



LDAN Domestic Violence Project launch

Thursday 29th October 2009

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- 93% of DV perpetrators identify substance misuse as key to their behaviour
- Survivors of domestic violence use alcohol/drugs to cope/manage with the experience of victimisation.
- According to the Home Office, over 65% of women accessing domestic violence services with substance misuse problems have developed them after experiencing victimisation
- Survivors of Domestic violence represent some of the most marginalised and vulnerable in society: including sex workers, homeless, those misusing substances (including alcohol) and people with mental ill health.
- DrugScope is a founding partner in the Making Every Adult Matter ([MEAM](#)) Coalition in partnership with Clinks, Homeless Link and Mind. The coalition was formed to influence policy and services for adults with multiple needs and exclusions. Together the charities represent over 1600 frontline organisations working in the criminal justice, drug and drug treatment, homelessness and mental health sectors
- LDAN has been funded by London Councils for 4 years to provide second tier support across the drug and alcohol sector as well as the domestic violence field. LDAN will be hosting a full programme of meetings until 2012, which will seek to facilitate and support frontline agencies and to act as a bridge between practice and policy. To find out more about LDAN Domestic Violence project, please contact Carlita McKnight, LDAN Membership Development Officer carlitam@drugscope.org.uk and 020 7520 7558.

Groups Discussion

1. What are the gaps in understanding the relationship between domestic violence and substance misuse?

Workforce development:

- There needs to be more and better education across the various social care agencies who may be involved with an individual or families experience of domestic violence. This is true for Social Services, the police, housing and drug services. This lack of understanding about the problems attached to experiences of domestic violence makes meaningful partnership working very hard to achieve.
- In relation to training, there is a lack of appropriate domestic violence and substance misuse training which specifically explores the links between the two.
- In many drug services, there is still a fear about how to work with a client around their experience of domestic violence. For those working in domestic violence agencies,

there is also a fear about how best to work with clients around their drug and alcohol use. For domestic violence workers, there may be the difficulty of knowing when substance or alcohol use becomes misuse. Highlight positive effects of drug use – people use drugs to cope and possibility they wouldn't be here if they didn't use

- Stigma related to DV, and stigma related to substance misuse therefore even more difficult to talk about?
- Lack of knowledge in professional circles – where can they go to find out more about DV or substance misuse – “talk to frank” type helpline? Statutory v. voluntary sector differences
- There needs to be a better range of therapeutic interventions to be made available for children experiencing both domestic violence and substance misuse.
- There is an ongoing absence or under representation of men working in the domestic violence sector.

Ways of working:

- In the criminal justice system, the use of drugs and alcohol is accepted as an excuse for domestic violence. The role of drugs and alcohol needs to be seen as a disinhibitor and as a coping mechanism for both perpetrators and victims.
- It can still be very difficult to access the right help/ services/ support for your client in cases of domestic violence and abuse. (i.e. access to secure housing)
- Agencies may only see a victim of domestic violence once, so they will need to ensure they provide the most meaningful advice and intervention. For many individuals the cycle of domestic violence will repeat itself unless victims of abuse are empowered to look forward and address their needs.
- Very time limited interventions, “you don't recover in six sessions”
- Different ways of working with very complex relationships – e.g. sex work
- Focus group with girls: demands for sex, self-esteem
- People who don't understand or have experience of what a healthy relationship is – tackling symptoms not causes.
- Relapse of victims – especially in particular contexts (recoiling at name, or a visit to family can act as triggers). Hard to accept that.
- GAP = range of psychosocial intervention for victims and perpetrators. Not just CBT but psychodynamic interventions, but space for CBT too.

Integrated services

- There remains a lack of integrated service provision, which is compounded by local funding arrangements for domestic violence services.
- In many areas across London, there is still a need for better communication across statutory and voluntary sector agencies even with Multi-Agency Risk Assessment Conference (MARAC) in place.
- Pan London Service Level Agreements between drug and alcohol agencies and domestic violence agencies: this should be standardised practice. There also needs to be Pan London NTA involvement- they need to include DV in their statistics
- There is still a shortage of funding for specialist services: especially for women only services and BME only services.
- Domestic violence agencies should be routinely asking about drug and alcohol use and drug services should be routinely asking about domestic violence. Equally, professionals need to know it's not a causal relationship – important to make professionals/public aware that drugs/alcohol do not cause but can contribute to it but it's also personality related.

Knowledge gaps:

- There is a lack of British research into the causal relationships between domestic violence and substance misuse as well as local knowledge across the fields.
- Understanding knowledge base of particular types of drugs and links to violence e.g. alcohol, crack cocaine
- The issues tend to be simplified into a “straightforward” causal relationship: fix one problem (i.e. substance misuse) and you fix the other (domestic violence). This is a myth (comes from substance misuse service workers)
- There is still a lack of information, knowledge and understanding around perpetrators and available support services (comes from substance misuse service workers)
- Basic harm minimisation advice around DV (comes from substance misuse service workers)
- We need to recognise and work with disclosure, childhood experiences, as well as providing appropriate support (comes from substance misuse service workers)
- Often research on alcohol and DV, and less on drugs and DV
- Mental health links?
- CJS gap in understanding – trauma and abuse linked with both substance misuse and offending (including DV perpetration).
- There is a clear lack of understanding of LGBT, substance misuse and domestic violence. There needs to be more focus on research into the increasing use of substances within the LGBT community.

2. What are the main barriers to partnership working across services?

Organisational level:

- Staff turnover
- Funding. Fighting for funding in competition
- Lack of time for outreach etc.
- Less time, heavier workloads, more stress
- Difficulty getting drug users into refuges
- Lack of understanding of how different services work
- Repetition of assessment across services
- Referring people who don't have a crime reference number
- Allocation of resources
- Artificial barriers between drug and alcohol services
- Key worker – link worker approaches
- Sheer scale of problem – with limited resources will target “heavy end” (e.g. serious offending)
- Victims can often be desensitised to some questions therefore are they providing accurate information

Borough level:

- Rivalry between organisations, with agencies feeling as though they have to “protect their own patches”. Organisations are in competition with each other- not just for local funding but also for clients.
- There is a need for better knowledge cross agency about each agencies approaches and developing a commonly held definition of domestic violence. This would help to address a lack of communication and different knowledge which results in inappropriate referrals. In some cases services will hold on to a client and not refer them on because they are not aware of other services in the area and across London.

- There needs to be clear referral pathways across Boroughs and out of London where it is deemed appropriate for the client. Additionally, there needs to be better overall co-ordination of care and better joined up working across adult and children's services.
- Very few local boroughs select national indicators that relate to domestic violence and this result in the issue being given a low priority locally. This has a direct impact on the level of domestic violence funding that will be available locally.

3. What additional support do you need to work with DV?

- Funding – more money for specialist services where there is an identified local need.
- More refuges and workers, space to work and private areas to speak to clients (confidentiality etc.)
- More specialist services and stronger partnerships between these agencies in each borough. This will include access to LGBT domestic abuse services.
- A stronger focus on preventative work in schools and more support from the police in tackling domestic violence.
- Cross-sector frontline training e.g. police, housing, teachers, social workers, health staff. Training should also raise awareness that domestic violence is not just about physical abuse, but can be emotional, psychological and financial.
- Empower the public to report abuse if they know it's happening in family close to them but would that happen?
- Comprehensive referral information services and criteria
- Wider recognition of the Stella Project toolkit
- Extra support for children – not only those living with DV, but those misusing substances themselves
- More should be done in prisons (many prisoners experienced abuse at home and often used drugs), as clients need to be prepared for being released.

-LDAN October 2009