Making the connection:

Developing integrated approaches to domestic violence and substance misuse

DrugScope

LONDON DRUG & ALCOHOL NETWORK

Contents

Background to the project

About LDAN and DrugScope

The London Drug and Alcohol Network (LDAN) was launched in 2001, and has since gone on to provide voice and representation for the drug and alcohol sector. As a London-wide membership network representing the interests of treatment providers, LDAN is uniquely placed to influence policy and practice across the capital.

LDAN merged with DrugScope, the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use, in 2009, combining expertise and resources while retaining LDAN's distinct identity and position within London. DrugScope represents around 450 member organisations involved in drug and alcohol treatment, young people's services, drug education, criminal justice and related services, such as mental health and homelessness.

The LDAN/DrugScope Domestic Violence project

LDAN/DrugScope's Domestic Violence project, funded by London Councils, took place over a four-year period, and focused on the development of a cross-sectoral network bringing together domestic violence and drug and alcohol services.

As statistics set out in this briefing indicate, there are clear – though complex – links between domestic violence and substance misuse. However, services have not always worked effectively to address these links. The project aimed to tackle this gap, and to improve the quality of service provision for those affected by domestic violence and substance misuse, by bringing the two sectors together to discuss issues of common interest, provide practical information and support, and facilitate collaboration and partnership. At the heart of the project was an overall objective of supporting organisations to achieve a reduction in the impact and occurrence of domestic violence, abuse and repeat victimisation.

From its launch in October 2009, the project hosted regular peer support meetings in London for agencies that deliver services to survivors of domestic violence, as well as those that work with perpetrators. The meetings engaged with a broad span of topics, including: working with and understanding perpetrators; risk management for the domestic violence and substance misuse sectors; keeping families safe in the substance misuse and domestic violence sectors; domestic violence, substance misuse and young people; and domestic violence and substance misuse in LGBT communities.

A range of agencies and organisations facilitated these meetings, giving attendees the benefit of their experience and expertise, and offering them the space to discuss and explore these issues. In a changing policy environment, and as significant alterations to the commissioning landscape loom closer and are implemented, the project also worked to keep agencies abreast of these changes.

Alongside the forum for frontline workers, the project produced and disseminated written materials for a wider audience. This included a briefing on the links between domestic violence and substance misuse, and, in partnership with the Stella Project, on risk management for the domestic violence and substance misuse sectors, which includes key information for practitioners on identifying risk. A special edition of our newsletter LDAN News was also issued, with contributions from key project partners, and including domestic violence and substance misuse sector news, opinion pieces, project profiles and service user testimonies.[1]

This briefing contextualises the project by setting out facts and figures relating to domestic violence and substance misuse, and by providing an overview of the current policy environment at national, local and London level. It then summarises the key learning from the project, and provides examples of good practice. Additionally,

1 http://www.ldan.org.uk/PDFs/LDANDVspecial.pdf

it links to the wealth of resources accumulated during the lifetime of the project, including the briefings produced and the materials accompanying the peer support meetings, available on LDAN's website (see 'Contacts and resources', at the end of this briefing). It is hoped that the learning from the project, collected here, will act as a useful and ongoing resource for those working in the domestic violence and substance misuse, and related, sectors.

Project partners

LDAN/DrugScope has worked closely with a number of organisations throughout the Domestic Violence project. We would like to extend our particular thanks to AVA (Against Violence and Abuse)/ the Stella Project, Adfam and Respect, with whom we have co-hosted network meetings.

We would also like to thank the agencies and organisations that have contributed to network meetings: Alcohol Concern/the Embrace Project; Broken Rainbow; Camden Safety Net; CASA Family Service; Domestic Violence Intervention Project (DVIP); Drug and Alcohol Service for London (DASL); Galop; the Home Office; London Friend/ Antidote; Napo; London Borough of Newham; the nia project; NSPCC; Office of the Children's Commissioner; Peabody; Solace Women's Aid; St Mungo's; UK Drug Policy Commission; University of Greenwich; and the Women's Resource Centre.

Facts and figures

Survivors of domestic violence and substance misuse

Research has found that women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance use problem over their lifetime.[2]

'Domestic violence and substance use: Overlapping issues in separate services?'[3] – a report published by the Mayor of London in 2005 – found that almost two-thirds of the women surveyed from domestic violence agencies with substance misuse problems reported that they began their problematic substance use following their experiences of domestic violence.

The same report noted that all those with problematic substance use using domestic violence agencies saw a link between their substance use and their experiences of domestic violence – the most commonly reported being to dull both the physical and emotional pain.

Perpetrators of domestic violence and substance misuse

A 'Crime in England and Wales' (formerly the British Crime Survey) self-completion questionnaire for 2010-11, which included a special focus on the nature of partner abuse, found that 21% of those who had experienced partner abuse in the last year thought the perpetrator was under the influence of alcohol while eight per cent thought they were under the influence of illicit drugs.[4]

The Mayor of London's 2005 report found that 93% of domestic violence perpetrators surveyed with substance misuse problems reported that they were problematic substance users before they became domestically violent.

In half of the cases, problematic substance use increased during incidents of violence. Most perpetrators interviewed believed that substance

2 Rees, S. et al (2011) 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function', *Journal of American Medical Association*, 306/5: 513–521.
3 http://legacy.london.gov.uk/mayor/strategies/dom_violence/docs/dom_vi_sub.pdf
4 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116483/hosb0212.pdf

use was an excuse, not a cause of violence. Most women with experience of domestic violence reported that they had also been abused when their partner/ex-partner was sober.

Domestic violence and substance misuse services

In 2005, when DrugScope published its 'Using women' report, just one in 10 of the 450 refuges in the UK for women fleeing domestic violence had a policy of automatically letting in women with drug problems.[5] A subsequent study published in 2007 highlighted that "refuge access is difficult in the first place if the woman is honest about her substance use as she is likely to be excluded."[6]

The same study found that women's access to and engagement with substance misuse services is negatively affected by domestic violence – barriers identified included concerns over childcare, perpetrator control, lack of gender-specific provision and a lack of refuge access for women using substances – and that most service providers had not yet taken steps to identify and address this issue.

In 2008, the Stella Project surveyed London boroughs' responses to domestic violence and substance misuse, and found that "while 31 boroughs had recognised the dual issues within their strategies, only 18 showed evidence of formal working with monitoring systems to address them."[7]

It has been noted that "few perpetrator programmes or services for survivors address substance use systematically. Just as scarce are drug or alcohol services which respond to domestic abuse issues for either perpetrators or survivors. In the process of referral or help seeking, one or the other issues becomes lost."[8]

Policy context

National policy

There is only one direct reference to 'domestic violence' in the 2010 Drug Strategy, which includes alcohol dependence within its remit, in the section on early intervention for young people and families. However, in its focus on recovery, it highlights the importance of holistic responses to the range of needs experienced by an individual. It points, also, to the use of family-focused interventions in some local areas, and announces the creation of a single Early Intervention Grant for local authorities by 2014-15, worth around £2 billion. Alongside this, it sets out that professionals should work in accordance with the statutory guidance 'Working together to safeguard children', and emphasises the value of safeguarding training for practitioners.

The 2012 Alcohol Strategy – which, like the Drug Strategy, highlights the importance of holistic responses – references the 2010 'Call to end violence against women and girls' strategy (see below), emphasising that practitioners should be equipped to respond appropriately to perpetrators and victims, including through "understanding how the use of drugs and alcohol can potentially increase the frequency and severity of violence". It also sets out plans to pilot compulsory sobriety measures as part of a community order, for offences such as common assault and actual bodily harm; the Legal Aid, Sentencing and Punishment of Offenders Act has subsequently legislated for the Alcohol Abstinence and Monitoring Requirement (AAMR), although it has been decided that, in the trialling stages, domestic violence offences will not be dealt with in this way.[9] The draft Police and Crime Plan 2013-17 for London,[10] published in January 2013, announced that the AAMR pilot will run in Croydon and Sutton.

5 http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/UWreport.pdf
6 Galvani, S. and Humphreys, C. (2007) *The impact of violence and abuse on engagement and retention rates for women in substance use treatment* – available at http://www.nta.nhs.uk/uploads/nta_the_impact_of_violence_and_abuse_women.pdf
7 Stella Project (2008) *Innovative responses: New pathways to address domestic violence and substance misuse across London*.
8 Humphreys C., Regan L., River D. and Thiara K. (2005) 'Domestic violence and substance use: Tackling complexity', *British Journal of Social Work*, 35/8: 1303-20.
9 Ministry of Justice (2012) *Punishment and reform: Effective community sentences* – available at https://www.gov.uk/government/news/clarke-reform-of-community-sentences-and-probation-services
10 http://www.london.gov.uk/sites/default/files/mopac_draft_police_crime_plan_2013_2017.pdf

The 'Call to end violence against women and girls' strategy (2010) acknowledges links between alcohol and domestic violence and points to the holistic support required by families with complex needs. It also promises to raise awareness of violence against women and girls amongst frontline practitioners, including substance misuse professionals. Subsequent reviews[11] have detailed the implementation of community budgets in local authority areas for families with multiple needs, the launch of the Troubled Families programme in December 2011 (see below), and the continuation of central funding, until October 2013, for 'one-stop-shop' community centres to address the range of needs of women in the criminal justice system. The government response to 'Punishment and reform: Effective commmunity sentences'[12] highlights that following the end of central funding from the National Offender Management Service (NOMS), these services will be commissioned in line with the NOMS Commissioning Intentions.[13]

Under the Troubled Families programme, £448 million has been made available over three years (2012-15) to local authorities to work with families with multiple needs, which, as set out by the Department of Communities and Local Government (DCLG), may include those affected by domestic violence and substance misuse.[14] According to the DCLG, this funding "represents 40% of the average cost of turning 120,000 families around using proven intervention techniques", with the remaining 60% expected to come from local budgets. A Troubled Families team, based in DCLG and led by Louise Casey, has been established to provide national leadership.[15]

Local policy

From April 2013, **Directors of Public Health** (DsPH), employed by local authorities, took on their local commissioning responsibilities. The Department of Health has identified 17 areas of commissioning responsibility for public health, including alcohol and drug misuse services, and "promotion of community safety, violence prevention and response".[16] Services will be commissioned on the basis of Joint Health and Wellbeing Strategies produced by local Health and Wellbeing Boards (HWBs), of which DsPH are statutory members. The membership of HWBs, which includes Directors of Children's Services, provides opportunities for more joined-up approaches, although the range of reponsibilities held by DsPH also carries a risk of disinvestment for some services. While the emphasis of the reforms is on local services commissioned on the basis of local need, the Department of Health has published a Public Health Outcomes Framework,[17] which includes indicators relating to domestic violence and substance misuse, and a new body, **Public Health England,** will provide national leadership on public health issues.

April 2013 also saw **Police and Crime Commissioners** (PCCs) – elected for the first time throughout England and Wales in November 2012 (though not in London; see below) – assume responsibility for the Community Safety Fund (CSF) across police authority areas. None of this money will be ring-fenced for drug or alcohol treatment, or for services addressing violence against women and girls; moreover, the CSF itself is not ring-fenced, and from 2014-15 will be rolled into the Police Main Grant, from which PCCs may decide to fund community safety activities. Local providers therefore have a key role to play in advocating for these services.

11 https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls
12 https://www.gov.uk/government/news/clarke-reform-of-community-sentences-and-probation-services
13 http://www.justice.gov.uk/downloads/about/noms/commissioning-intentions-2013-14-oct12.pdf
14 Department of Communities and Local Government (2012) *Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities* ¬ available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf
15 For more detailed information, see Adfam and DrugScope (2012) *The troubled families agenda: What does it all mean?* – available at http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/TroubledFamilies.pdf
16 Department of Health (2011) *Healthy lives, healthy people: Update and way forward* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151855/dh_129334.pdf
17 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151873/dh_132559.pdf

The importance of DsPH and PCCs working collaboratively is set out in many of the national strategies. 'Protecting people, promoting health: A public health approach to violence prevention in England',[19] published by the Department of Health in 2012, notes the links between substance misuse and domestic violence for both survivors and perpetrators, and sets out the potential for local public health teams and PCCs "to create multi-agency plans for violence prevention in all localities." 'Transforming rehabilitation',[20] which details plans for the majority of community-based offender services to be "opened up to a diverse market of providers", also highlights the need for these to be aligned with other local services, although it is not clear how the central commissioning structure envisaged for offender services will fit with the other structures in place.

London policy

The Mayor's pan-London strategy to end violence against women, 'The way forward: Taking action to end violence against women and girls', which finished at the end of March 2013, devotes significant attention to the links between domestic violence and substance misuse, and sets out plans to build on integrated work already taking place in the capital by "increas[ing] awareness of the links between violence against women and substance misuse, and improv[ing] responses". A new strategy is due to be published in Summer 2013.

The Mayor of London is the PCC for the Metropolitan Police, and this function is carried out by the Mayor's Office for Policing and Crime (MOPAC), which was created in January 2012, ahead of the Mayoral election in May 2012. MOPAC's Police and Crime Plan 2013-16, published at the end of March 2013, reiterates the Mayor's election pledges to create a safer London for women by tackling violence against women and girls, and to develop smarter solutions to alcohol and drug crime. Highlighting links between alcohol and violent crime and drug misuse and prostitution, it points to key areas – drugs, gangs, violence against women and girls, and alcohol – "in which greater success could be delivered through the development of London wide strategies based on a shared approach to prevention, enforcement and diversion", and sets out plans for an alcohol related crime strategy and a drugs strategy for London, alongside the violence against women and girls strategy. It also proposes "to work through partners on the London Crime Reduction Board to commission and fund a pan-London domestic violence service."

Funding for community safety services within London will come from the Crime Prevention Fund (CPF). London boroughs have been invited to apply for funding from the CPF, with proposals "based on where local authorities feel the funding will make the biggest impact on crime reduction and community safety in their area, and to reflect their local priorities." The guidance notes for applications[21] set out that, whilst local authorities "should determine what is effective in their own area … there should be alignment with the prevention of crime and the reduction of reoffending", and highlights that Mayoral priorities within these areas include tackling substance misuse (including alcohol) related offending, and reducing violence against women. The outcomes of applications for 2013-14 will be announced in April 2013.

19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/156250/Violence-prevention.pdf
20 https://www.gov.uk/government/news/transforming-rehabilitation-less-crime-fewer-victims-safer-communities
21 http://www.london.gov.uk/sites/default/files/london_crime_prevention_fund_guidance_notes.pdf

Issues

1. Perpetrators of domestic violence

One of the key issues raised by the LDAN/ DrugScope Domestic Violence project was the strength of the link between drug and alcohol use and the perpetration of domestic violence, as indicated by the statistics provided earlier in this briefing. Given this association, it is clear that drug and alcohol services are well placed to address the perpetration of domestic violence by their clients.

Programmes that work with the perpetrators of domestic violence have several key elements. The first step is to increase the awareness among perpetrators of the physiological, mental and emotional signs of a build up to physical violence, followed by working to develop a critical awareness of any attitudes and beliefs that they may hold that support the use of violence. Analysis of early childhood experiences and relationships, and exploration of issues of shame can help to explain why perpetrators develop beliefs that support violence – just as they can help to explain why people become involved in substance misuse. At this stage, an important step is to place abuse within the wider context of power and control, ensuring that the definition of domestic violence is not limited simply to physical violence.

Drug and Alcohol Service for London (DASL) told a network meeting about their work with perpetrators to increase awareness of the wider context of domestic violence, using the ' feminist model'.[22] This model emphasises that men can be socialised into a belief that they are entitled to power and control over women, and this belief is perpetuated by some of society's institutions, norms and values. Men use domestic violence as a way of enforcing the power and control over women that they feel they are entitled to. DASL emphasises to these men that they can move away from these attitudes and behaviours, and that change is possible once they have accepted responsibility for their violence and made the decision to stop it.

This model has important similarities with the 'social learning model', that DASL use to address substance use issues, and the similarities mean that the two methods mirror and reinforce each other. The social learning model teaches clients that substance use is also a learned behaviour, influenced not only by individual factors such as family norms but also wider social, cultural and environmental factors. As with domestic violence, people can change and move away from problem drug and alcohol use once they understand more about the motivation for their actions, and develop the will to change.

At a subsequent network meeting, Carlene Firmin, Principal Policy Advisor at the Office of the Children's Commissioner – which is currently conducting a two-year inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG)[23] – explored the issue of how boys and young men are socialised into using physical and sexual violence as forms of power and control, in the context of street gangs. She explained that, rather than there being a simple dichotomy between perpetrator and victim, boys and young men are groomed and coerced by older gang members into perpetrating brutal and humiliating physical and sexual violence. Once recruited into street gangs, sexual violence becomes their norm.

At the same meeting, Harry Fletcher of the probation officers' union Napo presented analysis of case studies of men who have left the armed forces, submitted to them from more than 60 probation offices in England and Wales across 2008-10.[24] In 40% of the cases analysed, there was a chronic use of alcohol, and in an additional 15% there was also drug misuse. Notably, the most common offence committed amongst these cases was violence in a domestic setting, which was the principal offence in just under half of all cases.

Many of the staff who submitted case studies concluded that military service enhanced the risk of domestic violence and that this needed to be addressed as a matter or urgency, in both military

22 http://www.ldan.org.uk/powerpoints/DVSue_Kenten_(DASL)_presentation.ppt
23 http://www.childrenscommissioner.gov.uk/info/csegg1
24 http://www.ldan.org.uk/PDFs/DV14May2012.pdf

and civilian settings. In many cases, it appeared that soldiers were struggling to cope with the transition from active service to civilian life: levels of frustration were high, many were unemployed, and many were depressed or suffered from post-traumatic stress disorder, and were self-medicating with alcohol in order to mask their symptoms. However, the vast majority of those notified to Napo did not receive adequate support or counselling according to staff professionals.

The Justice Unions Group has established a parliamentary working group,[25] which comprises about 30 individuals from various armed forces groups (including the British Legion, Soldiers, Sailors and Air Force Association, the Army Benevolent Fund and many other local self help groups) and is chaired by Lord Ramsbotham and Elfyn Llwyd MP, to advocate for a coordinated and comprehensive response to this problem.

At the final network meeting of the project, Dr Gail Gilchrist of the University of Greenwich gave a detailed presentation on the relationship between domestic violence and substance misuse, with a particular focus on perpetrators.[26] She highlighted that various perpetrator typologies have been identified. Johnson (1995), for instance, describes "patriarchal terrorism" – men controlling women – and ''common couple violence" – that is, reciprocal violence. Holtzworth-Munroe et al (2000) describe four typologies: family only, low-level antisocial, generally violence, and borderline/dysphoric. Gilchrist et al (2003) identify two typologies: antisocial/narcissistic – hostile and controlling to women – and borderline/emotionally dependent – so, involving high levels of anger/distress. As she noted, substance use may play a different role and be more prevalent in different typologies, and as such, it is important to recognise that a range of different interventions will be needed for the varying range of perpetrators. Put simply, one size does not fit all.

25 http://www.napo.org.uk/about/veteransincjs.cfm
26 http://www.ldan.org.uk/PDFs/DVFinalGailGilchristLDANslides.pdf

Good practice:

The Men and Masculinites programme,[27] a partnership between the Domestic Violence Intervention Project (DVIP),[28] Cranstoun and CASA, was launched as a pilot after commissioners in Islington realised there was a need for services to look at the multiple needs of perpetrators of domestic violence. The pilot project was aimed at heterosexual male perpetrators of domestic violence who also had complex drug and alcohol problems, meaning services needed to work with three key issues: domestic violence, drug and alcohol use, and mental health issues.

The pilot found that intimate partner violence was fundamentally entrenched within the substance use history of this group, and the findings highlighted the complex issues faced and the prevalence of domestic violence. Of the 10 men that were assessed, all of whom had major poly-substance use issues, four were using prescribed antidepressants, seven had children under the age of 18, and five had previous criminal convictions directly related to domestic violence. To work with these issues, a 16-week groupwork programme was developed that prioritised the relationship between physical abuse, power and control, and used motivational techniques and CBT to try to change behaviour.

One aspect of working with perpetrators of domestic violence is the need to provide support and information to partners and ex-partners of men attending such an intervention. The programme, in itself, could potentially increase the risk to victims, as the men that have used violence may, for example, use attendance as a bargaining tool, as a support to applying for child contact, to influence children's services or women to make different decisions based on the potential 'false hope' of the programme intervention. DVIP has learned over and over again that it is the women involved with the men attending that have a realistic picture of the risk they present, or indeed, the changes they are making.

In some ways, this last point could potentially apply across the substance misuse treatment sector, and is one of the many issues the programme is hoping to address.

Following the successful pilot, the Men and Masculinities programme now continues to run, offering a programme for any man in substance use treatment in the borough of Islington. The funding is in place for three years with an increased programme curriculum and an external evaluation planned.

Further information about the programme is available on DVIP's website, here. You can contact the Men and Masculinities programme on **020 7633 9181**, or DVIP at info@dvip.org. DVIP's website is at http://www.dvip.org/

27 http://www.ldan.org.uk/powerpoints/DVIP&Cranstoun.ppt
28 http://www.ldan.org.uk/powerpoints/DV2Ben_Jamal-_DVIP_presentation.ppt

Respect is a membership organisation. Respect is men and women working together to end domestic violence. It develops, delivers and supports effective services for:

- male and female perpetrators of domestic violence
- young people who use violence and abuse at home and in relationships
- men who are victims of domestic violence.

Respect's vision is to end violence and abuse in intimate partner and close family relationships.

Respect disseminates best practice and sets service standards for domestic violence perpetrator work (both groupwork perpetrator prevention programmes and individual work with perpetrators of domestic violence). The Respect Accreditation Standard was launched in 2008, with the second edition produced in July 2012. The Standard does not prescribe one specific model of provision, professional approach or philosophical understanding. However, any organisation seeking Respect accreditation must be able to demonstrate that they are providing a service that meets the following eight aims:

- to increase the safety of victims;
- to assess and manage risk;
- to be part of a coordinated community response to domestic violence;
- to provide services which recognise and respond to the needs of diverse communities;
- to promote respectful relationships;
- to work accountably;
- to support social change; and
- to offer a competent response.

Respect also runs a UK-wide confidential helpline for domestic violence perpetrators, which offers information and advice to support perpetrators to stop their violent and abusive behaviour. The helpline number is **0808 802 4040** (free from landlines and most mobile phones). Please check the Respect Phoneline website, http://www.respectphoneline.org.uk/, for opening hours. Support and information is also available through an email service – email info@respectphoneline.org.uk.

For further information about Respect please visit their website at http://www.respect.uk.net/ or email info@respect.uk.net. Alternatively, you can telephone **020 7549 0578** for administration/office enquiries.

2.Substance misuse, domestic violence and the LGBT (lesbian, gay, bisexual and transgender) community

One of the key areas of focus for the Domestic Violence project was looking at marginalised groups, and in particular the relationship between substance use and domestic violence in the LGBT community. This community often experiences unique problems, with different patterns of drug use, contributing factors to domestic violence, and barriers to accessing services, compared to the non-LGBT community.

People who identify as LGBT are more likely to take 'club drugs' such as mephedrone, GHB/GBL and crystal meth, in contrast to the more traditional problem drugs of heroin and crack cocaine. This means that drug services need to be aware that a broader approach to drug treatment is needed, and workers need to be aware of the specific usage patterns and harms of these less common drugs.

There are also a number of identified domestic violence issues which are unique to the LGBT community, including threats of 'outing' someone about their sexual orientation or gender identity, and 'identity abuse', which is about undermining someone's sense of identity. This can involve, for example, refusing to use a preferred pronoun or name, or withholding medication, hormones or clothes which relate to their identity. Both domestic violence and drug services need to make sure that they take every possible action to keep their staff aware of these issues so that they can provide relevant and understanding support to the LGBT community.

Barriers to accessing services are a key issue for the LGBT community, with regards to both domestic violence and problematic drug use. It has been noted that a lack of understanding and awareness of service providers about the LGBT community is a crucial barrier for individuals in this community wanting to seek help. Other barriers known to prevent individuals seeking help include concerns about real or perceived homo/transphobia, and feelings that non LGBT-specific services are not for LGBT people.

Good practice:

The London LGBT Domestic Abuse Partnership (DAP) is made up of five different London-based organisations – Stonewall Housing, Galop, Pace, London Lesbian and Gay Switchboard, and Broken Rainbow – each of which provides different services to LGBT victims/survivors of domestic abuse.

This allows those seeking help to access a wide range of services with just one phone call, including: emergency advice and safety planning; housing advice and advocacy, including finding safe accommodation; emotional support; legal advice on civil or criminal protection (for instance, non-molestation orders); support with the police, and through the civil and criminal court systems; help finding solicitors; advice on child safety and child contact issues; family/parent support; counselling; and specific support around sexual abuse.

Further information about the LGBT DAP is available on Galop's website, here. Contact with the DAP can be made through any of the partner organisations; contact details are available here. Galop can be contacted on **020 7704 2040**, or at partnership@galop.org.uk. Galop's website is at http://www.galop.org.uk/

These barriers exist across all services wishing to address LGBT needs. It was noted that in order to overcome the barriers which often prevent members of the LGBT community seeking help it is necessary to provide better training to service providers to enable them to feel comfortable with LGBT issues. Literature and advertising were also found to be useful tools in addressing barriers to access, to make it clear that services were LGBT-friendly.

Good practice:

Antidote, run by London Friend, is the UK's only LGBT-run and targeted drug and alcohol support service. Working with those using GHB/GBL, methamphetamine and mephedrone accounts for almost all of Antidote's work.

Alongside the steep rise in the use of these drugs within the LGBT population, which is primarily linked to sexual use by gay and bisexual men, Antidote also sees clients presenting with daily and dependent use of GHB/GBL. The service offers a safe, confidential space, run by highly trained staff and volunteers, all of whom identify as LGB or T, and who have a good understanding of the needs of and issues experienced by those using the service.

Antidote offers a range of services to clients, including: one-to-one key working to address immediate drug and alcohol support needs; drop-ins to discuss drug and alcohol and sexual health issues; referral to detox clinics and prescribing centres; referral to counselling; and a telephone advice helpline. Additionally, Antidote provides training and support for healthcare professionals. The service has also partnered with the Club Drug Clinic at the Chelsea and Westminster Hospital, where clients can access a one-stop-shop service, including medical interventions and psycho-social support.

Monty Moncrieff, Chief Executive of London Friend, wrote about the changing LGBT drug scene and Antidote's work for LDAN News: you can read his article in the November/December 2012 issue on the LDAN website here. Antidote can be contacted on **020 7833 1674** or at antidote@londonfriend.org.uk. More information about the service is available on London Friend's website: http://londonfriend.org.uk/get-support/drugsandalcohol/antidote-accessing-our-services/

3. Young people, domestic violence and substance misuse

One of the issues covered by the LDAN/DrugScope Domestic Violence project was that of young women experiencing overlapping domestic and sexual violence and problematic substance use. At one of the network meetings, the Stella Project presented on their three-year research and development project, which is working with eight agencies across Enfield and Kensington and Chelsea, to improve responses to young women experiencing these issues.[29] The project's research phase found that, of the young women aged 14-24 engaging with the participating agencies for whom prevalence data was collected, 81% had experienced one or more of domestic violence, sexual violence and problematic substance use, 45% had experienced two or more of these issues, and 37% had experienced both problem substance use and domestic or sexual violence.

Across the focus groups and interviews that were conducted with young women, beliefs about the links between substance misuse and domestic/sexual violence included: alcohol/drugs can be a way of coping with problems in their lives; young men can use young women's intoxication to excuse their use of violence; young women can see perpetrators' intoxication as an explanation for their use of violence; and young women may believe that other young women use substances as an excuse for their behaviour. Across the interviews with professionals, there was also a belief that alcohol/drugs can be a way of coping with an abusive relationship. Notably, however, the research also uncovered the belief, amongst some, that links between domestic and sexual violence and substance misuse aren't common.

Indeed, the project has highlighted difficulties around disclosure of intersecting issues for young women. Young women explained that they may not disclose because of concerns about lack of confidentiality, and knowing that their worker will have to tell someone else, or because they prefer having just one worker they trust. Professionals also described a range of reasons for lack of disclosure around intersecting issues, including shame, or wanting to 'keep it private'; being

29 http://www.ldan.org.uk/powerpoints/DV7AVA%20LDAN%20DV%20Forum.ppt

intimidated by other services; anxiety about the consequences, from the perpetrator, the community, or from social services; or because of lack of self-identification of the issues. Following on from the research phase, the project has moved to developing responses to its findings, including training for practitioners, improving policies and procedures in individual agencies, creating a strategic approach for each borough, improving partnerships between agencies, and implementing monitoring.[30]

Child to parent violence

The project also featured several agencies drawing attention to the issue of young people as perpetrators of domestic violence, with a particular focus on child to parent violence (CPV), how this is related to substance misuse, and how substance misuse services can improve their response to this issue.

Adolescence is a unique stage in life, with significant biological, social and psychological changes, as teenagers develop their identity and experiment. Young people frequently undergo very intense emotions at this stage, and attempt to disengage to a lesser or greater extent from their families, instead building stronger social relations with peers. Within this background, some young people develop substance misuse problems and some perpetrate domestic violence within their family, often with their parent as the victim.

There has, historically, been a lack of statistics and research into this issue in the UK, and ignorance of the real picture is magnified by significant under-reporting, which can be attributed to victims' feelings of shame and guilt. What is known is that risk factors include substance misuse and growing up in an environment where domestic violence, corporal punishment and/or physical abuse are present. In 2008, Parentline Plus found that most perpetrators were aged 13-15, and that whilst perpetrators were equally likely to be male or female, 76% of the parents affected were female.[31] The Metropolitan Police, in a review of domestic violence homicides in 2008-9, found that all of the five females who were killed by people who were not partners or ex-partners were parents killed by their sons, as was one of two murdered males.[32] All six of the perpetrators were either suffering from mental health problems or were under the influence of drugs and/or alcohol.

Research conducted by Dr Sarah Galvani for Adfam and AVA across 2010-11, which looked at how domestic violence and substance use affects families, and which identified a lack of awareness and support around CPV, identified four main barriers to seeking support for parents: they felt shame, guilt, fear, and had a lack of trust in support organisations and institutions. It also found that a 'double stigma' was felt, with the existence of substance misuse and domestic violence in the same family both bringing their own stigma.[33]

The substance misuse and domestic violence sectors have many opportunities to improve their response to this issue. Generally, awareness of young people as perpetrators of domestic violence is low, and responses are not developed, with organisations lacking proper 'adult protection' policies, which should be a priority area. There is also a gap in service provision for adolescents, for whom services must be age appropriate, as models used with younger children or adults do not necessarily translate appropriately.

Actions taken by services for this age group are likely to be particularly effective, as it is a key age for the development of complex cognitive skills, providing a unique opportunity to develop young people's relationship skills and reduce the risk of future domestic and sexual abuse. It is essential that co-existing risk behaviours, in particular substance misuse, are addressed in parallel. It is useful to look at what parental victims say they want, which includes an improved awareness of drugs and signs of drug use, and improved awareness of family support groups. As the first disclosure may be seeking help with behavioural issues or for substance use, and is often made to schools, GPs, the police, or FRANK, there needs to be effective partnership working and the joining up of domestic violence and substance misuse services across all of these.

30 http://www.avaproject.org.uk/our-projects/stella-project/stella-project-young-women%27s-initiative.aspx
31 http://www.ldan.org.uk/powerpoints/DV6YPS%20Seminar%20Presentation.ppt
32 http://www.ldan.org.uk/powerpoints/DV6LDAN%20DV%20Oliver.ppt
33 Galvani, S. (2010) *Supporting families affected by substance use and domestic violence* – available at http://www.adfam.org.uk/cms/docs/dv_report.pdf

Many parents feel that support organisations may judge them negatively, which can compound feelings of guilt and shame, so services must promote feelings of acceptance and give parents the chance to speak to others in similar situations, which can reduce isolation. The ability to express their views and experiences in a judgment-free environment is invaluable. Drug and alcohol information leaflets should include sections aimed at the families of users, and acknowledge the difficulties of caring for a problem substance user.

Following on from the research conducted across 2010-11, **Adfam** and **AVA** looked in more detail at the area of CPV in a Department of Health funded project which took place across 2011-12. The report of this project, 'Between a rock and a hard place', which was published in 2012, presented findings from nine focus groups throughout England with 88 parents affected by CPV. As Oliver Standing, Policy and Projects Coordinator at Adfam explained in the September/October 2012 issue of LDAN News, the report "represents the first time ever in the UK that the experiences of parents affected by child-parent violence from substance using children have been systematically listened to and recorded."

One of the report's recommendations, on widening the domestic violence definition to include victims and perpetrators aged 16 and 17, has already been met. Other recommendations include the need for better recognition of CPV across the drug/alcohol, family and domestic violence sectors, ongoing support for family support groups, and the development of perpetrator programmes for those aged under 21 years old. The full article can be read on the LDAN website here.

Adfam and AVA have produced a series of briefings – for parents, practitioners and commissioners – on CPV. These are available on Adfam's website, here.

Adfam can be contacted on **020 7553 7640** or at admin@adfam.org.uk; their website is at http://www.adfam.org.uk/. AVA can be contacted on **020 7549 0280**, and their website is at http://www.avaproject.org.uk/.

4. Children and families affected by domestic violence and substance misuse

As highlighted earlier, research has found that women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance use problem over their lifetime. It has also been found that children witness three-quarters of domestic violence incidents, whilst 44% of domestic violence perpetrators are under the influence of alcohol, and 12% of drugs.[34] This means that a large number of children are living in families where both domestic violence and substance misuse will be having an impact. The effect of this on children can be profound, with children suffering from lower achievement at school, withdrawn or aggressive behaviour; they may experience health problems such as weight loss, and self-harm; they may also suffer cognitive development impairments including speech and language delays, and mental health and emotional problems including post-traumatic stress disorder, depression and anxiety, bedwetting, nightmares, guilt, fear, and blaming themselves.

Substance misuse workers need to be acutely aware of the prevalence of domestic violence within the families they work with; one drug service in Islington found that domestic violence was occurring in between 60-80% of the families they saw.[35] Substance misuse services should make sure that they are providing a safe space for children to disclose experiences of domestic violence and, if they do, must assess whether it is current or in the past only. In a high risk situation with ongoing violence, immediate referral to specialist services is necessary, whilst if the situation is low-risk, safety planning and support should be provided. If there is evidence of an impact of past domestic violence on children, they must be given the space needed to recognise and acknowledge the impact it may be having on them. Strategies for coping with the impact should be taught and encouraged, followed by helping them to make plans for moving on into the next phase of their life.

Participants in the Domestic Violence project noted that it is important for substance misuse workers to recognise that working with domestic abuse is fully

34 http://www.ldan.org.uk/powerpoints/DV6LDAN%20DV%20Oliver.ppt
35 http://www.ldan.org.uk/PDFs/DV4CASA%20Family%20Service%20DV%20Presentation.pdf

compatible with their service aims and objectives, and that a great deal of the skills and knowledge that they will have will be directly transferable. Services working with children and families should develop a full domestic violence policy that goes beyond basic awareness, and integrate a constant awareness of domestic violence into their working culture. Whilst a high degree of sensitivity is needed around communications, there should be routine questioning of families to establish if violence is occurring. Staff should also be aware of high risk indicators and safety planning, and in particular should know that seeing the whole family, with the perpetrator together with the children, must be avoided.

Good practice:

CASA Family Service, based in Islington, provides support to children, young people and families who are having difficulties associated with the impact of parental drug or alcohol misuse.[36] The service aims to reduce 'hidden harm' to children by reducing substance misuse and domestic violence in families, strengthening protective parenting and increasing resilience in children as well as building whole family resilience by strengthening parent-child relationships.

The methods used include providing therapeutic support to children and families, peer support for both parents and children, and working with professionals from other fields to promote good understanding and practice. The service has a strong emphasis on multi-agency working, and follows the Child Focused Family Intervention (CFFI), developed by Wendy Robinson, who also provides model specific clinical supervision to the team. This puts a clear focus on the needs of the child, whilst aiming to build the family's strengths and resources to support and protect children. The CFFI model was initially developed by Wendy at the NSPCC Family Alcohol Service.

CASA Family Service can be contacted on **020 7561 7490** or at family.service@casa.org.uk

5. Risk management and partnership working

The co-occurrence and interplay of problem substance use and domestic violence requires a holistic agency response that involves cross-sector partnership working. Virtually every aspect of the LDAN/DrugScope Domestic Violence project stressed the importance of effective partnership working, and in every of the key issues discussed, partnership working can have a positive result, reducing risk and improving outcomes.

When the two issues of substance misuse and domestic violence overlap, services must always ensure that their conceptions of harm and risk include not just their own specialist area, but the other as well, and agencies should routinely ask questions about both. For example, drug and alcohol workers should ask if service users are frightened of anybody in their home, how arguments play out, whether anyone exerts financial control over them, and whether they are ever forced into sex or sexual activities against their will. Domestic violence workers should ask whether service users use substances as a coping strategy, and reassure them that services will not be withdrawn simply because of drug or alcohol use. Leaflets and posters highlighting the overlap of the two issues should be displayed prominently too, to ensure that people are aware that their experiences may not be unique and that help is available and encourage disclosure. If service users disclose that they are experiencing domestic violence, it may be appropriate to involve a local Multi Agency Risk Assessment Conference (MARAC).

Issues of domestic violence are typically highly complex and may involve many different services – joint information sharing, risk management strategies and safety planning are therefore far more effective than individual efforts. For more detailed information about questions to ask and what actions to take, see the briefing on risk management produced by the Stella Project and LDAN (see 'Contacts and resources', at the end of this briefing).

36 http://www.ldan.org.uk/PDFs/DV4CASA%20Family%20Service%20DV%20Presentation.pdf

Additionally, in many cases, both domestic violence and substance misuse are linked to a range of other issues such as homelessness, health and mental health problems and experience of the criminal justice system, and therefore to the broader issue of 'multiple need', which is the focus of significant attention at the moment for policy makers and service deliverers. These relationships are being highlighted by St Mungo's 'Rebuilding shattered lives' project,[37] as was explained by Anna Page, Policy, Public Affairs and Research Manager at St Mungo's, at the last network meeting of the project. Anna pointed to statistics from across St Mungo's services which show that 53% of their female clients have experienced domestic violence, and that domestic violence led to 31% of their female clients becoming homeless. Alongside this, 29% of St Mungo's female clients use alcohol problematically, and 43% use drugs.[38]

Anna noted that, through the evidence gathering stage of the 'Rebuilding shattered lives' project, arguments have been made for both female-only and mixed service provision by service users and professionals. However, a particular shortage of women's services and accommodation for people with complex needs has been identified. She also highlighted that analysis St Mungo's has conducted shows that, using the 'Outcomes Star' measurement, women in complex needs projects make more positive change in female-only than in mixed provision.

Good practice:

Safety planning is a vital tool in protecting people affected by domestic violence from harm, and is therefore a key element in effective practice in working with this group. Safety planning involves more than assessing future risk: it can create psychological safety, the space needed to recover and freedom from fear. A safety plan is a semi-structured way to think about the steps that survivors can take themselves to reduce risk before, during and after any violent incidents. Often survivors already have coping mechanisms/strategies to manage the abuse. Safety planning can often focus on building on those and allowing the client to identify any other options that are appropriate. The plan can be implemented at any stage of the process; prior to leaving, staying in the relationship or post relationship.

The key principles for the safety plan are to:

- keep responsibility for the abuse with the perpetrator;
- provide consistency and continuity;
- not suggest or support anything that colludes with the abuse.

It's also important that the survivor focuses on the more positive things going on in their life and identifies possible routes to activities which would improve confidence, self esteem and emotional wellbeing.

Drug and alcohol workers should consider including safety planning as part of standard care plans for survivors. Sample safety plans are available in the Stella Project Toolkit.

From Stella Project/LDAN briefing, 'Risk management: what it means for the domestic violence and substance misuse sectors' (see 'Contacts and resources', at the end of the briefing).

37 http://rebuildingshatteredlives.org/
38 http://www.ldan.org.uk/powerpoints/DVFinalAnna%20Page%20St%20Mungo.ppt

The Stella Project started as a partnership between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA) in 2003. In 2010, as the GLDVP made steps to incorporate wider forms of violence against women and girls into its new remit of AVA (Against Violence and Abuse), the Stella Project incorporated sexual violence and mental health into the scope of its work. This was in recognition of the level of sexual violence experienced by women who access drug and alcohol treatment services in particular, and in recognition of the research highlighting drug and alcohol use as coping mechanisms for experiences of trauma.

The Stella Project offers a range of services to organisations, local authorities and individual practitioners. This includes a comprehensive training programme, covering basic and advanced training in domestic violence and substance misuse; sexual violence and substance use; and safeguarding children and working with domestic violence perpetrators who are in drug/alcohol treatment. They also provide consultancy support to agencies and local authorities wishing to develop a strategic response to domestic and sexual violence and substance misuse, and produce a toolkit for practitioners who work with clients experiencing domestic violence and problematic substance use.

Alongside the Young Women's Initiative, highlighted earlier in this briefing, which is focusing on improving responses to young women with experiences of domestic and/or sexual violence and substance misuse, the Stella Project is also currently coordinating the Mental Health Initiative, which is looking at developing effective responses to women experiencing domestic and sexual violence, problematic substance use and mental ill-health.

The Stella Project can be contacted on **020 7549 0280**. More information about the project is available on AVA's website: http://www.avaproject.org.uk/our-projects/stella-project.aspx

Good practice guidelines:

Survivors of violence:

• Survivors should be able to choose the support they want and who provides it.

• Women in violent situations often leave their relationship several times, before the break is permanent. Workers can support women in making their own choices in their own time, in a space they feel comfortable.

• Women-only and women-led services must be available to all clients who wish to access them, whenever possible.

• Treatment and other interventions should not be dependent on a survivor's relationship and their current level of safety.

• Survivors' experiences of domestic violence and abuse can be defined in terms of trauma. Post-traumatic stress disorder is common among survivors.

• Survivors must not be sent back to where the violence has been occurring.

• Women experiencing domestic violence should never be asked to participate in couple or family counselling or mediation. Raising the issue of violence in this manner may actually increase her danger.

• Always validate survivors' experiences if they disclose violence, recognise and name abusive behaviour and respect their choices of what to do about it.

• Ensure all survivors are provided with information about how to access help for domestic violence.

• Early detection of substance use or domestic violence could provide a client with greater safety and options. Services may find it beneficial to carry out routine questioning for both issues after receiving training.

• Services need to be accessible to all potential clients. This includes provision for children, as well as disability access and access to interpreters where relevant.

Drug and alcohol users:

• Clients require a non-judgmental and safe environment to enable them to disclose substance use.

• Drug and alcohol assessments are helpful in making decisions about care, treatment or support.

• Substance users need a variety of treatment options.

• Clients reducing their substance use or becoming drug free may relapse on several occasions. This is very common and clients should be supported through this, rather than criticised or excluded.

Worker and agency responses:

• Clients should not be denied services due to issues with domestic violence or substance misuse.

• Clients need to be consulted about the interventions they find supportive and effective.

• Only refer violent men to perpetrator programmes which are members of the Respect network.

• Staff can enable clients to make choices about their own lives and to take control of decisions.

• Be clear about confidentiality boundaries at all times.

• Clients should be encouraged to speak freely with workers about substance use or domestic violence without it affecting service provision.

• Prescription medication should not be given without counselling and other therapeutic support.

From the Stella Project toolkit (2007), Domestic violence, drugs and alcohol: Good practice guidelines

Looking to the future

As highlighted in the introductory sections of this briefing, changes from April 2013 including the public health reforms, as well as Police and Crime Commissioners assuming responsibility for the Community Safety Fund, will have a significant impact on the way domestic violence and substance misuse services are commissioned. There are, as we have indicated, clear risks attached to these changes, most notably disinvestment in local services as ring fences are removed and the new commissioners assume broad areas of responsibility.

Alongside this, payment by results (PbR) is being developed by Government as one of the principal mechanisms for public service reform, and has started to dominate the commissioning landscape. In addition to the Work Programme, eight drug and alcohol recovery PbR pilots started in April 2012; the central funding for the Troubled Families programme is being made available partly through a PbR scheme; and 'Transforming rehabilitation' sets out plans for PbR to be implemented across the criminal justice system. While the focus of PbR on outcomes and innovation is welcome, there are significant risks in this area, too, particularly for the voluntary sector.[39]

The new commissioning arrangements also bring fresh possibilities, including for the commissioning and delivery of integrated services that meet the range of needs of an individual. As we have also identified, whilst the emphasis of the new arrangements is very much on local commissioning to meet local needs, they are framed by national strategies that could support a more robust and joined-up approach. As these changes are implemented, then, there are real opportunities for the development of collaborative approaches across the domestic violence and substance misuse sectors, and for the good practice identified in this briefing to be built upon and rolled out on a more widespread basis.

As a steering group member of the London Safer Future Communities VCSE network, LDAN will continue to engage with MOPAC – as well as with other commissioners with an interest in community safety services – to advocate for collaborative approaches to domestic violence and substance misuse, and sustained investment in these sectors. Additionally, DrugScope will shortly be publishing a research report on sex workers' experiences of drug and alcohol services. By mapping the diversity of drug and alcohol support needs for women involved in the sex industry and exploring the experiences of drug using sex workers in sex worker-only services, as well as those using mainstream drug and alcohol services, the research project is developing best practice recommendations for sex work and substance misuse services. The report will also set out strategic and policy recommendations to improve interventions and outcomes for sex workers with drug and alcohol problems. Following publication, we will be working to ensure that the report's recommendations reach national decision-makers, local commissioners and services and practitioners.

Finally, a new London Councils-funded, pan-London violence against women programme has recently got underway, with 19 consortium members providing services across five key strands.[40] Importantly, one of the programme's key strands focuses on second-tier support, so that domestic and sexual violence voluntary sector organisations in London can, at a time of sweeping changes and diminishing resources, access the help they need.[41]

39 For further information about PbR and DrugScope's work in this area, see http://www.drugscope.org.uk/POLICY+TOPICS/Payment+by+Results

40 http://www.ldan.org.uk/powerpoints/DVFinalNext%20steps.ppt

41 The Women's Resource Centre is leading this strand of the programme. For further information, please contact Isabel Rodriguez Mora at Isabel@wrc.org.uk

Contacts and resources

Organisations and websites

LDAN - http://www.ldan.org.uk/
The London Drug and Alcohol Network was launched in 2001 and provides voice and representation for the drug and alcohol sector. LDAN project areas have included domestic violence, employment and homelessness. The Domestic Violence project page is at http://www.ldan.org.uk/domesticviolence.html

DrugScope - http://www.drugscope.org.uk
DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use.

Adfam - http://www.adfam.org.uk/
Adfam is the only national umbrella organisation working specifically with and for families affected by drugs and alcohol.

AVA – Stella Project - http://www.avaproject.org.uk/our-projects/stella-project.aspx
Against Violence and Abuse's Stella Project addresses the overlapping issues of domestic and sexual violence, drug and alcohol use and mental health.

Broken Rainbow UK - http://www.brokenrainbow.org.uk/
Broken Rainbow UK is a national LGBT domestic violence helpline providing confidential support to all members of the Lesbian, Gay, Bisexual and Trans (LGBT) communities, their family and friends, and agencies supporting them.

Domestic Violence Intervention Project (DVIP) - http://www.dvip.org/
DVIP has services across London, and works to stop domestic violence and reduce the harm it causes to women, children and families.

Domestic Violence London - http://www.domesticviolencelondon.nhs.uk/
The Domestic Violence London website provides resources on domestic violence aimed at health professionals in London.

Drug and Alcohol Service for London (DASL) - http://www.dasl.org.uk/
DASL is a registered charity providing services for people with drug and alcohol problems in Newham, a smoking cessation project in Tower Hamlets and an 'Older People and Alcohol' project in Bexley and Greenwich.

Helpfinder - http://helpfinder.drugscope.org.uk/
Helpfinder is DrugScope's database of drug treatment services. It provides contact information and basic service provision details for drug treatment and care services in England, Wales, the Channel Islands and the Isle of Man.

Home Office - https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk
The Home Office is the UK Government department with the responsibility for tackling domestic violence. This section of the www.gov.uk website details the latest domestic violence-related policy.

London Friend - http://londonfriend.org.uk/
London Friend supports the health and mental wellbeing of the LGBT community in and around London, offering counselling and support as well Antidote – the LGBT drug and alcohol service.

London Safer Future Communities VCSE Network - http://www.lvsc.org.uk/projects-networks/safer-future-communities-london.aspx
The Safer Future Communities Network is a network of London VCSE organisations with an interest in criminal justice and community safety issues, working to provide an accountable way for London's VCSE to engage MOPAC, other pan-London agencies that have an impact on crime and community safety and local borough-level Community Safety Partnerships.

Making Every Adult Matter (MEAM) - http://www.meam.org.uk/
MEAM is a coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. Together the charities represent over 1600 frontline organisations working in the criminal justice, drug and drug treatment, homelessness and mental health sectors.

The nia project - http://www.niaendingviolence.org.uk/
The nia project has two main aims: the prevention of violence against women and children, and the protection of women and children who have experienced gender-based violence. It works to achieve these aims in a number of ways, including through the provision of high quality services for women, children and young people who have experienced gender-based violence and abuse.

Refuge - http://refuge.org.uk/
Refuge provides support for victims of domestic violence. Its main service is to maintain a national network of safe houses (refuges) to provide emergency accommodation for women and children.

Respect - http://www.respect.uk.net/
Respect is a membership organisation that develops, delivers and supports effective services for male and female perpetrators of domestic violence, young people who use violence and abuse at home and in relationships, and men who are victims of domestic violence.

Solace Women's Aid - http://www.solacewomensaid.org/
Solace Women's Aid is London-based charity with a primary focus on supporting women and children affected by domestic and sexual violence. It helps 5,000 survivors of violence each year.

Women's Aid - http://www.womensaid.org.uk/
Women's Aid is a national domestic violence charity that works to end violence against women and children, and supports over 500 domestic and sexual violence services across the country.

Women's Resource Centre - http://www.wrc.org.uk/
The Women's Resource Centre supports women's organisations to be more effective and sustainable. They provide training, information, resources and one-to-one support on a range of organisational development issues.

Reports and written materials not referenced elsewhere in this briefing

LDAN briefing on domestic violence and substance misuse
http://www.ldan.org.uk/PDFs/LDANBriefingDVSubstanceMisuse.pdf

Stella Project/LDAN: Risk management – what it means for the domestic violence and substance misuse sectors
http://www.ldan.org.uk/PDFs/LDANRiskManagementBriefing.pdf

Refuge/NSPCC (2011) Meeting the needs of children living with domestic violence in London
http://www.nspcc.org.uk/inform/research/findings/domestic_violence_london_pdf_wdf85830.pdf

About LDAN

The London Drug and Alcohol Network (LDAN) was launched in 2001 and provides voice and representation for the drug and alcohol sector. As a London-wide membership network representing the interests of treatment providers, LDAN is uniquely placed to influence policy and practice across the capital.

LDAN merged with DrugScope in 2009, combining expertise and resources while retaining LDAN's distinct identity and position within London.

Further information about LDAN, including how to become a member and membership benefits, is available at http://www.ldan.org.uk/

About DrugScope

DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use. We represent around 450 member organisations involved in drug and alcohol treatment, young people's services, drug education, criminal justice and related services, such as mental health and homelessness.

DrugScope is a registered charity (number: 255030).

Further information about DrugScope – including becoming a DrugScope member and member benefits – is available at http://www.drugscope.org.uk/

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