Domestic Violence and Substance Use: Tackling Complexity

Article *in* British Journal of Social Work · August 2005

DOI: 10.1093/bjsw/bch212

CITATIONS
64

READS
1,569

1 author:

Cathy Humphreys
University of Melbourne
183 PUBLICATIONS **2,732** CITATIONS

SEE PROFILE

British Journal of Social Work (2005) **35,** 1303–1320
doi:10.1093/bjsw/bch212
Advance Access publication September 12, 2005

Domestic Violence and Substance Use: Tackling Complexity

Cathy Humphreys, Linda Regan, Dawn River and Ravi K. Thiara

Correspondence to Dr Cathy Humphreys, School of Health and Social Studies, University of Warwick, Coventry CV4 7AL, UK. E-mail: *c.f.humphreys@warwick.ac.uk*

Summary

Domestic violence and substance use are issues which pervade social work practice, yet are often on the margins of the knowledge base for practitioners and their managers. This article provides an overview of the literature on substance use and domestic violence, highlighting the problems with the separation of both practice and policy in these areas. Research on substance use and the needs of women survivors of domestic violence are explored, alongside the more substantial literature on perpetrators of domestic violence and patterns of substance use. The problems of a simplistic analysis which suggest that there is a causal link between substance use and domestic violence are highlighted. Using data from an on-going research project, the sources of the continuing and dysfunctional separation of work in these areas are explored.

Keywords: domestic violence, substance misuse, alcohol misuse, drug misuse.

Domestic violence and substance use: tackling complexity

> It's never made sense to me that we haven't done more work about this area. Lots of women that we've engaged with have actually, at some point in time come out and spoken about their experience of misusing alcohol mainly, but lots and lots of women have also spoken about kind of using crack and heroin as well (Manager of a women's refuge service, London).

Making sense of the research and the divisions which continue to shape service provision for both survivors and perpetrators of domestic violence who also have problems with substance use[1] provides the impetus for this article. The

[1] The term 'substance use' is used in this article as the least stigmatizing term for men and women with problematic drug and alcohol use.

separation highlights the extent to which distinct discourses develop within a particular sphere, creating deep divisions in policy and practice between different sectors. In this process, those people who do not fit within the sector's dominant policy and practice framework become invisible, their needs remain unacknowledged and aspects of their lives discounted and subjugated. While refuges and outreach services, perpetrator programmes and alcohol and drug services are not always in the mainstream of social work practice, they employ a significant number of social workers and provide services which constitute an important aspect of the multi-agency environment in which assessment and referral occur, particularly in relation to child abuse and mental health. Thus, it is an issue of profound relevance for social workers (Galvani, 2001).

This article is primarily a literature review which outlines the extent of overlap between substance use and domestic violence. It also draws on a current research project for explanations which account for the 'a silo' mentality which pervades these areas of work and creates barriers to a more holistic approach to service provision. The article concludes with a brief discussion of the ways forward.

Literature review

Within the research literature, the overlap between substance use and domestic violence has been noted and explored for more than 30 years. Plant *et al*. (2002) describe the copious literature on substance use and domestic violence as 'extensive, flawed and often contradictory' (p. 207). The shear weight of research evidence in this area is initially daunting, particularly in relation to male perpetrators of violence and substance use. Nevertheless, 'the bulk' of evidence in this area highlights the puzzle about how and why it is that this research has had such minimal impact on policy and practice. There are few perpetrator programmes or services for survivors which address substance use in any systematic way, and just as scarce are drug or alcohol services which explore the issues of domestic violence for either perpetrators or survivors. In the process of referral and help-seeking, one or the other issue becomes lost.

The literature can be broadly divided into two areas: those issues pertaining to substance use by survivors; and those related to substance use by perpetrators of violence and abuse. The problems for children which arise from living with substance-misusing mothers and fathers and domestic violence are not addressed in this article, and are the subject of a significant and emerging literature in the area (Kroll, 2004; Cleaver *et al*., 1999; Harwin and Forrester, 2002). The research literature tends to identify the extent of the overlap and then explore explanations for this overlap.

Survivors of domestic violence

The relationship between domestic violence and patterns of drinking and drug abuse for survivors is undoubtedly complex. Almost all the literature pertains

to women survivors and draws from women using both substance use agencies and women's contact with police, refuges and outreach projects. Little attention has been given to the problematic use of prescription medication. Research is hampered further by issues of invisibility and access. The stigma associated with substance use problems for women is exacerbated for some by religious and cultural issues (Taylor, 2003), and the fact that substance use may be part of the criteria which exclude women from refuges and mean that samples in this area may be particularly skewed.

There is nevertheless significant evidence of the vulnerability of survivors of domestic violence to substance use. Most of the studies explore alcohol use, though there is an emerging literature on drug use and, of course, the dual use of alcohol and a range of drugs together.

The higher risk of alcohol and drug problems for domestic violence survivors has been noted across a range of settings, including: specialist midwife services (Sims and Iphofen, 2003); substance use agencies (El-Bassel *et al*., 2000; Gil-Rivas *et al*., 1996; Stringer, 1998); police domestic violence units (Hutchinson, 2003); primary health care settings (McCauley *et al*., 1995); refuges and outreach services (Khan *et al*., 1993; Gleason, 1993) and hospital accident and emergency units (Berman *et al*., 1989; Stark *et al*., 1979). The extent of the overlap reported varies with the research site and with the research tools.

Substance use agencies are showing particularly high rates of service users reporting domestic violence. A Swedish study (Berman *et al*., 1989) showed that 65 per cent of 49 women treated for alcoholism reported being beaten at least once and 81 per cent of these had been in relationships of chronic domestic violence. Thirty-two per cent of women being treated for alcoholism were also injecting drugs. US studies show similar high rates. Swan *et al.* (2001), in a study involving 360 women across eight substance use agencies, reported 60 per cent of clients disclosing either current or past domestic violence and 47 per cent reporting current domestic violence at intake. Rates of domestic violence were higher amongst users of crack cocaine compared to women who used alcohol and other drugs. Similarly, Downs *et al.* (1993), working through substance use agencies, showed that 60–70 per cent of women experienced violence or abuse in the previous six months.

When experiences of abuse include experiences of child physical, sexual abuse and neglect as well as domestic violence, the number of abused women increases substantially. Finkelstein's overview of research studies (1993) showed more than 50–90 per cent of women using substance use programmes experienced current or past physical, emotional or sexual abuse.

Studies in the United Kingdom of women with drug problems, again, show a worrying overlap with domestic violence. A study of 60 women using crack cocaine (Bury *et al*., 1999) found that 40 per cent reported being regularly physically assaulted by a current partner and 75 per cent assaulted by a current or past partner. Much of this abuse was at the severe end of the continuum, with approximately 50 per cent needing hospital treatment in the past year as a result of partner violence. Other violence from acquaintances, dealers, relatives

and friends was also reported. A further study of 66 women opiate users showed that 30 per cent reported physical violence from a current partner and 44 per cent reported high conflict (Powis *et al*., 2000). This rate is similar to an Israeli study by El-Bassel *et al.* (2000) in which it was found that women who combined crack and alcohol were five times more likely to report current partner violence.

Samples drawn from refuges, accident and emergency departments and police reports of domestic violence incidents show very significant, though lower, rates of overlap between women's substance use and domestic violence. Hutchinson (1999) found that 24 per cent of 419 women who called the police reported high to moderate drinking. A similar rate of 24 per cent of alcohol dependence was reported by women being treated at the hospital for domestic violence-related injuries, and 16 per cent injected intravenous drugs (Berman *et al*., 1989). A small US refuge-based study reported 29 per cent of residents with substance use problems (Khan *et al*., 1993). Comparable rates of 23 per cent of 30 residents with alcohol use and 10 per cent with drug use were found in another refuge (Gleason, 1993), but, as expected (due to lack of exclusion criteria), higher rates of 44 per cent alcohol use and 25 per cent drug use for the 32 women receiving outreach support.

Taken together, these studies indicate that there is a significant group of women suffering domestic violence who have problematic use of alcohol or drugs. Several explanations for this link have been explored. The most commonly cited theory, and one supported by both qualitative and quantitative data, is that women who are subjected to domestic violence use alcohol or drugs to cope with the attacks they experience. For example, Barnett and Fagan (1993) showed different patterns of drinking between men and women. Men drank twice as much as women during an incident (30 versus 17.8 per cent), but women's drinking was twice as common following the abusive attack (48 versus 24 per cent). Other smaller studies have reported a similar pattern of women's drinking (Stringer, 1998) and point to the ways in which women use alcohol and drugs to cope with the trauma of abuse (Zubretsky, 2002; Downs *et al*., 1993), highlighting again the links between women's mental health and domestic violence (Humphreys and Thiara, 2003).

Other explanations explore the extent to which women's substance use increases the likelihood of their victimization. The research in this area is equivocal, though a substantial review is made by Hutchinson (2003). Some studies, such as Miller *et al*., (1989) and Telch and Lindquist (1984), suggest that women are much more likely to be subjected to violence because of their drinking. They are seen more negatively and their male partners rationalize their violence on the basis 'that they deserve to be hit'. Other studies, however, have suggested that the woman's drinking in itself is either not a significant risk factor (Van Hasselt *et al*., 1985), or inconsistent as a risk factor, though where there is drug use as well, the risk of victimization is increased (Hotaling and Sugarman, 1990). One of the most quoted studies is that of Kantor and Straus (1987), which, on the basis of a very large population survey, found that when

women were drinking, they were more likely to experience 'minor' domestic violence incidents, but that their drinking or drug taking bore no relation to severe violence from perpetrators. There is now some suggestion of a cyclical pattern, whereby women cope with the assaults and 'block out their feelings' (Stringer, 1998) by increasing their drinking and drug taking, and that this, in turn, may lead some abusers to rationalize and escalate their violence and abuse of the woman when she is drinking or using drugs (Kilpatrick *et al*., 1997). The review by Kaufmann Kantor and Asidgian (1997) also suggests that risk factors for women increase because if they have problems with alcohol and drug abuse, they are more likely to also have partners who are heavy drinkers or drug users and that the women themselves may also be more aggressive when drinking.

Whatever the *explanation* for the link between women's substance use and domestic violence, the overlap is more than sufficient to suggest that there is a need for services to be developed which respond to both women's need for safety and their issues of substance use. The question arises as to why such interventions have been so slow to develop when the need has been identified for so long.

Perpetrators of violence

The overlap between domestic violence and substance use is not only relevant to the survivors of abuse. The research literature on substance use and perpetrators of violence is substantial. The issue of causality and the question of the relationship between the amount of drinking and severity of violence have been given particular attention. The issue of drug use has emerged more recently and there is, therefore, less literature in this area to date.

The fact that there is a significant overlap between the problematic use of alcohol and drugs by a substantial number of perpetrators of domestic violence is now uncontested (Straus and Gelles, 1990; Brown *et al*., 1998; Hutchinson, 2003; Mirrlees-Black, 1999). The rate of overlap depends on how the substance use and domestic violence are assessed and recorded, and the research site. For example, Gondolf and Foster (1991) undertook research at an alcohol and rehabilitation clinic. They found that clinical reports showed 20 per cent of clients perpetrated domestic violence, while self-report by the same men, when asked directly, showed 52 per cent as perpetrators; and that spousal reports showed 82 per cent of the rehabilitation clients perpetrated violence.

The reports of women survivors about their partners' substance use show some variation. This is often a function of how questions about substance use are asked. There is a difference between asking whether the perpetrator of violence has a substance use problem and whether he was using at the time of the incident. In some cases, men who are chemically dependent may be more dangerous when they are sober, particularly if they are in the process of withdrawal (Bennett and Williams, 2003). A US study of 4,000 reports from women

using a domestic violence helpline found 35 per cent reported their abusive partner as a 'problem alcoholic' (Roy, 1982). Another victim report survey, the British Crime Survey (Budd, 2003), indicated that 44 per cent of domestic violence offenders were under the influence of alcohol and 12 per cent affected by drugs during the domestic violence incident. The substantial Canadian and US population studies of violence against women showed alcohol abuse by their partners to be one of the consistent and predictive risk factors for injury (Thompson *et al*., 2001, 2003).

More detailed research, such as that by Hutchinson (2003) based on 419 police callouts to domestic violence incidents, reported that 50 per cent of perpetrators were high to moderate drinkers (compared with a national average of 21 per cent), and 14 per cent were binge drinkers (compared with a national average of 7 per cent). There was also a significant amount of dual alcohol and drug abuse, with 36 per cent having used alcohol and cocaine in the previous six months. Amongst cocaine users, 40 per cent had used cocaine three times per week during the month preceding the police callout incident. The heaviest drinkers were also the heaviest drug-using group.

While women's reports about their partner's drinking and abuse are said to be relatively accurate (Lindquist *et al*., 1997; Hasselt *et al*., 1985), the high rates they report are also consistently confirmed elsewhere. Fifteen studies of husband to wife abuse published between 1974 and 1979 show that alcohol was present in 60–70 per cent of cases (Collins, 1981). A further overview of 52 studies (Hotaling and Sugarman, 1986) of husband to wife violence found that alcohol abuse emerged as one of four consistent risk factors (p. 573). Within this literature, there is also some indication that binge drinkers were more abusive than those who drank consistently and heavily (Leonard *et al*., 1985), though there is some evidence that the heavier the drinking pattern, the higher the likelihood of increased physical violence (Brown *et al*., 1998; Brecklin, 2002). Some of this evidence is unclear. For example, a Canadian study found higher levels of injury where the perpetrator had been drinking, but not necessarily higher levels of drinking (Pernanen, 1991), and one study showed that the heaviest drinkers were actually less dangerous than those drinking moderately (Coleman and Straus, 1983). Substance use by men participating in perpetrator programmes appears to be particularly high, with reported rates of 63 per cent (Brown *et al*., 1999) and 70 per cent (Feinerman, 2000) and an average rate across studies of 50 per cent (Gondolf, 1999).

The emerging literature on drug use and domestic violence suggests that perpetrators who use drugs and alcohol together are more likely to be dangerous than single drug users (McCormick and Smith, 1995; Denison *et al*., 1997; Schafer and Fals-Stewart, 1997). For example, in a study of domestic violence incidents, Brookhoff *et al.* (1997) found that family members reported that two-thirds of the male perpetrators had used a combination of cocaine and alcohol on the day of the incident, while a San Francisco study of 20 domestic violence homicides found alcohol or drug involvement in all cases, including 20 per cent where both alcohol and cocaine were used by the perpetrator (Slade *et al*., 1991).

Taken together, there is no doubt that a significant group of perpetrators of violence also have substance use problems. However, while the research and literature point to an association between substance use and domestic violence, amongst this myriad of studies are very few (Bushman and Cooper, 1990; O'Farrell and Choquette, 1991) that suggest that the disinhibiting effects of alcohol or drug use actually *cause* domestic violence.

The old chestnut of causality

It is worth pausing on the issue of causality. The way in which it is perceived that agencies respond to this relationship between domestic violence and substance use has been one of the most contentious issues and continues to have implications for inter-agency working.

A number of issues confound a causal relationship. In spite of a link between substance use and violence, several population-based studies show less than half of domestic violence incidents directly involve drugs and/or alcohol (Leonard, 1999; Mirrlees-Black, 1999). Other studies indicate that although the abuser may have alcohol problems, incidents of abuse were often unconnected to their drinking (Frieze and Browne, 1989). In smaller studies, while women report that there is often drinking at the time of the incident, most women also report being beaten when the man was sober (Galvani, 2001; Sonkin, 1985; Eberle, 1982). One study, however, suggested they were more likely to call the police when their partner was drinking or using drugs (Hutchinson, 2003). In a critical discussion of the literature, Gelles (1993) argues that on the basis of cross-cultural evidence (Levinson 1983, MacAndrew and Edgerton 1969), laboratory experiments to test aggression (Lang *et al.*, 1975), blood tests of men arrested for wife beating (Bard and Zacker, 1974) and the result of national surveys (Kantor and Straus, 1987), there is no evidence to support a causal relationship between substance use and domestic violence.

Other factors are consistently shown to be of more importance, or it is argued that the relationship between substance use and domestic violence is complex and involves a range of both personal and social factors. Unsurprisingly, there are a number of theories on this subject, outlined by different authors (Plant *et al.*, 2002; Bennett and Williams, 2003). In most theories, some emphasis is given to the role of social context and attitudes.

There are several different permutations on the significance of attitudes and beliefs. First, it is argued that it is not the chemically induced disinhibiting effects of alcohol which are key, but rather the *belief* that it is disinhibiting and, hence, in many cultures, it allows an individual (particularly men) 'time out' from the normal rules of social responsibility (MacAndrew and Edgerton, 1969; Coleman and Straus, 1983). It thus serves as an excuse for what is normally seen to be unacceptable behaviour, as an external agent (drugs or alcohol) can be blamed, particularly when, within the culture, the substance is perceived

to cause the aggression. In this process, perpetrators who wish to be violent can get themselves drunk in order to be violent (Gelles, 1993).

Second, it is theorized that the drug or alcohol use needs to be set alongside beliefs and attitudes about violence and abuse, namely that it is sometimes justified to physically abuse and control your partner. It is this belief system about violence which differentiates those who will be violent and those who will not. For example, data taken from national probability samples find a high correlation between domestic violence and substance use. However, the rates of violence were consistently higher amongst those couples where the man held the belief that 'slapping your wife' under some circumstances was acceptable (Kaufman Kantor and Straus, 1987) or where they held strong beliefs about the rightness of male dominance (Johnson, 2001).

Third, it has been suggested that attitudes to drinking and masculinity are significant and that those men who drink and are also perpetrators of intimate violence hold some or all of the following beliefs: that drinking is a defining and acceptable aspect of masculinity; that the man's traditional role as head of the family and other patriarchal attitudes are central; and that aggression and power are increased by alcohol consumption (Leonard and Blane, 1988; Leonard, 1990). In this sense, the use of alcohol becomes yet another part of the wide array of strategies used for domination and control within male–female relationships (Room, 1980; Gondolf, 1995).

While attitudes and beliefs are clearly significant, the research on women's attitudes to the notion that alcohol and drugs excuse the man's violence are interesting. A superficial reading of the research would suggest that some women, particularly in the early part of a relationship, might support the notion of alcohol and drugs excusing the behaviour (Leonard and Senchak, 1995) and, in fact, that it is psychologically protective to 'blame the booze'. However, an in-depth study by Galvani (2001) suggests that while many women say that they experienced violence when the man was drunk, they nevertheless were quite categorical that this did not excuse the behaviour.

In summary, the issue of causality has been, and continues to remain, contentious. There is little or no evidence to support a direct link between alcohol, drug abuse and domestic violence. Rather, the relationship is complex. Similar sets of personal circumstances may lead to quite different outcomes, whilst quite different circumstances may also lead to a similar outcome of both substance and interpersonal abuse. The interaction of personal and cultural beliefs about substance use (particularly alcohol use) and abuse of power within intimate relationships are crucial interacting factors, but ones which will always require individual assessment to comprehend their significance for effective intervention.

Key informants consultation

Some explanations need to be provided for the lack of attention to this evidence base by agencies working with domestic violence survivors—mainly refuges

and outreach services; programmes run for perpetrators; and agencies providing drug and alcohol services.

A research project funded by the Home Office Drugs Directorate and the Greater London Authority has been drawn upon to understand some of the problems associated with working together across these different sectors (see Humphreys *et al*., 2004). The first stage of this on-going research project, which explores the links between substance use and domestic violence, involved semi-structured interviews with 48 key informants in the area. These informants were professionals working in either policy or practice who discussed with the researchers the knowledge base which informed their work; the barriers to progressing policy and practice and the possibilities for future intervention with service users which could meet their needs in relation to both domestic violence and substance use. They represented workers who had a particular interest and experience in the development of this area of work and hence were interested enough to volunteer to be interviewed. Interviews were taped and key themes identified. It is these data from the first phase of the project which are drawn upon in the next section.

Inter-agency working: another old chestnut

Workers who were interviewed were well aware of the dual nature of the problems of substance use and domestic violence. They also had no problem in acknowledging that service provision was inappropriately separated. A range of reasons was given for the barriers to inter-agency working or the inability of agencies to address the dual issues. In general, the barriers are very familiar to any other area of health and social care where workers attempt to work across professions and organizations (Farmakopoulou, 2002; Barr, 2002), though specific issues related to the nature of work in the substance use and domestic violence arenas. Undoubtedly, urging hard-pressed front line workers to engage in more extensive inter-agency working to meet the needs of their service users is a further 'old chestnut' which is depressingly familiar and does little to make a real difference to entrenched patterns and relationships between workers and organizations. Nevertheless, without understanding some of the specific issues, steps to ameliorate the situation cannot be made. We have chosen five themes which highlight both the generality and the particularity of inter-agency working in this area.

Cultural clash

The reason quoted by more than half of the informants for the separation of services can be described as 'cultural differences'. This related to three primary areas: contrasting practice models and knowledge bases; splits between statutory and voluntary sector services; and the significance of a gendered perspective. At its most stereotyped, this was explained as substance use services working

primarily with a medical model focused on the individual, often linked to a crime agenda, with many services based in the statutory sector. In contrast, domestic violence services were described as working from a social/feminist model with an advocacy/empowerment approach and based in the voluntary sector. While this is an overly simplistic description of the two sectors, it does describe how perceptions may create barriers:

> . . . they come from different cultures, so often domestic violence services come from within the voluntary sector and drug services come from medical models of working so therefore there's inevitably splits there (women's substance use worker).

The differences in gender politics were commented upon by a significant minority of informants. Several mentioned that alcohol services have historically developed to work with men, leading to both a lack of services for female alcohol abusers and a lack of understanding of the relationship between alcohol abuse and domestic violence. A gender neutral analysis was common and contrasted with the significance of a gendered understanding held by most workers in the domestic violence sector.

A single issue focus and concerns about causality

An issue highlighted by several informants was the politics associated with keeping a single issue focus:

> There's a lot of stigma attached to it (substance use). And if you're suffering domestic violence as well that means that you've got double the stigma. So I think that's why they've always been kept separate issues. I may be wrong, but I think it's the same with all areas of diversity . . . it's just much easier to deal with one problem. . . . So I think that people try and put people in silos and say, 'Well, we can deal with this problem and let's hope everything else gets sorted out' (female senior policy worker).

At the heart of many workers' concerns lay the previously raised issue of causality. The single issue focus was seen as a way of not 'muddying the waters' and letting any suggestion through that treating the issue of substance use would cure the problem of violence. Interestingly, all informants, bar one, were clear that it was *not* the cause of domestic violence. However, more than half the informants noted that within some agencies still, substance use was seen as an excuse for domestic violence.

The problems of resourcing men, women and children with complex needs

The issue of resourcing was raised by all informants and viewed as a constraint which kept agencies focused on a single issue:

> The facilities which have existed for a long time have been fairly limited. Particularly refuges have not been well staffed or they've not had sufficient cover and so have always felt that they've had limited ability to cope with women with additional substance use issues. It has been a heated problem I have encountered where they feel they can cope with one issue, but they can't cope with additional issues (Women's Services, Drug Action Team Worker).

While several areas have identified a need, and actively sought funding for a refuge with 24-hour staffing and self-contained units, at this stage, no funding has been forthcoming for this level of support (see Sen, 1998).

The need for resources was not only mentioned in relation to accommodation. Scattered throughout the informant interviews were references to other aspects of work which would need resourcing if the entrenched separation between the sectors was to be overcome. Such areas included: training, multi-agency working, policy development and increased staffing to cope with the longer time it takes to work with women and men with complex needs.

Differences in resources between the two sectors were noted by three informants, emphasizing the large amounts of funding that have been channelled into services countering illegal drug use. Unevenness in resourcing, whether due to one agency being comparatively well resourced and hence having little motivation to co-operate, or under-resourcing, where there is not the capacity to engage in inter-agency work, have both been highlighted as constraints to inter-agency collaboration (Birchall and Hallett, 1995).

The lack of knowledge and training across substance use and domestic violence

In relation to individual agencies, lack of knowledge and training were seen by all informants as a major barrier to the development of more appropriate holistic responses by staff:

> It's difficult for them to see it and name it for what it is because they don't feel confident or capable to kind of get into beginning to look at what her needs are, because they haven't been trained (female drug and alcohol assessment team worker).

A small number of informants pointed out that there were very few people currently whose skills and knowledge base spanned both sectors. Workers were either trained in substance use or domestic violence, and rarely had experience or training across both. It was noted that foundational training in professional courses such as social work did not comprehensively address both issues. The level of specialism required suggests that this is a rich area of post-qualifying development and specialist training (Stella Project, 2004).

Fragmentation at government level

It was interesting that few workers mentioned the fragmentation of response at government level. However, national policy workers did point out that they were actively working to bridge the 'departmental silos'. An holistic approach is not assisted by the policy and dominant funding for each sector being separated. Drugs issues are based within the Home Office, due to the links with the crime and disorder agenda; alcohol issues are the responsibility of the Department of Health, emphasizing the connection with health and the medical model; domestic violence services for survivors are largely funded through the voluntary sector and accommodation needs through housing based within the Office of the Deputy Prime Minister, while the voluntary sector and probation services fund programmes for perpetrators:

> It has all been very separated across government. . . . There is a need for a much more strategic focus and approach to this issue as well . . . it would mean a lot of government departments getting together to agree something. . . . No one has ever sat down properly and sorted out approaching it more strategically (female senior policy worker).

The complexity of service user needs are reflected in these equally complex departmental arrangements and point to the amount of work which will need to be undertaken to create a shared agenda.

Mainstreaming or specialism?

Interviews were characterized by ambivalence about the issue of mainstreaming versus specialization. The first model is to mainstream the work in this area through further support and funding to currently operating services. This requires a range of different measures to develop capacity within both refuges and substance use organizations. It recognizes that services need to be extended so that those with substance use problems *currently excluded* from services have greater access, while the high numbers of perpetrators and survivors *currently using* services need to have their issues acknowledged and appropriately supported with a more holistic intervention.

The second model is to develop specialist services which cater for the specific needs of survivors or perpetrators who have the dual issues of domestic violence and substance use. Both models would need to address the diverse needs of service users from black and minority ethnic backgrounds, the specific issues for disabled people and the access issues for gay and lesbian service users. The needs of children and young people and the way in which services may also need to address mental health issues were also raised.

Informants were generally fluid in their attitudes to these issues. It was recognized that service development in this area is in its infancy and little evaluation

has been undertaken of 'what works?'. A number of informants pointed out that the development of specialist services as the primary response to those with substance use problems and domestic violence would be one way of ensuring that there would never be enough services. In that sense, while informants recognized the need for some specialist services, developing the capacity of already established local services to respond more appropriately to their service user group with dual problems was the recognized priority and has now been tackled in a number of recent reports in the area (Carter, 2003; Taylor, 2003; Barron, 2004).

Conclusion

A small number of projects are now developing in the United Kingdom to explore ways of addressing the issues of substance use and domestic violence (see Taylor, 2003; Humphreys *et al*., 2004). They stand in contrast to the separated provision which has traditionally occurred in the United Kingdom and which flies in the face of the evidence base which points to an extensive overlap between substance use and domestic violence.

The effective 'siloing' of provision suggests that the barriers may be higher than in some other areas of work, particularly when one considers that domestic violence multi-agency forums have been in existence in many areas of the United Kingdom for ten years or more (Hague and Malos, 1998). While some forums are far more successful than others in drawing together a comprehensive provision for children, women and men, there has nevertheless been general recognition that joint working will be more effective than working alone. The lack of representation of substance use agencies on these multi-agency forums, or the representation of domestic violence workers on the drug action teams, therefore, stand as anomalies.

The five themes which have been drawn out from interviews with workers across the sectors indicate where some of the barriers to joint provision lie and provide some explanation for this division of services. Underpinning these themes lies a failure in the mechanisms of social exchange which provide the motivation for *voluntary* inter-agency and inter-disciplinary co-operation whereby workers actively perceive mutual benefit in co-operation (Farmakopoulou, 2002). However, there are also few *external injunctions* to co-operate provided by legislation or administrative guidelines which enforce linkages between organizations such as we see in the area of child protection (Birchall and Hallett, 1995) and some areas of community care (Preston-Shoot and Wigley, 2002).

Awareness raising across the arenas of substance use and domestic violence will therefore be a necessary first step in gaining voluntary collaborative partnerships at local level, as well as developing the necessary policy context to promote a more holistic approach to service users. Such an approach will ensure that wherever men and women are presenting with substance use,

either as survivors or perpetrators of abuse, appropriate interventions can be forthcoming.

Accepted: September 2004

References

Bard, M. and Zacker, J. (1974) 'Assaultiveness and alcohol use in family disputes', *Criminology*, **12**, pp. 281–92.

Barnett, O. and Fagan, R. (1993) 'Alcohol use in male spouse abusers and their female partners', *Journal of Family Violence*, **8**, pp. 1–25.

Barr, H. (2002) 'Social work in collaboration with other professions', in M. Davies (ed.), *The Blackwell Companion to Social Work, 2nd Edition*, Oxford, Blackwell Publishers.

Barron, J. (2004) *Struggle to Survive: Challenges for Delivering Services on Mental Health, Substance Misuse and Domestic Violence*, Bristol, Women's Aid Publications.

Bennett, L. and Williams, O. (2003) 'Substance misuse and men who batter: Issues in theory and practice', *Violence Against Women*, **9**(5), pp. 558–75.

Berman, B., Larsson, G., Brismar, B. and Klang, M. (1989) 'Battered wives and female alcoholics: A comparative social psychiatric study', *Journal of Advanced Nursing*, **14**, pp. 727–34.

Birchall, E. and Hallett, C. (1995) *Working Together in Child Protection*, London, HMSO.

Brecklin, L. (2002) 'The role of perpetrator alcohol use in the injury outcomes of intimate assaults', *Journal of Family Violence*, **17**(3), pp. 185–96.

Brookhoff, D., O'Brien, K., Cook, C., Thompson, T. and Williams, C. (1997) 'Characteristics of participants in domestic violence', *JAMA*, **277**, pp. 1369–73.

Brown, T., Werk, A., Caplan, T., Shields, N. and Seraganian, P. (1998) 'The incidence and characteristics of violent men in substance abuse treatment', *Addictive Behaviours*, **23**, pp. 573–86.

Brown, T., Caplan, T., Werk, A. and Seraganian, P. (1999) 'The comparability of male violent substance abusers in violence or substance abuse treatment', *Journal of Family Violence*, **14**, pp. 297–314.

Budd, T. (2003) *Alcohol-Related Assault: Findings from British Crime Survey*, Home Office Research, Development and Statistics Directorate, Online Report 35/03.

Bury, C., Powis, B., Ofori-Wilson, F., Downer, L. and Griffiths, P. (1999) *An Examination of the Needs of Women Crack Users with Attention to the Role of Domestic Violence and Housing*, Report for Lambeth, Southwark and Lewisham Health Authority in collaboration with the National Addiction Centre and the Brixton Drug Project.

Bushman, B. and Cooper, H. (1990) 'Effects of alcohol on human aggression: An integrative research review', *Psychological Bulletin*, **107**, pp. 341–54.

Carter, R. (2003) *The Stella Project Report: Separate Issues, Shared Solution*, Greater London Domestic Violence Project, 3rd Floor, City Hall, The Queen's Walk, London SE1 2AA.

Cleaver, H., Unell, I. and Aldgate, A. (1999) *Children's Needs—Parenting Capacity: The Impact of Parental Mental Illness, Problem Alcohol and Drug Use, and Domestic Violence on Children's Development*, London, The Stationery Office.

Coleman, D. and Straus, M. (1983) 'Alcohol abuse and family violence', in E. Gottheil, K. Druley, T. Skolada and H. Waxman (eds), *Alcohol, Drug Abuse and Aggression*, Springfield, IL, Charles C. Thomas.

Collins, J. (1981) 'Alcohol careers and criminal careers', in Collins, J. (ed.), *Drinking and Crime: Perspectives on the Relationship Between Alcohol Consumption and Criminal Behaviour*, New York, Guilford Press.

Denison, M., Paredes, A. and Booth, J. (1997) 'Alcohol and cocaine interactions and aggressive behaviours', in M. Galanter (ed.), *Recent Developments in Alcoholism, Volume 13 Alcohol and Violence*, New York, Plenum.

Downs, W., Miller, B. and Panek, D. (1993) 'Differential patterns of partner-to-woman violence: A comparison of samples of community, alcohol abusing and battered women', *Journal of Family Violence*, **8**, pp. 113–35.

Eberle, P. (1982) 'Alcohol abusers and non-users: A discriminant analysis of difference between two subgroups of batterers', *Journal of Health and Social Behaviour*, **23**, pp. 260–71.

El-Bassel, N., Gilbert, L., Schilling, R. and Wada, T. (2000) 'Drug abuse and partner violence among women in methadone treatment', *Journal of Family Violence*, **15**(3), pp 209–28.

Farmakopoulou, N. (2002) 'What lies underneath? An inter-organisational analysis of collaboration between education and social work', *British Journal of Social Work*, **32**, pp. 1051–66.

Feinerman, M. (2000), cited in Bennett and Oliver (2003) 'Substance abuse and men who batter', *Violence Against Women*, **9**(5), pp. 558–75.

Finkelstein, N. (1993) 'Using the relational model as a context for treating pregnant and parenting chemically dependent women', in B. Underhill and D. Finnegan (eds), *Chemical Dependency: Women at Risk*, Binghampton, NY, Haworth Press.

Frieze, L. and Browne, A. (1989) 'Violence in marriage', in L. Ohlin and M. Tonry (eds), *Family Violence*, Chicago, Chicago Press.

Gavlani, S. (2001) 'The role of alcohol in violence against women: why should we care?', *Practice*, **13**(2), pp. 5–20.

Gelles, R. (1993) 'Alcohol and other drugs are associated with violence: They are not its cause', in R. Gelles and D. Loseke (eds), *Current Controversies on Family Violence*, London, Sage.

Gil-Rivas, V., Fiorentine, R. and Anglin, M. (1996) 'Sexual abuse, physical abuse, and post-traumatic stress disorder among women participating in outpatient drug abuse treatment', *Journal of Psychoactive Drugs*, **28**(1), pp. 95–102.

Gleason, W. (1993) 'Mental disorders in battered women: An empirical study', *Violence and Victims*, **8**, pp. 53–68.

Gondolf, E. (1995) 'Alcohol abuse, wife assault and power needs', *Social Services Review*, **69**, pp. 274–84.

Gondolf, E. (1999) 'A comparison of four batterer intervention systems: Do court referral, program length and services matter?', *Journal of Interpersonal Violence*, **14**, pp. 41–61.

Gondolf, E. and Foster, R. (1991) 'Wife assault among VA alcohol rehabilitation patients', *Hospital and Community Psychiatry*, **42**(1), pp. 74–9.

Hague, G. and Malos, E. (1998) 'Inter-agency approaches to domestic violence and the role of social services', *British Journal of Social Work*, **28**, pp. 369–86.

Harwin, J. and Forrester, D. (2002) *Parental Substance Misuse and Child Welfare, Executive Interim Report*, prepared for Nuffield Foundation.

Hasselt, V., Morrison, R. and Bellack, A. (1985) 'Alcohol use in wife abusers and their spouses', *Addictive Behaviors*, **10**, pp. 127–35.

Hotaling, G. and Sugarman, D. (1986) 'An analysis of risk markers in husband to wife violence: The current state of knowledge', *Violence and Victims*, **1**, pp. 101–24.

Hotaling, G. and Sugarman, D. (1990) 'A risk marker analysis of assaulted wives', *Journal of Family Violence*, **5**, pp. 1–13.

Humphreys, C. and Thiara, R. (2003) 'Domestic violence and mental health: 'I call it symptoms of abuse', *British Journal of Social Work*, **33**(2), pp. 209–26.
Humphreys, C., River, D., Thiara, R. K. and Regan, L. (2004) *Domestic Violence and Substance Misuse: 'Mind the Gap', Interim Report*, University of Warwick, Coventry.
Hutchinson, I. (1999) 'Alcohol, fear, and woman abuse', *Journal of Sex Roles Research*, **40**, pp. 893–920.
Hutchinson, I. (2003) 'Substance use and abused women's utilization of the police', *Journal of Family Violence*, **18**(2), pp. 93–106.
Johnson, H. (2001) 'Contrasting views of the role of alcohol in cases of wife assault', *Journal of Interpersonal Violence*, **16**(1), pp. 54–72.
Kantor, G. and Straus, M. (1987) 'The "drunken bum" theory of wife beating', *Social Problems*, **34**, pp. 213–30.
Kaufman Kantor, G. and Asidgian, N. (1997) 'Alcohol and spouse abuse: Ethnic differences', in M. Galanter (ed.), *Recent Development in Alcoholism, Vol. 13: Alcoholism and Violence*, Plenum Press, New York, pp. 315–36.
Khan, F., Welch, T. and Zillmer, E. (1993) 'MMPI-2 profiles of battered women in transition', *Journal of Personal Assessment*, **60**, pp. 100–11.
Kilpatrick, D., Acierno, Resnick, H., Saunders, B. and Best, C. (1997) *Journal of Consulting and Clinical Psychology*, **65**, pp. 837–47.
Kroll, B. (2004) 'Living with an elephant: Growing up with parental substance misuse', *Child and Family Social Work*, **9**, pp. 129–40.
Lang, A., Goeckner, D., Adesso, V. and Marlatt, G. (1975) 'Effects of alcohol on aggression in male social drinkers', *Journal of Abnormal Psychology*, **84**, 508–18.
Leonard, K. (1990) 'Marital functioning among episodic and steady alcoholics', in L. Collins, K. Leonard and J. Searles (eds), *Alcohol and the Family: Research and Clinical Perspectives*, New York, Guilford Press.
Leonard, K. (1999) 'Alcohol use and husband marital aggression among newlywed couples', in X. Arriaga and S. Oskamp (eds), *Violence in Intimate Relationships*, Thousand Oaks, CA, Sage Publications.
Leonard, K. and Blane, H. (1988) 'Alcohol expectancies and personality characteristics in young men', *Addictive Behaviors*, **13**, pp. 353–7.
Leonard, K. and Jacob, T. (1988) 'Alcohol, alcoholism and family violence', in V. Van Hasselt, R. Morrison, S. Bellack and M. Hersen (eds), *Handbook of Family Violence*, New York, Plenum Press.
Leonard, K. and Senchak, M. (1995) 'Alcohol and premarital aggression among newlywed couples', *Journal of Studies on Alcohol*, **53**, pp. 96–108.
Leonard, K., Bromet, E., Parkinson, D., Day, N. and Ryan, C. (1985) 'Patterns of alcohol use and physically aggressive behaviour in men', *Journal of Studies on Alcohol*, **46**, pp. 279–82.
Levinson, D. (1983) 'Social setting, cultural factors and alcohol-related aggression', in E. Gottheil, K. Druley, T. Skoloda and H. Waxman (eds), *Alcohol, Drug Use and Aggression*, Springfield, IL, Charlex C. Thomas.
Lindquist, C., Sass, L., Bottomley, D., Katin, S., Maddox, J., Ordonez, R. and Teofilo, C. (1997) 'Should abused women's reports on partner substance abuse be accepted as valid?', *Journal of Family Violence*, **12**(1), pp. 75–83.
MacAndrew, C. and Edgerton, R. (1969) *Drunken Comportment: A Social Explanation*, Chicago, Aldine.
McCauley, J., Kern, D., Kolodner, K., Dill, L., Schroeder, A. and Dechant, H. (1995) 'The battering syndrome: Prevalence and clinical characteristics of domestic violence in primary care internal medicine practices', *Annals of Internal Medicine*, **123**(10), pp. 1017–37.

McCormick, R. and Smith, M. (1995) 'Aggression and hostility in substance abusers: The relationship to abuse patterns, coping style and relapse triggers', *Addictive Behaviours*, **20**, pp. 555–62.

Miller, B., Downs, W. and Gondoli, D. (1989) 'Spousal violence among alcoholic women as compared to a random household sample of women', *Journal of Studies of Alcohol*, **11**, pp. 109–17.

Mirrlees-Black, C. (1999) *Domestic Violence: Findings from a New British Crime Survey Self-Completion Questionnaire*, London, HMSO.

O'Farrell, T. and Choquette, K. (1991) 'Marital violence in the year before and after spouse-involved alcoholism treatment', *Family Dynamics of Addiction Quarterly*, **1**(1), pp. 32–40.

Pernanen, K. (1991) *Alcohol in Human Violence*, New York, Guilford.

Plant, Moira, Plant, Martin and Thornton, C. (2002) 'People and places: Some factors in the alcohol–violence link', *Journal of Substance Use*, **7**, pp. 207–13.

Powis, B., Gossop, M., Bury, C., Payne, K. and Griffiths, P. (2000) 'Drug-using mothers: Social, psychological and substance use problems of women opiate users with children', *Drug and Alcohol Review*, **19**, pp. 171–80.

Preston-Shoot, M. and Wigley, V. (2002) 'Closing the circle: Social workers' responses to multi-agency procedures on older age abuse', *British Journal of Social Work*, **32**, pp. 299–320.

Room, R. (1980) 'Alcohol as an instrument of intimate domination', Conference Presentation, Society for the Study of Social Problems, New York City, August 1980.

Roy, M. (1982) 'Four thousand partners in violence: A trend analysis', in M. Roy (ed.), *The Abusive Partner: An Analysis of Domestic Battering*, New York, Van Nostrand Reinhold.

Schafer, J. and Fals-Stewart, W. (1997) 'Spousal violence and cognitive functioning among men recovering from multiple substance abuse', *Addictive Behaviors*, **22**, pp. 127–30.

Sen, P. (1998) *Camden Women's Aid Report of a Feasibility Study on Specialist Refuge Provision for Women Fleeing Domestic Violence Who Have Drug and/or Alcohol Dependence*, London, Camden Women Aid, PO Box 1078, London NW6.

Sims, J. and Iphofen, R. (2003) *Women and Substance Misuse*, Bangor, Gwynedd.

Slade, M., Daniel, L. and Heisler, C. (1991) 'Application of forensic toxicology to the problem of domestic violence', *Journal of Forensic Sciences*, **36**, pp. 708–13.

Sloan, D. (2003) Children in Need Census 2003, Social Factors Survey, Domestic Violence Analysis, available online at: www.cheshire.gov.

Sonkin, D. (1985) 'The batterer: An overview', in D. Sonkin, D. Martin and L. Walker (eds), *The Male Batterer: A Treatment Approach*, New York, Springer.

Stark, E., Flitcraft, A. and Frazier, W. (1979) 'Medicine and patriarchal violence: The social construction of a "private" event', *International Journal of Health Services*, **9**, pp. 461–93.

Stella Project (2004) *Domestic Violence*, *Drugs and Alcohol: Good Practice Guidelines*, Greater London Domestic Violence Project, City Hall, The Queen's Walk, London, SE1 2AA.

Straus, M. and Gelles, R. (1990) *Physical Violence in American Families*, New Brunswick, Transaction Publishers.

Stringer, M. (1998) *Alcohol and Domestic Violence Research Project: Summary Research Report*, Birmingham, Aquarius Women's Alcohol Project.

Swan, S., Farber, S. and Campbell, D. (2001) *Violence in the Lives of Women in Substance Abuse Treatment: Service and Policy Implications*, Report to the New York State Office for the Prevention of Domestic Violence, Rensselear, New York.

Taylor, H. (2003) *Substance Misuse and Domestic Violence—Making the Links: An Evaluation of Service Provision in Tower Hamlets*, Tower Hamlets Domestic Violence Team, Town Hall, Mulberry Place, 5 Clove Cres., London E14 2BG.

Telch, C. and Lindquist, C. (1984) 'Violent versus non-violent couples: A comparison of patterns', *Psychotherapy*, **2**, pp. 242–8.

Thompson, M., Salzman, L. and Johnson, H. (2001) 'Risk factors for injury among women assaulted by current or former spouses', *Violence Against Women*, **7**, pp. 886–99.

Thompson, M., Salzman, L. and Johnson, H. (2003) 'A comparison of risk factors for intimate partner violence: Related injury across two national surveys on violence against women', *Violence Against Women*, **9**(4), pp. 438–57.

Van Hasselt, V., Morrison, R. and Bellack, A. (1985) 'Alcohol use in wife abusers and their spouses', *Addictive Behaviour*, **10**, pp. 127–35.

Zubretsky, T. (2002) 'Promising directions for helping chemically involved battered women get safe and sober', in A. Roberts (ed.), *Handbook of Domestic Violence Intervention Strategies: Policies*, *Programs and Legal Remedies*, Oxford, Oxford University Press.