



Substance Misuse and Domestic Abuse: Dual Issues, an Integrated Response

A study in County Durham

Frazer Hill

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Substance misuse and domestic abuse: dual issues, an integrated response

Aims:

- Qualitative research with adult service users and service providers to explore the links between substance misuse and domestic abuse and:
 - identify specific, diverse needs of people suffering dual issues
 - whether those experiencing the dual issues have accessed local services and their experiences
 - whether there are any barriers to delivering services to those suffering dual issues and any gaps in current service provision

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Method:

- Narrative literature review
- 16 face to face interviews with adult service users
- 42 face to face interviews with service providers & practitioners
- Access & recruitment negotiated via 'gatekeepers'
- Written, informed consent obtained, interviews recorded & transcribed verbatim
- Ethical approval obtained
- Interview data synthesised & analysed using thematic framework & associations between key issues of interest explored

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Key findings:

- Nature of substance misuse and domestic abuse
- Links between domestic abuse and substance misuse
- Dynamics of perpetrator control
- Wider consequences of the dual issues
- Experience of services
- Barriers to access, engagement and retention
- Barriers to delivering robust and effective service
- Gaps in current service provision
- Issues for practice

Nature of domestic abuse and substance misuse

- Most participants reported alcohol use and many were poly-drug users (using cannabis, cocaine, heroin or amphetamines in addition to alcohol) and all experienced various forms of domestic abuse i.e. emotional/psychological; physical; sexual and financial,
- Many acknowledged a direct link between experiences of abuse and the increase in level and frequency of their consumption, using alcohol specifically:
 - as a preparation 'tool'
 - to numb the physical pain of violence and injury
 - to cope with the emotional pain and controlling behaviour of the perpetrator

Many also 'minimised' or 'normalised' their alcohol consumption

“ You build up your barriers to protect yourself, but then it just becomes the normal, where you don’t want to feel emotion... I like to feel angry, I like to feel happy, I don’t mind crying because I can feel that now. I couldn’t feel that before because I just pushed it all down with the alcohol and when you’re going through the violence you don’t want to feel it, you know, you just want everything to go away”

“I’ve got to admit it did get to the stage where if we were out drinking sometimes I would provoke it, because I knew at the end of the argument what was going to happen, so I would sort of hurry up the process...just to get it over with, you know, you get to know what to do”

“ (I) have a bottle of wine on a night, like, watching the telly...just a bottle of wine. And I don’t drink much during the day.... At about 7 o’clock I get my bottle of wine out and watch the telly. Some people would probably see that as maybe having a drink problem....That’s what people do to chill out, they have a drink don’t they”

Dynamics of perpetrator control

- Encouraged or forced victim to use drugs/alcohol
- Used victims' problematic substance use as excuse for the abuse
- Used own problematic substance use as excuse for their abusive behaviour
- Used victims' substance use/ misuse to threaten with social services
- Used emotional blackmail to sabotage victims' treatment /effort to stop drinking
- Used victims' substance use/ misuse to turn own children against them

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- “He used to inject but I’ve got a phobia of needles and I would never do it. And he used to try and force me and say ‘it’ll be alright I’ll do it’ and I was like ‘No. no, no’ so he started braying me about.”
 - “I hear time and time again, ‘I’m hitting you because your drunk, here, have another glass of wine’ “
 - “Now I look back on it, I mean at the time I thought , well, I must, like, it must just be the drink is making him angry, I thought when he was drunk his true nature was coming out, and then, because he’d already done it when he was sober, what was the point in masking it any more?”

Perceived wider consequences of domestic abuse and substance misuse

- Loss of children (miscarriage/ infant death/ adoption)
- Isolation from family and friends
- Loss of employment
- Loss of confidence /self-esteem
- Involvement in criminal activity

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- “One day we was just walking down the street and this fellow came up and said, ‘ are you looking for business?’ and when I told him (her partner) he said I should’ve went with him, they were always trying to get me to do things, to get money to get a bag. That’s how it started”

Experience of services

- Factors affecting positive experiences of services included:
 - Non-judgemental attitudes of staff
 - Honesty and openness (child protection issues)
 - Consistency of key workers
- Factors affecting negative experiences of services included:
 - Lack of understanding of staff of complex needs
 - Being labelled based on past history
 - Staff not being honest /upfront about procedures

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- “When I was talking about domestic violence to them one of the main questions they asked me over and over was well, ‘Why did you go back to him?’ Well, I know now why I went back to him but at the time I was like, well, ‘I don’t know’ “
 - “At first when the kids first got took off us, it was, like, my social worker, who I’d had when I was younger. So, it was, like, he already knew my past, sort of thing, and I think he, sort of, had an opinion in his head about me”
 - “When he went into interim foster care they says if you do everything right and everything we ask you to, you’ll get your son back. I did everything, they still took my son off us. I hate them. I’ll never have anything to do with them again... they’re judgemental.”

Barriers to access, engagement and retention

- Key barriers to leaving an abusive relationship and accessing services:
 - Fear of losing children through involvement of statutory services upon disclosure of abuse or substance misuse
 - Fear of further abuse
 - Fear of being alone
 - Fear of being judged
 - Lack of intensive, specialised support for dual issues
 - Lack of accessibility of services (geographically)

Barriers to delivering a robust and effective service

- Problematic substance use by victim
- Lack of systematic approach to collection and management of prevalence data of dual issues
- Lack of understanding of impact of dual issues
- Lack of joined-up working
 - Lack of structured/formal referral pathways between agencies
 - Lack of communication and information sharing
 - Lack of policy and guidance at strategic level

Gaps in current service provision

- Interviews highlighted number of gaps in current service provision including:
 - Lack of safe, suitable or emergency accommodation for those with dual or more complex needs
 - Lack of services to deal with historical abuse (including sexual abuse) for adults and young people
 - Lack of gender-specific services
 - Lack of services for male victims of domestic abuse
 - Lack of services for female perpetrators of domestic abuse

Issues for practice

- Wide-spread awareness raising and training:
 - Nature of domestic abuse, its link to mental ill-health, its impact on access, engagement and retention in substance misuse treatment and dealing with disclosures within a multi-agency treatment setting
 - Nature of substance misuse its link to mental ill-health, its impact on access, engagement and retention in domestic abuse support services and dealing with disclosures
 - Barriers preventing those suffering dual issues accessing help
 - Relevant services currently available across the county
- Improved data collection and information sharing
- Improved links and referral pathways between relevant agencies

Issues for practice

- Dual working
- Capacity of domestic abuse support services and time-limited nature of substance misuse treatment
- Increased community-based intervention
- Provision of safe and suitable accommodation for those suffering dual issues
- Increased service user consultation

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- “A lot of drug and alcohol workers, in my opinion, will only address the drugs or alcohol and see the domestic violence as secondary. A lot of domestic violence workers will only work with the domestic violence and see the drugs and alcohol as secondary. In my opinion, from working with women and trying to manage a service, you need to address both things in unison”

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