

# THE TAYSIDE DOMESTIC ABUSE AND SUBSTANCE MISUSE PROJECT:

## FINAL RESEARCH REPORT: SUMMARY OF FINDINGS

### The project and its aims

In 2006, the Scottish Government (then 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.

A pilot / demonstration project was established in August 2006 in Tayside by a consortium of partners from the domestic abuse and substance misuse sectors. 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.

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 and others).

### Study aims and methods

The aim of the research element of the project was to identify depositional 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 (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)

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.

An attempt was made to identify the depositional and organisational factors which shape the experiences of women who are affected by domestic abuse and their own substance misuse at each stage of their service use from the existing data set. 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.

The findings presented in this report include a review of the literature on the links between domestic abuse and substance misuse, and secondary analysis of (a) service users questionnaire; (b) Interviews with service users, and (c) Interviews with domestic abuse and substance misuse service providers.

## Key findings

### Literature review

- 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.
- Existing research highlights four key explanations for the possible link between the two issues: coping mechanism, social isolation, substance introduced by partner, and increased vulnerability.
- Practice and policy linking domestic abuse and substance misuse have only been marginally developed to date, 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 which 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 link between domestic abuse and substance misuse

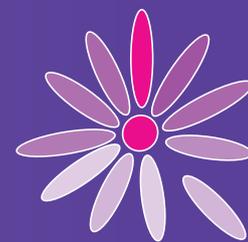
- Nature of abuse: almost all women in the questionnaire sample experienced emotional abuse from their partners; over three quarters experienced various forms of physical abuse (with over two thirds suffering injuries which required medical attention); and over a third experienced sexual abuse.
- Nature of substance misuse: over half of the women in the sample reported relying on or heavily using alcohol and/or prescribed medication. Nearly half of the women reported using (or having used) illegal drugs. The most common illegal uses women reported were Cannabis (almost all), Ecstasy and/or Amphetamines (over half), and Heroin and Cocaine (over a third).
- Children: 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.
- Of the original sample of 34 completed questionnaires, 29 were completed by women who reported dual experience of domestic abuse and substance misuse (an 85% overlap between the two issues). However, return rates are not substantial enough to provide accurate and reliable overlap data.



- Nearly two thirds of the women in the sample reported first starting to use substances prior to their experience of domestic 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.
- 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. 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.
- 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.
- 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 (a) motivated and skilled staff; (b) needs-led and flexible services; (c) the voluntary nature of services and (d) 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 of limited follow on services / limited places in services and Housing

### **Experiences of service provision: Accessing, using and leaving the service**

- Over half of the women in the survey, with dual substance misuse and domestic abuse needs 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



## Multi-agency work

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 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 argued 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 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.

## Link to other needs

- 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.
- Housing: 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.
- Mental Health: 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":
- 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.

## Summary

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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