcohol only 11% would always offer accommodation to women who used illegal substances. A further 50-60% of refuge organisations would consider offering accommodation to women with additional mental health or substance use needs. Almost all refuge organisations and other domestic violence services would, however, try to find accommodation for such a woman and her children elsewhere, though this usually presents considerable difficulty.
- 8.16 It is important to note that there are legal issues around providing refuge for women who misuse substances. Section 8 of the Misuse of Drugs Act (1971) states that those concerned in the management of any premises commit an offence if they allow the production, supply or use of any controlled substance on those premises.

Experiences of service provision in both sectors

- 8.17 Service provision for women with dual experience of domestic abuse and substance misuse is fraught with difficulties and complications, and they are seen to be particularly poorly served by services (Rosengard et al, 2007). A key contributing factor to this situation is that, to date, practice and policy linking domestic abuse and substance misuse have only been marginally developed.
- 8.18 Service users and service providers in the study have identified the following elements as working well in current service provision: having motivated and skilled staff, the needs-led and flexible nature of services, the voluntary nature of services and multi-agency work (although the latter had also been identified as something which could be improved in relation o service provision).
- 8.19 Service providers in the study have identified the following issues as being the key barriers to using services: staffing shortage, lack of / short-term funding, inadequate facilities and unsatisfactory multi-agency work. They have also identified a gap in “move on” resources, especially in terms of limited follow on services / limited places in services and Housing.

Experiences of partnership working between the two sectors

- 8.20 Service providers' perceptions of the current working relationship between domestic abuse and substance misuse services were mixed – some viewed it in a positive light and others in a more

negative light. The four key barriers to multi-agency work were perceived to be lack of meaningful communication, lack of willingness to work together, competition for funding and lack of clear processes for multi-agency work.

- 8.21 In recent years, multi-agency working has received much attention and has been the focus of some political agendas. There appears to be general agreement regarding the importance of partnership work for both clients and services. It is claimed that effective partnership working allows multiple complex issues, such as domestic abuse and substance misuse to be holistically addressed and the workload to be shared. In addition, it is claimed to promote success in treatment and better outcomes for clients (Camden DVF & SMSG, 2007; Humphreys et al, 2005). It is important to note, however, that whilst the impact on professionals involved in multi-agency working appear to be often cited and well evidenced, empirical evidence for impact on service users is sparse (for review see Atkinson, Jones & Lamont, 2007). The two key benefits for service users (where reported) were improved access to services (due to faster and more appropriate referrals), and more focus on prevention and early intervention.
- 8.22 There are some important levers that could assist in better partnership work between domestic abuse and substance misuse services. These involve similarities in the two services' client group and similarities in the way substance misuse agencies and domestic abuse agencies work with their clients. These similarities make working together feasible and provide a basis for a better integration of the two services.
- 8.23 Some service providers who participated in the study argued that domestic abuse and substance misuse services should be joined up. The key reasons they gave were: the clear link between the two issues, providing a more holistic treatment and eliminating some of the barriers for service users. Other service users suggested that the joining up of these two services might lead to some potential difficulties, including: creating one big and unmanageable service, isolating service users, dealing with complex legal issues, and enforcing a stereotype about a necessary link between domestic abuse and substance misuse.
- 8.24 From a service-user perspective, half the service users interviewed in Humphreys' et al (2007) study thought that the division between services in the different sectors was problematic. A small number commented on treatment for substance use being unsuccessful because issues of domestic violence were not dealt with. Many respondents reported not being asked about both issues.
- 8.25 The experiences of other UK-based services that address dual issues of substance misuse and domestic abuse provide an important insight into the various factors that assist and hinder service provision for women in these situations. These projects appear to be successful in raising awareness about the relationship between domestic abuse and substance misuse, promoting good practice and supporting direct service providers across the drug, alcohol and domestic abuse sectors. The main difficulties encountered by these projects include recruiting suitable workers, providing childcare for clients attending the service, and reaching out to women from ethnic and minority groups.

Links to other needs

- 8.26 Women who experience domestic abuse and their own substance misuse typically present with multiple and complex needs such as homelessness, mental health problems, history of childhood abuse and unemployment.

- 8.27 Housing: Many service providers who participated in the research highlighted the lack of available housing stock as being a particular difficulty in supporting women to move on from services. Concern was also expressed about the condition and location of the housing stock that is available. In the context of limited availability of housing stock some service users felt that housing service failed to take into account adequately their multiple needs beyond that of securing temporary or permanent accommodation, for example their need to be located close to support services or networks, or other family members' needs.
- 8.28 Due to the shortage of adequate housing women who come into refuge stay there for prolonged periods of time, which brings about a variety of problems for the women and for the service.
- 8.29 Mental Health: there is a close link between substance misuse and mental health. An American study looking at the degree of overlap between substance misuse and mental health found that a person with substance misuse problems is 3-6 times more likely to have an additional mental health problem and vice versa (Regier et al, 1990). UK studies found that 36-37% of people with mental illness also use drugs and alcohol (*Menezes et al 1996; Cantwell et al, 1999*).
- 8.30 Service providers who participated in the study reported that people who misuse substances have difficulties accessing mental health services. Substance misusing individuals are often refused mental health treatment until they are "stable" or "clean". This is mainly due to the associations between symptoms of substance misuse and mental illness. Mental illness symptoms may be mimicked by intoxication and withdrawal symptoms and vice versa, and as a result misdiagnosis can easily occur.
- 8.31 The problem is that many substance misusing individuals struggle to cope with their drug misuse without first addressing their mental health issues. In addition, substance misuse services (and domestic abuse services for that matter) are not skilled to deal with severe mental health problems. As a result many clients are either passed on from one service to the other, or remain with one service provider but are unable to receive support for the "other" need.
- 8.32 Similar conclusions were drawn in a report by the All Party Parliamentary Drugs Misuse Group (2000):
- People with dual diagnosis tend to fall through gaps in service provision. They experience the 'ping pong' effect where neither drug services nor mental health services want to take responsibility for them. The exclusion criteria often operated by both sets of services acts as a bar to them getting the help they need*
- 8.33 General Practice: Both service providers and service users appear to suggest that there is room for improvement in terms of GPs' attitude towards and knowledge of both domestic abuse and substance misuse.
- 8.34 The main sources of informal support for women who experience both domestic abuse and substance misuse are family / friends and fellow service users. However, a considerable number of respondents reported having no informal sources of support whatsoever.

Similarities and differences: domestic abuse and substance misuse service provision

- 8.35 This report has largely discussed the provision of domestic abuse and substance misuse services together. This was possible due to the many similarities in the issues around service provision for these two client group types (who are often the same group). Here are the key similarities in service provision between the two sectors as highlighted in the present study:

- Service providers from both sectors perceive a link between domestic abuse and substance misuse.
 - The vast majority of themes highlighted in the study in relation to accessing, using and leaving service apply to both domestic abuse and substance misuse sectors.
 - Service provision for clients in service sectors often requires links to other needs, especially housing and mental health.
 - Finally, according to the survey, women with dual needs seem to be just as likely to approach substance misuse services as they are to approach domestic abuse services. However the sample size and return rates are not substantial enough to produce generalisable data.
- 8.36 Despite the many similarities in the terms of the issues surrounding service provision for both sectors, two key differences have become apparent throughout the course of this study:
- Access to domestic abuse agencies is more difficult in terms of misusing substances. On the other hand, access to substance misuse services is more difficult in terms of waiting times and child care.
 - All domestic abuse service providers reported screening for substance misuse. Substance misuse service providers, on the other hand, generally reported routinely enquiring about domestic abuse rather than carrying out standardised screening.

Summary

- 8.37 The aim of this report was to explore the possible links between domestic abuse and women's own substance misuse and to identify depositional and organisational factors that shape the experiences of women who are affected by both issues at each stage of their service use.
- 8.38 The findings suggest that a way forward in terms of service provision might be to focus on the similarities between the two services and work together to overcome any barriers. Sharing specialist information and creating opportunities for joint training is likely to facilitate learning and increase confidence in working with the 'other' issue. Finally, agreeing shared protocols will assist in achieving more effective multi-agency work.

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Appendix 1a

Service User Questionnaire - Domestic Abuse Services

This questionnaire is part of a research project looking at the links between alcohol, drugs and prescribed medication and domestic abuse. We would be extremely grateful if you could take a little time to complete this questionnaire. For most of the questions you just need to circle your answer.

Please be as honest as you can. No-one, other than the research team, will see your answers, and we are not asking for your name or address unless you are happy to talk to a member of the research team. When you have completed the questions please return it to Mary, the researcher, or put it in the envelope provided and hand it to the staff member who gave it to you. Thank you.

Section 1

The first section is looking at your experience, if any, of the links between substance misuse and domestic abuse. Substance Misuse can include the misuse of alcohol, illegal drugs and/or prescribed medication. Please answer the following question by circling your answer.

1 Have you relied on or heavily used alcohol, illegal drugs and/or prescribed medication *within the last 5 years*?

Yes

No

If you have answered **YES** to the above question, please continue. If you answered **NO** you may end here and return the questionnaire to the Research Team. Thank you for your time.

Section 2

This second section is asking some general questions about you. Please circle your answers.

2.1 Are you? Female
Male

2.2 Is your current/ex partner? Female
Male

2.3 How old are you?
Under 16 years 16-21 years 22-30 years
31-45 years 46-60 years Over 60 years

2.4 Which category best describes your ethnicity?
Asian Eastern Asian African
Caribbean Arabic Black British

	Asian British	White British	Irish
	Eastern European	Western European	
	Mixed	Other (please tell us)	_____

2.5 How would you describe your sexuality?

Heterosexual	Lesbian	Gay
Bisexual	Transgender	Other (please tell us)

2.6 How would you describe your current position?

Married and living together

Married and living apart

Not married but living in a relationship together

Not married but in a relationship living apart

Separated	Widowed	Divorced
Single	Other (please tell us)	_____

2.7 Do you have any children?

Yes

No

2.8a If **YES**, how many?

1-2

3 or more

2.8b How would you describe your children's current position? (If you have more than one child and there are differences in your children's living arrangements, please provide an answer for each child)

Living with you

Living with another family member

Living with someone other than you or another family member (please tell us)

2.9 Have you been homeless in the last five years?

(by homeless we mean you have had to leave your accommodation to live somewhere else either on a temporary or permanent basis)

Yes No

2.9a If **YES**, what was the main cause of your homelessness?

Domestic Abuse

Your substance misuse

Your current/ex partner's substance misuse

Other (please tell us) _____

2.10 How would you describe your current position? (circle as many answers as apply)

Employed –full time

Employed – part time

Unemployed

Retired

Sick

Student

Voluntary Work

Parent/housework

Other (please tell us) _____

2.11 Do you have qualifications? (please tell us if you do)

(this may include, for example: Standard Grades; GCSE; Higher Grades; HNC; HND; Undergraduate; Postgraduate etc.)

2.12 Do you have a disability? Yes No

2.12a If **YES**, please tell us what this is _____

2.12b Are you registered disabled? Yes No

2.13 Did you or your current/ex partner grow up in a household where domestic abuse happened?

You

Your current/ex partner

Yes

Yes

No

No

Don't know

2.14 if **YES**, who was violent towards others? (circle as many as apply)

You

Your current/ex partner

Mother/step	Mother/step
Father/step	Father/step
Foster mother	Foster mother
Foster father	Foster father
Carer	Carer
Sibling	Sibling
Other	Other

Section 3

This next section is about *your* experience and *your current/ex partner's* experience (if any) of substance misuse and its links with domestic abuse.

3.1 Which of the following substances have you or your current/ex partner relied on or heavily used? (circle as many as apply)

You	Your current/ex partner
Alcohol	Alcohol
Illegal drugs	Illegal drugs Please answer question 3.2 below
Prescribed medication	Prescribed medication
	None of the above

3.2 If you or current/ex partner are using or have used illegal drugs, can you tell us what sort of drugs? (circle as many as apply)

You	Your current/ex partner
Cannabis	Cannabis
Amphetamines	Amphetamines
Ecstasy	Ecstasy
Crack	Crack
Cocaine	Cocaine
Heroin	Heroin
Combination (please tell us)	Combination (please tell us)
_____	_____
Other (please tell us what)	Other (please tell us what)
_____	_____

3.3 In relation to incidences of abuse, when do/did you or your current/ex partner use alcohol, drugs or medication? (circle as many as apply)

You	Your current/ex partner
Prior to the abuse beginning	Prior to the abuse beginning
Once the abuse had started	Once the abuse had started
After the abuse had ended	After the abuse had ended
Not applicable	Not applicable

3.4 During incidences of abuse, does/did your or your current/ex partner's use of alcohol, drugs and/or medication:

You	Your current/ex partner
------------	--------------------------------

Increase	Increase
Decrease	Decrease
Stay the same	Stay the same
Not applicable	Not applicable

3.5 Thinking about your experience of domestic abuse when did you or your current/ex partner first start using alcohol, drugs or medication?

You	Your current/ex partner
Prior to the abuse beginning	Prior to the abuse beginning
Once the abuse had started	Once the abuse had started
After the abuse had ended	After the abuse had ended
Not applicable	Not applicable

3.6 Do you think there is a link between your or your current/ex partner's use of alcohol, drugs and/or medication and your experience of domestic abuse?

Yes	No	Don't know
-----	----	------------

3.7 Did any substances appear to be more threatening/dangerous than others in relation to either your or your current/ex partner's abusive behaviour?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

3.8 If **YES**, which substance/s? (circle as many as apply)

You	Your current/ex partner
Alcohol	Alcohol
Prescribed medication	Prescribed medication
Cannabis	Cannabis
Amphetamines	Amphetamines
Ecstasy	Ecstasy
Crack	Crack
Cocaine	Cocaine
Heroin	Heroin
Combination (please tell us)	Combination (please tell us)

3.9 In relation to the link between domestic abuse and substance use, please could you indicate which statement, if any, is true of your experience (circle **only** those statements that apply to your experience)

- 3.9a Your current/ex partner uses/used *your* substance use as an excuse for their abusive behaviour
- 3.9b You use/have used your substance misuse as an excuse for your abusive behaviour toward your current/ex partner
- 3.9c Your substance use is/was the cause of your abusive behaviour towards your current/ex partner
- 3.9d You use/used substances to dull the physical pain you were experiencing
- 3.9e You use/used substances to dull your awareness of your current/ex partner's physical pain
- 3.9f You use/used substances to dull the emotional pain you were experiencing
- 3.9g You use/used substances to dull your awareness of your current/ex partner's emotional pain
- 3.9h You use/used substances to escape reality
- 3.9i You use/used substances to give you a sense of control
- 3.9j You use/used substances because you feel/felt out of control
- 3.9k You use/used substances in order to survive the abuse
- 3.9l You use/used substances in order to live with your abusive behaviour towards your current/ex partner

Other reasons (please tell us)

Section 4

This section is asking about your experience of domestic abuse

4.1 Below is a list of possible forms of abuse **YOU** might have experienced from your current/ex partner. Please circle each answer that relates to your experience. For each experience please tell us whether it happened once, several times or frequently.

Repeated criticisms/insults	Once	Several	Frequently
Stopped or discouraged from seeing your friends/family	Once	Several	Frequently
Threats of violence	Once	Several	Frequently
Damage to property	Once	Several	Frequently
Slaps or punches	Once	Several	Frequently
Held/grabbed by the throat	Once	Several	Frequently
Attacked with a weapon	Once	Several	Frequently
Beating	Once	Several	Frequently
Pressured to have sex against your will	Once	Several	Frequently
Forced to have sex against your will	Once	Several	Frequently
Threats to kill	Once	Several	Frequently
Threats to take your children	Once	Several	Frequently

4.2 Below is a list of possible forms of abuse **YOU** might have used against your ex/current partner. Please circle all answers that apply. For each form of abuse please tell us whether you did this once, several times or frequently. If you have never been abusive to your ex/current partner, please go to question 4.3 below.

Repeatedly criticised or insulted them	Once	Several	Frequently
Stopped or discouraged them from seeing their friends/family	Once	Several	Frequently
Threatened them with violence	Once	Several	Frequently
Damaged property	Once	Several	Frequently
Slapped or punched them	Once	Several	Frequently
Held/grabbed them by the throat	Once	Several	Frequently
Attacked them with a weapon	Once	Several	Frequently
Beaten them	Once	Several	Frequently
Pressured them to have sex	Once	Several	Frequently
Forced them to have sex	Once	Several	Frequently
Threatened to kill them	Once	Several	Frequently
Threatened to take their children	Once	Several	Frequently

4.3 Did any injury you or your current/ex partner receive during any incident of violence need medical attention?

You	Your current/ex partner
Yes	Yes
No	No

4.4 If **YES**, did you or they have to:
(circle any that apply and tell us how often this happened)

	You (number of times)			Your current/ex partner (number of times)		
See a GP	once	2-5	6 or more	once	2-5	6 or more
Visit a hospital casualty department	once	2-5	6 or more	once	2-5	6 or more
Spend time as an in-patient in hospital	once	2-5	6 or more	once	2-5	6 or more

4.5 Have you or your current/ex partner ever sought treatment for a mental health problem?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

4.6 If **YES**, was this for (circle as many as apply)

You	Your current/ex partner
Depression	Depression
Anxiety	Anxiety
Suicidal thoughts	Suicidal thoughts
Attempted suicide	Attempted suicide
Self harm	Self harm
Psychotic episode	Psychotic episode
Other (please tell us)	Other (please tell us)
_____	_____

4.7 If you have children, have you or your current/ex partner smacked/hit any of them within the last 5 years?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

4.8 If **YES**, did you or your current/ex partner use excessive force, or cause bruises or injuries?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

4.9 If **YES**, please tell us how many times

You (number of times)	Your current/ex partner (number of times)
once	once
between 2-10	between 2-10
between 11-20	between 11-20
more than 20	more than 20
don't know	don't know

4.10 Did any of these incidents occur when either you or your current/ex partner were under the influence of drugs, alcohol and/or prescribed medication?

You	always	sometimes	never
Your current/ex partner	always	sometimes	never

4.11 Was any child/children harmed in other ways by you or your current/ex partner's abusive behaviour (for example, indirectly during an incident of violence) – if so, please tell us how:

4.12 Was any child/children present during any incident of violence between you and your current/ex partner?

Yes	No
-----	----

Section 5

This next section is about *you* approaching agencies for help with domestic abuse and/or substance misuse.

5.1 Which of the following agencies have you approached for help? (circle as many as apply)

- | | |
|------------------------------|--------------------------|
| Drugs agency | Alcohol agency |
| Drugs and alcohol agency | Domestic violence agency |
| Social services | GP/Hospital |
| Police | Housing |
| Other (please tell us) _____ | |

5.2 How did you find out about these agencies? (Please circle/answer all that apply)

Referred by another agency; can you tell us which agency?

Given information for self-referral by another agency; can you tell us which agency?

Saw a poster/leaflet; can you tell us where you saw it?

Used a telephone directory

Via a family member, friends or current/ex partner

Other (please tell us how/where) _____

5.3 Were the services you contacted:

- | | |
|----------------------------|---------------|
| Helpful and supportive | Adequate |
| Inadequate | Inappropriate |
| Unhelpful and unsupportive | Other |

Please tell us why _____

5.4 How could these services have been more helpful to you?

Section 6

This next section is about *your current/ex partner* approaching agencies for help with domestic abuse and/or substance misuse. If you know your current/ex partner has never approached any agency for help or you don't know anything about their experience of these agencies, please go to the end of the questionnaire.

6.1 Which of the following agencies has your current/ex partner approached for help? (circle as many as apply)

- | | |
|------------------------------|--------------------------|
| Drugs agency | Alcohol agency |
| Drugs and Alcohol agency | Domestic Violence agency |
| Social Services | GP/Hospital |
| Police | Housing |
| Other (please tell us) _____ | |

6.2 How did your current/ex partner find out about these agencies? (Please circle/answer all that apply)

Referred by another agency; can you tell us which agency?

Given information for self-referral by another agency; can you tell us which agency?

Saw a poster/leaflet; can you tell us where you saw it?

Used a telephone directory

Via a family member, friends or current/ex partner

Other (please tell us how/where) _____

6.3 Were the services your current/ex partner contacted:

- | | |
|----------------------------|---------------|
| Helpful and supportive | Adequate |
| Inadequate | Inappropriate |
| Unhelpful and unsupportive | Other |

Please tell us why _____

6.4 How could these services have been more helpful to your current/ex partner?

Thank you for taking the time to complete this questionnaire. Your answers will be used to make recommendations for improvements in services and policies. If you would be willing to talk in more detail with one of us about your experiences and any ideas you may have for improved services then please contact Mary, the researcher, details as before. Anonymity and confidentiality are guaranteed.

Thank you once again for your contribution to this project.

Further Comments

If you have any further comments, questions, ideas or suggestions you would like to add please use this space.

Appendix 1b

Service User Questionnaire - Substance Misuse Services

This questionnaire is part of a research project looking at the links between domestic abuse and alcohol, drugs and prescribed medication. We would be extremely grateful if you could take a little time to complete this questionnaire. For most of the questions you just need to circle your answer.

Please be as honest as you can. No-one, other than the research team, will see your answers, and we are not asking for your name or address unless you are happy to talk to a member of the research team. When you have completed the questions please return it to Mary, the researcher, or put it in the envelope provided and hand it to the staff member who gave it to you. Thank you.

Section 1

The first section is looking at your experience, if any, of the links between domestic abuse and substance misuse. Domestic abuse can include repeated criticisms/insults, threats of violence, damage to property, slaps/punches/beatings, forced sex etc. Please answer both of the following questions by circling your answer.

1.1 Have you been a victim of violence or abuse from your current or an ex partner, *within the last 5 years?*

Yes

No

1.2 Have you ever been violent or abusive towards your current or an ex partner, *within the last 5 years?*

Yes

No

If you have answered **YES** to *either* of these questions, please continue. If you have answered **NO** to *both* of these questions you may end here and return the questionnaire to the Research Team. Thank you for your time.

Section 2

This second section is asking some general questions about you. Please circle your answers.

- 2.1 Are you? Female
Male
- 2.2 Is your current/ex partner? Female
Male
- 2.3 How old are you?
Under 16 years 16-21 years 22-30 years
31-45 years 46-60 years Over 60 years

- 2.4 Which category best describes your ethnicity?
- | | | |
|------------------|------------------------------|---------------|
| Asian | Eastern Asian | African |
| Caribbean | Arabic | Black British |
| Asian British | White British | Irish |
| Eastern European | Western European | |
| Mixed | Other (please tell us) _____ | |

- 2.5 How would you describe your sexuality?
- | | | |
|--------------|-------------|------------------------------|
| Heterosexual | Lesbian | Gay |
| Bisexual | Transgender | Other (please tell us) _____ |

- 2.6 How would you describe your current position?
- Married and living together
Married and living apart
Not married but living in a relationship together
Not married but in a relationship living apart
Separated Widowed Divorced
Single Other (please tell us) _____

2.7 Do you have any children? Yes

No

2.7a If **YES**, how many? 1-2

3 or more

2.7b How would you describe your children's current position? (If there are differences in your children's living arrangements, please provide an answer for each child)

Living with you

Living with another family member

Living with someone other than you or another family member (please tell us) _____

2.8 Have you been homeless in the last five years?

(by homeless we mean you have had to leave your accommodation to live somewhere else either on a temporary or permanent basis)

Yes

No

2.8a If **YES**, what was the main cause of your homelessness?

Domestic Abuse

Your substance misuse

Your current/ex partner's substance misuse

Other (please tell us) _____

2.9 How would you describe your current position? (circle as many boxes as apply)

Employed –full time

Employed – part time

Unemployed

Retired

Sick

Student

Voluntary Work

Parent/housework

Other (please tell us) _____

2.10 Do you have qualifications? (please tell us if you do)

(this may include, for example: Standard Grades; GCSE; Higher Grades; HNC; HND; Undergraduate; Postgraduate etc.)

2.11 Do you have a disability? Yes No

2.11a If **YES**, please tell us what this is _____

2.11b Are you registered disabled? Yes No

2.12 Did you or your current/ex partner grow up in a household where people were misusing drugs, alcohol and/or prescribed medication?

You	Your current/ex partner
Yes	Yes
No	No
	Don't know

2.13 If **YES**, was this (circle as many as apply)

You	Your current/ex partner
Mother/step	Mother/step
Father/step	Father/step
Foster mother	Foster mother
Foster father	Foster father
Carer	Carer
Sibling	Sibling
Other	Other

Section 3

This section is asking about your experience of domestic abuse

3.1 Below is a list of possible forms of abuse **YOU** might have experienced from your current/ex partner. *Please circle each answer that relates to your experience.* For each experience please tell us whether it happened once, several times or frequently. If none, please go to Question 3.2 below.

Repeated criticisms/insults	Once	Several	Frequently
Stopped or discouraged from seeing your friends/family	Once	Several	Frequently
Threats of violence	Once	Several	Frequently
Damage to property	Once	Several	Frequently
Slaps or punches	Once	Several	Frequently
Held/grabbed by the throat	Once	Several	Frequently
Attacked with a weapon	Once	Several	Frequently
Beating	Once	Several	Frequently
Pressured to have sex against your will	Once	Several	Frequently
Forced to have sex against your will	Once	Several	Frequently
Threats to kill	Once	Several	Frequently
Threats to take your children	Once	Several	Frequently

3.2 Below is a list of possible forms of abuse **YOU** might have used against your ex/current partner. Please circle all answers that apply. For each form of abuse please tell us whether you did this once, several times or frequently. If you have never been abusive to your ex/current partner, please go to question 3.3 below.

Repeatedly criticised or insulted them	Once	Several	Frequently
Stopped or discouraged them from seeing their friends/family	Once	Several	Frequently
Threatened them with violence	Once	Several	Frequently
Damaged property	Once	Several	Frequently
Slapped or punched them	Once	Several	Frequently
Held/grabbed them by the throat	Once	Several	Frequently
Attacked them with a weapon	Once	Several	Frequently
Beaten them	Once	Several	Frequently
Pressured them to have sex	Once	Several	Frequently
Forced them to have sex	Once	Several	Frequently

Threatened to kill them	Once	Several	Frequently
Threatened to take their children	Once	Several	Frequently

3.3 Did any injury you or your current/ex partner receive during any incident of violence need medical attention?

You	Your current/ex partner
Yes	Yes
No	No

3.4 If **YES**, did you or they have to: (circle any that apply and tell us how often this happened)

	You (number of times)			Your current/ex partner (number of times)		
See a GP	once	2-5	6 or more	once	2-5	6 or more
Visit a hospital casualty department	once	2-5	6 or more	once	2-5	6 or more
Spend time as an in-patient in hospital	once	2-5	6 or more	once	2-5	6 or more

3.5 Have you or your current/ex partner ever sought treatment for a mental health problem?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

3.6 If **YES**, was this for (circle as many as apply)

You	Your current/ex partner
Depression	Depression
Anxiety	Anxiety
Suicidal thoughts	Suicidal thoughts
Attempted suicide	Attempted suicide
Self harm	Self harm
Psychotic episode	Psychotic episode
Other (please tell us)	Other (please tell us)

3.7 If you have children, have you or your current/ex partner smacked/hit any of them within the last 5 years?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

3.8 If **YES**, did you or your current/ex partner use excessive force, or cause bruises or injuries?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

3.9 If **YES**, please tell us how many times

You (number of times)	Your current/ex partner (number of times)
once	once
between 2-10	between 2-10
between 11-20	between 11-20
more than 20	more than 20
don't know	don't know

3.10 Did any of these incidents occur when either you or your current/ex partner were under the influence of drugs, alcohol and/or prescribed medication?

You	always	sometimes	never
Your current/ex partner	always	sometimes	never

3.11 Was any child/children harmed in other ways by you or your current/ex partner's abusive behaviour (for example, indirectly during an incident of violence) – if so, please tell us how:

3.12 Was any child/children present during any incident of violence between you and your current/ex partner?

Yes	No
-----	----

Section 4

This next section is about *your* experience and *your current/ex partner's* experience (if any) of substance misuse and its links with domestic abuse.

4.1 Which of the following substances have you or your current/ex partner relied on or heavily used? (circle as many as apply)

You	Your current/ex partner
Alcohol	Alcohol
Illegal drugs	Illegal drugs Please answer question 4.2 below
Prescribed medication	Prescribed medication
	None of the above

4.2 If you or current/ex partner are using or have used illegal drugs, can you tell us what sort of drugs? (circle as many as apply)

You	Your current/ex partner
Cannabis	Cannabis
Amphetamines	Amphetamines
Ecstasy	Ecstasy
Crack	Crack
Cocaine	Cocaine
Heroin	Heroin
Combination (please tell us)	Combination (please tell us)
_____	_____
Other (please tell us what)	Other (please tell us what)
_____	_____

4.3 In relation to incidences of abuse, when do/did you or your current/ex partner use alcohol, drugs or medication? (circle as many as apply)

You	Your current/ex partner
Prior to the abuse beginning	Prior to the abuse beginning
Once the abuse had started	Once the abuse had started
After the abuse had ended	After the abuse had ended
Not applicable	Not applicable

4.4 During incidences of abuse, does/did your or your current/ex partner's use of alcohol, drugs and/or medication:

You	Your current/ex partner
Increase	Increase
Decrease	Decrease
Stay the same	Stay the same
Not applicable	Not applicable

4.5 Thinking about your experience of domestic abuse, when did you or your current/ex partner first start using alcohol, drugs or medication?

You	Your current/ex partner
Prior to the abuse beginning	Prior to the abuse beginning
Once the abuse had started	Once the abuse had started
After the abuse had ended	After the abuse had ended
Not applicable	Not applicable

4.6 Do you think there is a link between your or your current/ex partner's use of alcohol, drugs and/or medication and your experience of domestic abuse?

Yes No Don't know

4.7 Did any substances appear to be more threatening/dangerous than others in relation to either your or your current/ex partner's abusive behaviour?

You	Yes	No	
Your current/ex partner	Yes	No	Don't know

4.8 If **YES**, which substance/s? (circle as many as apply)

You	Your current/ex partner
Alcohol	Alcohol
Prescribed medication	Prescribed medication
Cannabis	Cannabis
Amphetamines	Amphetamines
Ecstasy	Ecstasy

Crack	Crack
Cocaine	Cocaine
Heroin	Heroin
Combination (please tell us)	Combination (please tell us)

4.9 In relation to the link between domestic abuse and substance use, please could you indicate which statement, if any, is true of your experience (circle **only** those statements that apply to your experience)

- 4.9a Your current/ex partner uses/used *your* substance use as an excuse for their abusive behaviour
- 4.9b You use/have used your substance misuse as an excuse for *your* abusive behaviour toward your current/ex partner
- 4.9c Your substance use is/was the cause of *your* abusive behaviour towards your current/ex partner
- 4.9d You use/used substances to dull the physical pain *you* were experiencing
- 4.9e You use/used substances to dull your awareness of *your current/ex partner's* physical pain
- 4.9f You use/used substances to dull the emotional pain *you* were experiencing
- 4.9g You use/used substances to dull your awareness of *your current/ex partner's* emotional pain
- 4.9h You use/used substances to escape reality
- 4.9i You use/used substances to give *you* a sense of control
- 4.9j You use/used substances because *you* feel/felt out of control
- 4.9k You use/used substances in order to survive the abuse
- 4.9l You use/used substances in order to live with your abusive behaviour towards *your current/ex partner*

Other reasons (please tell us)

Section 5

This next section is about *you* approaching agencies for help with domestic abuse and/or substance misuse.

5.1 Which of the following agencies have you approached for help? (circle as many as apply)

- | | |
|------------------------------|--------------------------|
| Drugs agency | Alcohol agency |
| Drugs and alcohol agency | Domestic violence agency |
| Social services | GP/Hospital |
| Police | Housing |
| Other (please tell us) _____ | |

5.2 How did you find out about these agencies? (Please circle/answer all that apply)

- Referred by another agency; can you tell us which agency?

- Given information for self-referral by another agency; can you tell us which agency?

- Saw a poster/leaflet; can you tell us where you saw it?

- Used a telephone directory
- Via a family member, friends or current/ex partner
- Other (please tell us how/where) _____

5.3 Were the services you contacted:

- | | |
|----------------------------|---------------|
| Helpful and supportive | Adequate |
| Inadequate | Inappropriate |
| Unhelpful and unsupportive | Other |

Please tell us why _____

5.4 How could these services have been more helpful to you?

Section 6

This next section is about *your current/ex partner* approaching agencies for help with domestic abuse and/or substance misuse. If you know your current/ex partner has never approached any agency for help or you don't know anything about their experience of these agencies, please go to the end of the questionnaire.

6.1 Which of the following agencies has your current/ex partner approached for help? (circle as many as apply)

- | | |
|------------------------------|--------------------------|
| Drugs agency | Alcohol agency |
| Drugs and Alcohol agency | Domestic Violence agency |
| Social Services | GP/Hospital |
| Police | Housing |
| Other (please tell us) _____ | |

6.2 How did your current/ex partner find out about these agencies? (Please circle/answer all that apply)

Referred by another agency; can you tell us which agency?

Given information for self-referral by another agency; can you tell us which agency?

Saw a poster/leaflet; can you tell us where you saw it?

Used a telephone directory

Via a family member, friends or current/ex partner

Other (please tell us how/where) _____

6.3 Were the services your current/ex partner contacted:

- | | |
|----------------------------|---------------|
| Helpful and supportive | Adequate |
| Inadequate | Inappropriate |
| Unhelpful and unsupportive | Other |

Please tell us why _____

6.4 How could these services have been more helpful to your current/ex partner?

Thank you for taking the time to complete this questionnaire. Your answers will be used to make recommendations for improvements in services and policies. If you would be willing to talk in more detail with one of us about your experiences and any ideas you may have for improved services then please contact Mary, the researcher, details as before. Anonymity and confidentiality are guaranteed.

Thank you once again for your contribution to this project.

Further Comments

Please use this space for any comments, questions, ideas or suggestions you would like to add.

Appendix 2

Service User Interview Schedule

The interview will take place in time following the completion of the questionnaire by the service users, therefore the interview answers can be linked to the general information and questionnaire answers at a later date. As the interviews are semi-structured, the following are *suggested* questions. The actual questions that are asked during the interview will follow the main theme of the evaluation, namely the service users' experiences of accessing and using services, with some consideration being given to leaving services (as the participants are all current service users, it is thought likely that they will have limited experience of leaving services) and will be asked as deemed appropriate during the interview by the researcher. The interviews will be recorded, as agreed with the participant and transcribed at a later date. These questions will be piloted with experienced service providers who are not taking part in the research.

Suggested questions relating to accessing services

Before we start talking about accessing services, how long did you experience problems with substance misuse/domestic violence before you found out about services?

What type of things stopped you from accessing services sooner than you did?

What made you decide to find out about services?

Are you pleased that you did? Why?

Why did you choose to access the services in the way you did?

Others have reported difficulties when trying to access services; did you find anything that made it difficult for you when you were accessing services? (*examples may include: difficulty getting phone numbers, knowing which services are available or relevant, and where they are)

Would anything have helped you to access services easier? (*examples: posters in GP surgeries with phone numbers and information on all of the available services)

Suggested questions relating to using services

Roughly how long have you been using services?

What would you say is good/helpful about the services you use, if anything?

What would you say isn't good/helpful about the services you use, if anything? (Prompt – ask if services are/were beneficial or not for children of service users if the information is not offered)

Have you found some services were more helpful for you than others? Please tell me.

Do you feel you have had support for all of your needs?

Tell me about any support you have had. Who gave you the support? (information about formal [services] and informal support [friends and family] would be useful)

Given your own experience, can you suggest any reasons why other women might not access services?

Do you think there are a lot of women who have experience of both domestic abuse and substance misuse?

What do you think service providers/support workers role/job is?

Suggested questions relating to leaving services

Are there any services you have left? If so, tell me about your experience?

* The researcher will only provide examples if the service user is having difficulty answering the question but appears to want to, as we do not want to ask questions which lead the answers in any direction.

Appendix 3

Service Provider Interview Schedule

As the interviews are semi-structured, the following are *suggested* questions. The actual questions that are asked during the interview will follow the theme of the evaluation, in that they will be based upon the accessing, using and leaving of services by service users. Further, service providers' knowledge on the dual issues of domestic abuse and substance misuse will be ascertained, particularly in relation to services. Subsequent questions will be asked as deemed appropriate during the interview by the researcher. The interviews will be recorded, as agreed with the participant and transcribed at a later date. These questions will be piloted with experienced service providers who are not taking part in the research.

Questions on their own services

How long have you worked in the provision of services? Have you experience working for other services?

What is the role of the service provider?

In what way(s) do the services work well at each key stage, i.e. accessing, using and leaving? What helps the services to work well?

In what way(s) do the services *not* work well? What are the gaps in the service?

What are the barriers to the services working well?

How could these barriers be reduced or removed?

What would be a better approach/how could the services be improved?

Are service users ever prevented access to other services due to any other problems they may be experiencing? If so, what are they and why?

If a service user has daily responsibility for children, what impact does this have in terms of service provision?

Are there training and development needs for services staff? If so, what are they?

Questions on the links between substance misuse and domestic abuse

What knowledge do you have of any links between domestic abuse and substance misuse?

Do thorough assessments and screening for the other need (DA or SM) take place at an initial visit by a service user?

What knowledge do you have of other services e.g. for those experiencing substance misuse/domestic abuse? How did you acquire this knowledge?

Have you provided information on other services for your service users? What did this consist of?

What experience do you have of other services?

Most substance misuse and domestic abuse services are separate, why do you think that is?

What is the current relationship between your services and others?

What are the barriers in terms of services working together?

Is there anything else you would like to contribute?

Appendix 4

Demographic Data

Figure 1: Age of Questionnaire Respondents

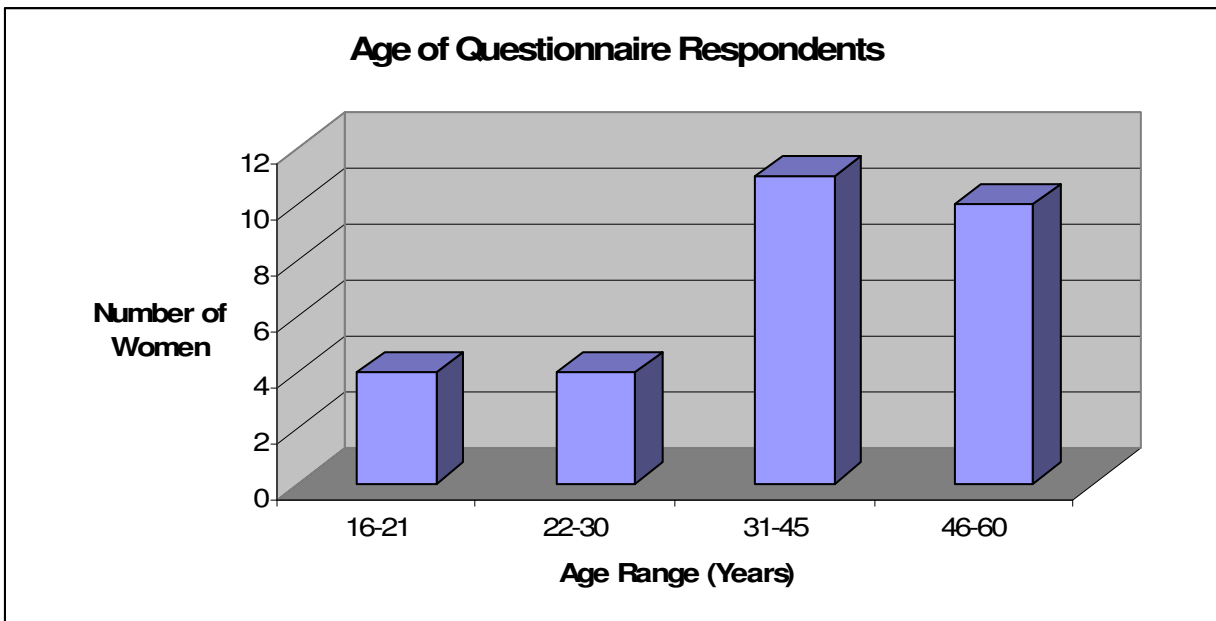


Figure 2: Marital Status of Questionnaire Respondents

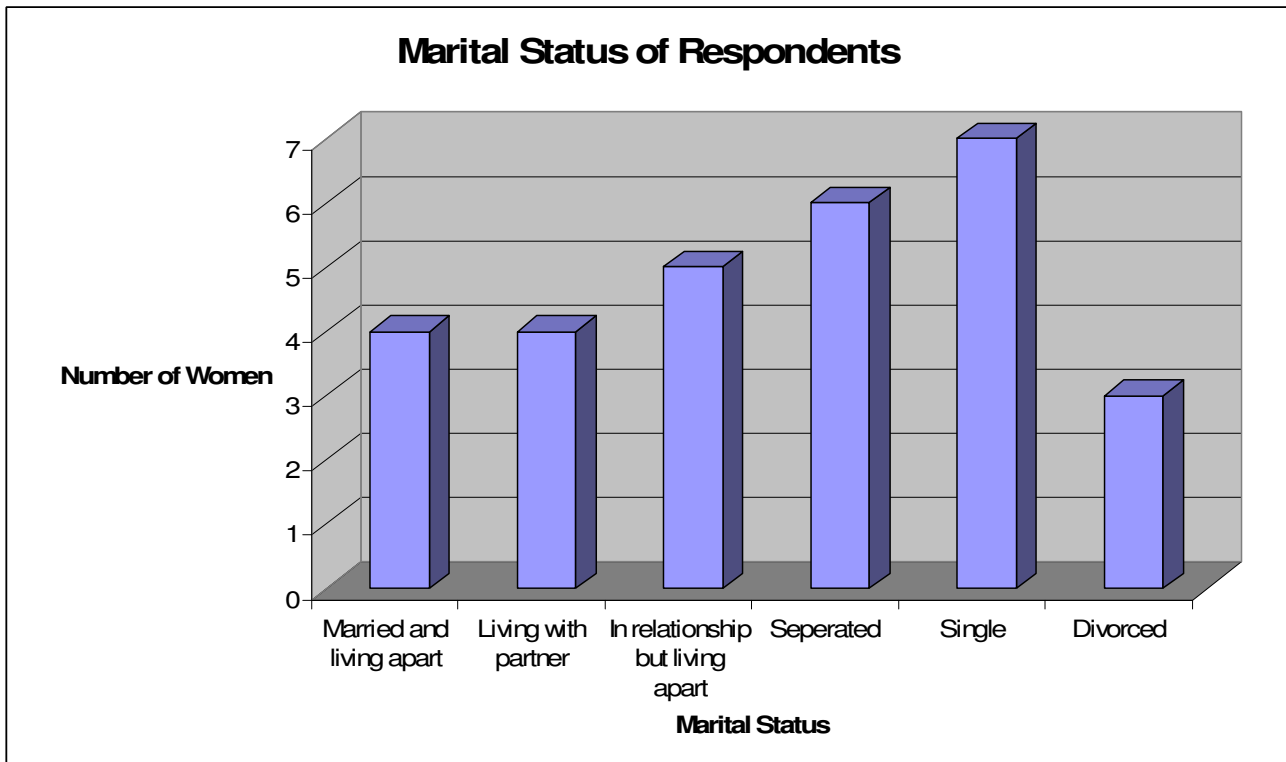


Figure 3: Employment Status of Questionnaire Respondents

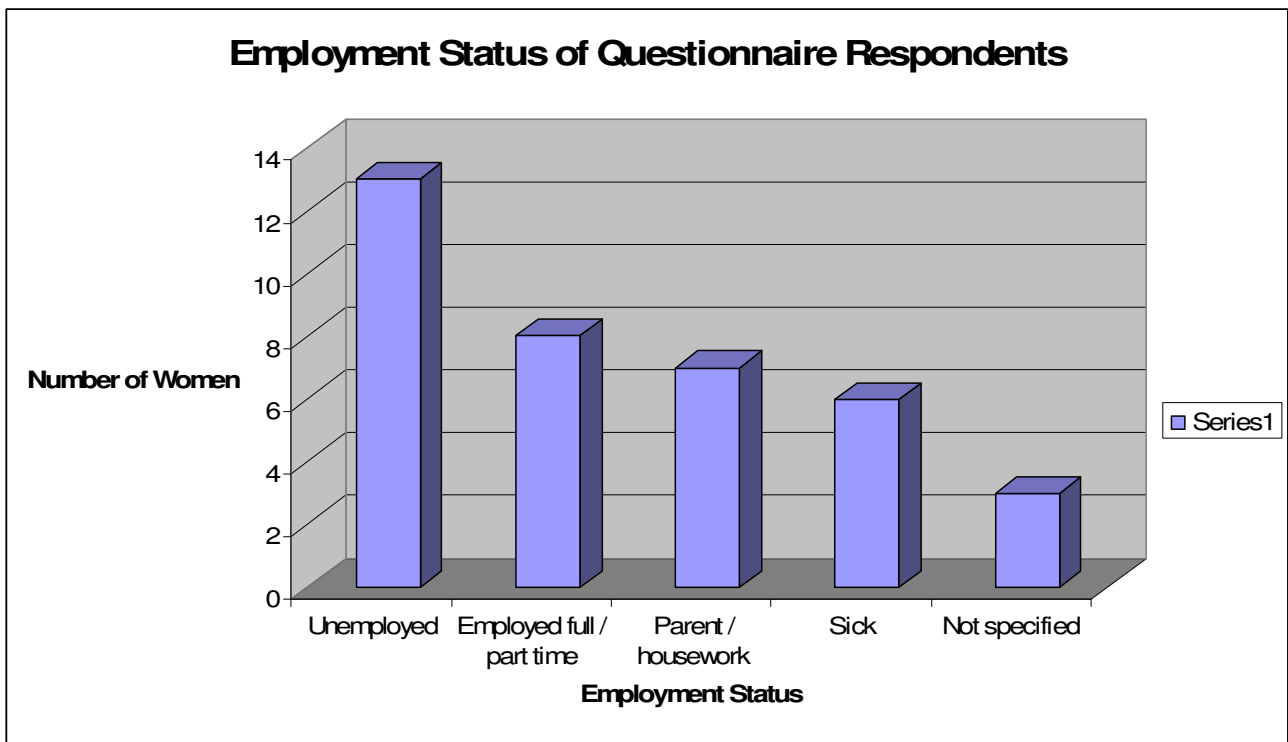


Figure 4: Mental Health Issues Reported by Questionnaire Respondents

