
from pillar
to post
from pillar to post

COMMUNITY ENGAGEMENT PROJECT

REPORT OF THE DRUGS MISUSE NEEDS ASSESSMENT CARRIED OUT BY CHORLEY AND SOUTH RIBBLE DOMESTIC ABUSE FORUM AMONGST WOMEN WHO HAVE EXPERIENCED/ARE EXPERIENCING BOTH DOMESTIC ABUSE AND SUBSTANCE USE.

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UNIVERSITY OF CENTRAL LANCASHIRE

from pillar to post

The following people were involved in the development and delivery of the project:

Cristina Almond - 22 years old. Cristina is an undergraduate in Social Policy. As a community researcher, she has been involved in all aspects of the project. During the life of the project, she has undertaken additional training in counselling skills, and Training the Trainer courses in Domestic Abuse and Lesbian, Gay and Bisexual Issues. She hopes to build upon her knowledge and skills within her local community.

Nina George – 37 years old, Domestic Abuse Project Co-ordinator for Chorley and South Ribble. Arising from an idea put forward in a sub-group of the South Ribble Domestic Abuse Forum, Nina has directed and led on the project, and hopes that the information will be useful to and used by the local community. She remains in awe of the huge amount of courage that it has taken all the survivors to speak out.

Mary McIntosh - 56 years old, a voluntary worker in the local community. She has become involved in the project as a community researcher. She has also undertaken training in counselling skills, and Trainer the Trainer courses in both Domestic Abuse and Lesbian, Gay and Bisexual Issues. Mary hopes to continue using the skills she has developed for the benefit of the community.

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Andy Pratt, Lancashire Drug Action Team
Jahanara Miah, University of Central Lancashire
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Chorley and South Ribble are situated in central Lancashire and cover an area of nearly 100 square miles. The population stands at just under 205,000 as of the census count in 2001 and is predominantly white (97.9%). Chorley and South Ribble Domestic Abuse Fora is one of 120 groups selected from across the country to carry out a needs assessment project in the local community. The views expressed in the report are those of the group who undertook the work and are not necessarily those of either the Centre for Ethnicity and Health at the University of Central Lancashire or the Department of Health.

Project Aims and Objectives

The aims of the project are:

- To increase knowledge of issues facing women who are affected by both domestic abuse and substance use issues.
- To increase understanding of how these issues may affect or obstruct the women's access to appropriate services.
- For women survivors to give direct opinions on what services they feel would benefit them most.
- To assess local services' training and policy procedures on domestic abuse and substance use issues.
- For service providers to give direct opinions on how existing services may be improved.

Methods

Methods

Information was gathered from 35 women survivors through interviews, self-completed questionnaires & a focus group. A total of 200 agency questionnaires were sent out, 48 were returned and a further 7 agency workers were interviewed. Ethical principles of carrying out this type of research were developed & strict guidelines adhered to by community researchers. Care was taken to provide adequate support for women survivors where needed & women were reimbursed for their time & for sharing their expertise.

Key Findings

Key Findings

Domestic abuse

☐ He used to walk up to me like he was going to hit me and punch the wall next to me and say that could have been you.

☐ He didn't actually physically force me, but he used to use psychological methods like "well if you don't give it to me someone else will.

☐ It was torture, systematic torture… I've been in a room with him, interrogated, knowing I'm going to get battered whether I say the right things or wrong things.

☐ It wasn't just physical violence. It was the psychological stuff as well, that was worse.

☐ I hadn't realised she was doing it at first, then once I had, most my friends had been driven away.

☐ I told them [friends] and they just couldn't believe it. He just didn't seem to anybody like that sort of person.

The importance of understanding domestic abuse needs to be emphasised: physical danger; deliberate & purposeful nature of abusive behaviour, i.e. that it is not loss of control rather the imposition of control on a partner; power of using psychological means of control, e.g. threats; variety of tactics used, i.e. isolation, and the choice of both target & behaviour. The 5 most common behaviours named were:

1. Name calling
2. Threats to hurt you
3. Punching walls & furniture
4. Being charming and gentle to others
5. Damaging property & possessions

Post – separation abuse:

☐ He broke into the house last year. I was in bed and he dragged me out of bed, beat me up, smashed my face against the wall and raped me.

☐ I spent 18 months looking over my shoulder every time I went out the door

Over 1/3 of the women experienced continued abuse (many continued to be at high risk) after the relationship had ended, for e.g. stalking, name calling, threats.

Substance use

☐ If you don't find any relief in one, you'll go to something else, and if you don't find it there, then you'll try something else

☐ the first time I ever took that, he made me take it. He pinned me down

☐ Every part of your life is to do with what they have done to you. You don't care about yourself, you just don't want to feel the pain you feel…I've had some beatings, but the alcohol's probably saved my life a couple of times because I've been drunk when he has battered me up, especially the last time any way. He beat me with a bat and I would've been dead if it hadn't have been for that drink. If I hadn't have been drinking, your body can't take that.

☐ It just numbs the pain

Responses from the women indicate that most of them are or have been poly-substance users, using a combination of prescribed, legal and illegal substances. Although all the women fitted our research criteria of experiencing domestic abuse & substance use issues, use was identified as recreational by a few respondents. The most common substances used were:

1. Anti-depressants
2. Nicotine
3. Alcohol
4. Cannabis
5. Amphetamine

Why women were using:

- Coping mechanism (response to difficult feelings, stress or to "get by")
- As a direct result of the violence
- Self-medication, i.e. physical or emotional painkiller (escape reality or to sleep)
- Coerced or forced use by partner.

Reasons for increases or decreases in their substance use.

Increases:

☐ it definitely increased when the domestic abuse was ongoing

☐ I met (partner) in the rehab, an alcohol rehab, and I started drinking white cider with him. I think that's when it started to really get me alcoholic.

- Coping with feelings (linked to depression or increase in stress)
- Re-traumatisation after end of relationship (e.g. appearances in court)
- During and after incidents of physical violence or during "bad times"
- On meeting a new partner in a rehabilitation unit
- Increased use of other substances.

Decreases:

☐ I don't need to drink now. My life is much better without him.

- After the end of relationship and when the survivor begins to feel stable
- Availability (from supplier/ GP) and / or lack of funds
- Pressure or absence of partner/ abuser.

Effects on health

Effects on health

☐ I used to sit in a corner rocking. I used to rip my hair out of my head. I used to head bang the wall.

☐ I wanted to be a mother, I just wanted to have a normal life like anybody else, and you just get sick of trying to survive, and live on your wits.

☐ I didn't care, I wanted him to kill me cos I'd had enough

☐ I rely on herbal remedies to control anxiety due to flashbacks of abuse.

☐ I left my partner 17 years ago and still have nightmares and periods of anxiety.

All the women described at least one emotional health problem, depression was the most common (93%). Twelve women had experienced suicidal thoughts, and eleven women had attempted suicide, some on more than one occasion. Anxiety was very common & low self-esteem, (speed) psychosis, eating disorders, and panic attacks were also mentioned. A number of the women described long-term trauma they experienced, ongoing physical and emotional effects from the abuse long after both the relationship and the abuse had ended. Many of the symptoms were synonymous with those recognised as Post-Traumatic Stress Disorder. Long term effects on physical health, possibly due to injury or substance use, were also referred to.

Help Seeking & Services

Help Seeking & Services

☐ nobody listens to you.

☐ I thought I'd get help, but I didn't, & it has been harder than actually being with him

☐ The best thing I did was get done for drink driving and that's when I got some help, but I had to commit a crime.

☐ The fear of not being believed, and not recognising it as domestic abuse were the two main reasons I found it difficult, but the reactions from some agencies were also negative.

☐ It's never been physical abuse, so I couldn't go to the police.

☐ Once I'd spoken about the domestic abuse, I realised it wasn't all being dealt with because I felt ashamed about telling people I was drinking too much.

☐ Embarrassment that I couldn't cope with 'normal' life without tablets

☐ No, but I'm scared to go to the GP in case my kids get taken away.

☐ She was really nice and non judgemental

☐ She must've known the questions to ask

Access to appropriate help was problematic for many women. Assistance from family or friends was not always forthcoming or reactions helpful, some women were not believed, were blamed or judged or feared this. Sometimes family were also targeted by the abuser. There were similar problems in accessing services, as follows:

- Stigma about domestic abuse & substance use (actual & perceived)
- Denial of access to services by, or fear of, abuser
- Women or agencies not identifying the issues
- Fear of children being taken away
- Previous negative experiences of agency intervention
- Lack of knowledge of services (2/3 knew about services)
- Lack of service provision or long waiting lists
- Fears for their safety or concerns re. confidentiality

Only 9 women said they had their support needs fully met with regard to domestic abuse. Only half responded regarding substance use, and of these, less than half had their needs & expectations fully met. Women were very clear on what they both valued & found unhelpful in terms of response & service delivery from agencies (refer to p. 84 for details).

Interviews with agency workers showed: a huge difference in agency processes to identify the issues; that policies & procedures relating to domestic abuse & substance use (where they exist) vary greatly; that services addressing both issues were not satisfactory & a requirement for mainstream, long term funding. They also identified a great need for training in both issues. The following table illustrates the key similarities & differences between findings from agency workers and women survivors.

Agency responses	**Women's responses**
Drug agencies do not routinely ask about domestic abuse. Some agencies do not routinely ask about domestic abuse or substance use.	Women consistently not being asked the right questions. Missed opportunities to help access appropriate help, or address symptoms/causes.
Concerns about the right time for safe intervention. Issues of trusting relationship with worker.	The need to be able to trust who they are talking to.
Different (or lack of) policies & procedures	Inconsistent service delivery (dependent on individual worker).
Length of time to access services can be a problem (waiting lists). Lack of services/staff time/resources.	Length of time on waiting lists, help (both in crisis & for long term recovery) not always available.
Need for more holistic approach to both issues. Need for specialist service.	Need for more holistic approach to both issues. Need for specialist service.
Differentiation between emergency and long-term support.	The women also emphasised a need for a flexible approach to meet their complex needs - crisis intervention and long-term, ongoing support.
Accessibility: access to interpreters, awareness of equality & diversity differences may all be problematic.	Women's experiences of prejudice from agency workers or lack of flexibility.

Agency responses	Women's responses
Confidentiality policies and procedures vary between agencies and individual agency workers.	Women need reassurance about where information will go and what will happen to them.
Involvement of survivors of domestic abuse & women who have overcome substance use issues.	Providing opportunities for contact with other women who have experienced the same things & who understand.
Lack of awareness training in both issues for agency workers.	Attitudes of agency workers, particularly misconceptions & judgemental attitudes around both issues.
Limited inter-agency communication.	Being passed around agencies. Having to repeatedly explain deeply personal experiences with no emotional support offered.
Agency workers being unaware of services and procedures outside their own area of expertise or remit.	Women do not always have information about relevant services available.

The majority of agency workers and women survivors agreed that improvements are needed to existing services. The need for a specialist service to deal with both issues was generally thought to be a good idea.

❑ Specialist services could help women to deal with DV events of past, rather than block it out with drug use. (Survivor)

❑ Provision urgently to meet the needs of women dealing with abuse issues, and at the same time substance use (legal meds and illegal). (Agency worker)

Key Recommendations

✓ Local service stakeholders/service providers need to take on the issues of domestic abuse on their agenda more seriously.

✓ Promotion of closer working arrangements between specialist domestic abuse & substance use services.

✓ Serious consideration given to the setting up of a specialist service to deal with both issues. A multi-agency group should be established to this end.

✓ Rolling programme of training for agency workers - three areas of training, domestic abuse awareness, substance use issues and a combination of both.

✓ Ways of helping women to negotiate access to services:

a) Women will struggle to access treatment if there is no childcare facilities whether this is residential or attending a clinic in their local area.
b) Outreach services or advocates to help women access relevant services.
c) Routine questioning done in a sensitive way, women need to be asked the right questions in a safe environment.
d) Why women are using needs to be addressed and taken into account.

✓ Services need to reflect what women actually need.

a) Women only residential and local day treatment facilities with access to childcare as part of the service.
b) Provision of information and offering choices.
c) Different needs to be met at different times, this could be either crisis intervention or long term support or both over a period of time.
d) Consideration of the women's safety must be a priority at all times.
e) Providing opportunities for women with experiences of domestic abuse and substance use to support other women service users.

✓ Awareness raising campaigns & wide use of advertising & publicity (taking into account additional issues for some women, e.g. literacy, disability & language).

✓ Steps need to be taken to develop a comprehensive multi-agency approach which takes all issues into account & is defined by survivors' varying needs.

✓ More involvement of the survivors & ex-substance users in an advisory role in policy making. This would serve several purposes:

a) Obtaining factual information on women's needs. This would give us interventions that work, saving time & money.
b) Would help the survivors & ex-substance users to regain some control of their lives, aid recovery and generate self-esteem.
c Help dispel some of the myths surrounding domestic abuse & substance use.

✓ Development of workable policies & procedures to ensure a more co-ordinated, multi-agency approach. (No agency policies should be implemented without training and information for front line staff.)

✓ Confidentiality and information sharing across agencies with the service users' permission & to strict guidelines, ensuring her personal safety is paramount to the process.

2. Introduction

2.1 Background to National Project

2.1 Background to National Project

In November 2000, the Department of Health awarded a contract to the Ethnicity and Health Unit (now Centre for Ethnicity and Health) at the University of Central Lancashire to administer and support a new grants initiative. The initiative aimed to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to drugs education, prevention, and treatment services.
The project was hugely successful. Nearly £1.2 million was invested in the scheme and 49 groups were selected to take part (47 of whom completed) after 500 initial expressions of interest were received. These 47 groups represented more than 30 different ethnic and national groups. 350 people trained in research methods and basic drugs awareness at the University of Central Lancashire, and the 47 groups went on to consult with over 12,000 people (2,000 of whom were drug users) about their needs. The groups produced 51 local reports, which were summarised in two over- arching national reports published in May 2003. The project had a huge impact upon the individuals who took part, the community groups that the groups represented, and the Drug Action Teams within whose areas they were based.
Also in May 2003 the Department of Health indicated its continuing support for the programme by announcing a further round of Community Engagement Funding for up to 120 additional community groups to become involved during the period to March 2006. Although Black and minority ethnic communities remained a focus for the work, the scheme was also extended to include other disadvantaged groups. The' project has four main objectives. These are to:

- ensure that Black and minority ethnic and other disadvantaged and marginalised groups gain a better understanding of the drug misuse issues for their communities;

- establish information networks across participating projects creating linkages both between different groups and across geographies, in order to encourage information to be shared and gaps in services to be identified;

- provide capacity building for local Black and minority ethnic communities and other disadvantaged and marginalised groups to ensure not only the completion of the work, but also an enhanced ability to articulate identified needs to service planners and providers;

- ensure local health and social care planners and providers are involved in the process in order to enable the development of services that are sensitive to and meet identified needs.

Each group undertook a piece of research within their local community. The focus of this research was different for each group depending on local priorities. In the main groups focused on one or more of the following issues:

- characteristics and extent of drug misuse problem in their chosen setting (e.g. particular group or location);

- new patterns of drug misuse;

- specific explanations of drug misuse employed by local misusers;
- interventions which have taken place or are needed;
- availability and adequacy of treatment;
- nature and effectiveness of drug misuse prevention and education programmes;
- types of community resources that could be mobilised to develop appropriate interventions;
- relevance of all of the above to their communities.

2.2 Background to Local Community

The group from Chorley and South Ribble Domestic Abuse Fora is one of the 120 groups that were selected from across the country to carry out a community needs assessment project in the local community. The Centre of Ethnicity and Health at the University of Central Lancashire provided the training combined with regular visits from a support worker. The views expressed in the report are those of the members of the group who undertook the work and are not necessarily those of either the Centre for Ethnicity and Health at the University of Central Lancashire or the Department of Health.

2.2.1 Demographic Profile

Chorley and South Ribble are situated in central Lancashire and cover an area of nearly 100 square miles. Both boroughs have their own councils but share services such as police, primary care trust, hospitals and some voluntary services. There is a mixture of rural and urban landscapes and a large part of the area is classified as greenbelt. Manufacturing, public sector services and hotel and catering industry dominate the local economy. The population stands at just under 205,000 as of the census count in 2001 and is predominantly white (97.9%). Black and minority ethnic groups include Indian, Pakistani and Chinese heritage. Chorley East houses the largest Asian community with Urdu, Gujerati, Bengali, Hindi and Punjabi being the languages used. Christianity is the main but not the only religion followed in the area. In South Ribble a higher than national average of homes are pensioner households with 88% being owner occupied, with 11% of the population aged between 15 and 25. In Chorley 5.9% of all homes are lone parent households, 44.8% of the population are aged between 30 and 59 with 19.8% being under 16. South Ribble is ranked 224th and Chorley 163rd most deprived out of 354 districts nationally.

2.2.2 Local Picture: Substance Use Issues

According to data supplied by Lancashire Drug Action Team, Chorley has a slightly different pattern of drug misuse to other districts. Heroin use constitutes 75.9% of all substance use, the second highest use of Amphetamines in the County at 5.2% and the third highest use of Cocaine (0.9%). Also of concern is the abuse of Benzodiazepines which rates the highest in the County at 3.5%. In South Ribble Heroin misuse was recorded at 79% in 2001/2, there is a high level of Amphetamine use compared to other districts at 5.5%.

In Chorley and South Ribble between 1998 and 2000 there were 63 deaths from chronic liver disease and cirrhosis, 33% were females (Compendium of Clinical and Health Indicators, 2001). More females than males had a diagnosis of intentional self-poisoning or toxic effects. Between 1998 and 2000 there were 52 deaths from suicide and undetermined injury. 17%-41% of suicides are estimated to be attributable to alcohol.

In Chorley in 2001-02, 35.7% of women were in treatment, compared with 64.22% of men. In South Ribble, the figures were very similar, 32.5% of women compared to 67.5% of men. Men are twice as likely to access treatment services within the community, and yet are almost half less likely than women to be imprisoned for drug offences.

South Ribble has the third lowest rate of engagement in Lancashire County, well below the lowest national estimates of prevalence at 0.54% for England and Wales. The only areas that come in lower than this are rural districts. Likewise, there is a low level of access of services in Chorley. This suggests that much substance use is hidden from services.

2.2.3 Local Picture: Domestic Abuse

Domestic abuse is still very much a "hidden" crime, under reported by survivors. There is very little systematically collected information about the use of public services as a result of domestic violence and there is no commitment to collect reliable information on the extent of domestic violence on other than an ad hoc basis.
Any figures can therefore only be used as a guide to the true situation, with the real figures likely to be far higher.

Locally, domestic violence is a serious and widespread problem. Data collected in 2003 showed that, on 25 November 2003, a typical day in Chorley & South Ribble, 240 reports of domestic abuse are made with workers aware of or suspecting a further 1,180 ongoing situations.

According to Police figures, there were 2,399 reports of domestic abuse in Chorley & South Ribble from April 2003 to March 2004. Of these, 79% were reports where the alleged abuser was the partner or ex-partner of the victim, sons counted for 7.5% and brothers for 1.5%, all other categories (father, step-family, daughter, mother) counted for 1% or less than 1% of reported incidents. Of these, 31% victims reported more than 1 incident, of these, 90% were women and 10% men, the alleged abuser was male in 91% of cases and female in 9%.

Even though few agencies keep data, domestic abuse forms a considerable part of several agencies' workloads. From a snapshot study carried out in South Ribble over 5 months in 2001: 24% of households accepted as homeless were due to violent relationship breakdown; 46% of families worked with by the social services family support had past or ongoing issues of domestic abuse; on average, 40% of the young people referred to SLEAP (emergency & supported lodgings scheme) are escaping violence.

A recent study, "The Cost of Domestic Violence" by Sylvia Walby (University of Leeds) September 2004, estimates the cost of domestic violence for the state, employers and the men and women who are subjected to it. The estimate of costs provides an additional perspective for examining the devastating consequences of domestic violence for society as well as for victims. Translating all this information locally, means that, including all costs, the total cost of domestic violence for Chorley & South Ribble services, employers and victims is estimated at around £86,640,000,000.

This demonstrates the scale of the impact of domestic violence on our local community by estimating its cost & shows the cost of inaction. The total cost of domestic violence to services (Criminal Justice System, health, social services, housing, civil legal) amounts to £11,780,000,000, while the loss to the economy is £10,260,000,000. The costs can be broken down as follows:

- ***Criminal Justice System:*** The cost of domestic violence to the criminal justice system (CJS) is nearly one-quarter of the CJS budget for violent crime. The largest single component is that of the police. Other components include: prosecution, courts, probation, prison, and legal aid.
- ***Health Care:*** The cost to the NHS for physical injuries & includes GPs and hospitals. Physical injuries account for most of the NHS costs, but there is an important element of mental health care.
- Social Services: This is overwhelmingly for children rather than for adults, especially those caught up in the co-occurrence of domestic violence and child abuse.
- ***Housing:*** Expenditure on emergency housing includes costs to Local Housing Authorities and Housing Associations for housing those homeless because of domestic violence; housing benefit for such emergency housing; and, importantly, refuges.
- ***Civil Legal:*** Civil legal services, about half of which is borne by legal aid and half by the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentangling of marriages and relationships such as divorce and child custody.
- ***Economic Output:*** This is the cost of time off work due to injuries. It is estimated that around half of the costs of such sickness absences is borne by the employer and half by the individual in lost wages.

An additional element is the human and emotional cost - £64,600,000,000. Domestic abuse leads to pain and suffering that is not counted in the cost of services.
The estimates may be conservative because there is insufficient data to enable reliable estimates to be made of some likely costs. There are some costs of domestic violence for which there was insufficient data to enable reliable estimates to be made and some others where only token sums were included. The major ones include: the long term cost implications in relation to children as the next generation (not included); informal support from friends, family, volunteers and the wider society (not included); and mental health (partly included).

2.3 Project Aims and Objectives

The aims of the project are:
- To increase knowledge of issues facing women who are affected by both domestic abuse and substance use issues.
- To increase understanding of how these issues may affect or obstruct the women's access to appropriate services.
- For women survivors to give direct opinions on what services they feel would benefit them most.
- To assess local services' training and policy procedures on domestic abuse and substance use issues.
- For service providers to give direct opinions on how existing services may be improved.

A half- day seminar to raise awareness of the project was held for a variety of agency workers in the local community and it was some of these workers who filled in questionnaires and gave interviews to the community researchers. Women survivors who are among some of the most marginalised in the community were accessed through known personal contact. Emotional support and issues of personal safety had to be addressed for the women survivors who had the courage to participate in the project. Community researchers also worked to strict guidelines and were fully trained.

3. Methods

3.1 Community Researchers

Chorley and South Ribble Domestic Abuse Fora are guided in their work by Voices for the Future, a group of women survivors of domestic abuse, who act as consultants. Arising from discussions held on accessing services, it became clear that some members had experienced dual problems of domestic abuse and substance use. When the opportunity arose to undertake community-based research, we saw this as an ideal vehicle to address these important issues.

Working in line with the ethos of the community engagement process, women from the local community, some of whom were involved with the Domestic Abuse Fora, were invited to undertake the work on a voluntary basis. Six women initially were involved in the project, however, at various stages during the course of the research four chose not to or were unable to continue. There were a variety of reasons for this, not always clear & this happened despite considerable effort to encourage, motivate & involve all community researchers. For eg, childcare was offered wherever possible to facilitate participation. We are also fully appreciative that we are tackling a sensitive subject, which may have been difficult at times.

Once recruited, volunteers attended six workshops through February to June 2004, in order to train them in substance use issues, prepare them for carrying out in-depth interviews and understanding the research process. This training was delivered by The University of Central Lancashire (UCLan) & included two sessions on Drugs Awareness; this included basic drugs information, drugs and the law, treatment and interventions and the national Drug Strategy. Four sessions on research methods included designing research tool, selecting samples, collecting data, data analysis and presentation of data.

Those who undertook 75% or more of the sessions, were able to undertake work with a view towards gaining the university certificate. Two volunteers took this option by producing a portfolio of relevant work, including an assignment on the national drugs strategy. The two researchers have successfully gained a certificate in community research and drugs. In addition to the UCLan training sessions, volunteers undertook further training in the following areas: Child Protection Awareness; Basic Counselling Skills; Training the Trainer courses in "Domestic Abuse" and also in "Sexuality Issues."

Jhan Miah, appointed support worker for the project, from the Centre for Ethnicity and Health, at UCLan has worked closely with the project, and offered support and encouragement throughout the process, both at training and at regular group meetings. She has also offered invaluable liaison with Lancashire Drug Action Team (LDAT). Nina George; Domestic Abuse Co-ordinator led the project and offered guidance and encouragement to the community researchers. One of the community researchers, Cristina Almond, was responsible for co-ordination and allocation of tasks throughout the project.

The community researchers initially established a work area in a local church building, and installed computer and office equipment. Community researchers were fully responsible for all aspects of the project, including defining the research focus, all contact with national and local projects and services, devising and implementing research instruments, collating and analysing data, writing and disseminating the final report.

3.2 Agency Involvement

A steering group was formed from relevant local statutory and voluntary bodies, they were tasked with meeting monthly to give feedback on the project, as well as involving those who had a vested interest in the results. There was some difficulty in engaging some of the relevant local key agencies, and with obtaining a consistent and continued attendance by group members. Three members of the steering group also met as the ethics sub-committee, which formulated guidelines to deal with any ethical issues that arose (Appendix 1).

The Chorley and South Ribble Council for Voluntary Service provided invaluable support throughout the project. Not only did they provide free meeting room space for the steering group, and administer the finances, their Chief Officer, Cindy Bolton was instrumental in establishing and monitoring administrative systems.

A meeting between Lancashire Drug Action Team's (LDAT) former co-ordinator Conrad Eydmann and the community researchers took place at the start of the research. LDAT offered their support with the project. Unfortunately, due to the re-structuring of LDAT, the project received minimal support until Andy Pratt; Acting Co-ordinator offered support.

Some contact was also made with other local agencies through volunteers' attendance at a Stakeholder Day "Understanding Local Needs and Treatment Models".

3.3 Research, Development and Implementation

Initially, a half day seminar was held on 27 May 2004; Domestic Abuse and Substance Use: Are we missing the links? to raise awareness of the CEP project. 70 people initially booked on the seminar, some of these did not turn up, but others who had not booked did. Agencies represented included: refuge providers; Domestic Abuse Counselling Service; Police; Probation; Social Services; Housing; PCT; Health Visitors; Midwives; Local Councillors; Faith groups; magistrate; Drug Support Team; South Ribble Key; Supported Lodgings scheme; Community Alcohol Service & the Disability Forum. Dr Sam Warner, a dynamic and compelling speaker outlined the complexities of the issues. Those attending had the opportunity to participate in two interactive workshops; Alcohol? Excuse or factor in domestic abuse and Making the links and forming partnerships. This prompted a positive response from agency workers, which, in turn, generated interest about the work of the project. Purposive sampling was used, which resulted in a snowball effect; thus identifying the marginalised group. The sample population was accessed through established contacts, both through agency workers and the community researchers, and also through the distribution of flyers (Appendix 2) inviting women to participate (explaining the aim of the project, criteria & the anonymity of all information). Word of mouth by women survivors who had participated brought more willing to take part.

From the outset, it was understood that we would need to design all procedures and information very carefully. Eventually, the following principles were adopted:

1. It is understood that we are asking for very personal & intimate details to be disclosed to a stranger.
2. The questions ask participants to re-live very troubling memories or thoughts & this has the potential for them to become distressed.
3. If the participant is still experiencing domestic abuse, there may be issues of physical safety that the project should take into account.

The Ethics subgroup helped to locate examples of Consent forms and Information sheets which were adapted to suit the project. The Information sheet (Appendix 3) explained in user-friendly language the background to the project, purpose, criteria for taking part, conditions of taking part, all information on limits to confidentiality, anonymity of information given, & explanation of expenses they were entitled to for taking part. This was read out to all interviewees before they started the interview, we chose to read it out to everyone in case there were participants who could not read, and there fore no-one was singled out or stigmatised in this way. We did receive 2 questionnaires from women who did not fit all the criteria, and were unable to use the information, although we appreciate the courage it must have taken to speak out. The Ethics group also suggested that informed consent be required from each participant, in line with Primary Care Trust & other research ethics adopted locally. A consent form for interviewees to sign, once they had been read the information sheet, was developed (Appendix 4). This was also read out. Interviewees then signed to say they had understood the following issues: confidentiality; anonymity; agreeing to take part; that they were free to withdraw at any time or retract comments.

Data was collected using two questionnaires; one for women survivors (Appendix 5), and the other for agency workers (Appendix 6). We were also fortunate to have the opportunity to facilitate a focus group session with the support of a local community- based service provider. The one to one interviews with agency workers and women survivors (options were given to complete this in person or by phone), and a focus group were all carried out by community researchers. Due to the sensitive nature of both issues, great care was taken in devising the questionnaires, interview questions and focus group questions. Core questions were used as per UCLan instructions. All other questions were initially developed with ideas from the community researchers, agency data collected was more on the quantative side, with survivor questions designed to give us more qualitative information. These were then added to by examining existing research tools, which were adapted for local use with the permission of the authors. The draft questions were finalised by a process of consultation with local agencies and national contacts. Most importantly, questionnaires were piloted by representatives from the sample populations. A freepost envelope was sent out with all questionnaires to facilitate a good response rate. All data was collected throughout the summer months of 2004. Some of the agency workers who had been sent postal questionnaires were given reminder calls by telephone, with the option of giving information by telephone.

Due to the sensitive nature of the research focus, all aspects of the personal & emotional safety & support of all the participants and the researchers had to be considered. From the outset, local support agencies were involved in the identification of support structures that could be used locally. Care was taken to detail & make available to volunteers the following: remits; referral procedures & all contact details of all relevant agencies. This was particularly useful with the focus group, where we were able to have counsellors on stand–by throughout and after the session. At other times, interviewees were encouraged to contact local agencies if needed, or researchers could also refer them. Participants could bring someone to sit in if they felt it was needed, & venues were negotiated between both parties. Researchers were also required to attend de-briefing sessions with a counsellor for their own emotional safety & support. Attention was also paid to the physical safety of both interviewees and interviewers. Researchers completed extra training in Child Protection issues & limits to confidentiality before carrying out interviews & a child & adult protection procedure was put in place. We asked researchers not to interview any family or friends but to pass on to another researcher. Participants were made aware of confidentiality and how the data would be stored. (For detailed information refer to Guidelines, Appendix 1).

The fact that some of the researchers were survivors themselves created an instant atmosphere of trust with many of the women interviewed & helped some of the participants to open up and to be able to talk about their experiences, however the researcher remained unbiased at all times. Different researchers sometimes missed out some of the questions, some of this due to lack of confidence until they had carried out a few interviews. It may also have been that some women were uncomfortable with some of the information asked for, or did not answer directly.

All the interviews and the focus group were taped and transcribed as soon as possible by the community researchers. All identifying details were removed from the transcriptions and the tapes were destroyed. The quantitative data was collected and stored on using the Excel package. All qualitative data was handled with care and analysed using thematic analysis of the text, researchers read and re-read the texts, summarised, and the patterns identified in the interviews and quotes highlighted.

The process has been a steep learning curve for all involved, challenging but beneficial to the researchers who have completed the project. Lack of volunteers, has, at times, been problematic, but volunteers have worked extremely hard & carried out long hours to finish the work.

4. Definitions

Domestic Abuse/ Domestic Violence
Domestic abuse/violence is controlling behaviour involving a pattern of physical, emotional, sexual, economic and psychological abuse that takes place within the context of an intimate relationship. It occurs regardless of social group, class, age, race or disability. For the purpose of this report it is mostly the abuse by men to known women.

Survivor/ Victim
Women affected by domestic abuse. For the purpose of this report these are also women with substance use issues.

Substance Use Issues
This refers to the use of prescription medication, legal and illegal substances.

Safe drinking limits
For women, drinking between 2 and 3 units a day or less, indicates no significant risk to health. Regularly drinking over 3 units a day signifies an increased risk to health. (Health Education Authority Guidelines - National)

Problematic Use
If substances are an essential element of a woman's life and she is experiencing problems related to the intensity of use.

Post Traumatic Stress Disorder (PTSD)
Was created as a diagnostic category in 1980 recognition of the specific group of symptoms which consistently developed for people exposed to incidents of trauma whether they were rape victims or soldiers returning from war and could persist with frightening and destructive effects for years.(Murphy 1997) The definition was initially both defined by the stressful event, " an extreme (i.e. life threatening) event" and a cluster of symptoms in three categories:

- Re-living or re-experiencing the trauma which can include flashbacks, remembering it constantly, re-living the trauma as though it is happening again, distress, including physiological responses to events which remind the survivor of the trauma.
- Avoidance or numbing of responses through distancing themselves from others, avoiding thoughts, feelings or incidents which might remind them of the trauma; inability to recall the trauma; a sense of impending doom and not expecting to live a long life; inability to feel love for others; diminished interest in usual activities.
- Hyper-vigilance or increased arousal evidenced by irritability, inability to concentrate, extreme watchfulness, inability to get to sleep or to stay asleep, jumpiness or hair trigger startle response. (Murphy1997; APA1994p.428)

Recognition is also now given to the fact that PTSD may be acute or chronic or delayed (for example not being evident until 6 months after the traumatic incident.)

Informal (support networks/interventions)
Advice, information & practical &/or emotional support offered by family &/or friends

Formal (support networks/interventions)
Advice, information & practical &/or emotional support offered by agencies or organisations

5. Results
5.1 Results from Agency Questionnaires & Interviews

A total of 200 agency questionnaires were sent out, 48 were returned and a further 7 agency workers agreed to be interviewed by the researchers. The total number of answers to each question reflect the information gleaned from both sets of information (where possible) or may only be from questionnaires. This is variable due to questions asked or answered in both situations.

1) Type of agency or service.

Total number of answers: 48

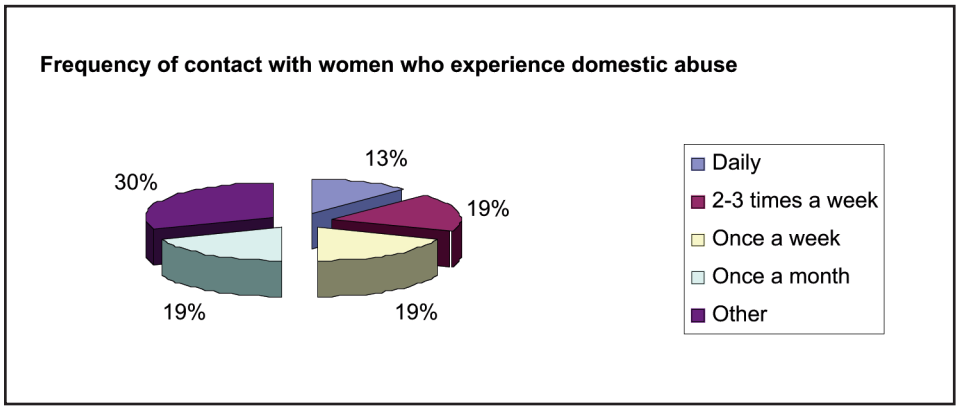
Domestic Abuse	4
Drugs	2
Alcohol	0
Drug & Alcohol	0
Health	8
Advice/information	6
General support	7
Other	21

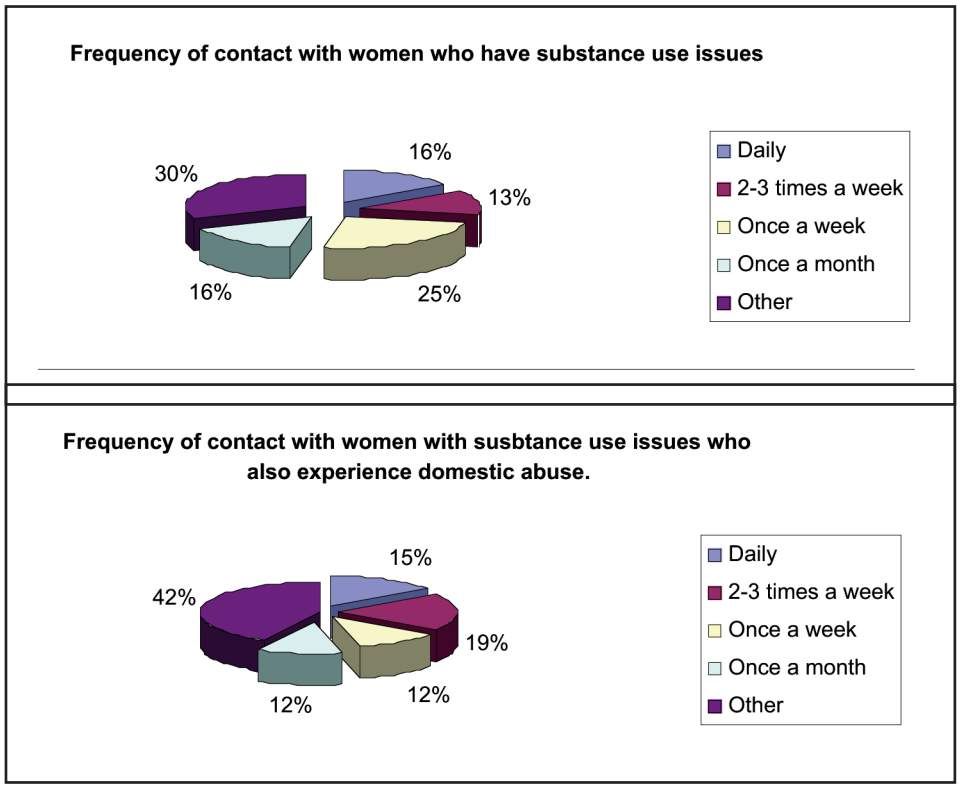
Other (self –identified): housing x 5; church x 4; police x 3; local authority x 2; probation x 2; Lancashire County Council; drop-in; education; Community Safety Partnership; magistrate; solicitor; Disability Forum.

2) There were noticeable gaps in agency returns of the questionnaire. Interviews with 7 representatives from a variety of sectors attempted to address this by asking for more detailed information.

3) How often agency workers say they have contact with women who have issues of:
a) Domestic abuse
b) Substance use
c) Both domestic abuse and substance use together

Results collated as percentages.





Comments:
One respondent made mention of the difficulties in identifying the *"Frequency of hidden problem".*

There were comments from separate agency workers stating that they experienced very little disclosure from women with regard to substance use in particular:
Sometimes people will open up about domestic abuse, but not substances.

I don't know if we'd ever know if they were on any other sort of drugs other than prescription.

I don't think they'd probably disclose if it were illegal substances quite as easily.

Other agencies remarked that they noticed both issues to a great extent.
I think yeah we get a lot, especially clients, you get a lot in who, although you won't necessarily know for sure, but you know that they're saying I'm taking sleeping tablets or I've been drinking a lot just lately or whatever.

Well most women I come across really, there seems to be some issue somewhere

Not every service identified that it was relevant to ask about substance use, *"Not sure re: substance abuse as we have no need to ask the question for the present service we run."*

One representative from a local church mentioned that they have not yet had any disclosures, but would *"take seriously our commitment to be 'alongside' your client group and would refer".*

One respondent pointed out the pitfalls of collecting information on substance use for their client group:
We don't record it so it can never be used against them. The only way I can answer that truthfully is …to say we know there are women who are on prescription drugs and alcohol.

4) How the issues were disclosed to workers.

	Domestic Abuse	Substance Use Issues	Both
Through client	19	15	20
Through client's friends/family	6	5	9
Other agency/referral	10	10	9
Other	6	4	4
Totals	41	34	42

Other: prior knowledge; police attendance/officers' observations; GP's; mental health professionals.

One agency was asked if domestic abuse was disclosed to them:
It's not, but that could be because it's not asked about, if you're not particularly targeting it as an issue.

Other respondents commented that an atmosphere of safety & trust seemed to help:
You know either someone will just mention that they've been through that experience, and they'll say a bit more about it. But the other thing as well is that we get a lot of people who build up relationships and then we get to know about them.

Quite a lot of the time…what seems to happen is once I tell people what I do … I think that automatically makes it safe for people to talk to me…they know I'm going to understand, and it seems to give people a message that they can actually talk to me. (Domestic abuse worker)

Another service highlighted the pitfalls of taking action based on family & friend's reporting & issues of the ways in which a woman could be contacted about this:
If we approach somebody on somebody else's hearsay, we could be approaching you to soon, before you're ready, and then you're not going to access the service as readily as maybe you would have done had that intervention not taken place….the safety of the woman has to be taken into consideration, cos if I turned up at somebody's door and she had not reported being a victim of domestic abuse to the police, or to her doctor or her local hospital … she is going to have the beating of her life because he's going to think she's reported it here, there and everywhere.

5) How agency workers knew whether women are experiencing both issues.

Total number of answers: 153

Self-disclosure	44
Physical evidence	25
Concerns raised by family/friends	23
Physical presence at refuge	10
Referral from other agencies	25
Asking routine questions	20
Only hear about substance use	0
Only hear about domestic abuse	1
Other	5

Other: arrive looking dreadful; statutory agencies; never during 12 yrs; prior knowledge; police reports.

Workers outlined some of the issues around knowing or identifying the issues:
Physical evidence… But then we still wouldn't assume, we would have to check out further that that was the case.

Questions are asked of drug use from the police station, so people who have been arrested. On the whole it has been men who have been arrested, 80% … Domestic violence situations…probably 85% of those who get arrested are men. So this is not a true picture from a woman's point of view.

Because it isn't asked about, it might come out in conversation, but it's not a piece of data collected. It would come out incidentally, by accident.

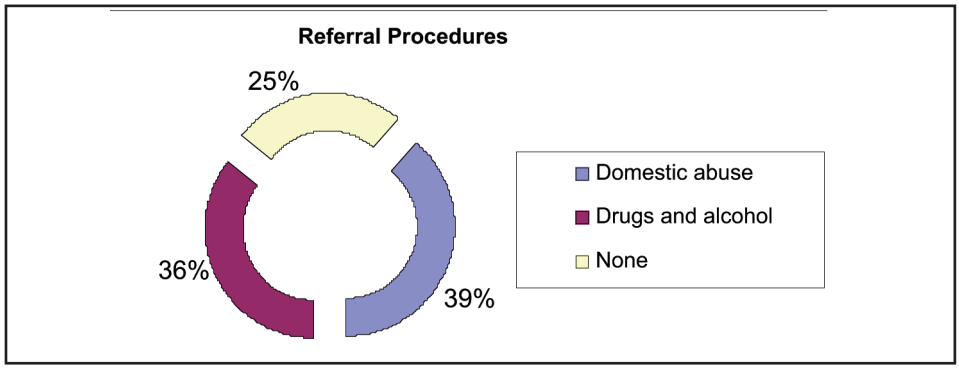
6. a) How women accessed the services.

Total number of answers: 100

Self-referral	34
Referral by other agency	31
Friends/family referral	24
Other	11

Other: health visiting; court order if they have been convicted of an offence; anyone can refer; drop-in; police attending incidents; direct contact; through the criminal justice system; during routine health surveillance.

b) Whether referral procedures ask about: domestic abuse; drugs & alcohol or none. Answers collated as percentages.



7) How long it takes for clients to access the service.

Total number of answers: 42

Immediately	9
Within 24 hours	1
Within 1 week	5
1 – 2 weeks	4
Mix (Emergency/longer)	6
Other	8
N/A	9

Other: The answers to this question varied greatly on the type of service being offered: *"Varies depending on service they are accessing", "Dependent on details disclosed".* Some organisations outlined that response would be immediate in crisis or emergency situations but longer in other situations, one that it depended on workload, one stated *"by application"* & one organisation has a policy of pro-active contact.

From the agencies interviewed, some operated a drop-in service, "they just come in whenever they want".

Others mentioned waiting lists for access:

if someone wants to go to the Community Drug Team, Chorley/ South Ribble, it takes about 11 weeks maximum; five weeks on average. (Interview)

4 month waiting list for counselling. (Questionnaire)

8) The criteria for service access also differed widely.

Total number of answers = 43 (some agencies gave >1 answer)

A	No criteria	9
B	Women only	5
C	Would refer substance use	2
D	Court mandated	2
E	Children in household	2
F	Accessing treatment programme	2
G	No aggressive behaviour	1
H	At any stage of drug use or family/friend	1
I	Must engage with support	1
J	Health/social care referral	1
K	Mental health problems	1
L	No substances on premises	1
M	N/A	15

B: Of these, two were for women experiencing domestic abuse, one for *"Women who are in, or who have been in domestic abuse relationships, or who have childhood experiences of domestic abuse"*, one for lesbian, bisexual or transgender women.

E: Of these, one service stated that clients must also be *"experiencing stress for whatever reason.*

F: The agency workers said the following:
Women should have been stable on an approved drug programme for at least 3 months and their drugs worker would be contacted by us.

Clients need to be on a programme minimum 3 months. Too many women with alcohol or substance issues can create difficulties for women who are dry of alcohol or are now clean of drugs.

One agency worker stated that clients, *" Must be able to communicate".*

From the interviews, one agency saw the actual focus of their work as the child, *"It's the child that is referred, not the adult."*

Another referred to substance use and behaviour:
The only thing we would say obviously is if they were under the influence, or they were being aggressive, we would ask them to come back when they're feeling better.

9) Referral procedures to other agencies.

Total number of answers: 85

Standard Referral Form	20
Supporting letters	17
Accompanying clients	15
Written information	15
Other	18

Other: telephone x 6; varies x 3; named other agencies x 3; multi-agency meetings x 2; signposting; no procedures except conversation; personal contact; application; through consultation group; not standard across drug agencies.

One interviewee referred to a difference in working practice over time, *"Not really accompanying the client so much these days".*

10) Agency access to interpreting services. Access to interpreters:

Total number of answers: 50 (This includes some answers from interviews)

Yes	40
No	9
Don't know	1

a) Timescale for accessing interpreters, this showed a very varied picture.

Total number of answers: 50

Within 2 hours	10
Within 24 hours	10
1-2 days	14
3-7 days	2
1-2 weeks	3
Other	11

Other: Unsure x 5 (one stated, *"never arisen"*); varies x 4 (one worker stated, "*Depends on language, disability, availability"*); signing was mentioned by 2 respondents, in both situations accessing spoken interpretation was quicker than accessing signers.

Interviews showed a similar picture:
Well we'd probably be able to get it within 24 hours I think, but it would depend on how stretched the services are at that time. We'd probably just keep ringing until we could find someone, if it meant staying till whatever time.

Oh within 90 seconds it's possible. There are telephone systems around that can do it 24 hours a day.

I have experienced within twenty four hours.

Yes, through the Asian Women's Forum. In Chorley the majority of non English speaking community is Asian. Almost 100% are. We have an incredibly small Chinese population in Chorley. It's something like 0.03%

I have no personal experience, but I believe they're a bit thin on the ground.

11) How confidentiality is negotiated with the client group.
Confidentiality was dealt with in a variety of ways –

- 14 agency workers mentioned that there were limits to the confidentiality offered (eg harm to self or others, or child protection concerns), with only 2 stating that complete confidentiality was offered – *"We always maintain confidentiality unless otherwise instructed by our client".*
- 11 referred to agreements made with individual clients or in a group setting (8 of these were written, 3 verbal). 2 had very specific agreements:

"During assessment client & worker sign up to a confidentiality agreement and the client completes a consent form listing individuals who the worker has permission to talk to and on what level."
"Consent for information to be shared only with people directly involved in care (other agencies specified)"

- 9 respondents referred to a confidentiality policy or protocol.
- 6 referred to usually or only sharing information outside their agency with the permission or consent of the client.
- 5 said that confidentiality was explained to their clients.

The same picture emerged in the interviews. A mixture of responses from within one agency was not uncommon:
So everything we discuss is confidential within the organisation, and that's all we tell them. Unless of course there is a child protection issue and then of course we would have to disclose that. Volunteers again are told that if the woman is about the say something that is a child protection issue "before you tell me that, I have to tell you that if it's a child protection issue, I have to disclose it", then it's up to her if she tells us. The only times we can break confidentiality are: if there's a CP issue, if somebody tells us that they have lied, or they are about to lie in a court of law, or if somebody tells you they are a terrorist

If they say they're going to kill someone, or self mutilate, that sort of thing, that's fairly standard across all the agencies, were they would in certain situations break confidentiality. But on the whole, the person agrees to the data being shared. So it tends to be a signed agreement.

When counselling services were referred to, agency workers stated that confidentiality existed between client and counsellor. Two agencies mentioned volunteers being trained in confidentiality issues. One mentioned a procedure for

clients accessing files, *"Clients can also access their own files at any time. There is a section that says they can only have limited access. They must apply in writing for that."*

One spoke of group agreements:
I would be very keen that we would be saying that nothing would go outside …without the expressed consent of anyone within that group … although it is a very difficult one because I know that people could go away, in theory, and talk about stuff. We talk about limits to confidentiality, but we've never really talked about what happens if something comes up, but I think if something did come up, we would be discussing it in the group

12) Policies on domestic abuse & substance use issues.

Total number of answers (includes some from interviews): 47

Domestic abuse	6
Substance use	5
Both	9
Neither	7
Don't know	4
Part of general policy statement	16

Comments included, qualifying "no " answers:
"No but we are keen to look at protocols for discussing it on initial contact and when informed of DV by other agency." & "No- I'm supposed to encourage others to do that".

2 interviewees were unsure, *"I'm not sure I think so but I couldn't be 100% certain".*

13) Existence of specialist services for the following groups:
Women
Total number of answers: 29

Yes	No	No longer
16	13	1 *

* *"We did a few years ago have a drop-in that was just for women, but that has stopped now".*

Some services were women only set-ups while others referred to parts of the service, such as wards or group, that are women only.

One interviewee spoke on reasons for a women only group:
Most of the services I'll be setting up will be women only, or women centred…that reason would be from a safety perspective… that I know it's pretty likely that women can be tracked down through these systems. So for everybody's physical safety in that group I will be making it a women only group

BME (Black & Minority Ethnic) Women
Total number of answers: 21

Yes	No	Other
5	13	3

Other included 1 service accessing specialist services (Access outreach, interpreters, other agencies), 2 included this client group in their general services, "*Inclusion in all not necessarily specific service", "The service that we provide is the service that we provide for all".*

One respondent did not understand the term, "What are BME women?!"

Lesbian/Bisexual Women
Total number of answers: 22

Yes	No	Other
6	13	3

2 services mentioned referring on to other agencies, one stated that inclusion in general services happened.

One interviewee spoke of specific problems:
If we had any women who are in same sex, or fleeing a same sex relationship. I would want to make sure I had a talk with her beforehand, just to assess the situation to make sure they weren't the abuser, and to make sure we kept it safe for the women in the group, that their ex partner didn't join … It hasn't come up yet, but I'm aware that it might.

Women with Disabilities
Total number of answers: 22

Yes	No	Other
9	12	1

One referred to an *"accessible suite",* another said, *"ring to discuss, try to accommodate best we can".*
Interviewees said:
The ground floor is accessible to wheelchair users, but the upstairs, unfortunately isn't. But we will try to make whatever service is needed on the ground floor.

There's a re-design of premises…so all that should be in

I would hope to attract everybody. ..I would hope to be attracting those women to those services, but there is no specialist service for them.

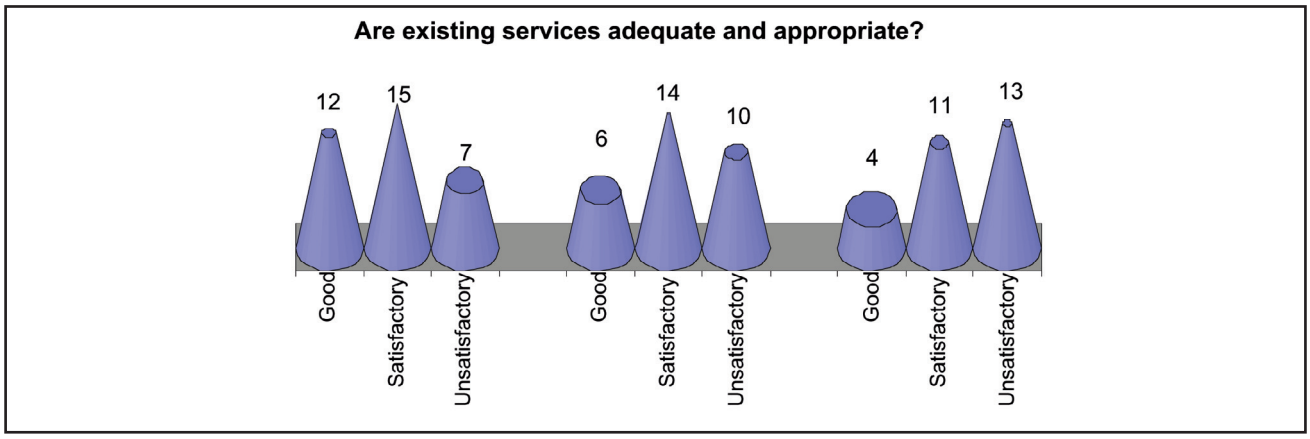
One interviewee referred to the extra needs for women with disabilities:
It is important that services for women who experience domestic abuse recognise the particular additional problems they may have. These include the fact that they may depend on the abuser for their care needs, social isolation, literally being physically trapped because of mobility problems, difficulty in accessing information or making initial contact with services if they have visual impairments or are deaf/ hard of hearing etc.

Nine respondents did not answer question 13, but made the following remarks:

- *We have specialist volunteers who have had advanced training in serious crime. These volunteers are used for crimes against this section of the community.*
- *No, all equal.*
- *Our service is open to all groups. Policy of non-discrimination and equal rights and opportunities for all.*
- *Caters for all diversity, gay/lesbian liaison officers.*
- *For anybody, we have specialist services.*
- *Refer to alternative specialist service as appropriate..*
- *Yes, all groups can access, well women clinic services.*
- *We do not discriminate any of our clients and offer the same level of services.*

14. Agency workers opinions on whether there are adequate & appropriate services for women &:

A) Domestic Abuse
B) Substance use
C) Both issue



	Domestic abuse	Substance use	Both
Totals	34	30	28

Domestic Abuse

There were some problems in defining "adequate":
I'm not sure they're adequate, because how do you term adequate.

More and more accessible information about services;
The services that we provide are good service, but there are more service users than there are us. However hard we try and advertise our service, they don't. They're not accessed enough…People are just not accessing it. It's a hidden crime.

But I do feel there is a need for more information, and more accessible information. Sometimes in your face posters everywhere, and you've got to try everything; word of mouth, things like having the housing staff trained to know who to contact, who to pass information on to.

One referred to the lack of funding available for domestic abuse work:
I've been in post now here for two and a half years, and I have struggled and struggled to get tiny bits of funding for anything I've set up… there is very, very little and people think sometimes that once you've got a refuge, that's all you need, and I just think that's nothing further from the truth.

Domestic abuse remaining unidentified was stressed:
We've got loads of organisations that aren't asking their clients, that are not talk about stuff without somebody creating that first, and asking them directly, or making sure it's a safe place for people to talk about this stuff. That generally seems to be something that doesn't happen.

One person referred to the work falling to the voluntary sector:
I think there is satisfactory provision but in the non-statutory organisations.

Substance Use

There were difficulties in accessing services
I think there is probably more in your face information about substance use, but I think in this area, we have always experienced real difficulty accessing these services…If you referring or whatever, it's really difficult because you need it there and then.

Lack of services & the long waiting lists were mentioned more than once:
No, there are probably not enough. There are always waiting lists. That's one of the roles of this office; to get more services in places.

There are long waiting lists for detox too.

I've only got two alcohol agencies that I can refer to, or give the number of to a victim.

The issue of relevant services came up:
But I think the drug and alcohol services have had a lot more money thrown at them. I'm not sure I'd say they are adequate, but they have slightly more services than do domestic abuse. But whether that's adequate and whether that reflects what the clients needs are, I'm not sure, …a lot of these services are orientated at a young male client group. Obviously it could be that it's mainly young men using, but I doubt that very much, and yet you've got a whole other population who needs help and how do they access that treatment; who are we targeting. Black and minority ethnic people - I don't think they see many of them at drug services. So there's something there about how you work with the client group that needs you.

Both

Gaps & limitations of the current service provision were clearly outlined by interviewees:
I think that we kind of get there, but there's nothing like reciprocal training where the domestic abuse services are trained up in drug and alcohol, or drug and alcohol services are trained up in domestic abuse for a first, and there isn't a specialist service at all.

I don't know of any services that deal with both. We would probably be able to very, very limitedly be able to address both because we wouldn't exclude one because of the other.

There does need to be something out there that does address both, particularly after having been in a women's refuge myself. There wasn't any support for women, and sometimes women got chucked out if they had a substance use issues as well, so that's not really helpful, especially if they're families and they have kids.

The lack of focus on both issues was also seen as a problem:
I think there are huge links there that are just not talked about, just not brought out into the open. So they're not treated in any way.

I would assume that people who are dedicated to drugs, are they dedicated to domestic abuse and drugs? I would suspect it's the drugs. As with us it's the domestic abuse we're looking at. Do we look at the drugs as well? I don't think we do, I think we try and home in and help the emotions that person is having. There should be an agency there that can say "Yes I understand your domestic abuse and I understand your drinking, and I can help you with both".

Similarities for both issues were talked about by one interviewee:
They do suffer from some of the same problems, which is that it's quite taboo to talk about both of them, and people are kind of left on heir own with it. People are blamed very much with both these problems.

Inter-agency communication was seen as problematic:
The issues aren't addressed at the same time, but the same could be said for alcohol and mental health. It's not as joined up as it needs to be.

Probably unsatisfactory because of inter agency non communication.

The services probably aren't joined up…There's allsorts of stuff going on in various places, but not everybody knows about it, they don't know what the others do.

15. Improvements that agency workers would like to see.
Total number of answers: 58 (some chose >1 improvement)

Training & Awareness Raising	8
Specialist workers (both issues)	6
Refuge/accommodation	5 (3 specifically for women with substance use issues)
More services (general)	4
Better inter-agency communication	4
Publicity of existing services	4
Improved Funding	3
Holistic approaches	3
More domestic abuse services	2
Support groups	2
Outreach/floating support	2
Refuge for women with older male children	2
Routine enquiry	2
Easier access to services	2
Drop-in	1
More substance use services	1
Counselling services	1
More prosecution of perpetrators	1
Women only substance use service	1
Don't know	4

Several replied that training should be far reaching and target as many people as possible:

Awareness raising is key to getting the message out to the community (in it's widest sense) Presentations/ talks could be given to GP's/ Health visitors? Housing officers; both local authority and Housing Associations. Presentations to local high schools. Health promotion staff at PCT, community organisations. Awareness days – press release. Radio interviews with survivors etc…

Training for both domestic abuse & substance use agencies was advocated, as well as for women refuge residents:
I would like to see some way of trying to tackle that with the residents as well…if that was done on a regular basis with the new women coming in. You might get an atmosphere that was more inclusive, cos I think that can be quite hard.

More refuge space or specialist accommodation might take some thought:
As a service we have women phoning for space regularly with substance use issues. We do refuse many women with these issues due to the complications living communally with other women fleeing abused fuelled by alcohol. We have had to evict many women due to constantly breaching our no-alcohol/ drugs policy on the premises. These women move onto Bed and Breakfast accommodation/ back to partner. Neither of these options have support in place in this area.

I also contemplate the fact should we be setting up a refuge specifically for women with drug and alcohol problems, but if we do that, there are a lot of things to think about- whether the whole of Lancashire would be covered with one refuge or whether you'd have to have rehabilitation in there. Would you have to have detox units in there, and what principles are you going to run on. Would there be principle whereby, immediately as soon as everyone comes through the door, will they need to start detoxing? If they haven't, and it's somebody whose life is quite chaotic, how do you work with that; how do you cater for that. Staffing levels are going to be pretty high.

3 agency workers were very specific about funding required:
Improved provision of baseline services through permanent funding streams.

Funding needs to be a permanent fixture. This takes away anxiety and frees time spent on endless funding grant applications. This time could be better spent improving services.

A statutory funding as opposed to voluntary sector having to acquire funding from funding streams.

A more holistic approach by agencies & how this would be a great shift in attitudes was mentioned more than once:
I think the biggest change that needs to be made is for all agencies to look at people in a holistic way, instead of just treating them with the silo effect. So if I come to an agency and say I've got domestic abuse, for a comprehensive assessment to be done, that would be a fundamental change for everyone. People don't want to do that because they think it will cause them loads of work. So, if I come to you and say "Look I'm having problems domestically " They say "yeah oh right, go and do this." But in fact, if you'd asked a few more questions you'd find I'm drinking too much. I don't ask those questions, and I don't tell you, then we go round the cycle and in fact the critical intervention might be someone getting a grip of someone who is drinking. In domestic violence, that's an issue; alcohol misuse. But nobody asks those questions, but if people look at people as a whole… It needs to have more holistic assessment. That is a big cultural shift as for how services deal with people, how the Government sets things up.

I think all agencies have to start addressing the fact we have to look at this as a whole, and not divide them. I think we're all guilty of that- being self-critical here of course. Splitting a problem up so it fits into our remit nicely, and when it doesn't, it doesn't fit nicely, so we try and hide the rest.

One agency worker referred to prosecution:
Encourage them to support the prosecution of perpetrators.

Survivor involvement was stressed as key by several:
I would like to see a support group set up in this area, possibly run by survivors of DA - with agency help/ advice, an accessible service for all.

I think as well sometimes it (training) needs people who have been there, got the t-shirt, to be able to share that information with people cos that makes it real.

One replied about the urgency of setting up services:
Provision urgently to meet the needs of women dealing with abuse issues, and at the same time substance use (legal meds and illegal).

Safe interventions were stressed by one agency worker:
I would like to see that the drug and alcohol services actually routinely ask all their new clients about domestic abuse, in a way that's safe, not just asking in front of everybody. There would need to be certain criteria attached to it. ..I also think in that respect we need to have some women only services within the drug and alcohol field because I don't think there can be a safe way to do that

GP response was seen as having much potential:
And if we can get everyone to maybe think…GPs, GP's you'd say "Oh I'm depressed" "can you tell us what's the score, why are you depressed?" instead of saying here's some tranquillisers. "Actually the reason why I'm depressed is because my husband keeps bashing me"

16 Whether respondents would be prepared to undertake training in the following areas.

	Yes	**No**
Domestic Abuse	23	2
Substance Use	23	2
Both issues together	32	2
Totals	**78**	**6**

2 respondents stated that they already had training (1 in domestic abuse, 1 in all 3 areas). Another said that they would not have the time but that training may be more suitable for the community they work in.

17. Further comments were asked for but these are included in the relevant sections.

5.2 Results from Women Survivors (Questionnaires, Interviews & Focus Group)

Core Questions

Core data was collected from the following: women survivor questionnaires, interviews and the focus group. This was not collected from agency respondents

Fig. 1

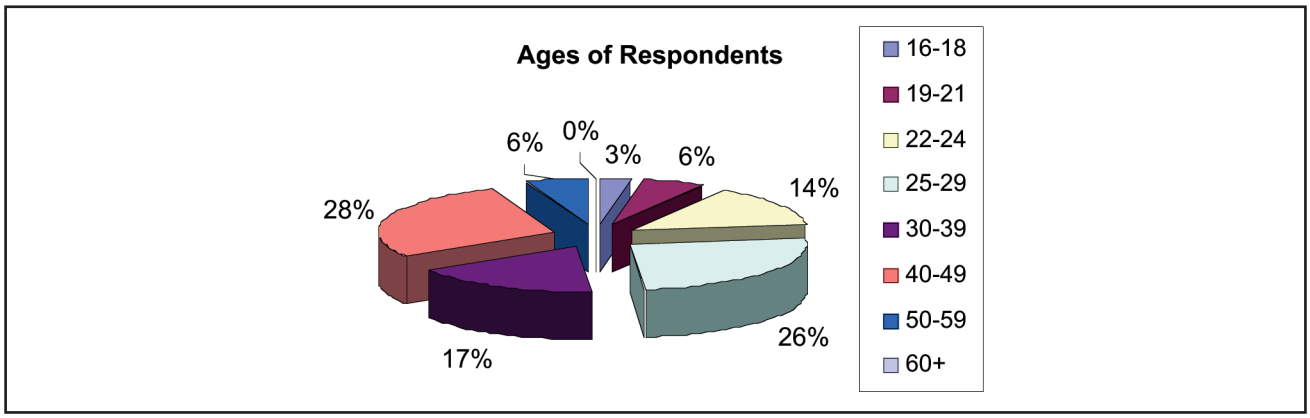


Fig.2

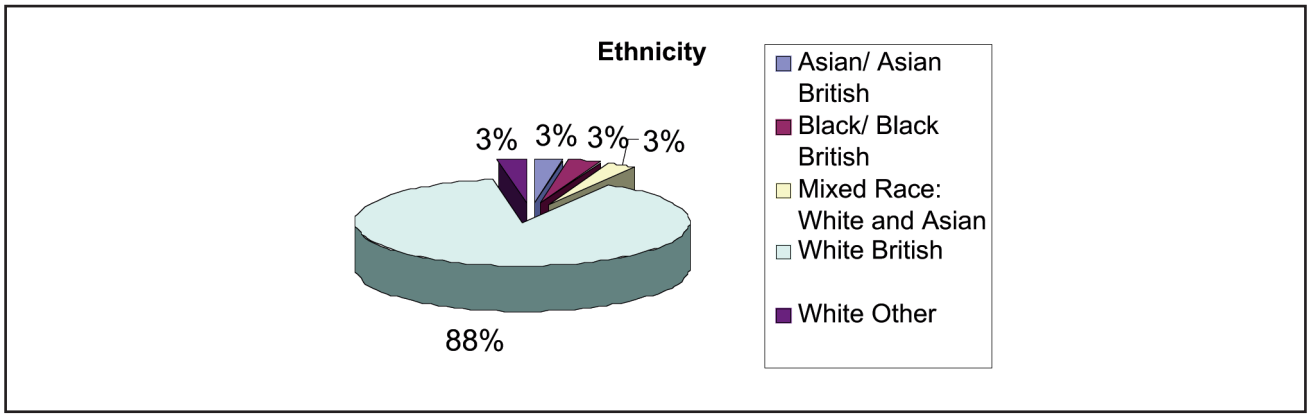
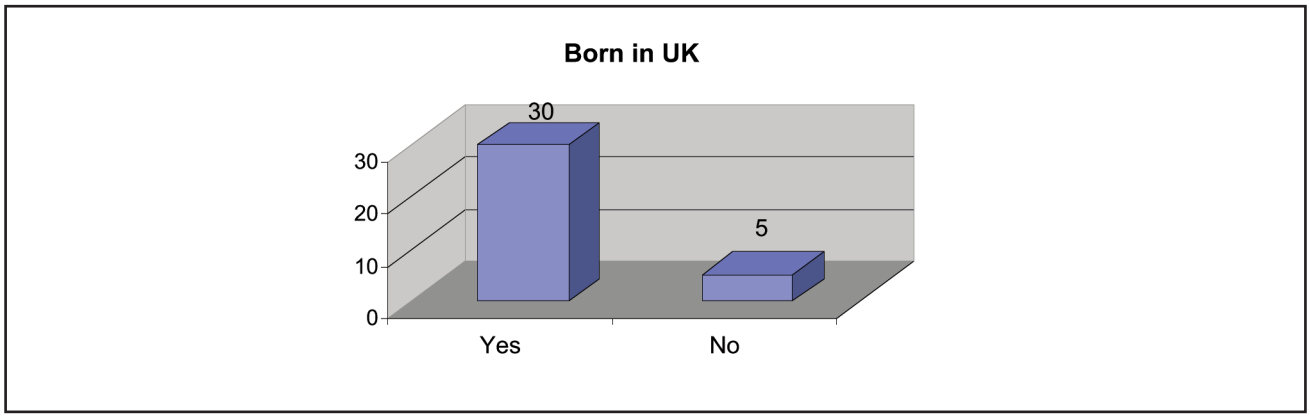
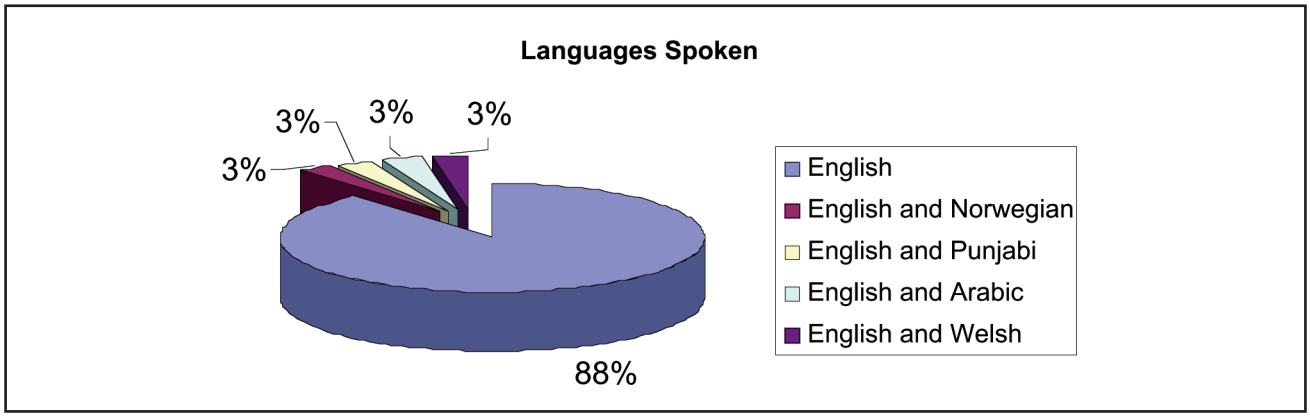


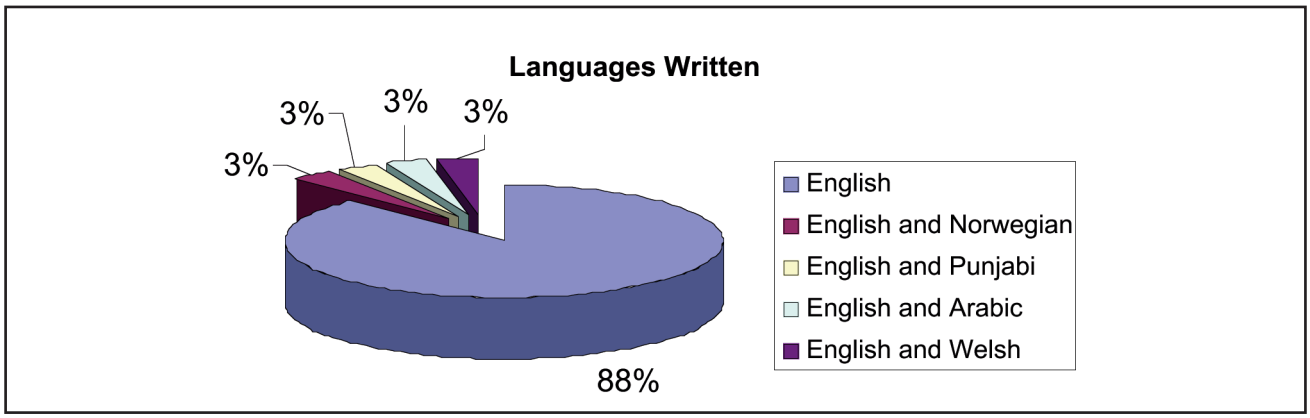
Fig. 3



All the women stated that they have lived in UK for more than 11 years.
Citizenship: All the women identified as British Citizens

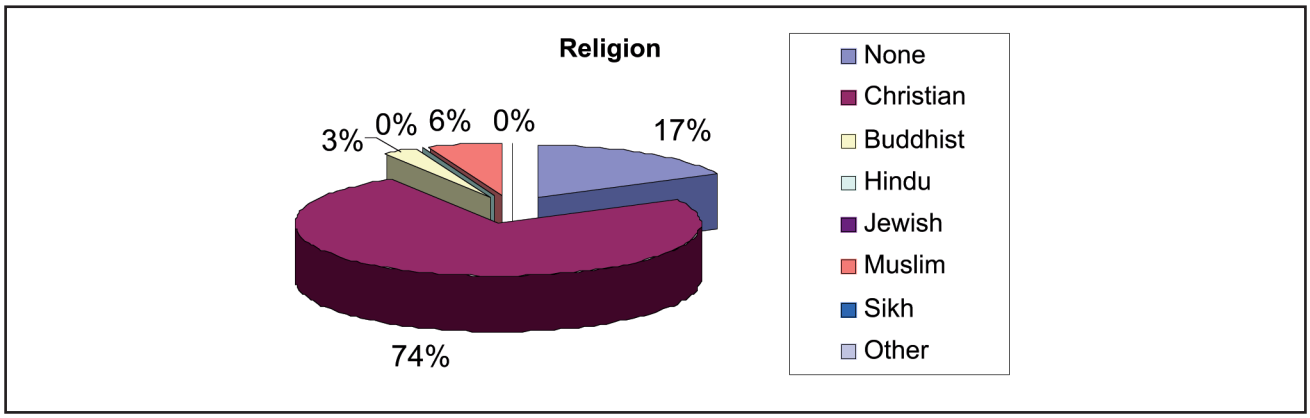
Fig. 6 Languages spoken and written fluently





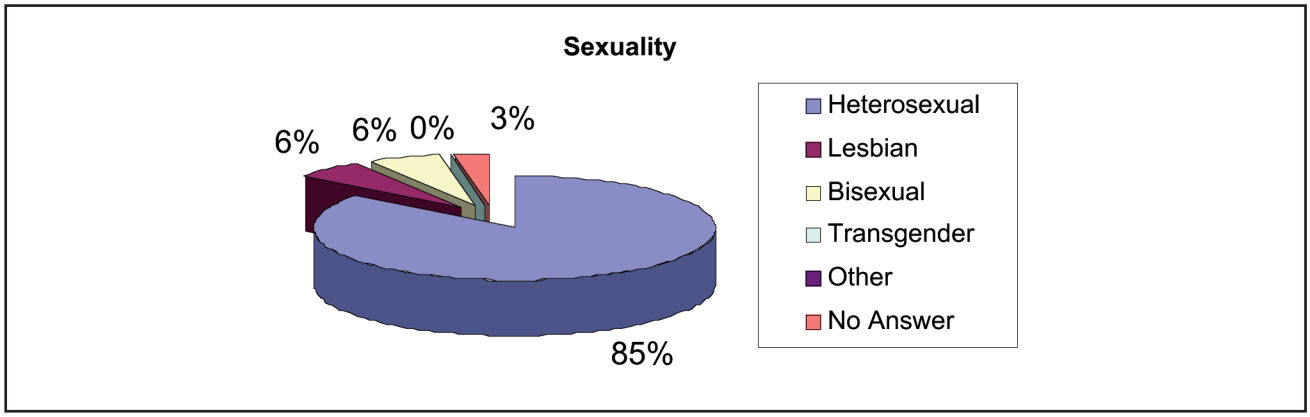
2 women did not respond. Both women stated prior to the interview that they have literacy problems.

Fig. 7.



In the category Christian: 1 woman answered Christian- Pentecostal; 2 women answered Born Again Christian.

Fig. 8



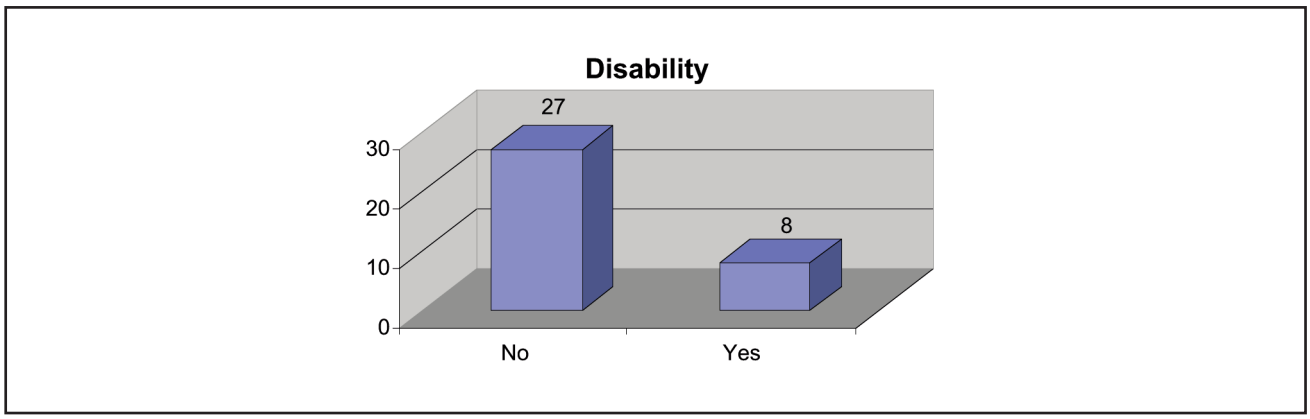
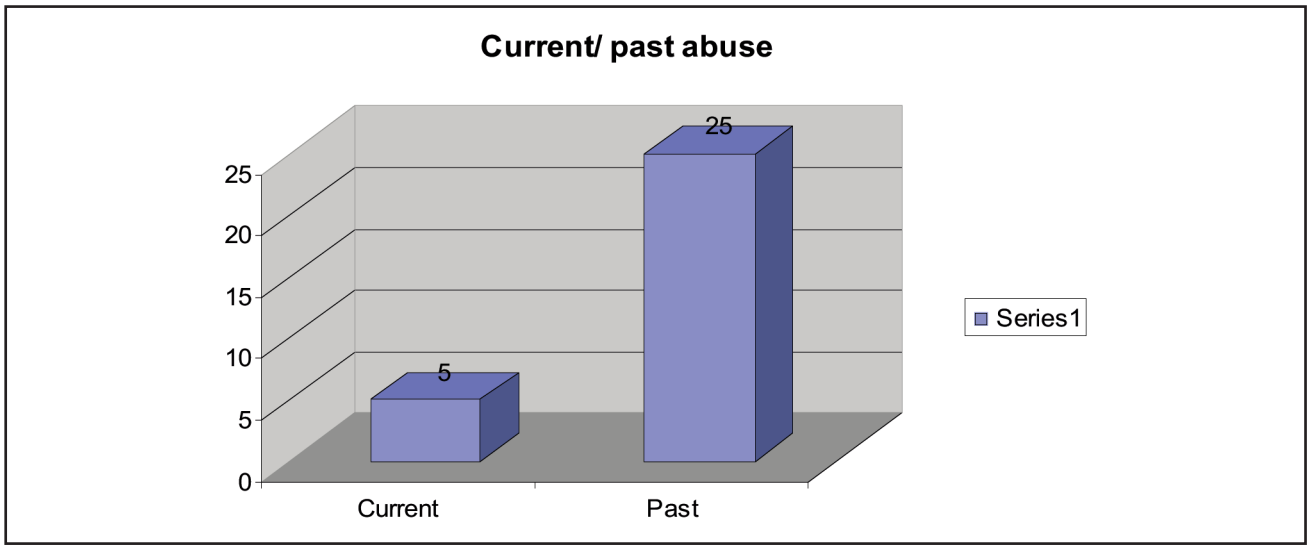


Fig. 9

Those who answered yes gave the answers Hepatitis C and arthritis, sciatica and hepatitis C, mental disability, back problems, mobility problems, anxiety, stress & breathing problems. 3 women answered *"yes"*, but did not specify what type of disability. 1 of the 3 women answered, *"Rather not say"*.

1. Experiences of Domestic Abuse/Violence

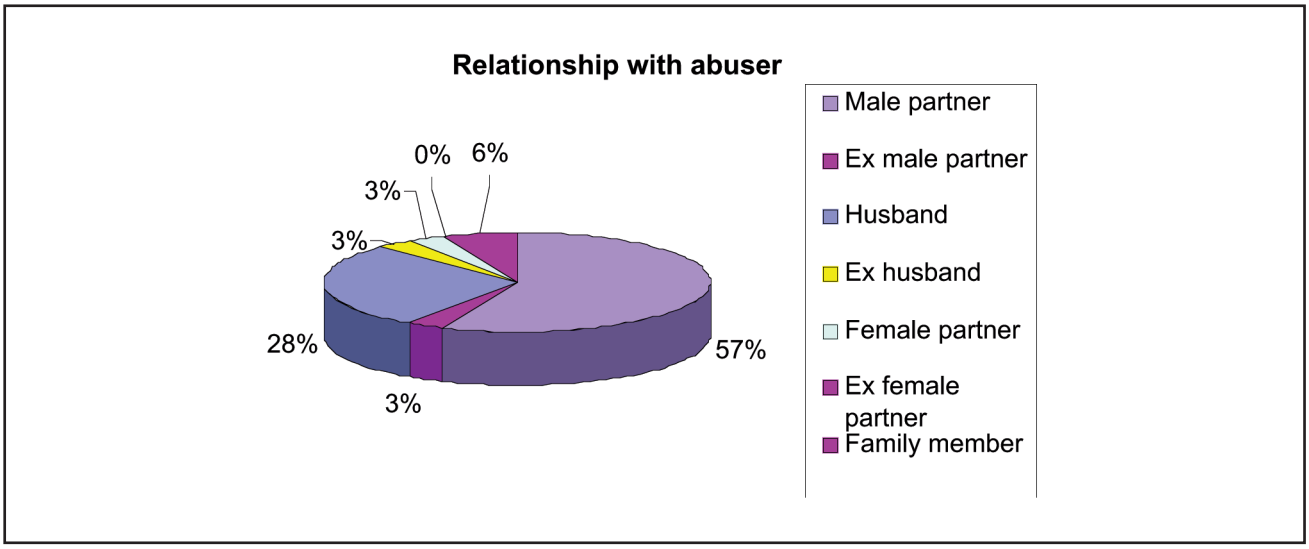
Abuse: past or present. Most respondents (25) replied that the domestic abuse had happened in the past, with only 5 stating that their abusive relationship is a current one. It was a similar picture in the focus group; with 4 out of 5 participants stating their abuse had happened in the past.



2. Relationship with abuser.

Being aware that there may have been more than one abusive relationship, question two was phrased as follows: "What is/ was your relationship with the person who has abused you? If there has been more than one abuser in your life, please tell us about the most recent."

Most respondents replied male partner.



Numbers:	
Husband	9
Ex Husband	1
Male partner	17
Ex male partner	1
Female partner	1
Ex female partner	0
Family member	2

Two respondents gave two replies; one identified male partner and husband, and the other identified male partner and family member. In the focus group, all identified ex husbands or male ex partner as the most recent abusers. Three participants were no longer in a relationship. Three out of five women (plus some interviewees) disclosed that they had been in more than one abusive relationship or had childhood experience as well:

But I've had it from being a child any way. At home, and then when I got married. And then I went into it again after and it was just constant.

I have realised that even after nine years, I am still affected by what this man, sorry these men, have done to me. (Interview)

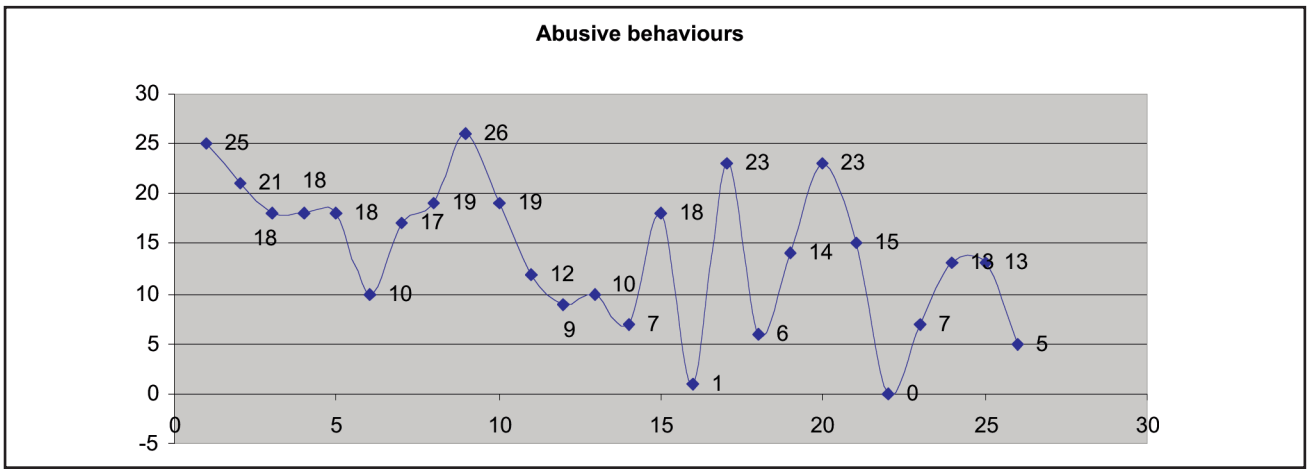
Another respondent's answer illustrated that being in more than one abusive relationship can have negative responses from services.

The police officer came out to talk to me and take statements and everything. He said cos previously we'd had police involved, not just with him, from my ex husband as well. They have records don't they of it all. He sat down and he said "Why do you let them do this to you? Why can you not change things?" I said it's all my fault, and he said, "Well only you can change the situation."

3. Domestic Abuse: naming the behaviours.

From a list of 26 examples of abusive behaviour, as identified by previous research, and definitions of domestic abuse, we asked women to identify all those that applied to their own situation.

No.	Behaviour	Total
1	Name calling	26
2	Threatening to hurt you	25
3	Punching walls and furniture	23
4	Being charming and gentle to others	23
5	Stopping you from seeing family/ friend	21
6	Damaging property or possessions	19
7	Telling you where you can and cannot go	19
8	Blaming you for the abuse	18
9	Constantly checking up on you	18
10	Holding or grabbing you by the throat	18
11	Slapping	18
12	Forcing you to have sex	17
13	Preventing you from sleeping	15
14	Saying they only do it because they care or are jealous	14
15	Blaming the abuse on alcohol and/ or drugs	13
16	Telling you that no one will believe you	13
17	Threatening letters/ phone calls/ text messages	12
18	Using family money to fund alcohol and/ or drug use	10
19	Disconnecting or breaking phone(s)	10
20	Forcing you to do criminal acts	9
21	Denying you medication/ mobility aids/ assistance	7
22	Locking you in the house	7
23	Forcing you to use/ see/ perform pornography	6
24	Forcing you to use illegal drugs	5
25	Using racist language	1
26	Threats to report you to immigration	0



Comments

There were a variety of behaviours used. The main tactics used were degradation and threats. Women had not always named the behaviour:
Domestic violence was always something I saw that happens to someone else. I never realised it's happening to me, and has been with my ex husband.

As can be seen from the graphs, all women interviewed identified a pattern of abuse comprising of several tactics:
Just in every shape and form that he could; locked me in inside myself to stop me functioning like a normal human being…It does become a head game in a way because they're taunting you and tormenting you; they cut your clothes up and slash your tyres.

Not all participants identified their partner's behaviour as abusive, *"A bit of name calling, but that's about it for me. It was never bad violence, just what husband and wife do I suppose".*

Name Calling
He would say such mean things to me… I was hanging out of the bedroom window, threatening to throw myself out of it because I didn't wanna listen to what he had to say about me.

I've been called fat and ugly. I wasn't fat at the time, I got so depressed I used to eat and eat and eat, then he'd say no one would want you in that state so you're stuck with me

Threats. A variety of threats were used. Many women mentioned threats to hurt or kill, and the devastating impact these can have.
This other partner I had, actually had a knife at my throat, but I couldn't do anything. I could not move and he actually went put his hands round my neck and he said to me "I can do it you know" I just thought fuck this, I could be dead.

He took me down there in a car one night "You're gonna die tonight", and he had a gun

I never trusted anybody because I just felt that he would find out. He used to say, "I know you did this" and I thought how do you know, what do you know. Even though they didn't know. They didn't specifically say, I know you did such and such a thing. But "I know you did this"

If I say no, she threatens to out me. She uses that a lot to get me to do things, because she knows she has me where she wants me with that one.

Power of threats:
I was in a state, I'd just been beaten up, I was black and blue, dragged from my sleep, plus everything else he'd done to me, and they expected me to name names when he could've been in the house and I was scared he was going to come back and kill me.

He said to me, if I ever raise my hand to him, he would kill me. But he could do what he wanted to me, but I had to do what he wanted

Punching walls:
He used to walk up to me like he was going to hit me and punch the wall next to me and say that could have been you.

We also found that many women referred to the fact that their abuser was capable of acts of physical and mental torture, could also behave in a charming and gentle way to others:
She is a very confident, social person with many friends, both males and females. They wouldn't believe this is what she is like behind closed doors.

No-one could comprehend that he was capable of doing what I had 'claimed', even when he kicked and punched me in my parents home in front of them, they just said to me "what have you done this time? That lad works long hours, you're always having a go at him" They then asked me to leave their house.

I told them [friends] and they just couldn't believe it. He just didn't seem to anybody like that sort of person. Even now when I talk about it; people who know him find it hard.

Forced sex:
I was forced to have sex, I've always slept with no clothes on and the thing was if you sleep with no clothes on that is giving me permission to have sex with you. I used to find myself woke up with my face in a pillow having full sex even though I was saying no, no stop, stop he was at it you've got no clothes on so you're asking for it, you're begging for it.

Here's a question mark against that because he didn't actually physically force me, but he used to use psychological methods like "well if you don't give it to me someone else will" So I suppose in a way yeah.

There are so many things: he's tied me up, he's threatened to put a bicycle pump up me, and put masking tape over my mouth. He has done lots of things; sick things that really freak you…. he sold me, in London. He'd already pre-meditated it while he was in prison anyway. He's done it to his previous girlfriend.

Forcing you to do criminal acts:
Criminal acts, yes, many a time. I was caught for shoplifting many a time, and once we both got banged up for armed robbery.

Denying medication:
But he wouldn't let me out until all the bruising had gone… He'd kept me locked, with the windows down so I couldn't get out when he went out. He wouldn't let me out after a beating, so no one could see me.

Blaming you for the abuse:
When he came in, he's like "well you made me do this" and "it's all your fault" and then it's all that thing again.

Telling you that no-one will believe you:
Telling me that no-one would believe me, and in many cases that was true

Blaming the abuse on alcohol/ drugs:
That was a favourite. He seemed to erase it from his memory the morning after it had happened, and of course it was always the drink's fault, not his own.

She does drink more heavily than me like I said, and when she has sobered up, she'll be all apologetic and what have you, blaming it on the drink. I drink and I have never lifted a finger to another person in my life, and I swear to God I never would.

Physical abuse. Other words used to describe physical abuse: *"smacked", "battered", "hit", "beat up"*. Women often referred to the abuse as systematic & calculated:
The last beating was, he used a rounders bat, and he put masking tape over it and hit me on the head, the knees, the bottom of the feet, and the reason for that was; one of the doctors said you don't break bones, but you still get the same pain. After that he always used to put me in a bath of cold water, put me under and I used to have to tap him twice and he would pull me out, you know, just before I was drowning. That was to bring me out of the shock of the beating. He used to do that quite a lot, you know, to bring me round… That went on all night. It was systematic. He'd hang the bat back on the wall until I said what he wanted, or if I looked at him then he'd start again. It went on till 2 o'clock in the morning. He'd sit down and question me; interrogate me and then he'd start again.

Well anyway, he kicked me in the head and that's where that comes from. He chased after me in the street; kicked me in the head, I was really bad, head like a football and stuff.

He broke my nose on two separate occasions, when he kicked my head in repeatedly. That was always a big fear I had. He knew I'd been beaten up in 1997 [before we met] by a group of lads, and my skull had been fractured then. It was still; and still is sensitive when anybody touches my head. So he'd often aim for that area.

Some made mention of specific violence not always identified as "hitting":
"Although he never actually physically hit me, he'd throw things at me or he'd grab hold of me and throw me against a wall and things like that" & "He grabbed my head and threw me across the room"

Many spoke of the tactics as similar to torture:
It was torture, systematic torture… When I thought about it, I've been interrogated by the best me… I've been in a room with him, interrogated, knowing I'm going to get battered whether I say the right things or wrong things, and I was worried about court, and I was safe there

I couldn't speak in front of my husband because I didn't know. If I spoke I got smacked in the face. If I didn't speak, I'd get smacked in the face. He controlled everything, so if he said me smile, I had to smile. If I didn't, he battered me. If he saw me talking to my neighbour, he battered me. If I looked at him the wrong way, he'd hit me. You get into that situation where you get scared, l and you know cos they beat you up that they're capable of doing much worse. That's the worse thing, the fear.

The impact of psychological abuse was also referred to as very serious throughout:
"It wasn't just physical violence. It was the psychological stuff as well, that was worse. That was worse cos people couldn't see that", "He never lifted a finger to me, but the emotional abuse was a nightmare." & "He messed with my head. He said I couldn't have anybody else, but him."

They just bring you to this place where you're that little and they're that big. They mess with you're head…He used to drive me down a country lane and leading me to believe that if I didn't say "Ok, alright carry on" he'd kill me

One woman in the focus group also told a detailed story of how a reflexologist found that the tension she was experiencing (in addition to the physical abuse) was adding to & causing further physical pain.

Onset of violence, this rarely started at the beginning of the relationship:
It eventually got to the point where he did hit me… We'd never argued, we'd been together for 2 years, we were engaged, we didn't live together but we spent everyday together and there was no violence at all until I had my daughter…nothing there at all.

On learning that I was pregnant with his son, he beat me up, mainly aiming at my stomach, and I remember him saying, he'd kill the baby.

Isolation was a large part of the tactics, & was accomplished in a huge variety of ways:
You go to the police, well I've been to the police and they've said, "Well _____[survivor] you know what it's like until he does something" or "Why didn't you come two weeks ago?" Because I was locked in or tied up.

Locking me in and out of the house- more often it was locking me out than in. On many occasions I had no choice but to sleep in the car with the kids.

Disconnecting and breaking the phone on many occasions when I tried to ring for help. On one occasion I'd rung the refuge in South Ribble. They told me there were no places, but they would ring me back as soon as they'd found an available space. He'd been listening to that conversation, which I didn't know about, so he smashed the phone up.

Well I daren't tell anyone for a start because I'm not out to very many people. I'm 45 years old and divorced twice… I feel alone. I don't work because of an old injury, don't have friends, don't have contact with my family because I fear them finding out, or _____[partner} outing me to them, so there's nowhere for me to go.

Could be done subtly as well as overtly:
I hadn't realised she was doing it at first, then once I had, most my friends had been driven away.

Made it very hard to see them (friends & family).

Not so much locking me in the house, not physically, but making me feel so bad I couldn't go out.

I don't have any friends because I was a prisoner really, if I was going out he wouldn't come home from work.

Women often seemed to cope by denial that there was a problem, minimising the abuse & it's effects or blame themselves:
I kept thinking there must be women worse off than me, I'm not that bad, just being put down and I always had bruises from being thrown around by him

I was such a cow to my husband because I suffered from depression…There was a time he would say such mean things to me. Instead of me hearing what he had to say, and respecting kind of where he's coming from, I was hanging out of the bedroom window, threatening to throw myself out of it because I didn't wanna listen to what he had to say about me. I got myself into such a state that I made his life so hard.

I used to just be nasty to him. I just was so nasty.

Domestic violence was always something I saw that happens to someone else. I never realised it's happening to me, and has been with my ex husband.

Sometimes you don't wanna admit that that is happening to you at that time.

Issues around children

Threats to kill them:

And the next thing he was like "I'm gonna kill you, I'm gonna kill your boys"

Effects on children:

At the time you try to tell yourself that it doesn't affect the kids, but it does.
I don't think you know at the time how badly desperate it is, but I used to think my kids cos my kids were in bed at the time.

One of the most upsetting times in the refuge for me was when I my kids said I used to hear daddy shouting at you and we didn't know if he was going to beat you up. For kids to be laid in bed, which is supposed to be a safe place isn't it, and to hear that and think oh my god what have I put my kids through.

Realizing the children were also affected was often a trigger for seeking help:

I went to the doctors first cos my eldest son, I realised it was really affecting him badly. He used to just stand in the corner and shake. This was when he was 4 years old. I just thought, I can't do this anymore.

It's horrible, but I thought, I'd come to a stage where I thought, "what am I doing to my kids as well" Cos they're just existing as well in a way.

(Although there could be other reasons, *I realised it wasn't all my fault, cos you can't take all the responsibility for someone else's actions)*

Women spoke of the strength their children gave them:

My kids have kept me going. & My kids kept me alive…Without my kids, I wouldn't be here. I know that for a fact.

I'm glad mine were school age. Cos if they'd been old enough to get themselves ready, I think I'd have just stayed in bed half of the day.

Worries about removal of children were commonplace:

I'm scared to go to the GP in case my kids get taken away.

It needs to be told that you can get help without it being your fault and the kids taken off you. There's nobody ever there to tell you.

A few women said that their children had also been abused:

On learning that I was pregnant with his son, he beat me up, mainly aiming at my stomach, and I remember him saying he'd kill the baby.

It wasn't just me, he was violently abusive to my eldest son; he's 15 now and my daughter, she was sexually and physically abused.

One woman spoke of the lengths she went to:

I had an abortion to _____[ex husband] when I was 22, because I didn't know what he'd do, I didn't know what he'd do to the child. I know he's done things to other kids that are his… I didn't have any children because I thought he'd be a paedophile with them. In fact I believed it then and that was a long time ago, before it all came out like it is now.

Resistance:

His mother was forced to do things, she was forced to have sex with other men while her husband was there and he tried to do it with me but I said there's not a chance

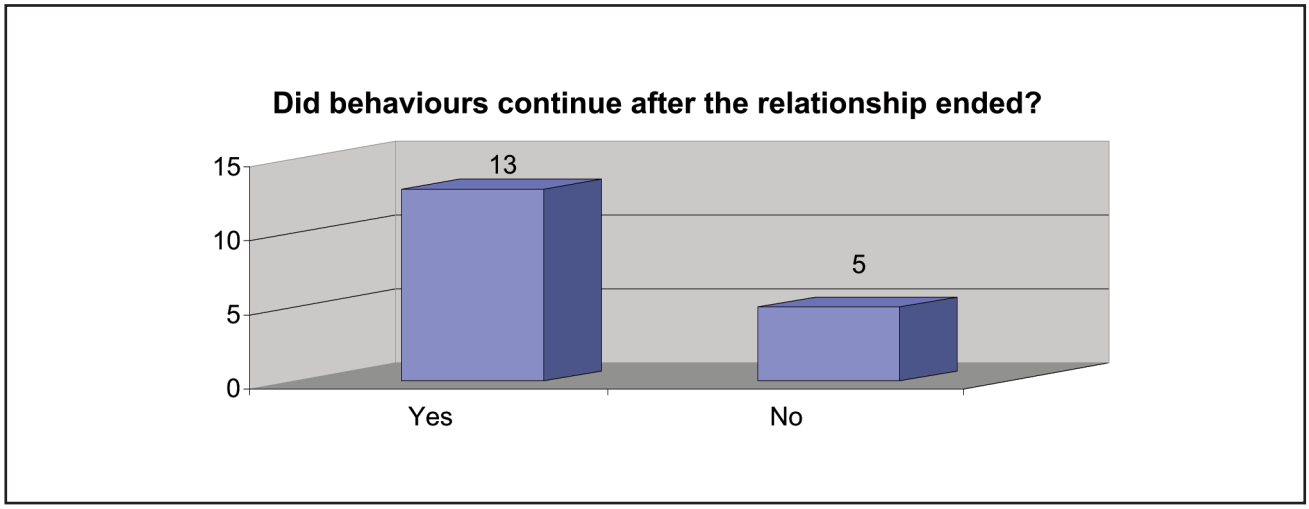
You've got to stand up and fight back haven't you. I mean what are you supposed to do… Because he hadn't broke my spirit, it was like right I'll show you, and have a bit of pride left…he never broke me. He never properly broke my spirit. That's why he tried so many ways of doing it

He didn't separate me from my family because I have a very strong bond with my family

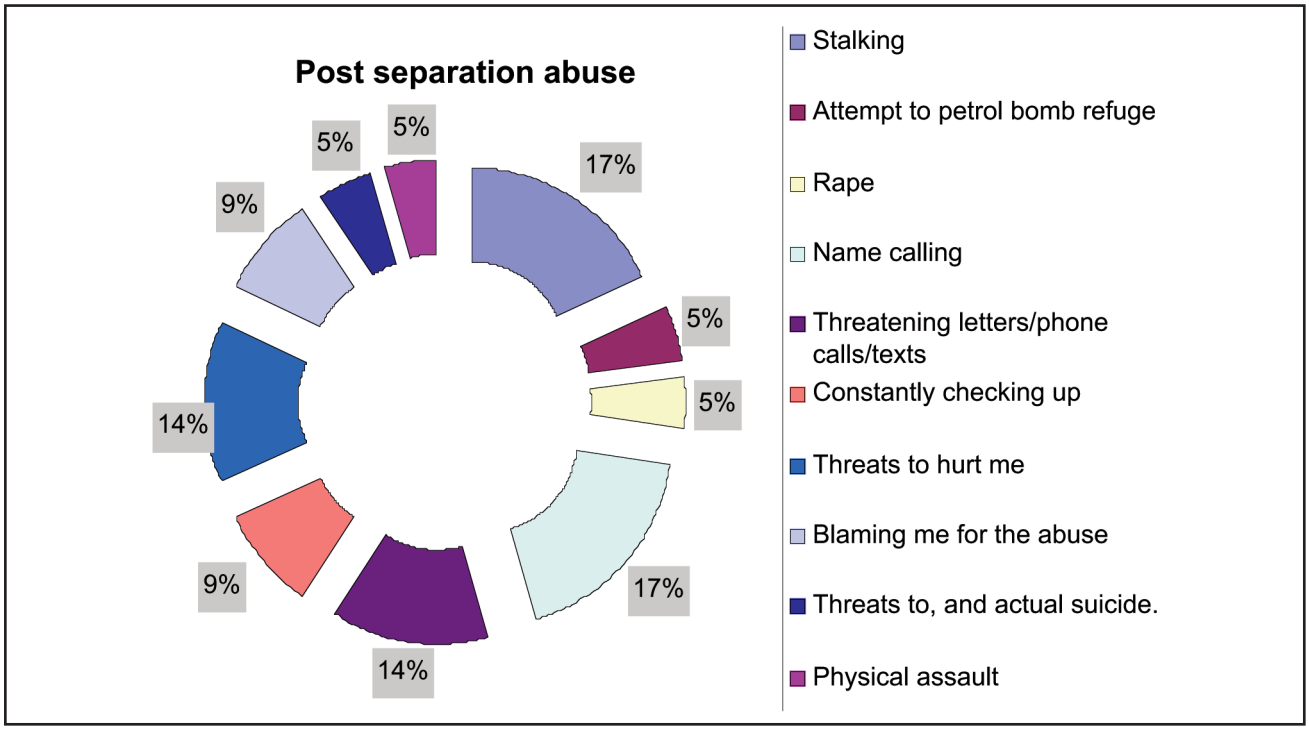
He wanted me to react, so I did. You know, you play the game don't you for your own sake. I just didn't know what was coming next. I played it really well for a few months after that while I decided how I was going to get out for the last and final time.

I said I was planning to just disappear. He was getting a house for me, and I knew as soon as he got me in there, all my control of my life would have disappeared. As soon as he'd have got me in a place where he wanted me, that would've been it for me. The whole world would've been closed off.

4. Post separation abuse.



We asked women if any of the abusive behaviours continued after the relationship had ended. 4 women answered "not applicable." 8 women did not respond.
Some women who said the abuse did not continue mentioned times when it had in other parts of the questionnaire/ interview: "Well he threatened to petrol bomb my last refuge, if that counts" & "The bastard still tried to control me when I was inside".



Women were subjected to a variety of abusive behaviours after the relationship ended, some remained in similar or even greater amounts of danger: *that he tried to stab me with a knife and actually a few months later he did.*

I moved up here because I got fed up with the hassle and abuse. He never came to the house, but because he knew the area, he was always hanging about, and I'd walk out and get verbal abuse.

Most of them actually happened after the relationship had ended…he wrote to family and friends trying to cause trouble…and recently I have received more pornography through the post.

He broke into the house last year. I was in bed and he dragged me out of bed, beat me up, smashed my face against the wall and raped me.

The early hours of the morning when he'd broken in, he was disturbed because a door had opened, the wind had blown it. He did a runner, but he said he was going to be back… I was scared he was going to come back and kill me.

I spent 18 months looking over my shoulder every time I went out the door

You put up with it, you put up with it, you put up with it, and every time I did ask, you get a bit of guts to leave, or hide somewhere, and then he'd find me, and I'd go back and let him beat me up, well not let him, but I knew it was coming until the next time.

It's not easy to get away from abusive relationships. People do try. I tried a lot of times. A lot of times I had to come back one way or another. Either being found or the family being mentally abused; I didn't want that.

I was saying "why have you let him out, cos I knew he'd come straight back round" and any way he did. So I was on the phone 999 telling them he was outside you know "what you gonna do about it?" By the time they'd got there, he'd gone. Then he disappeared, and then kept phoning me up. One minute he was like "Oh I'm sorry, I don't know what happened blah blah blah" an then the next thing he was like "Oh I'm gonna kill you, I'm gonna kill your boys and I'm gonna do this and that"

Abuse of others or turning others against the woman was also used:
He threatened my family all the time & Turning other people against me

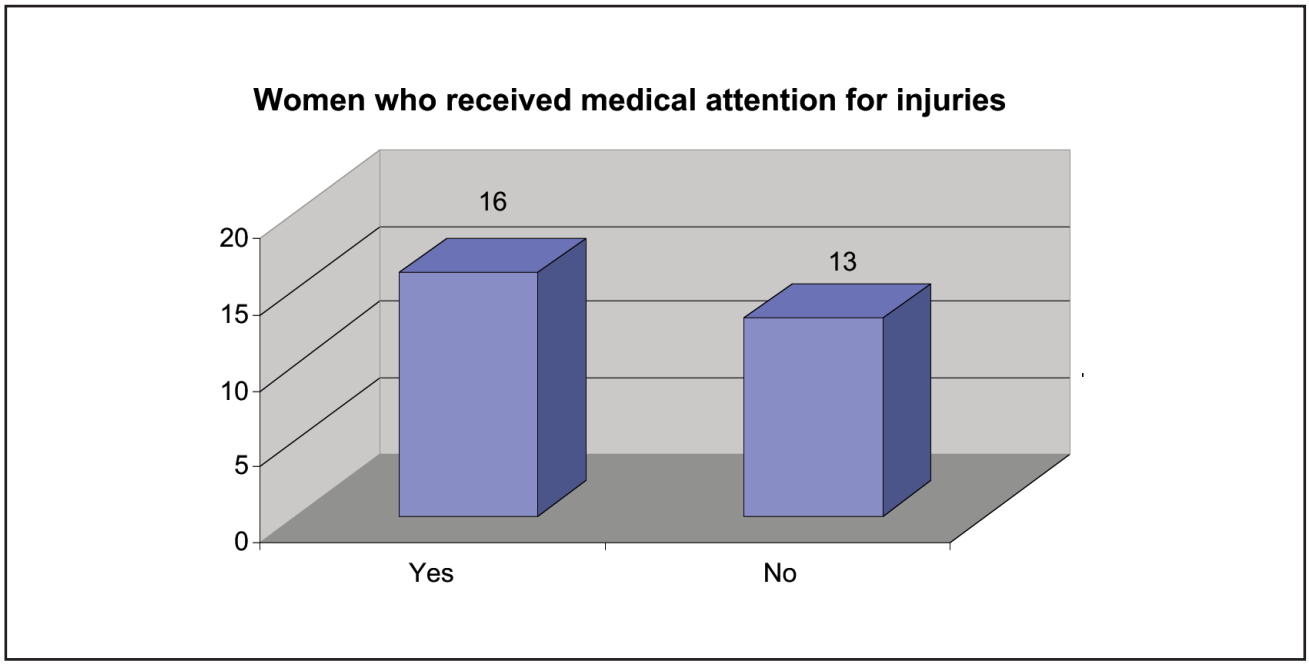
He must've wrote ton the papers and said there was such a story going on, because from what they printed, and the questions that I got asked… he'd told lies, but obviously they'd printed that, but what can I do about it. I've had to live with it. And people wonder why I drink; was drinking. You can't change what people think about you, but it's lies. That's what's broken me, that's what's tortured me, and at the end of the day I haven't even done anything wrong.

The threat of suicide was often used as a means to try to continue contact or the relationship (in one case this was an actuality):
He threatened to commit suicide and when I finally left him, he carried it out two weeks later. He left a suicide note to his family blaming me. Since then his family have not spoken to me. I will have to deal with this for the rest of my life, and it's not easy.

He phoned me saying he was on the motorway bridge threatening suicide. He was actually outside the house waiting for me to come out.

Even when one woman fought back, her abuser still continued the abuse:
He started laying into me, and I don't know where it came from, but I felt like Popeye. I just turned round and I battered him. I was punching him, kicking him and ripping his hair. I just thought, and that's for when you did that to me. That's what I was saying all the time, because I kept saying that, and it kept me going, and if I stop, he's gonna really go for me. So, I just carried on and carried on and I was frightened him that much that he ran out of the house screaming "you're mental".. and he was gonna get the police and all this and all that, and I said go and get them. I said if I'm that mental, you made me like this. And that was the first time that I'd ever stood up to him. After that, it was like he still had control over me, even though he'd left.

5. Injuries sustained



16 women stated that they received medical attention. 13 women stated that no medical attention was received. 1 woman did not respond.

Of the women who responded: 11 visited their GP; 8 visited an Accident and Emergency Department; 4 spent time as an in-patient in hospital.
He broke my ribs and split my head open, so I spent time in hospital on those two occasions after going to casualty.

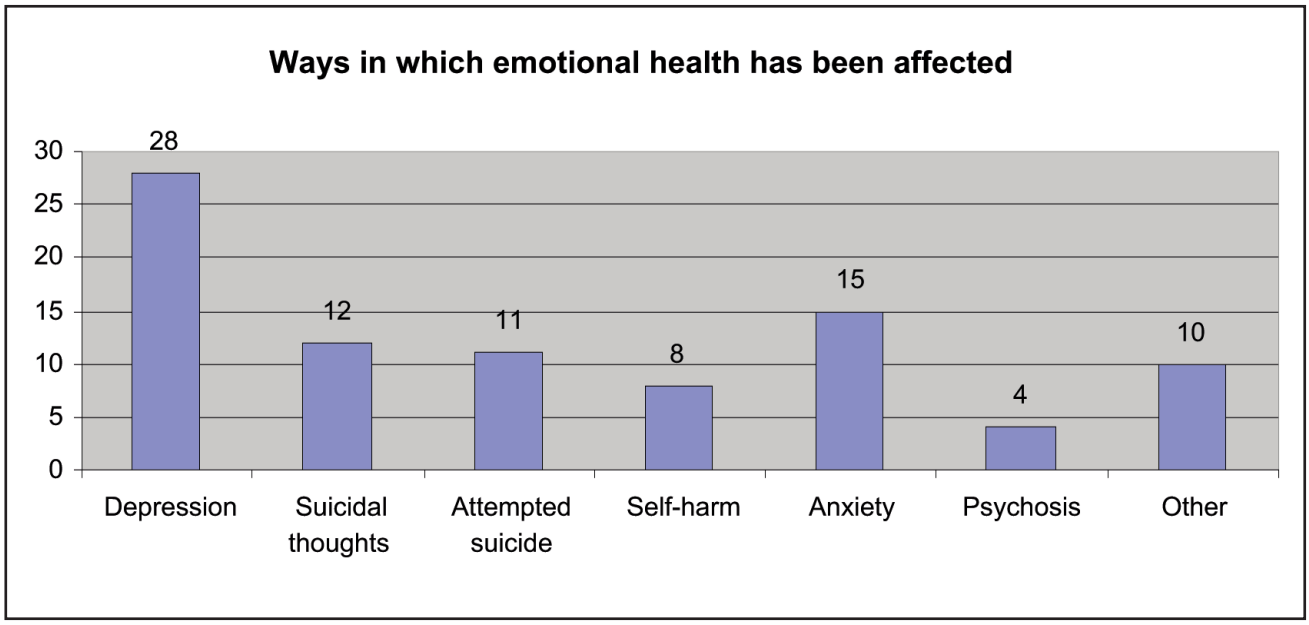
I never had to stay in hospital, but I had visited casualty when he broke my nose on two separate occasions when he kicked my head repeatedly. The day I had an eye operation, he got drunk, and chose to punch me in that eye rupturing the stitches. On the day of my son's Christening, he threw a plate at my head, and cut it open. I had to have stitches on that too.

Some of the women who required medical attention were unable to access it, due to partner's prevention:
He fractured my skull actually at one point and I didn't even know. He hit me over the head continually in the flat and I had liquid coming out of my ears and it was horrible; it smelt. I was in agony…But he wouldn't let me out until all the bruising had gone.

One had other reasons:
A couple of times, but I didn't actually go to hospital. I was more afraid to go to hospital…[What were you afraid of] That they might start asking questions, and I wasn't ready for that.

6. Effects of domestic abuse on emotional health.

All the women said they have experienced or are experiencing at least one of the emotional health issues listed. 28 out of 30 women said they have suffered depression. 12 women told us they have had suicidal thoughts, 11 of these said they have attempted suicide.



10 women told us they have been affected, or are affected by "other" emotional health problems. A total of 5 women told us they have experienced eating disorders; 3 did not specify what type of eating disorder, 1 woman answered bulimia, and 1 woman answered anorexia nervosa. 1 woman told us she has experienced panic attacks. 1 woman answered speed psychosis and panic attacks. 1 woman answered low self-esteem and panic attacks. 2 women did not identify "other.

Women often spoke about the toll living with abuse took on them:
I used to sit in a corner rocking. I used to rip my hair out of my head. I used to head bang the wall.

I was snappy all the time really bad tempered I just like loose it slam the door and scream just scream. I'd go to another room and cry just cry.

I wanted to be a mother, I just wanted to have a normal life like anybody else, and you just get sick of trying to survive, and live on your wits.

For a long time I found it very difficult to be myself I suppose. I didn't know who I was, and I found myself emotionally drained. I was trying so hard to be the sort of person he was forcing me into. Well the type of person he wanted me to be.

Descriptions of suicidal thoughts or attempts were worryingly commonplace:
I actually tried to kill myself when I was with him. I took a load of tablets and ended up in hospital.

I've never told anyone this before, but I tried to commit suicide at Christmas. I had never felt so alone. But I just felt so low, I could never see any other option.

By then I didn't care, I wanted him to kill me cos I'd had enough…I just didn't want to live anymore, but I didn't want to kill myself, cos I just knew it was wrong. I just wanted out of it.

Multiple mental health problems were commonplace:
I've suffered depression throughout. I've often had suicidal thoughts, and attempted suicide more than once, either by trying to overdose, or driving while completely drunk and stoned. I was bulimic too, either making myself sick or using laxatives.

For some women the effects of abuse were further complicated by substance use:
I've had psychosis too from speed…I often had have suicidal thoughts, and I've tried killing myself loads of times.

I have suffered from depression and anxiety, but I wouldn't say it's from the domestic abuse, it's from the alcohol abuse.

Women also referred to eating disorders as a coping mechanism:
I've seen the doctor for depression and an eating disorder. I went from being really big, to being too skinny in about 6 months. I was starving myself. It was a way of coping with what he was doing to me.

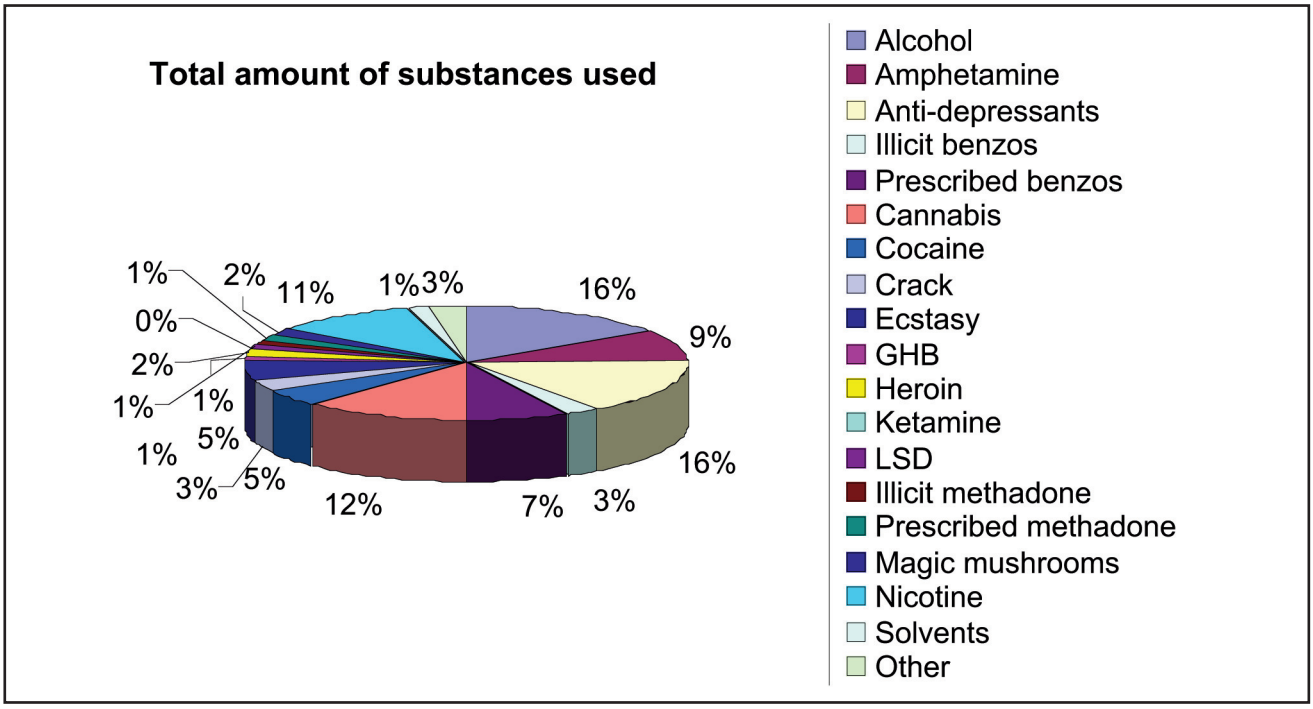
Experiences of long-term trauma were very common, as this exchange from the focus group shows:
Sometimes when the situation changes, and you get out of it, it doesn't always make all those things go away. I thought it would. I mean, I felt better initially I think, but then years later I realised I was still affected by what had gone on, confidence wise……I think you're always affected……Well I've been split up 10 years from _____[ex husband] and I'm still the same. Well no, I've progressed in my confidence, but the problems he caused are still there.

Re-experiencing trauma could happen from days to years after the events were over:
I went to the doctor, cos I couldn't sleep, I couldn't eat. That was the mess I were. I went to him, and I said, "I'm having trouble sleeping and I'm having panic attacks. I said if I'm out the house, I wanna get in, and if I'm out the house I wanna get it. I don't know what I'm doing, I'm not functioning properly.

I still feel like I rely on herbal remedies to control anxiety due to flashbacks of abuse. I can see something on TV or hear a conversation and I get flashbacks. My breathing becomes shallow and I go dizzy.

I left my partner 17 years ago and still have nightmares and periods of anxiety.

7. Women's experiences of substance use



List of substances used by prevalence:

Alcohol	27
Anti-depressants	27
Cannabis	19
Nicotine	16
Amphetamine	13
Prescribed benzodiazepines	13
Ecstasy	8
Cocaine	7
Crack	5
Illicit benzodiazepines	4
Heroin	3
GHB	2
LSD	2
Illicit methadone	2
Prescribed methadon	2
Solvents	2

*Other (3 poppers, 2 pro plus, 1 paracetamol)

Other category: 2 women answered Pro-Plus and Poppers

Total number of substances used by each woman:

19 substances = 1 woman
16 substances = 1 woman
12 substances = 1 woman
9 substances = 1 woman
7 substances = 4 women
6 substances = 3 women
5 substances = 2 women
4 substances = 8 women
3 substances = 6 women
2 substances = 6 women
1 substance = 1 woman

The above list indicates most women are/ have been poly-substance users (a combination of prescribed and illegal drugs).

The focus group elicited the following comments:
If you don't find any relief in one, you'll go to something else, and if you don't find it there, then you'll try something else…Some can cope with one. Like some can be okay with drink, just drinking. Some can cope with drugs. Some can cope with medication. But some don't find any relief in either of those, so they do just go through different things.

Alcohol

Was widely used by women. Many of these self-identified this as being at a problem level, or were drinking alcohol at levels identified as by the researchers as signifying an increased risk to health (see terminology & definitions).
They commented that it was cheap, easy to obtain & socially acceptable:
Alcohol's usually the thing you always turn to isn't it…Alcohol, I think would be the biggest thing, cos it's so easy to just go and buy a bottle…And it's cheap…you can get an eyeful at a high percentage and it's cheaper than drugs…there's probably not the stigma. I mean I can remember my sister who used to just turn to a drink, and you could see it was just a coping strategy, but you knew that she didn't think it was a coping strategy. She was just having another drink…Thing is though, you find, when you're going through a bad time, your friend comes in with a bottle of wine (Focus Group conversation)

Some in the group also saw alcohol use as a way of avoiding admitting to a problem, as opposed to approaching a GP:
It's just easier to grab, or go to the off license or whatever and get something, but to actually make a conscious decision to go and say I'm going to the doctors because I feel depressed and I know it's because of all that crap that's going on in my life or whatever. It's like a different step in a way isn't it. You can put off doing that, and get using the drink instead because you've gotta go and admit there's something wrong in there.

Two women in the focus group stated that they started drinking to be able to sleep or to avoid having to be around their violent partner:
He went to bed at 11pm, and I'd stay up till three o'clock in the morning; still drinking & I'd have stayed up drinking until I knew he was definitely asleep.

Long-term effects and problems were a common theme:
It got to probably about 8-9 cans of special brew a day, or the equivalent strength of beer… Then I met ….. in the rehab, an alcohol rehab, and I started drinking white cider with him. I think that's when it started to really get me alcoholic as you'd call, you know with the physical symptoms and needing a drink, shaking literally so bad. It's like you have to have the drink and then you have to be on the toilet because it's coming out of both ends, and it's water, and you're that ill.

I think alcohol is definitely the favourite. I've really abused my body. I mean, at 25 years old through alcohol and anti depressants, I had like a mild stroke, at 25 years old yeah.

I used to hit to booze when he was out with his fancy piece. It took me a good few years, and cirrhosis to learn my lesson about that [alcohol]

When _____[ex husband] had come out of prison, he had been looking for me. For my drinking had been worse than ever.

I used to drink socially at weekends, but gradually it became more frequent. First drinking each evening, then drinking as soon as I got up, until I fell a sleep again. So it definitely increased when the domestic abuse was ongoing.

I haven't really noticed times when my drinking gets worse, but I drank more when he was up to his usual tricks.

I became conscious of the amount of times I visited the off licence after a remark from a member of staff there, so I started spending more and buying the gift boxed stuff, then I had an excuse. I was buying it for a friend, though I'm sure she saw through that one. It got to the stage where I was drinking as soon as I woke up every morning until I fell asleep which usually was within a few hours of the binge started. When I woke up, I would start again

Amphetamine

I've taken speed. Well the first time I ever took that, he made me take it. He pinned me down, because he wanted me to go out and I was tired, so he made me take it.

He got me into that shit about 12 months into the relationship. I was young and impressionable, and went along with it. When I wanted to stop, he would always make sure in a nice way, that I didn't need to (stop)

Prescribed medication – anti-depressants & benzodiazepines

Some women found prescribed medication useful, others found the use to be unsatisfactory:

I had anti depressants off the doctor once, but I stopped taking them because they me feel like I was on another planet.

I realised I was totally zombied. I didn't wanna talk to anybody. In fact, if I had to come out, and go to the shop or something, or if I saw somebody in the street that I knew, I'd go home cos I didn't want to speak to them. I was in my own little bubble. My own little world, and I was fine, until someone spoke to me.

But when they're wearing off.. cos when you're taking them, you can cope can't you, but when they're wearing off, you're like "I need that, I've got to have another one." Eventually your body gets used to that, and you're finding that you higher the dose……And you're getting reliant on them. You're zombied on them, totally zombied…….And they don't get to what's causing it. The problem's still there, they're just suppressing it…….So when you try to come off drugs, the medication. When you try and come off that, It's much, much harder to come off it. Cos I felt worse coming off it. I mean I just stopped it. I realised that I had two children. I realised I was totally zombied.

I just used the anti-depressants, they were prescribed I was snappy all the time really bad tempered I just like loose it slam the door and scream just scream. I'd go to another room and cry just cry. I'd be sat there and cry for no reason.

When my marriage broke up I was on anti depressants and sleeping pills, which made me feel totally crap. I felt like I was outside myself, looking in.

Cannabis

I know there's all this controversy over whether or not it should be legalised, but I've used it for a good few years now, and it helps me to feel calm.

Cannabis, I used to smoke as recreational, and also as a painkilling drug. I don't see it as a drug actually. It's better than some of the anti depressants I've tried.

I don't smoke a lot. I just smoke enough to put me to sleep, as they're a sleeping tablet. Cos I don't like taking sleeping tablets. That's [cannabis] the best thing for it. For me anyway.

Nicotine

I would use both alcohol and cigarettes if I feel stressed, for example at the time of trying to get the property sorted out and he was refusing the co-operate. I certainly smoked more, and I certainly drank more

I smoked a hell of a lot too. I was on like 60 a day. Just now, it's 20 a day. Yeah definitely. It's decreased since I've been away from him, all the stress.

Helps to control stress.

Started smoking through depression.

Cocaine

He got to the stage of selling it himself, and he'd even cut it for me! That's the gentleman he was. By that time I had tried to stop, but couldn't. I still use coke now- and when I can't afford, I ask my daughter for money, or neighbours. So long as I can get my hands on some, I don't care what lengths I have to go to.

Illicit benzodiazepines

When I'm 'in between' treatment at my doctors, I will purchase it from a friend.

Why women were using.

It just numbs the pain

I was raped when I was 17 and I used to get really pissed to try to block that out…. I did used to drink to sort of numb the pain

I drink and smoke more when I'm in stressful situations to get away from it, or when I have a memory that brings it back as well.

I wanted a "quick fix", smoking crack and snorting cocaine gave me what I wanted.

They don't understand that by the time the addiction kicks in, it's not the heroin you crave for, it's the injecting. I was addicted to injecting. I had to inject. I was injecting all over my body at one point, in my thighs, arms everywhere.

Every part of your life is to do with what they have done to you. You don't care about yourself, you just don't want to feel the pain you feel… I've had some beatings, but the alcohol's probably saved my life a couple of times because I've been drunk when he has battered me up, especially the last time any way. He beat me with a bat and I would've been dead if it hadn't have been for that drink. If I hadn't have been drinking, your body can't take that.

He pinned me down, because he wanted me to go out and I was tired, so he made me take it.

After court, I started to get worse because of everything; the papers and the depression, diabetes and all the rest of it.

The time I took the overdoses, I'd mixed the cannabis resin with alcohol and paracetamol…I often drove after drinking too, which at the time, I didn't care about the dangers to myself and others. I wanted to escape anyway.

I was taking alcohol because I couldn't sleep, and it got such a problem for me like.

To get through a day sometimes I'd just get drunk.

give me the nearest drink just so I calm down

It was because of the violence definitely & the abuse that made me want to have the above.

I only had it because he did, to keep him quiet if you know what I mean.

The following comments show the difference that women felt between short-term use as coping and long term effects:
Cos these things won't help you any way…….It just numbs the pain doesn't it?……You take anti depressants, but after a year, it becomes mind over matter……The alcohol rules it out any way.
(Exchange from the focus group)

It did increase, because I went from using two bags of heroin to five and I used to inject it. I injected the crack as well. But it poisons your system and my body started rejecting it. I got abceses all over my legs. Look, this is what 15 years of heroin has done to me.

It took me a good few years, and cirrhosis to learn my lesson about that [alcohol] But now I don't drink anything. I can't. I'm in the late stages with this disease, so I'm waiting for a transplant.

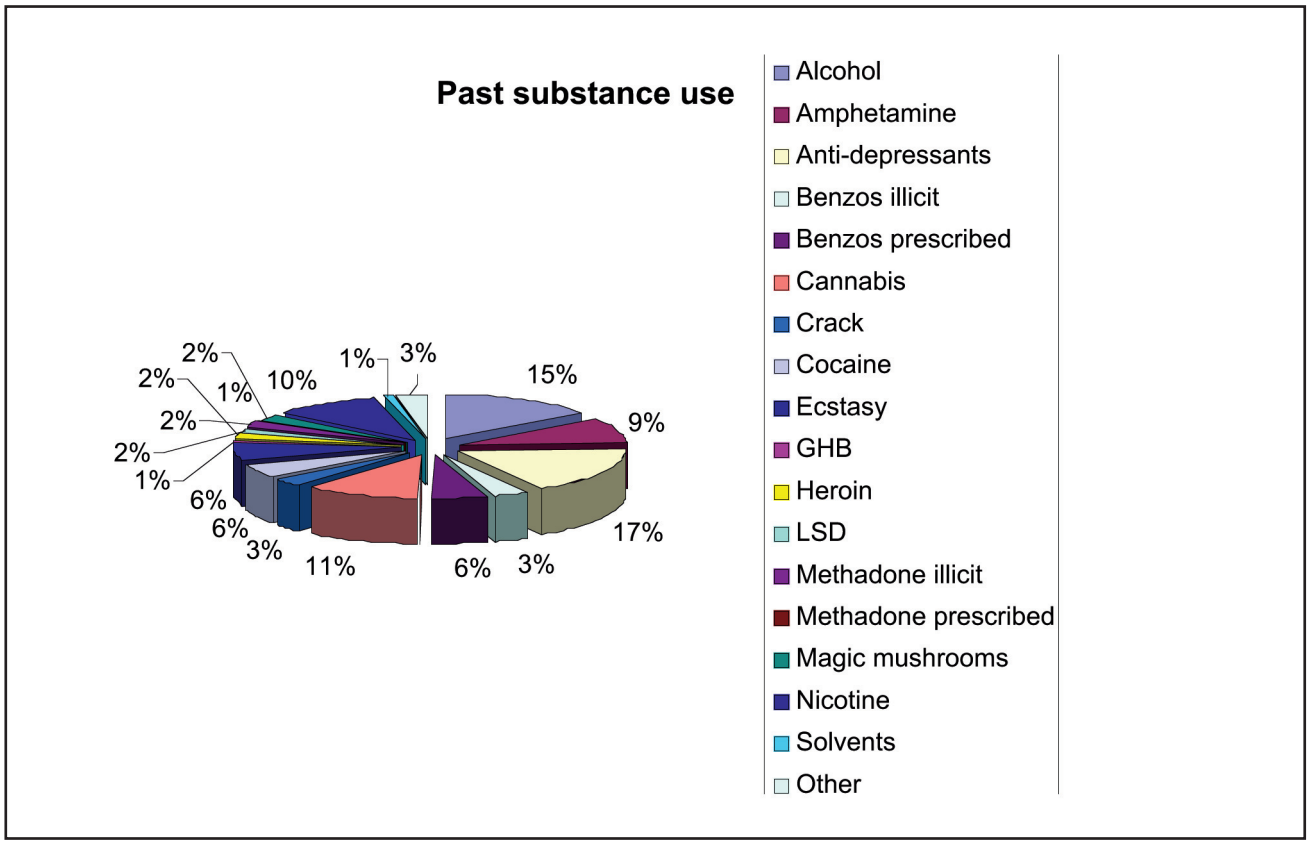
that's what has been hard, all those labels that I feel like I have had, or I have got; battered wife, alcoholic, drunk, low life, deserves it. That's how I feel. You just go deeper and deeper in it, and alcohol has that way of making you feel worse after. You go up and then it throws you right down. I'm lucky I've not got cirrhosis

Substances were not always identified by women as a means of coping
So, I've never used these to cope…I used to go out to work, so that was my break, and that's how I got rid of the anger, cos I did a physical job.

I don't smoke a lot. I just smoke enough to put me to sleep [cannabis]

I supply it, probably about three to four bombs a day. & I have four 'friends' who supply all kinds of drugs, so it's very accessible.

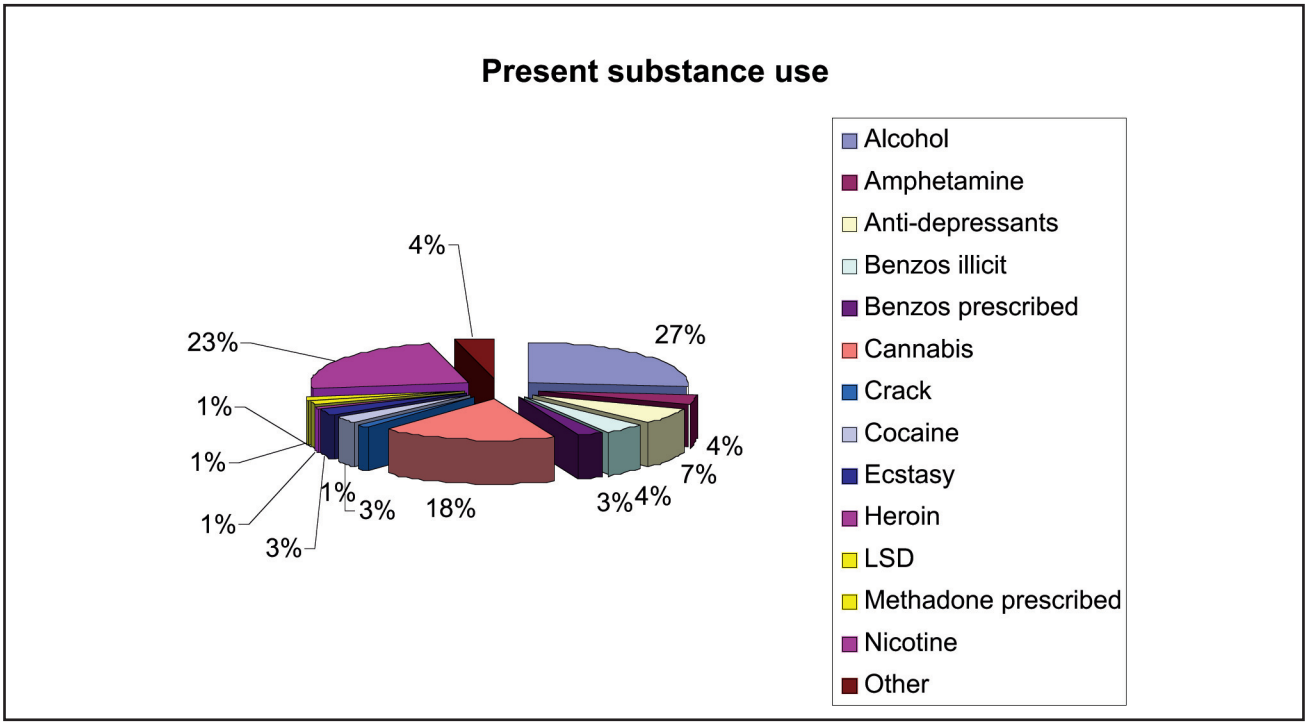
Changes in use Where possible women were asked to self-identify past & present substance use (partial results only)



Past substance use listed in order of prevalence:

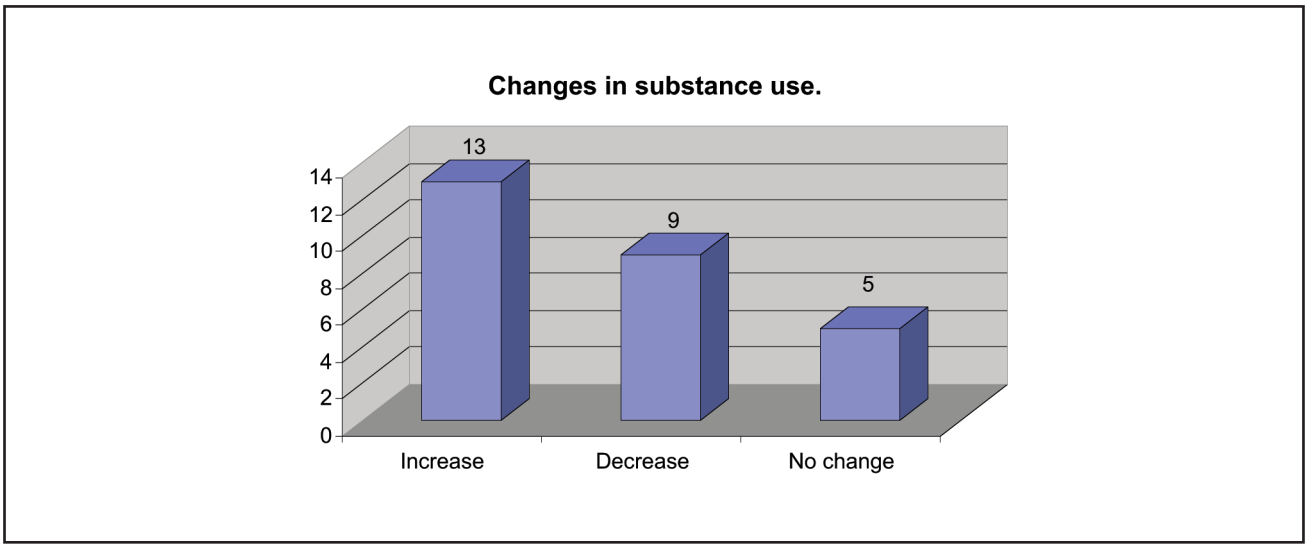
Anti-depressants	22
Alcohol	19
Cannabis	14
Nicotine	13
Amphetamine	12
Benzodiazepine prescribed	7
Cocaine	7
Benzodiazepine illicit	4
Crack	4
Heroin	3
LSD	2
Methadone illicit	2
Ecstasy	1
GHB	1
Methadone prescribed	1
Solvents	1
*Other	4

Other not identified.



Present substance use listed in order of prevalence.

Alcohol	19
Nicotine	17
Cannabis	13
Anti-depressants	5
Amphetamine	3
Benzodiazepine illicit	3
Benzodiazepine prescribed	2
Cocaine	2
Ecstasy	2
Crack	1
Heroin	1
LSD	1
Methadone prescribed	1
*Other	3



Reasons for Increase

Reasons for Increase

Stress, feeling down or depression biggest named reasons.

When things were bad I used more, it was like a vicious circle really, when things were bad I used more and then got stable and then it would start all over again and then every few months I'd go and get help again and cut down, it just went on like that.

Depends on…how low I am feeling. & When I can't cope with my feelings

Increased through pressure of partner.

Smoke more on speed.

I still do get cravings to inject, so I find myself smoking more, just for something to do.

Obviously this is going back to 1999 when _____[ex husband] had come out of prison and had been looking for me, so my drinking had been worse than ever.

It definitely increased when the domestic abuse was ongoing. We got to the stage were we were fighting every day, and that lasted a while.

It's dismissed again, everything that you've been through, and then you just feel like nothing again, so I got pissed.

Reasons for Decrease

Reasons for Decrease

At the moment I'm becoming better at "being normal".

Decreased since end of relationship.

Was using alcohol substantially, but now only normal amounts.

Never needed Valium since.

I don't need to drink now. My life is much better without him.

Experiences of assistance & help

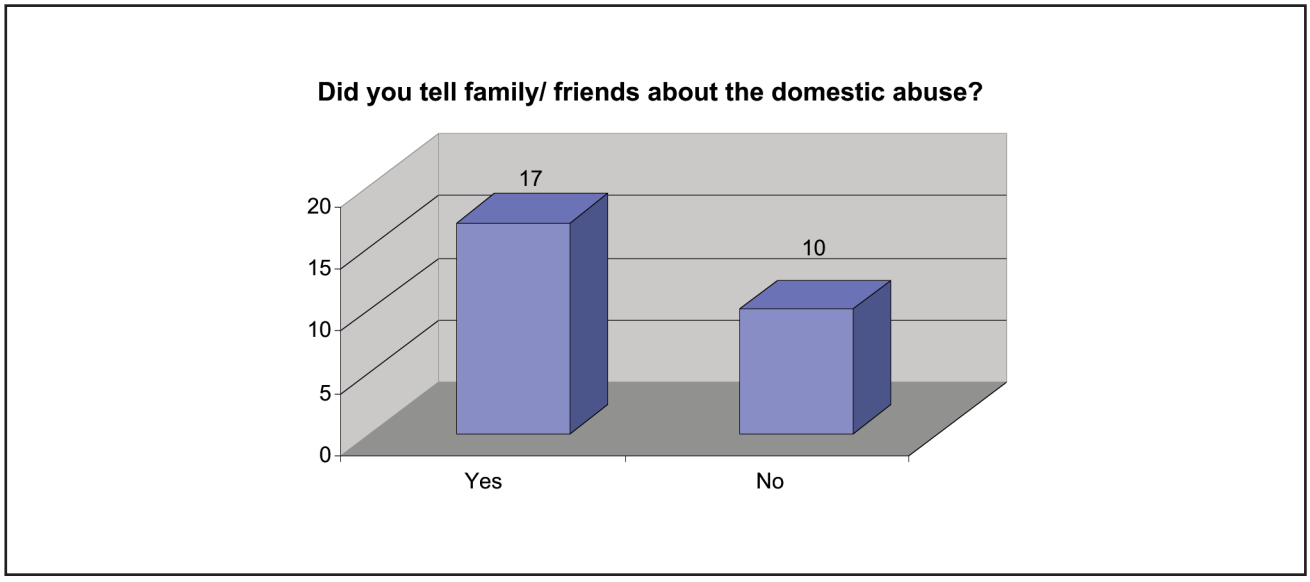
Experiences of assistance & help.

It should be stated that a few of the women said that they had never told anyone about their substance use or domestic abuse, some also said that they felt that they had received no help but had to deal with all their problems on their own, *"I've never asked for any help".*

One woman spoke of the difficulties in disclosing sensitive & personal information:

I didn't want a complete stranger knowing I'd been sexually abused or that I'd been called fat bitch and God knows what else I felt awful about it I felt low. I don't think I could tell anyone about it who didn't know, I couldn't tell that to my parents the details it's not right.

8a. Whether women told family or friends about the domestic abuse.



3 women did not respond. This showed a very varied picture, some women said that no one knew, others that everyone knew.

Family/ friends' reactions about domestic abuse

Negative comments:

Everyone knew what he was like, but they'd just say, "she knows what he's like, she deserves it", or "she must like it". I got it off my mother every time I went back.

They would always assume I had done something to provoke him, or make comments like " He works long hours, he wants someone nice to look at when he comes home, give him a break"…A friend came with me to hospital a couple of times, but she spent the whole time telling me just to leave, like it is so easy.

Because my mum always had DV from my dad, she told me to just get on with things, and to ignore it, as it will be all right in the morning.

My mum was ok, she let me and the kids move back to hers when I left him. It was a problem though, when he came to their house threatening us. & Well they couldn't really do anything because he was a very abusive person, and if they said anything, they would get it as well.

(Friends) I told them what he is like, but no one including me called it domestic abuse until reading this.

I only told parents. They said, "I've made my bed I should lie on it". They encouraged me to stay.

even though I was confused and jumpy a no one believed me until they seen it for themselves

sometimes I couldn't hide the bruises.

I had no family as such, so I was totally on my own.

I got help from my family. I don't have any friends. I was stuck with him all the time.

He actually gave me a good hiding in front of my sister and her boyfriend. He gave me a black eye down one side of my face, and I got fed up of making excuses, so I told, and they just couldn't believe it. He just didn't seem to anybody like that sort of person.

I'd stayed at so many peoples' houses hiding, and I just couldn't do it anymore, cos people just get sick of you. They don't want to know

In the meantime I had my parents and his parents both forcing me to drop charges. Threatening me that they'd get the kids taken off me, my parents said they wouldn't allow me back into their house…so in the end I dropped the charges.

They didn't really believe me. They weren't really as supportive as I thought they would be, because they believed him. In the end, I left him so I couldn't really stay round there. I had to leave in the end.

Friends had always said "Oh leave him, he's scum" but that was the problem, I loved him and wanted to make it work. I was convinced I could change him, and I didn't want to leave.

They often see us arguing and he used to put me down in front of friends and family all the time.

Positive comments:

Positive comments:
He didn't separate me from my family because I have a very strong bond with my family

Helped me to get my life back in order and supported me financially & emotional.

I went over to my friend's over the road I said "he's in the house and I don't want him there, what do I do?" She said phone the police, so I said I daren't. Anyway, we talked about it, cos I was in a state as well. The police actually came out, and they asked where the children were. They were safe. _____[friend] said, "take him away" and they came back down and said "Oh it's best to leave him tonight, cos he's sleeping"

It's like my sister came and moved all his stuff out, and dumped it in the back garden. But you know, it's hard isn't it, it just is…My mum came and took me out of that, and took me back home. Yeah I've got a really supportive family.

She was very understanding and I didn't feel judged… She gave me some phone numbers, and didn't pressure me into making contact. I still have them for when I'm ready (Friend)

My mum had been away for two weeks, and he'd managed to get everybody to turn against…He said things to them, and led me to believe that nobody else cared about me, nobody else would have me…And I got to the stage where I had to stay because I believed that no-one else would have me. I was like listen to me, but no-one would. They were all listening to him instead. Then my mum came back. My mum's my strength, and she was said "right we're getting you out of here"

If women hadn't told friends/ family about domestic abuse, they were asked to comment on what they thought the reaction would be.
I don't know, because they all really liked him, and got on well with him because he was lovely with them. I don't know why but I didn't want to ruin their opinion of him. I don't know why I was protecting him.

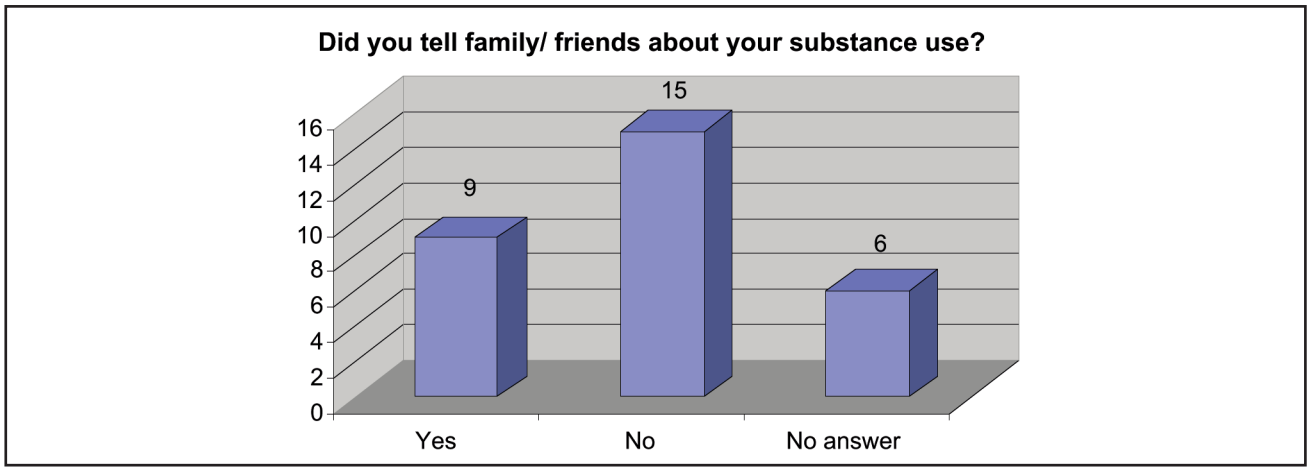
They wouldn't have bothered.

I don't think they'd have believed it. It wasn't bad domestic abuse, just a bit of arguing and fighting that got out of hand a bit.

They would have been annoyed at me putting up with it.

They would have told me to get away.

They don't approve of the relationship anyway
8b. Whether family & friends were told about the substance use.



Reactions from family or friends

Negative comments:
They weren't happy.

They disowned me at the beginning, but then when I got on a prescription, they let me back home, but I went back on it a few times that they didn't know about.

There was definitely a worse reaction to the drugs than the domestic abuse...it might have been because the drugs were something I was doing to myself, but the abuse was not me.

Other comments:
They all use anyway; they buy their drugs from me.

My family didn't know. My friends who also use, they know. We use together.

Most women feared a negative response from family/ friends if they were not aware of substance use:
I don't think they'd have bothered because it runs in the family.

They'd have hit the roof. They probably wouldn't accept me back in the house at all. They'd blame me indefinite; it'd be my fault the abuse.

They would be totally judgemental, and their feelings would change towards me.

They'd have absolutely killed me.

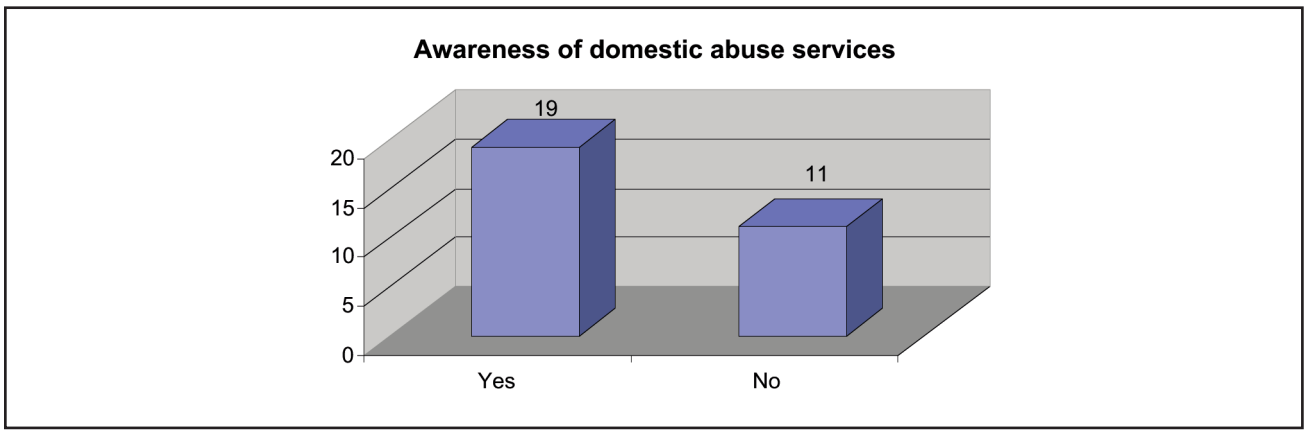
She doesn't not tolerate any drugs, even smoking.

They would be ashamed of me.

My family would beg me to stop and try to put my health first.

I fear telling them (family).

9. Awareness of services available for domestic abuse



2/3 of the women said they knew about services for domestic abuse (although not all of them necessarily accessed these). Some did not know:
A lot of people say that to me, I would've left if I'd had somewhere to go. But where do you go?

9a. If yes, type of assistance accessed

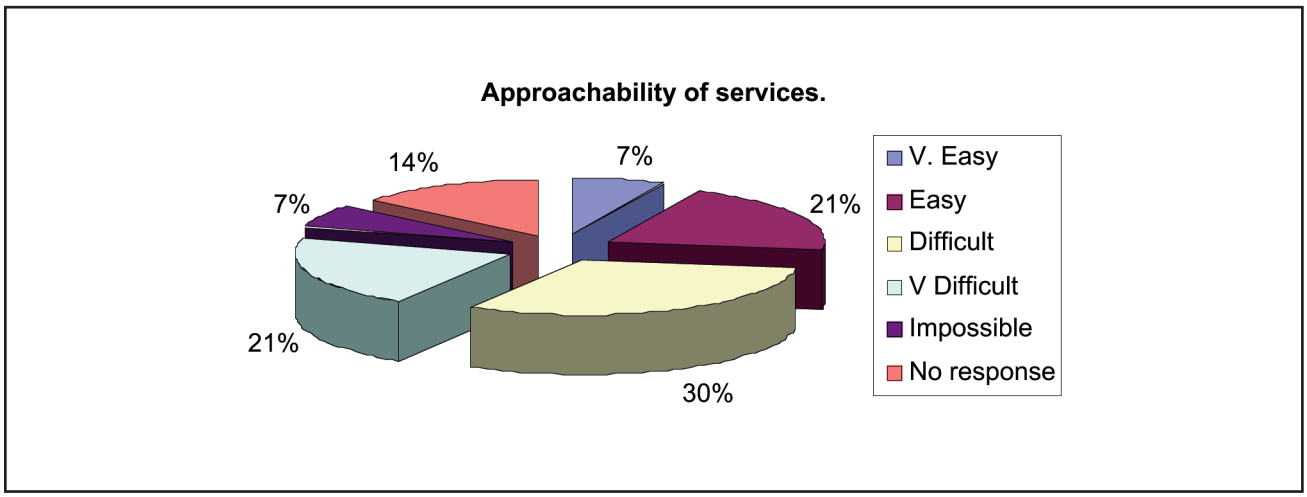
Total number of women who have approached each service:

Police	15
Refuge	13
GP	10
Social Services	5
Health visitor	4
Family/friends	4
Midwife	3
Domestic abuse helpline	2
None	3
Other	8

The 8 women who answered "other", stated they had contacted the following agencies / individuals: Housing Officer; Victim Support; College tutor; Brooke; Relate; Domestic Abuse Project Co-ordinator; Minister; Probation; Hospital; CPN; Domestic abuse group; Social worker; Samaritans

9b. How easy it was to approach services

4 Women did not respond. 3 out of these 4 women said they had not approached any services for domestic abuse.



Positive feedback

[Social worker] Yeah she was really nice and non judgemental. She came round while my sister was out to visit and she had a chat with me. Yeah she was easy to approach.

[Refuge]…It's been great, absolutely great. They couldn't have done more for me. Everyone's really approachable. & They have been really good here, although some are better than others. I know who I feel safe going and talking to when I'm feeling down. & Physically though- accessing the refuge wasn't too difficult

I had police protection and that because he was dangerous. [Did you find the police approachable?]…Quite good, yeah.

[Midwife] Yeah because that's the number that I phoned and that's what has brought me here.

Awareness of services could change over time.
It's more open now. (More awareness now)

I hadn't heard of the refuge until my G.P mentioned it to me, and I came here.

Not until I'd had _____[child] my last baby cos it was my midwife who gave me this number.

There's some cards downstairs that's the only reason.

2 women mentioned that geographical area makes a difference.
I wasn't really aware of any services in this area. In the bigger cities and that, they're aware of it.

Negative feedback

Women were not always aware of services:
I hadn't even heard of refuges.

Nor knew or were told how to actually access them:
When you do try to find out, you don't get the right help do you?

I knew there were refuges and things but not how to get into them.

[GP] he didn't help me. He didn't put me in touch with anybody, or tell me where to go for help. He just told me to get rid of that husband of, mine.

Sometimes the women's own fears affected accessing services:
I have only just gone to the doctor's, and I've been here nearly seven months. It took a lot of courage to go and get help.

The fear of not being believed, and not recognising it as domestic abuse were the two main reasons I found it difficult, but the reactions from some agencies were also negative.

[Refuge] It was a giant leap for me. I didn't want to leave, but I didn't want to stay and be abused either. I found it emotionally difficult to take that next step in my life.

Well I didn't think, or it didn't occur to me to contact one of these places. I thought the refuge was just for physically abused women.

The refuge, yeah I've heard of that, but again, if I went in one of them, that'd mean I'd need to tell them that my partner's a woman.

I knew there are refuges for battered women, but I didn't think I fell into that category.

Domestic violence was always something I saw that happens to someone else. I never realised it's happening to me, and has been with my ex husband.

It's never been physical abuse, so I couldn't go to the police.

[Police] He tried to help me, and he kept saying "Go to the women's refuge", but I never got enough help no, I just didn't.

At the time, I'd heard that the police don't deal with domestics- an opinion that was reinforced by my dad

Some women said they were too upset or scared:
I went to the doctors, and I took my son. I didn't know if there was something wrong with him, but I knew what it was really. But I couldn't tell him what was going on cos I was scared.

When it first started happening I rang The Samaritans one night, but I couldn't talk to them. I was that upset and choked

Geography made a difference to accessibility of services:
[Actual access to refuge] Hard. I can drive, but have no car. I had to plead with my mum to take me in her new partner's car.

Even though there are these services, you have to travel to them. Like the women's refuge, the one in Chorley. To go there, you've got to rely on someone to take you, which means you have to have someone who not only drives, but someone you do trust, or you've got to get the bus. The problem is, what would you do if you've no money, your husband's just beaten the shit out of you, you have little kids and you just don't know anyone to get you there.

Agencies were not always approachable or offered the right help:
[Police] I've been to the police and they've said, "Well _____[survivor] you know what it's like until he does something" or "Why didn't you come two weeks ago?" "Because I was locked in or tied up."… You go and tell them that something's going to happen, and then I have coppers balling and shouting at me like I'm supposed to be able to control what he does.

They [Police] were well aware of the family, so they didn't believe us and didn't want anything to do with us.

I went to see the doctor because I was depressed but the doctor didn't know what had happened to me

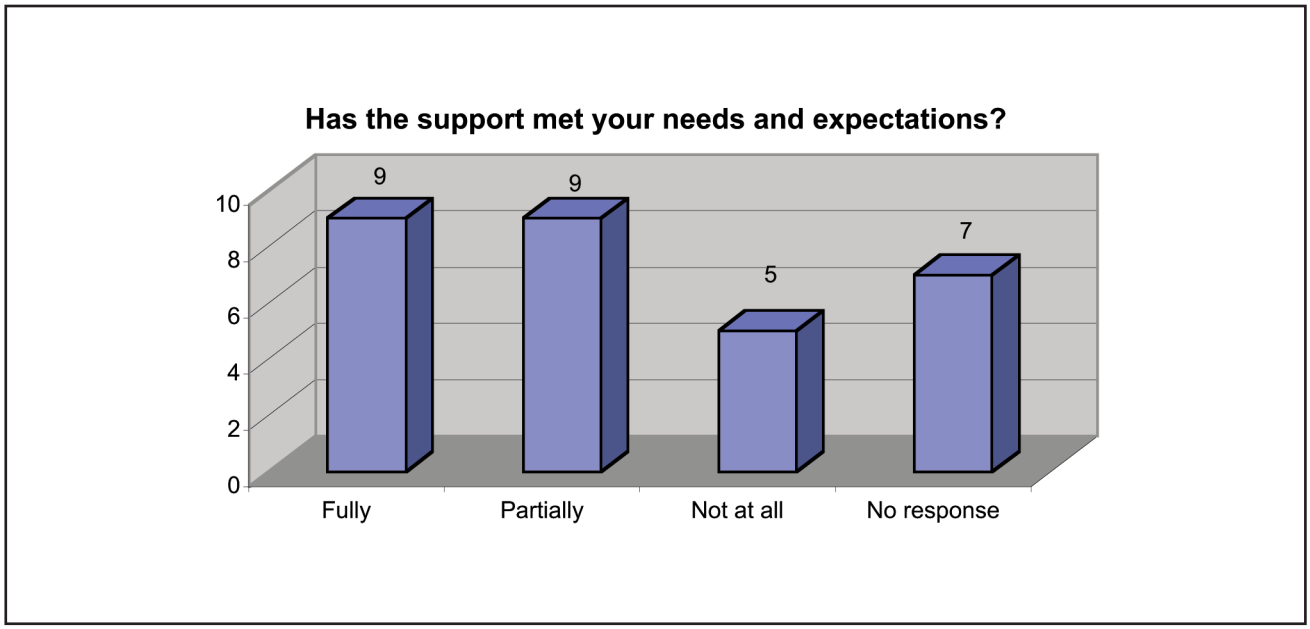
I wouldn't like to go here for help, doctor not very caring.

Fear or control of partner was also an issue:
Then he knocked on my door, and I was intimidated cos he was there, so I said I'm said, I'm alright. Everything's okay.

But you're scared of telling people as well that you are being abused in case it's back to the person that's doing it. You know, there's always that fear.

I never trusted anybody because I just felt that he would find out. He used to say "I know you did this" and I thought how do you know, what do you know. Even though they didn't know. They didn't specifically say, I know you did such and such a thing. But " I know you did this"

9c. The women were asked whether the support meet their needs and expectations.



The picture was very varied. 2/3 of survivors answered the question with regard to domestic abuse, only 9 of these had their support needs fully met.

There was not always a point of reference for expectations:
Oh what did I expect? I didn't know what to expect. I've never done anything like this in life. I've had to put up with it. I don't know what to expect.

Other women had very clear expectations/needs:
I expected to feel safe in my own home and in my own town. I felt neither of those… I spent 18 months looking over my shoulder every time I went out the door… I even carried a knife in my bag. I had a personal alarm, and always a mobile phone…services fell very far short of meeting my needs, let alone my expectations.

Not really I was passed around and felt no one really gave a damn!

I thought I'd get help, but I didn't, and it has been harder than actually being with him

Some did, but I got fed up of having to repeat my story to everyone.

Police

The Police have been great. CID - there have been a couple of officers who have been absolutely brilliant all the way through.

They did give me a lot of support, and like I said, police protection which without that I would probably still be there with him.

I think they're a good service. They are helpful cos they directed me to places and that for information and I could talk to people.

The police were brilliant when they came round…the lady on the phone didn't have to stay on the phone and talk to me all the time, calming me down and making sure I was ok, but she did until the police had actually turned up.

I only reported to the police once, and that was the final time I got away. And it was one particular time when my daughter was locked in the house with him when I went to the chippy, and I thought this is the time now, I'm gonna do what I've got to do, get the police involved. So, I went to the chip shop. The phone was across the road, and I phoned them up and told them that we were being abused and we needed to get out. I explained the situation and the inspectors came, and the police came, and that was the last time we ever went back. It had taken me six long years and over twenty convictions later to finally get out of there.

They told my husband to take up a sport to channel his aggression. They never removed him from the property – (long time ago though).
Some of them haven't got a clue, the police. Between him leaving in August and when he broke-in in November, he was trying to kick the door in and come to the house and one police officer when he came round said "Don't you think you're over exaggerating"… Yet there are others who are on the ball and realise there's something serious going on, but there's some that just don't know. They need to learn.

I was in a state, I'd just been beaten up, I was black and blue, dragged from my sleep, plus everything else he'd done to me, and they expected me to name names when he could've been in the house and I was scared he was going to come back and kill me. They just don't understand.

I was told by one police officer "What do you expect when you've married a man like that

You go to the police, well I've been to the police and they've said, "Well _____[survivor] you know what it's like until he does something" or "Why didn't you come two weeks ago?" Because I was locked in or tied up. "Can you prove it?" Well how? How can I prove it?

The kids have given interviews, and as yet nothing has been done about it. So I'm left wondering are they gonna do anything, or aren't they. It's ongoing. The police have been saying we'll do something in a couple of weeks, then it was gonna be a couple of months then we don't know before the court case or after the court case.

Refuge

It's been great, absolutely great. They couldn't have done more for me.

Just the refuge, but once I got in there, I learned about counselling, college courses and other stuff available to women like me.

The staff here have been great they even get my medication for me… the staff here have been really helpful and nice, all of them.

They have been really good here, although some are better than others. I know who I feel safe going and talking to when I'm feeling down.

Then I went into a refuge, and there was no support in there either

Me and three children go put in a tiny little room. Shared the kitchen

I felt like quite an outsider anyway, and they treated me like that, with my accent being different… Everything was always going to take a long time. This woman said to me just give everything up and move wherever. Like it's that easy.

In the room there was one single bed and two bunk beds. And that had to do for me and three children. They were all little; they had no tele, no nothing.

GPs

My GP is a lovely man, but all he offered was anti depressants and sleeping tablets, which don't really do a lot when you're terrified out of your wits, after having your door kicked in twice.

He [GP] said to me "if you don't get rid of him, you'll end up in _____[a psychiatric unit], and the children will end up in care" and I won't get them back. So I came out of there and thought I was stuck.

When I've been to the GP, some of the sexual abuse, they just treat it like it's your fault "are you sure that has actually happened". They just don't treat you like you've been to hell and back. It's like they just don't care. They're harsh and they're horrible.

I'm not fully happy with the way I was treated when I was going to the doctors. I was physically, sexually and mentally abused and yet I got no help

Other

I first told my tutor at college what was going on, after several black eyes and many lies. Luckily she was supportive, and would visit me at home every week thereafter. She spoke to my health visitor on my behalf, and even offered to visit my GP with me. My health visitor made the referral to Social Services and an initial assessment took place. I was worried the kids would go on to the At Risk register- for selfish reasons - I knew that would ruin any chances of me having the career I was aiming towards. I started to attend a support group for domestic abuse. At first, I didn't associate myself as one of them- it took me a while to call it what it is.

We've also attended couple counselling at Relate and Brooke, but neither worked. It was individual counselling I felt I needed. I wasn't able to speak honestly while he was present, and I was worried anything I did say would spark off another argument.

He knew where I was because they contacted him to tell him I was off his rent book, they told him the area I had moved to, it was a stones throw from where he lived (unclear as to whether this refers to social or housing)

I phoned Samaritans and spoke to them and I just felt I was talking to a brick wall. I was talking to them and I wanted them to tell me what to do, I wanted them to tell me to leave him, come on get away but they didn't and cause they didn't I stayed there

I had to swap chemists and they have treated me like dirt, I had to sign something to say I'd come in after 10 o'clock but I have 2 kids and I'm up at 7 o'clock and I need it then when I wake up. I wasn't allowed to but something, I had to go and ask someone. I wasn't allowed to touch anything on the shelves. They were horrible to me

She was really nice and non judgemental. She came round while my sister was out to visit and she had a chat with me. (Sister's social worker - She also told her about refuges)

[Housing] She must've known the questions to ask, cos I'd have never admitted to her that I was frightened to go back to my own house, and my husband. That's just not what you do that easily isn't it?

Then she said you need an injunction. We went to court for that and the judge said I couldn't get it, cos he wasn't violent enough, so I would have to go back home, and my ex, well he wasn't my ex then, but… should move out of the matrimonial, family bed or whatever he called it into the spare room.

He was talking and he said we can put you in a refuge, and that was all I got. When I refused it, he just said "Oh well , that's your decision then" and that was it…I told them that. I said I couldn't leave my boys. He's gonna hurt them, especially if I'm not there, he'll be even more mad.

Being easy to approach needed to be backed up by a satisfactory response:
I'd known the doctor a couple of years, so I felt I could approach him in confidence. I explained about the domestic violence, but he wasn't that helpful. It was almost as though he was surprised it could happen to us [same gender couples] He also seemed surprised that I wasn't being hit…I felt really belittled. I couldn't face seeing him again.

Two woman mentioned help specifically for children:
There should be help out there for kids too, but they can't give her any counselling until after the court case, and this has been going on a long time. They can't do anything to help her.

9d. Women were asked, "How would you have liked to find out about domestic abuse services?"
10 women did not respond.
5 women said via their GP
8 women said advertising; 3 of these specifically mentioned public toilets.
7 women said other & interviewees had several ideas - Hospitals, schools, baby clinics, Community newsletter, Outreach service, Free newspapers, Community multi purpose building, Internet, School, general open days, mobile bus, TV, small cards, posters, talks from survivors. Some women mentioned having trouble with literacy problems which could have implications for publicity. Two mentioned pro-active contact:

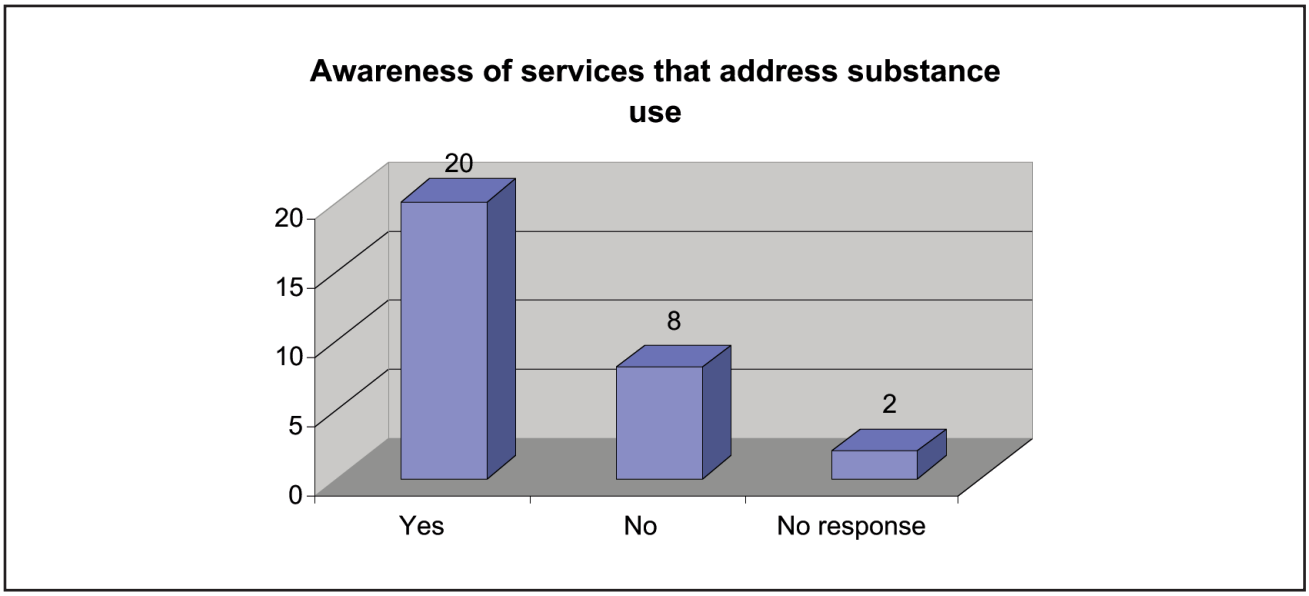
I found it difficult to go anywhere and say what I need, an outreach worker who's specially trained would've been ideal for me…If someone comes to you…checking that you're not getting anymore abuse. "Are you ok?"… it just goes a long way

I'd have just liked somebody to come to me after court and say "Right, this is the sort of help there is, what do you think would suit you?

Some women had ideas that were well thought out with regard to physical safety:
General open day for women but have all the info about domestic violence available as well so the women can pretend they are just asking general questions. It's harder for women who are still with their partners there's the guilt thing and then the partner senses something is wrong and then another good hiding

I don't know how I could've possibly found out about it really because this past year I've not been out the house…He wouldn't have liked it if just one leaflet came through the door with domestic abuse on it, but if it was a whole bunch of leaflets then I could just browse through without him even knowing. Or even a community newsletter with everything happening on in the community, then that way it's posted through everyone's door, and people don't feel as though they've been targeted.

10. The women were asked "Were you aware of help and support available for substance use?"



2/3 of the women said they knew about services for substance use (again, as before this does *not mean that these services were accessed).*
Myself! Getting on with things, like they've never happened.

I suppose you're always aware of things like this, but I never accessed them.

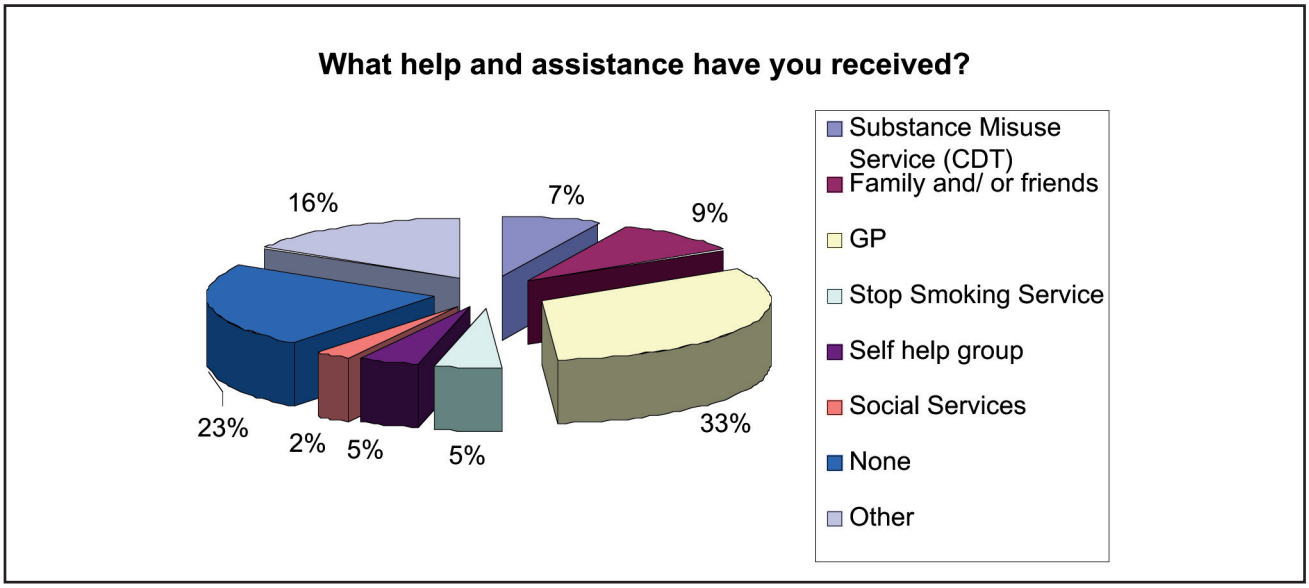
I know there's Alcoholics Anonymous, and I know about help for stopping you smoking, but I didn't access any of them.

I don't think there was as much about it then. Substance use then wasn't a recognised problem then. So there were no helplines at all.

Accessing help safely can be difficult:

I think there are groups for people with alcohol problems, but I don't get out much to see where these things are, and I'd need a damn good excuse to go and find out…It's very restricted; my life.

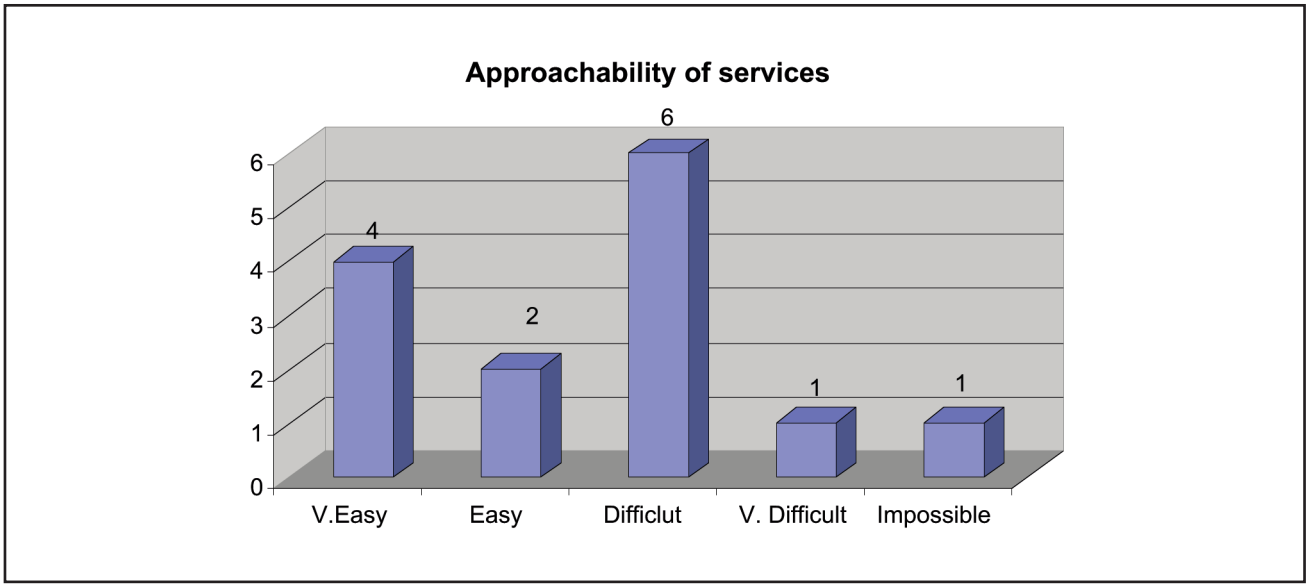
10a. Type of services accessed for help with substance use issues.



Other: ADCL x 2; Internet: Talk to Frank; Chorley Women's Centre; Brooke; Social Worker; Pathways; Westfield's; Detox

Apart from GPs featuring as the largest service accessed, this question gave a varied picture of help-seeking.

10b. How easy have you found it to approach services?



16 women did not respond.

Positive comments:

She (social worker) was very supportive and sympathetic. She helped me cope with my life and gain my independence.

Negative comments:

In myself it was hard because I was worried he'd judge me, but it was difficult to access the counselling because of the long wait.

The drop-in centre where I attended the counselling was in Wigan, so I found it difficult to get to, though I didn't feel uncomfortable being there cos Brooke offers a range of services. The GP- no, he wasn't approachable at all. I was very discouraged after speaking with him.

Embarrassment that I couldn't cope with 'normal' life without tablets.

I feared if I told her she would stop my prescriptions that I need for my asthma, the pill etc.

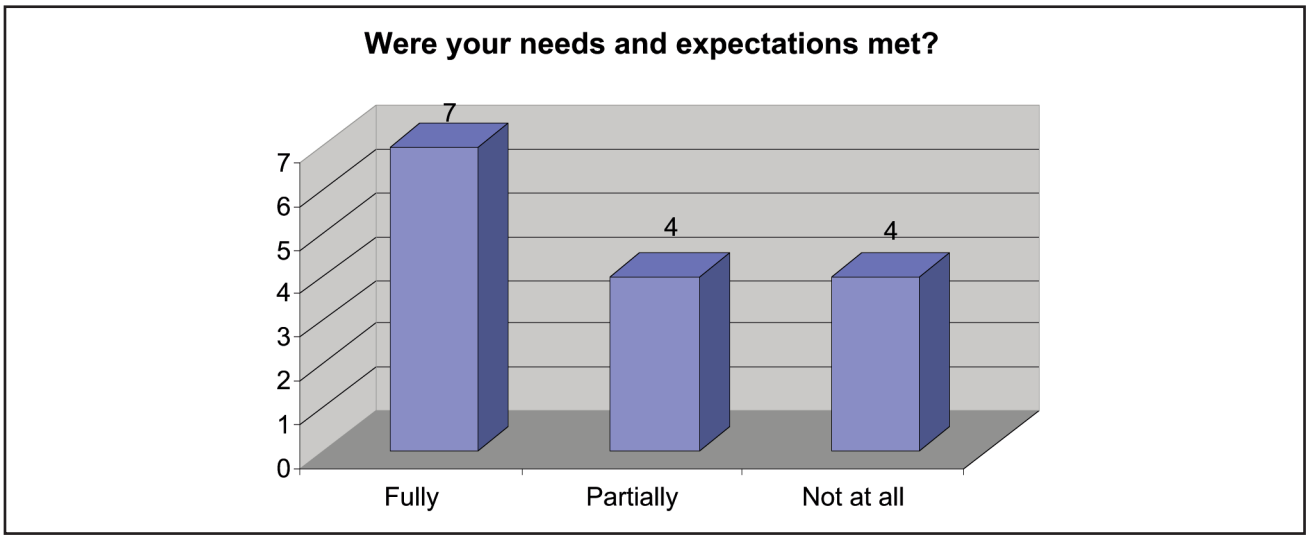
GP because he is known personally to my family. I feared he would talk to my mum

[GP] I couldn't talk to him. & GP worst to approach

I don't think it's very good round here. I probably noticed more when I went to Rochdale, when I was in rehab, and there was more help for women about alcohol there.

It was good to be able to offload to someone [Brooke], but as for the GP - no, I'd have expected him to be a little more empathetic, and definitely less judgemental.

10c. Whether support met needs & expectations.



Only half the women answered this question, and half said their needs were fully met.

Needs and expectations of substance use services

General comments:

No, not really no. I'd have liked more help when I was asking for it, but I understand there are others who need it too.

Cos nobody's listening, and that's half the problem because nobody listens to you.

Not enough support in the area.

Drug/alcohol services

I did a drink diary. It wasn't enough. There wasn't enough in this area.

[CDT] Very good. They do a good service and know all about problems we have. Well the ones I've met anyway.

the support I'm getting now. I think the support you need. I mean the doctor can be funny about giving you detox. But we have a detox nurse at the ACDL

Self-help group is useful. I enjoy making new friends in a safe and secure environment where discretion is assured.

GP

My GP was very supportive. She got me referred to CDT quickly.

(GP) I explained the situation to him, and mentioned that I was drinking too much. His response was "Well young girls like to drink alco-pops due to peer pressure" He judged me because of my age, and I hadn't even mentioned alco-pops.

I had my other medication taken off me when she discovered I was taking drugs illegally. I needed them to cope.

Responses on prescribing anti depressants

I went back to the doctor and said I think I'm losing the plot I just cry she put me on stronger anti-depressants, I used to sit in bed for the weekend, they knocked me side wards, I was really ill from them. I was on a high dose 2 in the morning and 2 at night. I was throwing up so I took myself off them but that did me no good so I went back on them and I'm still on them but a lower dose.

He [doctor] just said "Oh, so you want some anti-depressants then?" And he sort of went to write his prescription, and I went no, cos I knew in my heart and soul that even what I was taking was only making me feel better for now, and really I needed to talk to someone about what shit were going on,

[GP] He said, "If you don't want anti-depressants there's nothing I can do for you" and that was it, he didn't suggest counselling, he didn't suggest anything. I just felt more upset and more frustrated at the whole thing.

He [GP] just wasn't interested at all. All he said was "if you're frightened, all I suggest is you go home and have a think about it and if you find you do want anti depressants, come back and see me in a week." And I was absolutely devastated.

Responses on prescribing benzodiazepines

He just said "Oh lots of people can't sleep" and that was his attitude. "I'll just give you some sleeping pills," I thought, I can 't take sleeping tablets, I've got two children. I had no family as such, so I was totally on my own. I said no, I didn't want sleeping tablets, and he said, "Well what've you come here for then?"

Would only let me have small supplies of valium due to addictiveness. I felt bad as they were running out because they were like a safety net.

Being passed around was common:

You go from pillar to post, you go to your doctor and he says "right we're gonna get someone to help you" & we're passed from pillar to post and no one gives a toss really.

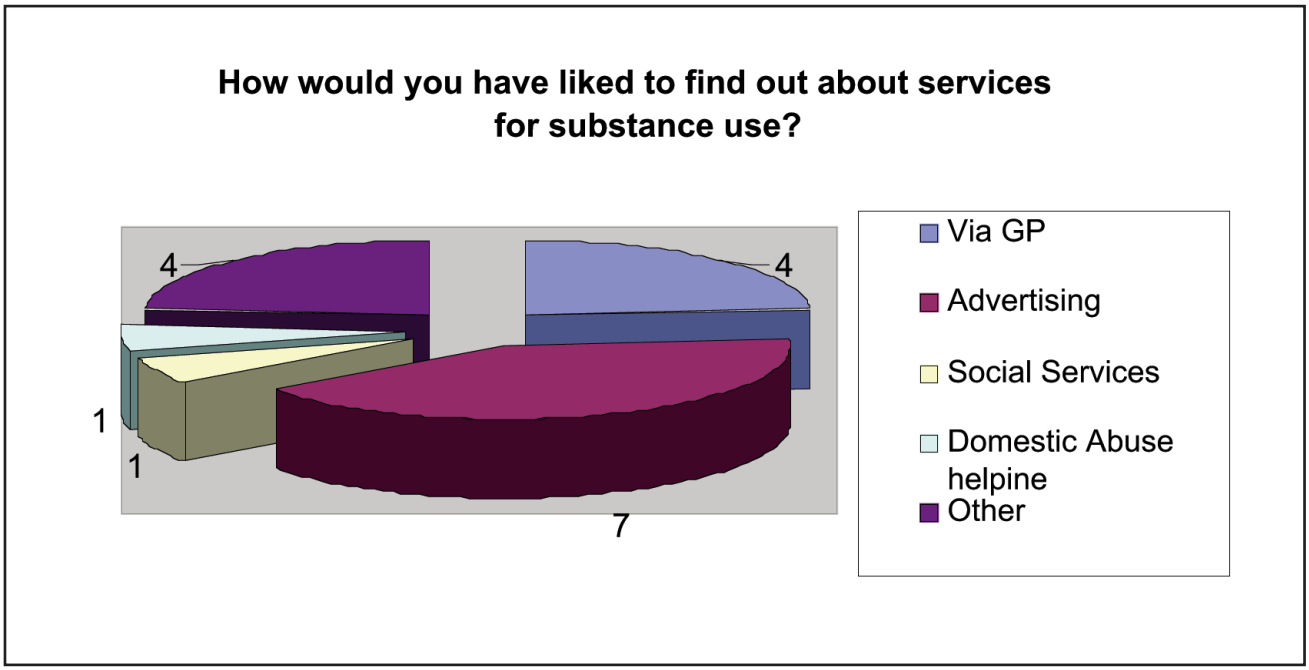
Safety was not always paid attention to:

It's alright saying go and see these people about stopping drinking and everything, but you need to live where you've got safety and you don't think that your ex husband's going to come and get you because he's still walking the streets. All I'm saying is that I should've been able to know where he was when he got out of prison, then I could feel safe. (This woman also said that she was placed in a mixed rehabilitation unit where she met a second abusive partner, while detoxing)

I was housed with all these guys who were alcoholics which wasn't good for me given what I'd been through

One woman had to go to extreme lengths to get her needs met:
The best thing I did was get done for drink driving and that's when I got some help, but I had to commit a crime. I was a victim from all this previous remember, but I had to commit a crime to get some help. I got probation, I know a victim from court doesn't need probation, but if there was something there for me, that I had to go to every week that helped me…You can check up and ask that I begged to stay on that, cos it was the only pissing help I got, and that was how many years down the line. I was a bad alcoholic by then.

10d. How would you have liked to find out about substance use services?

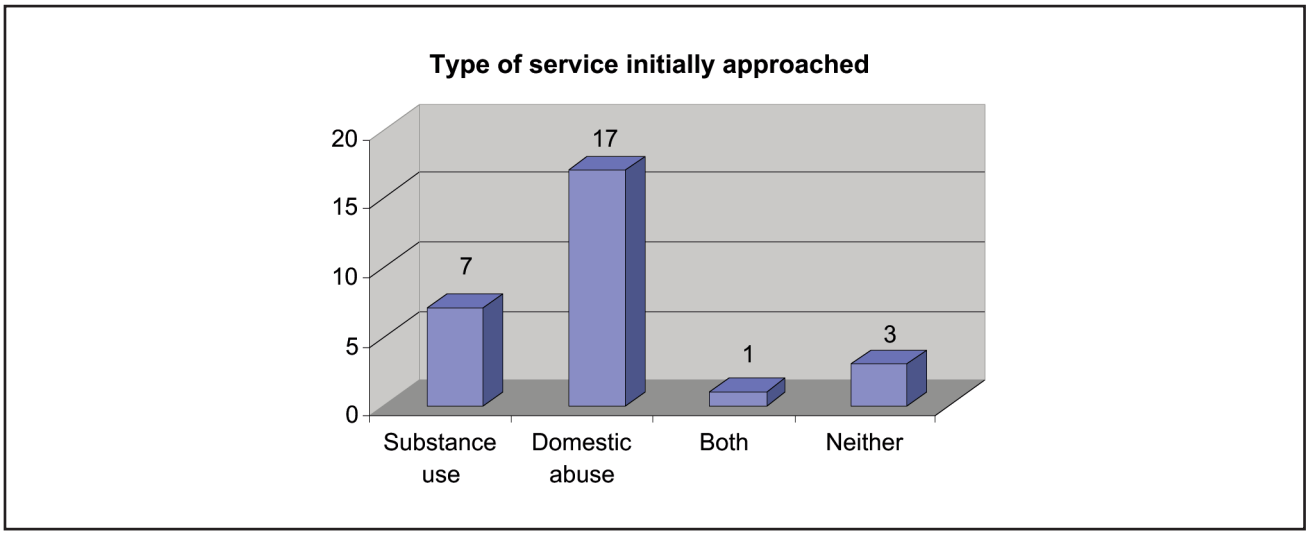


13 women did not respond.
Those who answered "other" said: local newspaper; internet; community multi-purpose building; hospitals; public toilets & libraries.
Internet can be used anywhere, and it is private and confidential. Very informative and advice is good and helpful.

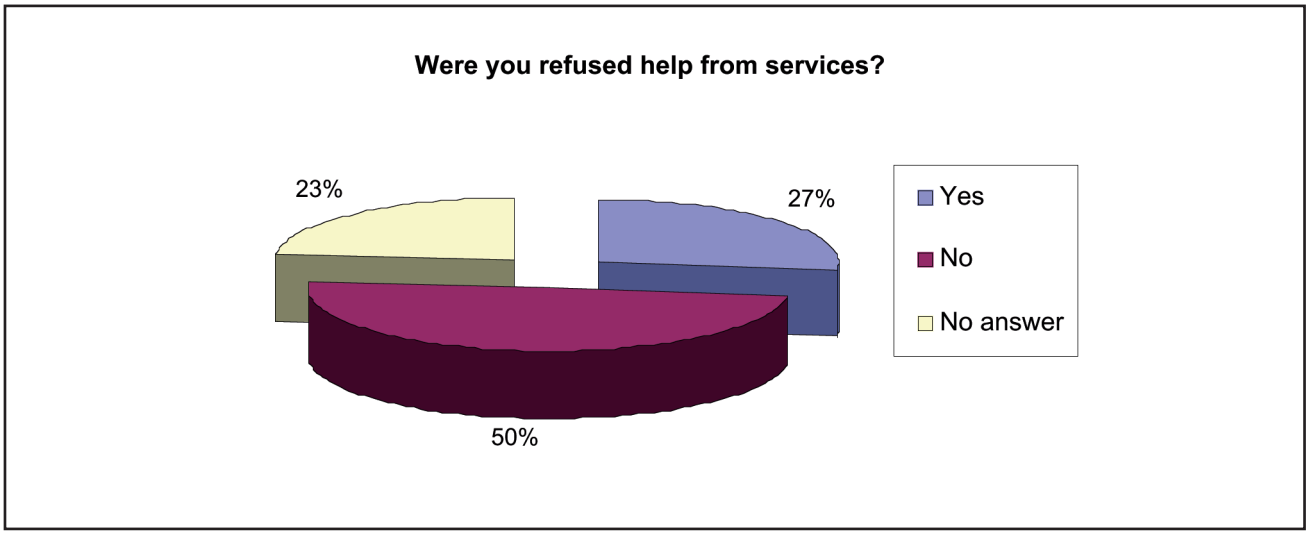
Local community multi-purpose building.

Hospitals, libraries, toilets (public), anywhere!

11. The women were asked which type of service they approached first.
Women generally accessed domestic abuse services first. 1 woman accessed both types together, 3 accessed neither service & 2 did not answer. One woman spoke about the stigma of admitting to both issues:
Once I'd spoken about the domestic abuse, I realised it wasn't all being dealt with because I felt ashamed about telling people I was drinking too much, and that was affecting my daily life in a big way.



12. Have you ever been refused help from any services?



This may have been due to service criteria at times, *"I wanted to get in refuge but was told at 17 I was too young" & "I couldn't get into the refuge once cos they wouldn't take people using".*

Women's responses:

After I split up, I went to the Family Planning clinic, to ask for a HIV test and the male doctor there said that I didn't need one, even though I knew he'd been having unprotected sex with a prostitute. Even the nurse there didn't bother, just said it wasn't worth putting myself through the worry, as it would probably be negative.

I've been to the police and they've said, "Well ___[survivor] you know what it's like, until he does something" or "Why didn't you come two weeks ago?" …because I was tied up. "Can you prove it?" …Well how. How can I prove it?

No, but I'm scared to go to the GP in case my kids get taken away. I have three kids under seven.

We were put on the waiting list for Relate after initial contact, and are still on it, without hearing anything from them.

I felt like I was being refused when they said I would have to wait so long though.

He didn't help me; he didn't put me in touch with anybody, or tell me where to go for help. He just told me to get rid of that husband of mine. (GP)

Back then I thought there was nothing, but now I've got the help, but it's too late for me because I've been to hell and back just to be on my feet today.

For some women there appeared to be conditions attached (not ones they could always meet):
"Look_____(survivor) if you're going to stay with him, I don't want you in Penwortham anymore. I don't want him on my patch, so you can move. I don't want the hassle or the paperwork" (police)

From my GP who said I could only get the medication if I came off the other drugs; E's and benzos, and cut down on alcohol consumption.
[Police] They've been brilliant, but I had to report everything to get any sort of help…You've got to report it all, and go through it all before you can actually get any help- counselling wise.

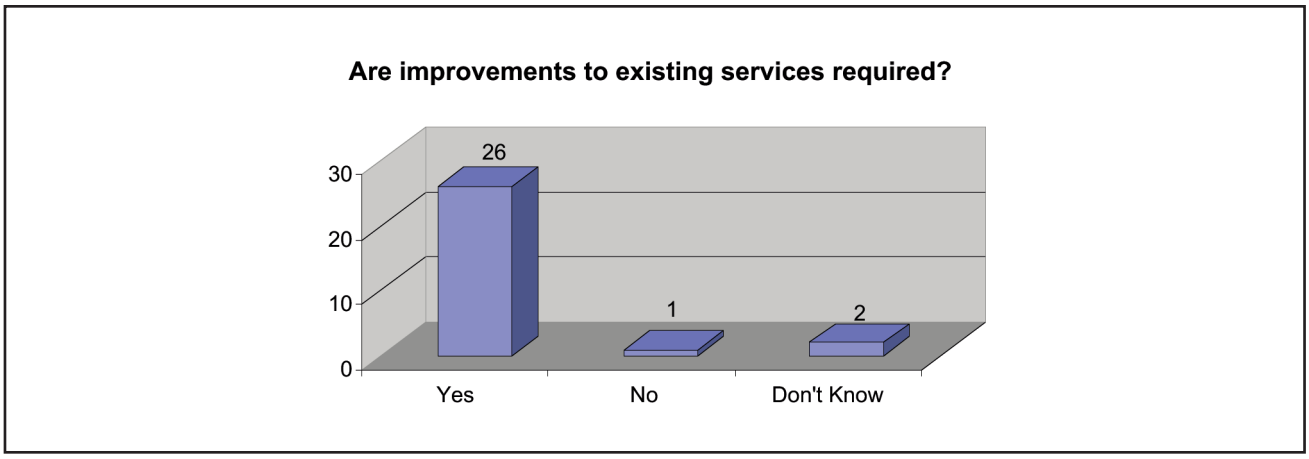
The police. All they did was come and talk to me, asked me if I wanted to press charges. I was terrified. I didn't know what was going to happen if I'd have pressed charges. He'd have killed me. That was the fear, so I didn't press charges.

The last time I contacted the police, and then dropped the charges again. I was told there was nothing more they could do if it happened again. Whether or not that was an empty threat, I did not report any further incidents

That service was no good for us either, cos it charges based on income, and we couldn't afford to pay.

He said, "If you don't want anti depressants, there's nothing I can do for you" and that was that. He didn't suggest anything. (GP)

13. Improvements to services for domestic abuse and substance use.



Comments:
I think for improvements, one of the things for me, was not knowing if I fitted into that category

Knowing someone would be there straight away with understanding and trust.

Women have to feel they are in a safe place, in their own community like here and if they have to go out of their area it costs money and they don't feel safe among strangers. Some women get nervous about travelling out of their area.

They don't want to go to a strange building with strange people…you don't want to take that step into a building and tell a complete stranger, they will hold back on a lot of it.

Yes and having women who have experienced it, and who understand. They should be trained to help other women if they want to be

It's getting it across to people, or more importantly how to get it across to people safely. I'm getting loads of help here at the moment, but when I was drinking and that, I didn't have the help then because like I said I didn't leave the house, so it was hard to find places that offer support and help. There's got to be something, somewhere; a way of getting that help to them without them coming to any harm.

There needs to be more spaces in refuges. I had to come from the refuge in St. Anne's to here, because there was no anywhere closer to where I was.

They could've found me a house a lot quicker. Does that answer your question? Because I've been in here for six months and seen so many girls coming and going and getting their house, and I feel like "Why have I not got one?" and that's making me feel even more depressed, and it does. It's horrible. I'm still stuck here and I don't want to be

I was always frightened I'd have the kids taken off me. It needs to be told that you can get help without it being your fault and the kids taken off you. There's nobody ever there to tell you anything like that. When you're being called thick and stupid every day, and you don't know nothing, you start thinking it's your own fault and you think that if you do anything, or say anything, they'll take your kids off you. You're there with an abusive person, and your kids are at risk

More understanding staff. They need to know what they're talking about, and not be afraid to say, "I don't have much knowledge about this, but this person may be able to help you" for example.

Better training right across the board for anybody who deals with women, Police, housing, health care, church, schools, substance misuse services- everywhere and anywhere.

More women-friendly places. After a woman has been abused the last person she wants to have to deal with is a man.

Better advertising so that every woman has access to information that could possibly save her life.

Just would like to be able to go in a refuge when I needed it.

More understanding is required about the knock on effect DV can have.

But I think you should be given a safe place, and help, before it gets so far down the line. Before you've ended up beaten up like that, or dead…There are so many women who have died. You need to nip it in the bud. It needs to be done from day one. The more that they do these things, the more they get off on it, or get something out of it, or get better at it. If you don't stop something, it's going to carry on, so you need to do it from day one.

I'd like advertising to be more widespread- domestic abuse awareness should be part of PHSE in schools, educating the next generation of adults.

Talk about it more! More talk in PSE at school about partner abuse, BUT also family abuse, then we'd be able to feel able to cope better and not feel we're wrong, but the victims.

I think it's just them being supportive and helpful

End stigma of being a victim of domestic violence and druggie.

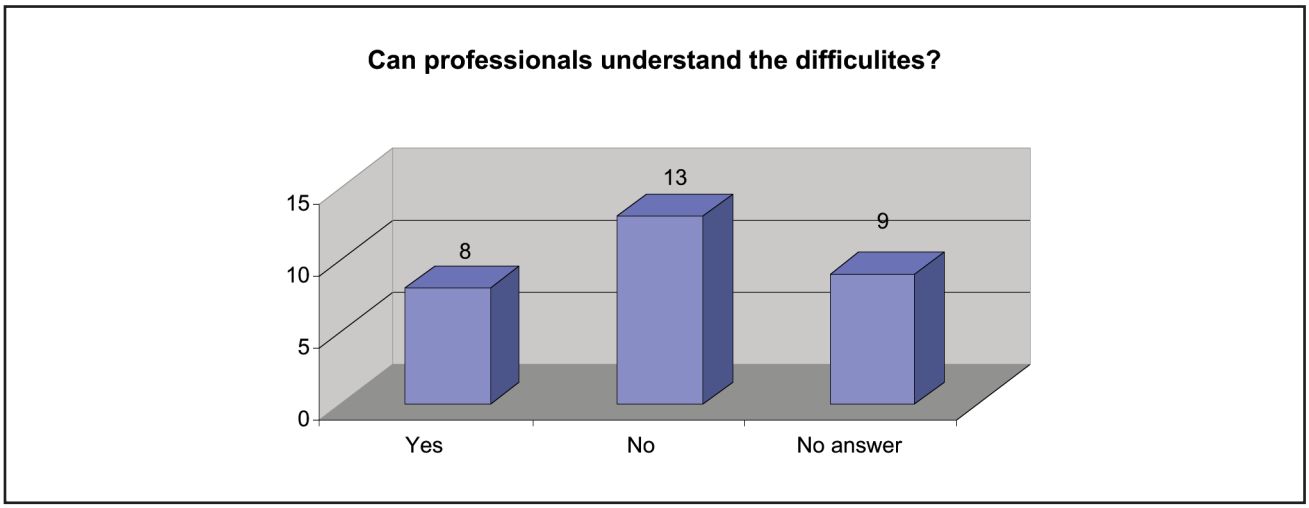
There should be one definition of 'domestic abuse' that everyone works with.

there could be more counselling available, or just somewhere to go to talk to someone, but it would have to be a place where you feel safe both physically and in your mind. That's essential for me.

Make it accessible for women of abuse to have an understanding, reliable, caring person who will give immediate help to. Not to be passed on from one person to another.

By 'using' women who have been in the situation and have gone through the other side. `

14. The women were asked if professionals are able to understand the difficulties of women who experience domestic abuse and who use substances.



Comments:

I didn't feel comfortable approaching any professionals in regards to my domestic violence experiences.

Unless you have been through it personally, I don't think they can see where/or understand where a woman of abuse is coming from.

I think people who have been through it and have dealt with it/ dealt with most, can reach out to these people.

It depends if they've been through it, then they can understand what it's about…you only know if you've been through it what it's like.

I think that people who've had life experiences are far more qualified to help people who are being abused.

I've always said and that, it's always best talking to an ex user who has been there and experienced it.

Not unless they have been there or spent time learning properly about what it's like.

No not at all. I think sometimes professionals are…. If they've not had life experience then I think it would be very difficult for them to understand. I'm just going off my own doctor for instance. I couldn't talk to my own doctor. His whole attitude was well you must have done something to provoke him sort of thing.
You tell one person and they send you to someone else, and then you tell hem and they send you to someone else. And then you get fed up and don't bother anymore.

one of the doctors involved always said "it's just depression" that's all he ever said. I was black and blue with broken bones. He always said, "Take them and get over it, it's depression" Pills are not going to stop the next broken bone or the next black eye.

Some professionals have their own opinions relating to women using substances. They are not always professional and can sometimes be judgemental.

Stigma still attached to heroin and stronger drugs.

Some are genuinely helpful and understanding. Others have no idea at all. They are very soul destroying.

Of those I've been in contact with which include, health visitor, midwife, counsellor, police, probation, social services, domestic abuse co-ordinator, GP, college tutor, only 3 of those, I felt were able to understand.

I would love to see the time when professionals can understand what REALLY happens in abusive relationships and that we drink sometimes because of the effects of the abuse. It doesn't make us bad people.

I never felt like I was being taken seriously
Well he [police officer] took a statement about everything and he advised me to get rid of him. You're not taken seriously though. I found it with the police sometimes. They were like "Oh yeah, we get loads of them." The fact is they don't understand, when you're in that situation, and you've got someone like that who's in complete control of you. I couldn't speak in front of my husband because I didn't know. If I spoke I got smacked in the face. If I didn't speak, I'd get smacked in the face. He controlled everything.

I'm not blaming the police or anything, but I'm just saying the hopeless situation. You go and tell them that something's going to happen, and then I have coppers balling and shouting at me like I'm supposed to be able to control what he does.
Well if they go into this job they must know something about it. Maybe they've had bits of experiences themselves to do what they're doing. Otherwise, if they didn't, it wouldn't mean nothing to them really.

the fact that they don't understand why you stay any way, and because some people are prejudiced.

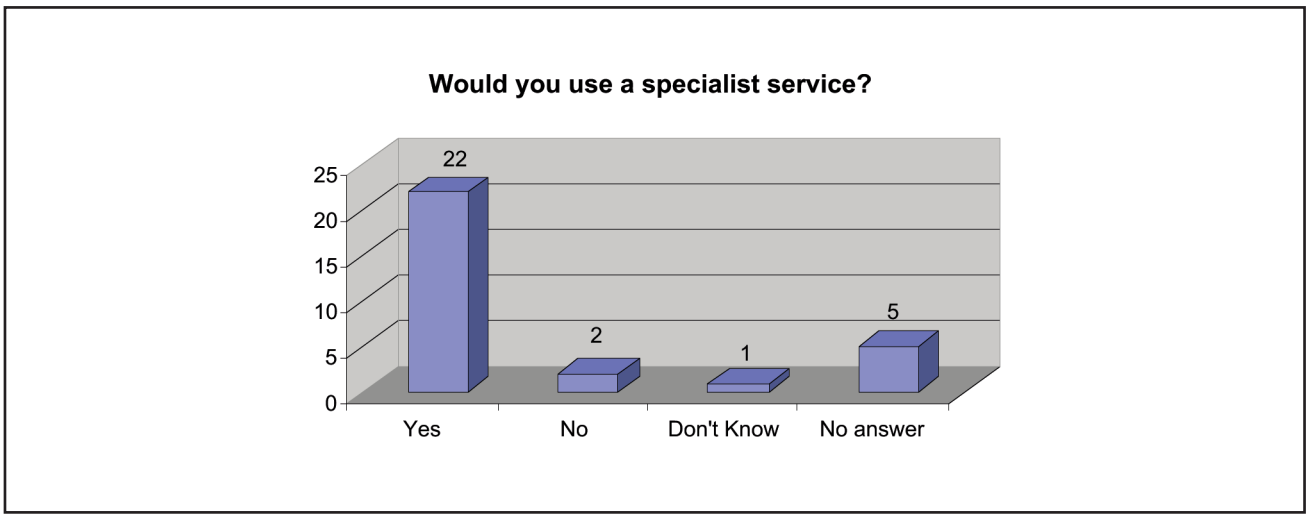
Some do, most of them in here do [refuge] & The ones I've met have been very good really

Well certain professionals. I don't think doctors are much use. They don't deal with the issues. I don't think any of them understood.
They listen, but yeah. It depends what person it is, cos you can adjust to different people can't you.
Regarding domestic abuse, I think they are sympathetic, but about the drugs, I don't. They treat you like something they trod in. The nurses don't seem very sympathetic at all. I feel I daren't say anything, my key worker sits there looking at her watch. She takes private phonecalls. I'd like to ask for a new key worker, but I daren't in case they stop my medication.I do think they're not very approachable that side of things. The domestic abuse side is great; very helpful.

15a. Do you think women would receive better help and information if there was a specialist service for women with substance use issues who are experiencing/ have experienced domestic abuse?

Yes	No	Not sure	No response
20	2	1	7

15b. If a specialist service existed, would you use it?



2/3 of women responded to these questions, of these replise to both questions were overwhelmingly "yes".
Comments:
If you're suffering domestic abuse, then you can start using substances. So yeah, I think that would be a good idea to have people trained to know about both.

Yeah, like a place where you can just go and talk and get help for everything, or a refuge that takes more people who take substances, and not be judged for it.

Yeah, could be, but I wouldn't want other people to know, and I think if other people were using he same stuff as me, when you've been in an abusive relationship, you're not very strong, so if two of you were a bit down, then I think it would be easy to use again.

I would be afraid of that. If someone else was here (refuge), and you're on a methadone programme, and both feeling down, it would be too easy to do it again. You're not strong because of the situation, and I just feel you might slip back into it.

Definitely have staff who understand about both because alcohol's a drug too, and you don't tend to think about it as one.

I think there needs to be a specialist service, but needs to include far more than these two mentioned; housing, counselling, benefits advice, personal safety, all these need to be included and a multi agency approach adopted if women are to feel safe.

It would allow for a quicker response, also allow women to know they aren't being judged for their substance abuse, and the abuse a partner inflicts on her.

It would be easier than having to go to different people for each thing; it would need to be in a safe place that isn't just for the two areas though.

If it were run by survivors I would, or at least had some survivors involved, not just kids straight out of college with only text book experience

Specialist service could help women to deal with DV events of past, rather than block it out with drug use.

Yes, then they would understand why we use drugs better.

Yes, because we're all human beings. Some people show prejudice to people who use drugs and alcohol, so it would be a good idea if there were specialist services.

Yeah I sure would if it were run by survivors I would, or at least had some survivors involved, not just kids straight out of college with only text book experience.

I would like to think I would, but like I said, it's how I could get to it, or maybe they could come to me.

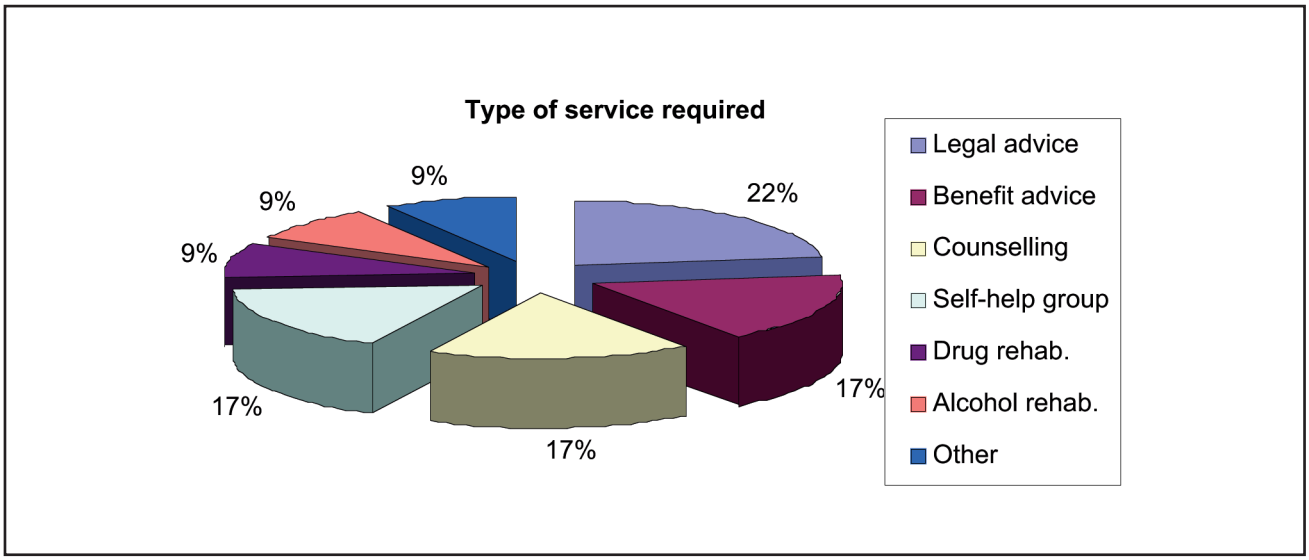
Yeah. Cos you know you could go, and you'd be safe, and you can get the help. You don't have to be passed from pillar to post. You don't have to keep going over and over your story.

No. I think domestic and substance are two different things

I know we need support, but it's up to the individual at the end of the day.

16. Opinions on support/ information/ assistance needed (presently) by women.

Some women gave more than one answer & said they would need more than one service, *"I'd love all of those, I really would".* Women also mentioned the usefulness of: befriending services; local LGBT group; advice for a friend. In the interviews, woman also made mention of the support they were already receiving. The issues of support/help to move on/someone to talk to/counselling came highest on the list.



One woman said that help for the perpetrator & for herself would have helped:
I think if I'd have had someone to talk to, that could've sort of helped me, and helped my husband as well…I was the one who was being abused, but he needed the help as well.

Two women were very happy with the support they were receiving from a refuge:
They're really good in here (refuge), they deal with all that.

Some woman had had no help:
I have never spoken to anyone about it before. Counselling may help

Other comments:
Just like going on a day basis without having to give everything up..
To move on, especially now, cos I want to make the most of the rest of my life, I'm sober and for some reason I'm still alive…so as much help and support to move forward and make the right choices.

Drop-in service/ outreach/ support group where women can go and chat, make friends, be able to get help for both domestic abuse and drugs or alcohol.
When you ask for help or want info about drugs, they should have info about domestic abuse, or if it's the Internet, they should provide a link.
There needs to be a number to call that you can ring up, and say I need to get out of my house immediately, and someone comes and collects you.
I think we could do with more outreach work, but then like ACDL, they don't get it, they have to apply for funding. Money should be made available for all these services.
I think that women who are being abused need to know that there is immediate help for them and their children, and ongoing help by trained people or from people who have experienced abuse from men.

To bear in mind…
Are we at the end already? I feel like I've been talking for England. It's good to get it off my chest all that. You don't know how good that feels. I just hope it helps your research.

I think you have to be brave enough as well. I think everyone is brave today just to be here. Saying that, we probably know in our heart and souls if we don't, it's just gonna sit there with us forever, and that can be quite painful.

6. Discussion

This study provides information from a marginalised group who are mostly hidden in our community. We have no way of knowing the exact numbers of women experiencing domestic abuse who also have a substance use issues. Agency workers also seemed to be saying that women do not readily disclose about both issues, especially illegal substance use & figures from the agency questionnaire would appear to indicate that both issues are hidden. Information can only provide an indication of actual numbers. In terms of services signposting women to the project (as opposed to community links), this was predominantly accessed via domestic abuse services, due to low response rates from local drug and alcohol services.

5.1 Findings on Domestic Abuse

Tactics of abuse

We found that domestic abuse is not always (or ever, in some cases) about physical violence. All the women identified a pattern of behaviour, with half of the respondents experiencing half the listed behaviours (13 out of 26), a mixture of physical, psychological & sexual abuse. We found that there was no physical violence without psychological abuse, but, sometimes, there was psychological but no physical abuse. 18 respondents said that they had been "held or grabbed by the throat" (strangulation), this shows worryingly high levels of life-threatening risk. Our findings show that domestic abuse is not about losing control, in fact, many of the behaviours show a pattern of imposed control. Even much of the descriptions of physical abuse show it to be an intentional & functional act, i.e. has a purpose & is deliberate.

The 5 most common behaviours named by respondents are:

2. Name calling
3. Threats to hurt you
4. Punching walls & furniture
5. Being charming and gentle to others
6. Damaging property & possessions

There was no actual physical violence mentioned in the above, 4 out of 5 of relate to degradation & threats. Showing that this combination can be used as very effective means of control, many women told us that they lived in fear of the potential physical violence from their partner, knowing what he was capable of doing. The only behaviour that did not was "Being charming and gentle to others" (23 answers). We asked women this, not to ascertain that this in itself is a from of abuse, but to see whether their abuser was generally violent or chose his target (partner) and often the place (at home, hidden, although some women told us of more public abuse). This demonstrates that to abuse is the perpetrator's choice, and is not usually part of a general violent personality or linked to loss of control.

Definitions of torture are now being applied to women's experiences of domestic abuse. The categories of torture, as now recognised by Amnesty International are: isolation, enforced trivial demands, degradation, threats, displays of total power, occasional indulgences, exhaustion, & distorted perspectives. These were first identified in Bidman's analysis of the methods used in prisoner of war camps to torture and control people. It is also recognised that the long-term effects of domestic abuse have psychological parallels with the impact of torture & imprisonment of hostages (Graham et al, 1988).

Post separation abuse

Contrary to the commonly held belief that when a relationship ends, the abuse ends, our research highlighted that the reality for many women was different. The abuse

often continued after separation, over 1/3 of those who responded named post-separation abuse, & other women did not identify this behaviour in the question but their narratives did actually describe it. This may be because women have internalised feelings of responsibility & blame but also links to wider societal beliefs about women's responsibility to leave rather than the abuser to stop their behaviour.
Sometimes the abuse took new forms, such as threatening letters, phone calls and text messages, threats of suicide and stalking. Other behaviours identified were different behaviours aimed at further control & emotional blackmail.

During the time of, and following, the separation, some women explained that they were still living in fear. Physical assault, rape, breaking into the house, threats to kill the woman and children, all contribute to increase the risk to the woman and children's personal safety. This has huge implications for informal and formal interventions.

How women coped with & made sense of their experiences
A series of conscious and/or unconscious coping strategies were displayed by the respondents. These included leaving, escapism, minimisation, denial, self-blame, use of substances.

Children
For the purpose of this research, questions about children were not specifically asked. However, because women and their children's lives are very closely linked, information was disclosed, showing that the abuse had, in some cases, started or intensified during pregnancy or immediately following childbirth. One interviewee had tried to avoid getting pregnant & had had an abortion due to her fears for the safety of any children. Some of the women spoke of their feelings of guilt about the effects on their children. Many women spoke about fears of losing their children due to either the domestic abuse, or the stigma of substance use, or a combination of both. The women referred to their children's emotional health, & of them exhibiting fear. We heard of children being threatened, physically or sexually abused, being used as pawns or also being on the receiving end of the psychological abuse & controlling behaviour. Some women described a trigger for them leaving was the realisation of the impact domestic abuse had on their children, or they felt their children were in danger. One woman referred to the lack of specialist support for children.

Effects on women

Effects on women

Injuries
Physical injuries included: fractured skull, broken ribs, black eyes and bruises. Over half of the women accessed medical attention, however, it is important to note that there was a higher number of women who required medical attention, but were not allowed, or chose not to access services for a variety of reasons. These were: fear of abuser, fear of being pressurised into action or change by medical professionals, previous negative experiences of agencies, denied access to medical attention by abuser, forced use of medication (illegal) & use of self medication. Some women told us that the effects of psychological abuse can be just as damaging as effects of the physical.

Emotional health
All the women described at least one emotional health problem. Most said depression (93%) – which may be understandable reaction to living with abuse. Anxiety, suicidal thoughts and attempted suicide were the three highest effects to emotional health, as described by the women. Twelve women had experienced suicidal thoughts, and eleven women had attempted suicide, some on more than one occasion.

Low self-esteem, (speed) psychosis, eating disorders, and panic attacks were also mentioned. A number of the women expressed concern at the long-term trauma they continued to experience, even after the end of both the relationship and the abuse (these can be at separate times).

There are implications for GPs, who seem to be treating the symptoms rather than the root cause, for e.g. the abuse being the cause of depression.

Long term effects

The long-term effects on physical health revealed by our respondents were cirrhosis, stroke, back problems, mobility problems and two women said hepatitis C. some of these could be related to having experienced domestic abuse or substance use. The majority of women revealed ongoing or long-term, emotional health problems, many of the women continued to experience effects to their emotional health after the abuse and / or post-separation abuse had ended. These included: sleep-related problems; anxiety or depression; loss of confidence, eating disorders, suicidal thoughts & panic attacks. Many women described experiencing symptoms recognised in the definition of post traumatic stress disorder given below.

Experiencing both "an extreme (i.e. life threatening) event" and a cluster of symptoms in three categories:

- Re-living or re-experiencing the trauma which can include remembering it constantly or re-living the trauma as though it is happening again.
- Avoidance or numbing of responses through avoiding thoughts, feelings or incidents which might remind them of the trauma.
- Hyper-vigilance or increased arousal evidenced by extreme watchfulness, inability to concentrate & jumpiness. (Murphy 1997; APA 1994p.428).

Recognition is also now given to the fact that PTSD may be acute, chronic or delayed (for example not being evident until 6 months after the traumatic incident.)

5.2 Findings on substance use

Responses from the women indicate that most of them are or have been poly-substance users, using a combination of prescribed, legal and illegal substances. Although all the women fitted our research criteria of experiencing domestic abuse & substance use issues, use was not always identified as problematic by a few respondents.

We asked women to tell us why they were using:

- Painkiller or to numb pain (emotional or physical)
- To get to sleep
- Self-medication
- Coerced or forced use by partner
- To escape reality
- Block out negative feelings
- Because of the violence
- Stress
- To get by
- To calm down
- Quick fix
- Recreational
- Enjoyment of substance

We also asked about any reasons for increases or decreases in their substance use:
Increases:

- After events where women experienced further trauma – after the relationship had ended (e.g. after court appearance)
- After physically violent incidents or during "bad times"
- Feeling down or depression
- Pressure of partner
- Not feeling able to cope with feelings
- Stress
- On meeting new partner in rehabilitation unit
- ncreased use of other substances

Decreases:

- After end of relationship
- Periods away from partner/abuser
- Feeling stable after end of relationship
- Availability from supplier
- Lack of funds
- Not available from GP
- Pressure of partner

The 5 most common substances used by the respondents were:
1 Anti-depressants
2. Nicotine
3. Alcohol
4. Cannabis
5. Amphetamine

Legal substances (alcohol, nicotine, and prescribed medication) were described by some women as more easily accessible, more acceptable and within the law. One woman told us that she used illegal substances as her GP would not prescribe medication (ironically due to her illegal substance use). One other said that she would have procured illegal substances if she had known how to. Many of the women presented initially to their GP with emotional health concerns, and some with physical signs of abuse. Overwhelmingly the GP's prescribed anti-depressants with very few trying to ascertain the underlying causes. Not seeing or dealing with problematic use of prescription drugs in particular anti- depressants.

Nicotine was often described as a way of coping with stress.

Past or present alcohol consumption was identified as an increased risk to health either self-identified by some women, or by recommended national safe drinking limits, i.e. below 3 units per day. Some women stated that their alcohol consumption increased after the relationship had ended, due to either post-separation abuse or continuing stress and emotional effects. It would appear that many women's drinking problems develop or worsen as a response to victimisation and there may also be strong links to drink as a means of coping with their experiences of PTSD.

Of the women who used cannabis, most described it as a means of self-medication, they did not generally perceive it as problematic.

A variety of reasons were given by the women who said they had used amphetamines. Two of the women indicated they had been coerced to take the substance by their abuser.

Some women who were not allowed by their partner to seek medical attention for injuries were forced by their partner to take medication procured illegally.

Self-medication was used for a number of reasons: not being allowed to seek medical attention, numbing of pain, unable to obtain prescription medication due to GP's awareness of substance use & to cope.

The women were acutely aware of the fact that their drug use is perceived as unacceptable by mainstream society, and the stigma attached to women who use drugs. One agency worker made mention of the fact that knowledge of a woman's substance use can be "used against them". This may affect whether they feel able to a) speak out about and b) seek help for their substance use. Women's fear of losing their children may be also be related to the low numbers of women accessing treatment services along with the length of waiting lists for drug treatment. Some of the women encountered difficulties in accessing housing services due to substance use issues.

Findings on help seeking

5.3 Findings on help seeking

Generally, we came across many problems in women's access to sources of help. Knowing that informal support (family & friends) is help accessed as well as that from formal sources (agencies, organisations), we asked women to detail their experiences of both kinds of support. We found that lack of understanding of the dynamics of & dangers associated with domestic abuse was commonplace, which resulted in conflicts between what the women were experiencing or coping with & the advice they were given or interventions that took place. This has implications of ineffectual or dangerous advice and/or intervention by family and friends and agency workers being given e.g. "just leave", "get rid of him", "stand up to him". With regard to substance use, we found that women were aware of the stigma still attached to use & were less likely to speak out about this, fearing or knowing the judgmental reactions they might get.

Family & friends

Family & friends

Women were more likely to disclose the domestic abuse than the substance use to informal support networks, over half the women said that they had told family & friends about the domestic abuse, whereas less than 1/3 had disclosed their substance use. When we asked why family & friends had not been approached, we were told women's fears of unhelpful reactions from them, with most of the fears centred around being blamed or judged for both issues. For domestic abuse the reasons were along the following lines: that women had no formal support networks or were isolated from them; that they would be themselves judged or not believed; that the family liked the partner as he was pleasant to them; that they did not approve of the relationship; they would not be bothered & that they were not approachable generally. For substance use: one woman would not tell due to her own sense of shame; women were also afraid of being judged or ostracised due to family negative opinions on substance use (one woman said that she would be blamed for the domestic abuse because of her substance use); some said the family would not help out (this was often due to the fact that family were also substance users) & one woman mentioned fearing to tell.

Much of the reaction from family and friends was negative; blaming the women for the domestic abuse in various ways, excusing the actions of the abuser and re-enforcing the myth that the women were in some way responsible. This can be experienced as very damaging by women who have been led to believe by their abuser that they are to blame for the abuse and often feel very guilty

In some of the families and friends of the respondents where domestic abuse and /or substance use issues were also part of their way of life the advice ranged from just to put up with it to actively supplying the illegal substances. Some spoke of helpful ways in which they were supported which generally meant provision of emotional & practical support. Even when the family was supportive, some of the women told us that their family, had then also became targets of the abuse.

Some agencies seem to be liaising with family and friends regarding their women clients. We wonder whether this is always helpful, considering the actual or perceived negative responses women spoke of in this research. One agency worker was also quite concerned about this approach and possible further danger to the women.

Use of services

Use of services

In Chorley and South Ribble there are no specific services that deal with both domestic abuse and substance use. Locally, the criteria for accessing refuge provision specifies that women must be stable on an approved drug/ alcohol programme for at least three months prior to accessing the services.

Awareness of service provision

Around 2/3 of women told us they knew about services for both issues, however this did not always mean that they felt able to access services, some mentioned the abuser preventing them from accessing treatment. Geographical area made a difference, for women who have had move around to escape persistent abusers or be nearer informal support networks. Women told us that in less urban areas such as the local area, there were less services and these were often harder to find out about. Awareness of services has changed over the years, some women made reference to the relatively better publicity of services these days as compared to some years ago. Individual women's awareness also changed over time, this may partly be due to the way that these women were kept isolated and their movements restricted, but could also inform how services could be advertised. Several women contacted through the research had literacy problems. Survivors & agency workers also told us that more advertising was needed and suggested developments in the following ways: campaigns; internet; literature to be visible in all public places & local agencies, such as schools, health settings (this was one of the most popular answers for information on both issues); women also told us about being able to get information safely (in a way they could keep quiet from their partner or that was aimed at everyone), suggesting the use of women's toilets & to use community & free newspapers.

Services actually approached (rather than known about) differed for women wanting help with domestic abuse and substance use. For the former, it was mostly Police, refuge & GPs, whilst for substance use it was mostly GPs, plus a mixture of statutory & voluntary agencies, including mental health & health. This may be because women are more likely contact services in a crisis situation, i.e. for emergency help.

The women we contacted generally approached the domestic abuse services, or services for help with that issue, before substance use services. Possible reasons for this: women did not always show or admit to problem substance use; some women stated that they were less likely to disclose substance use & services may have been approached when women were in danger (i.e. domestic abuse would have been the presenting issue). When asked how easy or difficult it was to access services, 4 women did not respond to the question for domestic abuse and 16 for the substance use. This implies that there are women not accessing services at all, especially for their substance use, if they are experiencing domestic abuse. For both issues, half the women said they had found them difficult or very difficult to access.

Women expressed many concerns around: the possible removal of their children; the attitudes of agencies; whether their confidentiality would be assured; were worried about being judged (& that this would stop or restrict the service they were offered) or not being believed; being embarrassed about not being able to cope & being forced to follow a course of action they did not feel able to take. Issues of not having been able to establish trust with workers was also mentioned, as was the length of waiting times to access the services, especially long term help, such as counselling. The issue of having to travel to access services was brought, the lack of access to money or a car & having to rely on others good will. Lack of options that were right for them & that were accessible at the right time exacerbated their problems.

Needs & expectations of services

2/3 of survivors answered the question with regard to domestic abuse, only 9 of these had their support needs fully met. Only half responded regarding substance use, and of these, less than half had their needs & expectations fully met.

What women valued:

- Non-judgmental attitude
- Attention to privacy & physical safety
- A pro-active approach
- Feeling emotionally and physically safe
- Quick response
- Appropriate information & referral(s)
- Dealing with both problems, plus attention to any underlying or additional issues (e.g. access to safe housing, benefits, etc)
- Direct help to access treatment or other services

What women found unhelpful:

- Incomplete and/ or inappropriate advice and information.
- Agencies offering interventions only on their terms or conditions, e.g. a woman told by the Police that if she doesn't press charges no further help would be available to her.
- A negative response from one agency could prevent women seeking further help. Women who had accessed services in the past and met with a negative response were less likely to return for help.
- Addressing the symptoms, and not the cause.
- Stereotypical assumptions carried by agency workers. For e.g. Police and GP assuming women are in a position to make choices or have control over their partner's behaviour. One woman was also subjected to judgmental stereotypes about ex-heroin users while picking up her methadone prescription.
- Not being taken seriously, especially regarding physical safety.
- Being passed around from agency to agency.
- Insufficient support.
- Long waiting lists.
- Not allowing women to be active agents in their own help seeking processes.
- Judgemental approach, many women saw that as a barrier to access.

27% of respondents had been refused help from at least one service. This could be due to service criteria, e.g. the service user's age, the age or gender of their children, or conditions imposed by agencies and/ or individual agency workers.

Negative experiences of services

At their worst, services did nothing to address the abuse or even colluded with the myths & stereotypes of abuse & abused women. Women's sense of guilt & blame left un-tackled, some agency workers colluded with the abuser (e.g. by making excuses for him or minimising the actual danger women were in) and there was evidence of some reinforcement of damaging messages by abuser (not believing the woman).

Conflict/similarity between agencies' and women's responses

Agency responses	Women's responses
Drug agencies do not routinely ask about domestic abuse. Some agencies do not routinely ask about domestic abuse or substance use.	Women consistently not being asked the right questions. Missed opportunities to help access appropriate help, or address symptoms/causes.
Concerns about the right time for safe intervention. Issues of trusting relationship with worker.	The need to be able to trust who they are talking to.
Different (or lack of) policies & procedures	Inconsistent service delivery (dependent on individual worker).
Length of time to access services can be a problem (waiting lists). Lack of services/staff time/resources.	Length of time on waiting lists, help (both in crisis & for long term recovery) not always available.
Need for more holistic approach to both issues. Need for specialist service.	Need for more holistic approach to both issues. Need for specialist service.
Differentiation between emergency and long-term support.	The women also emphasised a need for a flexible approach to meet their complex needs - crisis intervention and long-term, ongoing support.
Accessibility: access to interpreters, awareness of equality & diversity differences may all be problematic.	Women's experiences of prejudice from agency workers or lack of flexibility.
Confidentiality policies and procedures vary between agencies and individual agency workers.	Women need reassurance about where information will go and what will happen to them.
Involvement of survivors of domestic abuse & women who have overcome substance use issues.	Providing opportunities for contact with other women who have experienced the same things & who understand.
Lack of awareness training in both issues for agency workers.	Attitudes of agency workers, particularly misconceptions & judgemental attitudes around both issues.
Limited inter-agency communication.	Being passed around agencies. Having to repeatedly explain deeply personal experiences with no emotional support offered.
Agency workers being unaware of services and procedures outside their own area of expertise or remit.	Women do not always have information about relevant services available.

Only 36% of agency workers said their agency routinely asked questions about substance use issues & 39% for domestic abuse. _ of them said the referral procedures asked about none of the issues, & that issues only came up accidentally.
It appears that agencies are relying on the women to disclose rather than taking a pro-active route, women are being asked to take a risk without knowing what the response will be, i.e. if it will be favourable. This also links with the issue of women not trusting workers enough to disclose to them.

There are a wide variety of criteria for access, waiting times for agencies & referral procedures to other agencies. Agencies appear to have different philosophies and approaches. Women often mentioned being passed around or not knowing where to go for help, this has implications for service delivery.

There are also implications for women whose first language is not English or women who require the use of signing interpretation:

- Not all agencies can access interpreters (very few mentioned signing) or know if they can.
- They may not get help in an emergency if time is needed to access interpreters.
- No specific policies on domestic abuse/ substance use issues - lack of profile of both issues, plus lack of communication within agencies.
- Lack of awareness of equality and diversity issues (defensiveness)
- Only half respondents actually answered the question.

On the issue of adequacy of service provision, agency opinion very divided. Generally, workers felt that as individual services domestic abuse and substance use were satisfactory, but that services addressing both issues were not. Problems mentioned were as follows:

- Domestic abuse issues – information about services, funding (lack of) and that provision is only in the voluntary sector
- Substance use issues: lack of crisis help & waiting lists
- Both: lack of inter-agency communication, lack of joined-up approach or focus on both, specialist service addressing both issues, better links to mental health services

5.4 Suggestions for service improvements

What is needed by women

Of the 29 respondents, 26 said that improvements to services that address both domestic abuse and substance use are needed. Women mainly suggested more understanding, more information about services available & more training for agencies. Opinions on advice/support/assistance women felt was needed from agencies covered a wide variety of needs.
Specific improvements suggested were:

✓ Information, advice & services provided in a way that does not compromise a woman's safety.
✓ Services to reflect different women's situations (e.g. in or out of own community, with children, permanent housing, etc):
✓ Community-based services for women who do not want to leave their home area
✓ Help for crisis or emergency situations (addressing the woman's actual needs at that time)
✓ Difference between crisis interventions & longer term help. Immediate and appropriate response to emergency situations, with adequate and appropriate support and after-care.
✓ More emergency & permanent housing
✓ More counselling available
✓ Wider advertising of information & services available, needs to explain the details about domestic abuse & substance use so that women can identify own situations easier.
✓ Accurate information about both issues to be made available to the wider public to help end stigma.

Professionals understanding

Many of the women (13 out of 21 replies) felt that agency workers did not understand their situation. Although there were 9 counted as no answers, some of these should be understood as being unclear answers, for e.g. some women said that one of the issues was understood but not the other, or that it depended entirely on the individual professional. 5 women said that they thought it depended on whether that person had had personal experience or not, and one said that either personal experience or time spent learning properly about the issue helped. Professional response seemed to be instrumental in the quality of help received, and some women made mention of the "soul destroying" effect that ill-informed responses could have.

Many suggested improved specialised training for agency workers to aid the understanding of the subtleties of domestic abuse and its knock-on effects.

What women want from professionals

- For women survivors be believed and taken seriously
- To have professionals understand domestic abuse, substance use and the effects
- Reliability
- Empathy
- To be honest about their limitations
- Not to blame women, to tell them that it is not their fault
- To tell women that their children will not be taken off them
- Professionals who are also survivors
- Not to minimise the abuse and its effects (it's just…)
- To deal with the causes as well as the symptoms
- Not to let personal feelings cloud professional judgement
- To learn from those who have been through the experiences

<u>Specialist service</u>

Most women replied to these questions, of these the majority thought that a) a specialist service was a good idea & b) that they would use it if needed. Unsolicited, women told us their opinions on this. Some mentioned that it would help with not being judged for both issues, ensure a place where people were trained to help for both issues & help with not being passed around or having to repeat your story several times. Some mentioned the importance of a safe place, & one stressed that for safety reasons, the services should be "hidden" under a general banner or within a general service somehow. Some said that a service should cover other needs as well, such as housing. Survivor involvement was important to one woman, as was flexibility of access, she suggested pro-active contact. 2 women thought that it was not a good idea: 1 woman thought that the issues were *"two different things"* & the other expressed concerns regarding risks of lapsing if there were accommodation where many ex-users were housed. Ideas on what this kind of service might look like were varied: drop-in; day services; support groups; outreach; refuge or accommodation that will accept substance users.

<u>Agency comments</u>

Agency workers also suggested a wide variety of improvements:

- Training and awareness was the most popular suggestion.
- Specialist workers for both issues.
- More services, such as refuge accommodation, outreach etc.
- There were strong views on the need for funding (e.g. mainstream/ permanent).
- More information/publicity of existing services.
- Holistic approach, looking at problem as a whole.
- More focus on women's safety and use of substances.
- Access to women-only substance use treatment (day & residential options).
- Access to childcare.

7. Recommendations

✓ Local service stakeholders/service providers need to take on the issues of domestic abuse on their agenda more seriously.

✓ Promotion of closer working arrangements between specialist domestic abuse & substance use services.

✓ Serious consideration given to the setting up of a specialist service to deal with both issues. A multi-agency group should be established to this end.

✓ Rolling programme of training for agency workers - three areas of training, domestic abuse awareness, substance use issues and a combination of both. Training should cover: the importance of a non-judgemental approach; recognition of long term effects of domestic abuse & promote more understanding of the complex needs of women survivors with substance use issues.

✓ Ways of helping women to negotiate access to services:

a) Women will struggle to access treatment if there is no childcare facilities whether this is residential or attending a clinic in their local area. Ages of all children must be taken into consideration not just the younger ones.
b) Outreach services or advocates to help women access relevant services.
c) Routine questioning done in a sensitive way, women need to be asked the right questions in a safe environment. Messages from the worker that show an understanding of domestic abuse & its effects will enable disclosure.
d) Why women are using needs to be addressed and taken into account.

✓ Flexible services to meet the needs of women, & an understanding that one size does not fit all. Services need to reflect what women actually need, not what agencies think they need.

a) Women only residential and local day treatment facilities with access to childcare as part of the service.
b) Provision of information and offering choices.
c) Different needs to be met at different times; this could be either crisis intervention or long term support or both over a period of time.
d) Consideration of the women's safety must be a priority at all times.
e) Providing opportunities for women with experiences of domestic abuse and substance use to support other women service users.

✓ Awareness raising campaigns & wide use of advertising & publicity (taking into account additional issues for some women: literacy, disability & language).

✓ Steps need to be taken to develop a comprehensive multi-agency approach which takes all issues into account & is defined by survivors' varying needs.

✓ More involvement of the survivors & ex-substance users in an advisory role in policy making. This would serve several purposes:

a) Obtaining factual information on women's needs, not what agencies think their needs might be. This would give us interventions that work, saving time & money.
b) Would help the survivors & ex-substance users to regain some control of their lives, aid recovery and generate self esteem.
c) Help dispel some of the myths surrounding domestic abuse & substance use.

✓ Development of workable policies & procedures to ensure a more co-ordinated, multi-agency approach need developing. No agency policies should be implemented without training and information for front line staff.

✓ Confidentiality and information sharing across agencies with the service users' permission & to strict guidelines. We strongly suggest confidentiality negotiated with survivor consent and all agencies involved, with a concerted effort to build trust & share only relevant information. Information sharing needs to be undertaken in a way that does not compromise the woman's safety, i.e. ensuring her personal safety is paramount to the process.

8. Bibliography

Author	Date	Title	Publisher	Place of Publishing
Donkin L Gornall. S	2002	Alcohol use in Chorley and South Ribble PCT	PCT	
Humphreys.C	2003	Mental Health and Domestic Violence: A research overview		Coventry
Rawlings. G Rimini	1998	Survivors of Terror; Battered Women, Hostages and the Stockholm Syndrome	Sage	London
Ritchen- Stones. L	2004	Understanding Local Needs In Relation To Drug and Substance Misuse	LDAT	

Appendix 1

Ethics of Researching Experiences of Domestic Abuse & Substance Use

Notes by Community Researchers, Chorley & South Ribble Domestic Abuse Fora

Principles:

1. It is understood that we are asking for very personal & intimate details to be disclosed to a stranger.
2. The questions ask participants to re-live very troubling memories or thoughts & this has the potential for them to become distressed.
3. If the participant is still experiencing domestic abuse, there may be issues of physical safety that the project should take into account.

Ways of taking the above into account:

- There are guidelines for researchers (refer to below).

- Researchers have discussed ways of making interviewees feel comfortable, & put them at ease in discussing such a difficult subject.

- Care should be taken to explain what is being asked about, in advance where possible.

- Questions need to be worded as sensitively as possible.

- Researchers have details of what support agencies offer & know how to refer to them. Counselling can be accessed during the interview or as soon as is possible for the counsellor afterwards.

- Researchers are aware that they are in a position of power over the interviewee, & will do everything they can to try to minimise this.

- It is understood that interviewing may be emotionally draining or bring up personal issues for the researchers. To this end it is acceptable to drop out or not carry out interviews & seek support – except during an interview.

- Researchers should be aware of & follow guidelines for interviewers (especially with regard to limits to confidentiality).

- Researchers have had training in the basics around child protection & harm to self & others, & know what to do if these situations arise during interviews. There are procedures around these issues, contained in the guidelines.

Guidelines for researchers

Before the interview

- Researchers are not allowed to interview women known to them personally, if you do know a woman who wants to be interviewed please contact Cristina Almond, to arrange for someone else to interview. You can sit in on the interview if the woman wants you to.

- If at anytime researchers feels unable to interview survivors please let C. Almond know as soon as you are able or prior to the interview, if you have set one up.

- When setting up interviews be aware of disability/literacy and language barriers.

- Try to arrange through an agency if a room is available, if not the room at URC can be used. If you do use the URC, make sure the door number is kept secret.

- Only the survivor being interviewed is allowed in the room unless they request their agency worker to be present.

- Two researchers are to go to every interview for interviewer's safety, one will conduct the interview and one will be in the nearby vicinity.

- Be aware of how to deal with issues of child protection (see end of document – page 3 - for procedure).

- Be aware of what the support services offer, see page 4 if needed.

- Familiarise yourself with the questions, and make sure you know how to explain what they mean, if needed.

- Arrange a time and place for the meeting convenient with the interviewee, yourself and the "support" volunteer

- Have a box of tissues at hand.

- Interviewers need to be aware of the support services available for the interviewees. There is an information sheet on what local services can offer, plus you should have a copy of the Support Information Pack, available from C. Almond.

- Be on time, punctuality is essential.

During the interview

- Create a relationship of trust and comfort with interviewee.

- Offer drink and check interviewee's physical comfort.

- Informed consent. Hand a copy of information sheet to the survivor read through it with them before the interview ensure informed consent is understood and given then ask them to sign the consent form.

- Give interviewee the option of seeing the prompt sheet. Use (read out from) the prompt sheet to structure the interview.

- If you suspect survivor is heavily under the influence of substances the interview cannot be conducted, and should be rescheduled. If you judge that they are only slightly under the influence of substances, & are able to be coherent, then you can carry on with the interview.

- Make the interviewee aware that the tape can be stopped at any time.

- Try to keep the interview to a time limit of an hour, but do not worry too much if it goes over.

- If the woman you are interviewing gets upset during the interview, give her the option of turning the tape off. Remind her that you can make an emergency referral to a counsellor and consider ringing Alison Littlewood there & then to try to speak to her or leave a message for her to get back to you as soon as possible.

- Survivors are to be made aware of support services, the information pack interviewers have with them will contain leaflets so that the survivor can refer themselves or should it be necessary support can be obtained immediately. See page 4 for details of what services offer.

- Reassure survivor aware that they are not going to be identified in any way and as soon as the interview has been typed up the tape will be destroyed.

- Ask your interviewee if they would like to look at the transcript of the tape that will be made and/or the draft report (in Autumn) and make any comments or corrections. If they do establish a safe place to send this to them.

- Ask the interviewee if they want a copy of the final report.

After the interview

- Work out what the interviewee wants you to do if you happen to meet in public, e.g. ignore each other, say hello, do you need a story to say where you have met?

- Talk through the different support options available, give out leaflets for services if the interviewee would like them and it is safe for her to take them. Offer to make an appointment with Alison if the interviewee would like you to.

- De-briefing sessions for researchers after every interview are compulsory, these are free & will be held with Alison Littlewood, the Domestic Abuse Services Counsellor. Please arrange to see her within twenty four hours of interview, if possible, or as soon as possible after that.

Contact numbers:
Cristina Almond ~ (phone number)
Nina George ~ (phone number)
Alison Littlewood ~ (phone number)

Child Protection Procedure

If, at any time during the interview, you have concerns about a child being at risk of harm (this means currently or in the immediate future) then as soon as the interview is over you must contact Nina George (NG). Please contact her by telephone, making sure that you are alone and cannot be overheard by anyone, to speak about it. Do not tell the interviewee that you will be doing this.

Between you and NG, you will both decide what action, if any, is to be taken. This may include any one of the following:

1. NG will ring the Duty Officer or the Team Leader of the Initial Assessment team at Brindle Road, Bamber Bridge to talk through the case (not stating names) to ask advice, which will then be acted on.
2. NG will ring to refer to either of the above, followed up in writing.
3. NG will refer to above using multi-agency referral form.

Adult Protection Procedure

Harm to self:

If you have serious concerns that your interviewee is suicidal and will try to commit suicide, it would be good practice to ask them who their G.P. is and that you would like to inform them, so that appropriate help can be found. You can also ask your interviewee if you refer to Alison Littlewood, (Domestic Abuse Counselling Service), ring her for an emergency appointment, and she will see the interviewee as soon as possible. Speak to NG about this as soon as the interview is over.

Harm to others:

If you believe that you interviewee will do serious harm to anyone else, do not mention this to them, but contact NG by telephone as soon as the interview is over (making sure that you are alone and cannot be overheard by anyone). NG will do one of the following:

1. Contact the police or social services (Initial Assessment Team as above) for advice.
2. Refer the case to both of the above agencies.

Please do not speak to anyone else about this, in any of the above scenarios. This includes the person who is supporting you, or any of the other volunteers, work colleagues.

In these scenarios, the only person you can pass details on to is Nina George. The only other person you can speak to is Alison Littlewood during your debriefing, but please do not mention any details that might identify your interviewee to her.

Support services for CEA project

Domestic abuse counselling service

- Confidential counselling for females who have experienced domestic abuse at any time in their past or are presently experiencing domestic abuse. Counselling takes place in safe, confidential and comfortable surroundings in the South Ribble and Chorley areas.

- Offer support in all other areas which effect a persons well being, for example: substance use issues, suicidal feelings, depression, relationship issues e.g. lesbian or bisexual relationships, BME, disability etc. The counselling service is also able to offer information regarding other services that may be appropriate to the individual client. Endeavours to support all clients in whatever way their individual needs require. The counselling service is free.

- To contact the service, please phone 0776 146 5060. Other services may refer clients or clients may refer themselves on this number. This is a mobile number in order to promote confidentiality for the client.

- Appointments are available within 2 weeks after referral. A de-briefing for interviewers will be available within 24 hours after each interview.

Chorley Refuge

- The refuge can be contacted by telephone between 9.30am and 8.00pm on **01257 260200**. A mobile number is provided on the helpline number after 4.30pm.

- Community researchers can ring and make time/ appointment for women.

- Response time depends on staffing – would hope to be able to see someone as soon as possible

- Offers emotional support, information, referrals to organisations that can offer practical help

- Susan Morgan can support women she interviews or will pass on to other colleague/ agency (depending on situation and support needed)

Leyland Refuge

- 24 hour confidential domestic violence helpline for women.

Tel: 01772 435865

Victim Support (Chorley and South Ribble)

- Jan Stanley and volunteers are available to offer support to women.

- Personal safety of the volunteers is paramount. If there are concerns that a client is under the influence of substances, Victim Support volunteers are required to re-arrange an appointment for a convenient time.

- Response time within 24 hours. Tel: **01257 246229**

Appendix 2

The following flyer was sent out to attempt to recruit women to be interviewed or complete questionnaires, it was printed on yellow with black and grey writing and images in A5 size.

- are you a woman?
- has a partner ever hurt you - emotionally or physically?
- have you ever used drugs, alcohol or medication to get by? more often than you would like? or on a daily basis?
- if so then your knowledge & ideas can help us shape future services in your community
- local people who understand the issues and who are fully trained want to speak to you

community research in chorley & south ribble

no-one will be able to identify you from the information you give

* we can pay your expenses & reward you for your time
* we can give information about local support services

contact us...

nina george
address: civic centre, west paddock, leyland, lancashire
tel: 01772 625354
email:
dart.project@btinternet.com

in complete confidence

Appendix 3

Information Sheet

Title of Project: Looking at the problems and service-needs of women at risk of domestic abuse & substance use (drugs/alcohol/medication) in Chorley & South Ribble.

Invitation
You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

- Purpose of Study

The study is part of the work of Chorley & South Ribble Domestic Abuse Fora in improving services for women who experience domestic abuse and also use drugs, alcohol or medication.
The aim is to get a better understanding of what the experiences are that are particular to this group, plus any ideas for or recommendations for making services better or for new services that might be needed.

You may have been asked if you are willing to take part in one to one individual interviews, please be aware that this will be on a completely voluntary basis.

You will have the opportunity to feedback on the data collected and the conclusions, if you want. The findings will be reported to local and Lancashire wide services, plus anyone who expresses an interest, and all other participants.

- **Why have I been chosen?**

We have asked local volunteers and workers to ask people they are in contact with if they might be interested in helping us out. They may have asked you specifically or they may be asking all of the women that they know.
To take part in the research you have to:

1. be a woman
2. be experiencing or have experienced domestic abuse By domestic abuse we mean that you are hurt (emotionally, sexually, or physically) by your partner, ex-partner or close family member.
If you can answer 'yes' to 2 or more of the following list taken from the Hitting Home Website, you may be/have been in an abusive relationship.

- ☐ Are you afraid of your partner?
- ☐ Do you feel as if you have to walk on eggshells to keep your partner from getting angry?
- ☐ Does she/he emotionally abuse you (insults, belittling comments, ignoring you, acting sulky or angry when you initiate an action or idea)?
- ☐ Does she/he tells you who you may be friends with, how you should dress, or tries to control other elements of your life or relationship?
- ☐ Does she/he get jealous when there is no reason?
- ☐ Is physically violent to you, even if it's 'just' grabbing and pushing to get his/her way?
- ☐ Does she/he have extreme mood swings from being kind one minute and cruel the next?

☐ Is she/he angry and threatening to the extent that you have changed your life so as not to 'provoke' him/her?
☐ Does your partner make all the financial decisions without consulting you?
☐ Is it impossible for you to freely express your values and opinions?

3. have used or be using drugs/alcohol/medication (we are calling this substance use)

By this we mean that you have drunk alcohol, used illegal drugs or prescribed medication to get you through difficult times. This might mean on a daily basis or more often than you would like, you may have felt that you relied on these things. This may be something you are doing now or did in the past, and have since stopped. If you are not sure what counts as a substance please look at the list below:

☐ Alcohol
☐ Amphetamine (speed)
☐ Anti-depressants
☐ Benzos (tranquillisers)
☐ Cannabis or marijuana (hash, dope, grass)
☐ Cocaine (coke)
☐ Crack
☐ Ecstasy
☐ GHB (GBH)
☐ Heroin (gear)
☐ LSD (acid)
☐ Methadone
☐ Nicotine (tobacco, cigarettes)
☐ Solvents (aerosols, glue, gas)
☐ Steroids

For some substances we ask you if your use was "prescribed" – you had been given the ok to use this by your doctor & given a prescription, or "illicit" – you got hold of it another way (we will not ask you how you did this or who you got it from).

- **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

- **What will happen to me if I take part?**

You will be able to choose how you want to give us your information (see below). If you would like to speak to an interviewer please contact Nina George (contact details at end of this information sheet). She will arrange a convenient time for you both to meet up. All the interviews will take place at the project's office, or, if this is not possible, at a venue agreed on by both yourself and the researcher. The interviews will last for between one hour and two hours, depending on how much information you would like to share with us.

We will be able to pay you expenses so that it does not cost you anything to participate in this research. We understand that it is very personal and can be troubling to talk about this kind of personal experience, so we can also arrange for support or counselling for you if any of the information you tell us upsets you in any way.

We take your safety very seriously. We will arrange with you a safe way to keep in touch with you, to set up the interview plus to give you the chance to look at a copy of the report before it is finalised.

- **What do I have to do?**

There are 2 different ways that information can be given to us:

1. You can be interviewed by one of our community researchers where you will be asked a series of questions about your experiences (as on the questionnaire), which they will tape or write down – this will be up to you.
2. You can fill out the questionnaire and send it anonymously to us using the freepost address

The choice is up to you.

- **When will it happen?**

We are collecting information between June through to August this year (2004), if you want to share your information with us after this time please contact Nina George (contact details at end of this information sheet).

- **Is it confidential?**

If you consent to take part all data collected will be treated as confidential. There may be limits to the confidentiality we can offer if there is an immediate or ongoing serious risk to yourself, a child or another adult (for example if the information discussed reveals a dangerous or life-threatening situation). In these situations, the researcher may have to breach confidentiality. Please be aware of this when you are talking to the researcher.

Any tape recordings will be destroyed or erased as soon as possible after they have been typed up. You can ask for the tape to be stopped at any time. It can also be replayed and edited at any time. Any data extracted from the tape recordings will be fully anonymised.

- **What will you do with the information and who will see it?**

The data collected will be either recorded or written down. The only person who will hear your responses will be the researcher, who will type them up (this may be another volunteer from the same project who will work to the same guidelines as your researcher). They will separate the sheet with your personal details from the main part of the questionnaire before answers to the questions are typed up. They will also leave out any names, addresses and ANY details that could identify you. The report will not identify any of the participants who took part.

If you would like, the researcher will feedback to you the analysis of the data and you will be able to say if it is a true record. You can receive a copy of the report if you would like one. The final report will be given out to local and regional organisations and it may be published in selected journals.

- **Who is organising and funding the research?**

The research is funded by the Department of Health and supervised and supported by the Centre for Ethnicity & Health at the University of Central Lancashire. It is being carried out by local volunteers who are members of the local domestic abuse groups (fora), and managed by the worker for these groups (Nina George, Domestic Abuse Project Co-ordinator).

- **Contact for more information:**

Nina George, Domestic Abuse Project Co-ordinator, Chorley & South Ribble
Address: South Ribble Borough Council, Civic Centre, West Paddock, Leyland
PR25 1DH. Tel: 01772 625354

Email: Ngeorge@southribble.gov.uk Or: dart.project@btinternet.com

Appendix 4

SOUTH RIBBLE & CHORLEY DOMESTIC ABUSE FORA

c/o Civic Centre, West Paddock, Leyland, Lancashire, PR25 1DH

CONSENT FORM

Title of Project: Looking at the problems and service-needs of women at risk of domestic abuse & substance use (drugs/alcohol/medication) in Chorley & South Ribble.

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that certain situations cannot be kept confidential and have had this explained to me. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
4. I understand that my participation will be anonymous and any specific information that identifies anyone will not be included in the reports. ☐
5. I agree to my participation being recorded and I understand that I can retract comments or ask for them to be taken out from the research at any time. ☐
6. I agree to take part in the above study. ☐

You will receive a copy of this consent form and the information sheet to keep

Name of participant _____ Date _____ Signature _____

Name of researcher _____ Date _____ Signature _____

Thank you.

Appendix 5
Section 2:
This section asks about your experiences of domestic abuse/violence.

1) Is the abuse Current ☐ Past ☐

2) What is/ was your relationship with the person who has abused you? If there has been more than one abuser in your life, please tell us about the most recent.

- ☐ Husband
- ☐ Ex husband
- ☐ Male partner
- ☐ Ex male partner
- ☐ Female partner
- ☐ Ex female partner
- ☐ Family member (e.g parent, sibling, child)

3) Can you describe the type of domestic abuse you have experienced/ are experiencing? (Please mark all that apply)

Threatening to hurt you	☐
Stopping you from seeing family and friends	☐
Constantly checking up on you	☐
Slapping	☐
Holding or grabbing you by the throat	☐
Disconnecting or breaking phone(s)	☐
Forcing you to have sex	☐
Damaging your property or possessions	☐
Name calling e.g. fat, ugly, slag	☐
Telling you where you can & cannot go	☐
Threatening letters, phone calls, text messages	☐
Forcing you to do criminal acts e.g. Shoplifting	☐
Using family money to fund drug/alcohol use	☐
Denying you medication/ mobility aids/assistance	☐
Blaming you for abuse	☐
Using racist language	☐
Punching walls or furniture	☐
Forcing you to see/ use/ perform pornography	☐
Saying they only do it because they care or are jealous	☐
Being charming/gentle to others	☐
Preventing you from sleeping	☐
Threats to report you to immigration	☐
Locking you in the house	☐
Telling you that no-one will believe you	☐
Blaming the abuse on alcohol/ drugs	☐
Forcing you to use illegal drugs	☐

4) If the relationship has ended, did your abuser continue with any of the behaviours on the above list?

Yes ☐ No ☐

If yes, please tell us which ones

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.....

.....

.....

5) Have you ever needed medical attention for any injuries?

Yes ☐ No ☐

a) If **yes**, did you:

	Once	More than once
See a doctor	☐	☐
Visit to A & E/casualty dept.	☐	☐
Spend time in hospital	☐	☐

6) Has your emotional health ever been affected?

Yes ☐ No ☐

If **yes**, was it for:

- ☐ Depression
- ☐ Suicidal thoughts
- ☐ Self harm
- ☐ Anxiety
- ☐ Attempted suicide
- ☐ Psychotic episode
- ☐ Other .....

Section 3:
This section asks about your use of substances (e.g. alcohol, illegal and prescribed drugs.)
7) Were you using, or do you use any of the following: NB * 1 unit equals one measure of sprits, 1 small glass of wine, or half a pint of lager.

Alcohol (*answer in units per week)	How often did you use this?	How often did you use this?	Have you noticed any times when your substance use changed or changes? E.g. Increased/ decreased/ No change
Amphetamine			
Anti-depressants			
Benzos illicit eg valium			
Benzos prescribed eg valium			
Cannabis			
Ecstasy			
GHB/ GBH			
Heroin			
Ketamine			
LSD			
Methadone illicit			
Methadone prescribed			
Magic mushrooms			
Nicotine Solvents (gases, glues and aerosols)			
Other			

Section 4:
This section is about your experiences of assistance and help, plus your opinions.

8) Did you tell family or friends about the:

a) Domestic abuse Yes ☐ No ☐

If **yes,** what was their reaction?

If **no,** what do you think their reaction would be?

b) Substance use Yes ☐ No ☐

If **yes,** what was their reaction?

If **no,** what do you think their reaction would be?

9) Were you/ are you aware of any services available for domestic abuse?

Yes ☐ [please go to a), b) & c)] No ☐ [please go to d)]

a) If **yes,** what type of help & assistance have you had?

Police ☐
Family and/ or friends ☐
GP ☐
Health Visitor ☐
Midwife ☐
Refuge ☐
Helpline ☐
Social Services ☐
None ☐
Other ☐

b) If **yes,** how easy have you found it to approach them?

Very Easy ☐
Easy ☐
Difficult ☐
Very Difficult ☐
Impossible ☐

c) If **yes**, did this support meet your needs or expectations?

Fully ☐
Partially ☐
Not at all ☐

d) If **no**, how would have liked to find out about domestic abuse services?

Via my GP ☐
From advertising ☐
Health Visitor ☐
Social Services ☐
Local drug services ☐
Local alcohol services ☐
Other ☐

10) Were you/are you aware of any help & support available for substance use?

Yes ☐ [please go to a), b) & c)] No ☐ [please go to d)]

a) If yes, what type of help & assistance have you had?

Community Drugs Team ☐

Family and/ or friends ☐
GP ☐
Health Visitor ☐
Smoking Cessation Centre ☐
Self-help group ☐
Helpline ☐
Social Services ☐
None ☐
Other ☐

b) If **yes**, how easy have you found it to approach them?

Very Easy ☐
Easy ☐
Difficult ☐
Very Difficult ☐
Impossible ☐

c) If yes, did this support meet your needs or expectations?

Fully ☐
Partially ☐
Not at all ☐

d) If no, how would you have liked to find out about substance use services?

Via my GP ☐
From advertising ☐
Health Visitor ☐
Social Services ☐

Domestic Abuse ☐
Helpline ☐
Other ☐

11) Of the two, which type of service did you access first?

Substance use ☐
Domestic Abuse ☐
Both together ☐
Did not access ☐

12) Have you ever been refused help from any services?

Yes ☐ No ☐

a) If yes, do you know why?

13) In your opinion, could improvements be made to services supporting women who are experiencing/ have experienced both domestic abuse and substance use?

Yes ☐ No ☐

a) If yes, please describe how you think improvements can be made.

14) Do you feel that professionals are able to understand the difficulties of women who are experiencino/ have experienced domestic abuse and substance use?

Yes ☐ No ☐
Any comments

15) Do you think women would receive better help and information if there were a specialist service for women with substance use issues who are experiencino/ have experienced domestic abuse?

Yes ☐ No ☐

a) Please explain your answer

b) If such a service existed, do you think you would use it?

Yes ☐ No ☐

16) What type of support/ information/ assistance do you feel you need from agencies?

Legal advice ☐
Benefit advice ☐
Counselling ☐
Self help group ☐
Drug rehabilitation ☐
Alcohol rehabilitation ☐
Other ☐

Section 5:
17) Please feel free to write any further comments in the space below.

(The above space originally took up one page & there was more space in the layout & to write answers where required)

Thank-you very much for completing this questionnaire.

Appendix 6

Questionnaire for agencies

Aim: To examine experiences of and service provision for women in Chorley and South Ribble who are experiencing/ have experienced both domestic abuse and substance use.

1) Please tick the type of agency/service you are from

- ☐ Domestic abuse
- ☐ Drug
- ☐ Alcohol
- ☐ Drug & alcohol
- ☐ Health
- ☐ Advice/information
- ☐ General support
- ☐ Other .....

2) What kind of services do you provide e.g. residential, counselling, harm reduction etc.

.....

.....

.....

.....

3) Of those who you work with, how often do you have contact with women who have:

	Substance use issues	Domestic abuse	Both
Everyday			
2-3 times a Week			
Once a Week			
Once a Month			
Other			

4) How are domestic abuse/ substance use issues disclosed to you?

	Substance use issues	Domestic abuse	Both
Through service user			
Through service user's friends/ family			
Other agency/ referral			
Other (please state)			

5) How would you know whether women are experiencing/ have experienced domestic abuse/ substance misuse?

Self- disclosure ☐
Physical evidence ☐
Concerns raised by family/ friends ☐
Physical presence at refuge ☐
Referral from other agencies ☐
Only hear about substance use ☐
Only hear about domestic abuse ☐

Other .....

6a) How do women access your service?

Self referral ☐
Referral by other agency ☐
Friends/ family referral ☐

Other .....

b) Do your referral procedures ask about:

	Yes	No
Domestic abuse	☐	☐
Drugs only	☐	☐
Alcohol only	☐	☐
Drugs and alcohol	☐	☐

Other .....

7) How long does it take for clients to access your service after initial referral?

.....

.....

.....

.....

8) What are the criteria for service access e.g. must clients be drug free?

.....

.....

.....

.....

9) What are your referral procedures to other services?

Standard referral form ☐
Supporting letters ☐
Accompanying clients ☐
Written information ☐

Other .....

10) Does your organisation have access to interpreters?

Yes ☐ No ☐

a) If yes, how quickly can this service be accessed?

Within 2 hours ☐
Within 24 hours ☐
1-2 days ☐
3-7 days ☐
1-2 weeks ☐

Other .....

11) How is confidentiality negotiated with your client group?

.....

.....

.....

.....

12) Does your organisation have policies or protocols to address the following:

Domestic abuse ☐
Substance use ☐
Both ☐
Neither ☐
Don't know ☐
Part of a general policy statement ☐

13) Do you have any specialist services for the following:

Women ☐
BME women ☐
Lesbian/ bisexual women ☐
Women with disabilities ☐

14) In your opinion, are adequate and appropriate services available in your area for women who are experiencing/ have experienced the following:

	Good provision	Satisfactory provision	Unsatisfactory provision
Domestic abuse			
Substance use issues			
Both domestic abuse and substance use issues together			

15) Are there any improvements or changes which could be made to meet the needs of women who are experiencing/ have experienced both substance use and domestic abuse?

Yes ☐ No ☐

If yes, what improvements or changes would you like to see?

.....

.....

16) Would you be prepared to undertake training in the following:

	Yes	No
Domestic abuse		
Substance use issues		
Both domestic abuse and substance use issues together		

17) Any further comments

.....

.....

.....

As part of this project we are also interviewing women victims/survivors of domestic abuse who have also used/use substances (drugs/alcohol/ medication).

We would be really grateful if you could hand out the flyer to any women clients, friends or colleagues so that they can see if they would like to be part of this research or know of any women who might want to help us. It would be really helpful if you could give the flyer out to all your female clients, some may not have disclosed either 2 issues to anybody but may feel able to give information to the research project.

There are 2 different ways that information can be given to us:
3. Women can be interviewed by one of our community researchers. We would prefer this option, as we will be able to refer on to relevant support agencies if needed. Please reassure any interested women that we will arrange a safe way to keep in touch with them, keep all information anonymous and give them the chance to comment on a draft of the report.
4. They can fill out the questionnaire and send it anonymously to us using the freepost address

The choice is up to them. A detailed information sheet and copies of the questionnaire are available if anybody needs detailed information.

For any further information, flyers, questionnaires for women survivors and for agency workers or further freepost envelopes please contact us.

c/o Nina George
Domestic Abuse Project Co-ordinator
Chorley and South Ribble

Address:
South Ribble Borough Council
Civic Centre
West Paddock
Leyland
PR25 1DH

Tel. 01772 625354
Email. dart.project@btinternet.com

N.B. The further information was given one page, plus, in the original questionnaire, more space was given for agency workers to put any written answers or detail.

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