

The 'go to' organisation for Local  
Government improvement in Scotland

**is.**  
improvement **service**

# Exploring the intersections between Violence Against Women and Girls (VAWG) and Substance Use

**LEARNING REPORT**



# Contents

---

Project Overview	<u>3</u>
Methodology	<u>6</u>
Summary of Learning	<u>9</u>
Good practice examples	<u>26</u>
Recommendations	<u>29</u>
Glossary	<u>35</u>
Appendices	<u>38</u>



# 1. Project overview

---

## Introduction

This research and engagement project was developed to explore the prevalence of, and relationship between, Violence Against Women and Girls (VAWG) and substance use. The learning from this project is intended to support national and local stakeholders in Scotland working to improve outcomes for women and girls experiencing VAWG and/or substance use. This includes those working within local Violence Against Women Partnerships (VAWPs) and Alcohol and Drug Partnerships (ADPs), and other relevant services, organisations, and areas of Public Protection across the public and third sector. The learning provided in this report has a particular emphasis on strengthening collaborative, multi-agency working across key strategic partnerships and services to improve outcomes for women affected by VAWG and substance use. [Click here to read an executive summary of this learning report.](#)

## Project aims and background

From March – December 2025, the Improvement Service coordinated a series of engagement activities which aimed to:

- Better understand the needs and experiences of women experiencing VAWG and substance use.
- Explore and identify the barriers, enablers and opportunities for improvement informed by women's experiences of VAWG and substance use, including sharing good practice examples.
- Identify actions and recommendations to improve support provision for women experiencing VAWG and substance use.
- Explore opportunities for national and local partners to embed joined up, collaborative working approaches that will improve women's experiences of navigating systems and services in relation to their experiences of VAWG and substance use.

This project is intended to support Scotland's [Equally Safe Strategy](#) and the [Equally Safe Delivery plan](#), particularly by exploring how collaborative, inter-agency working approach between VAW Partnerships (VAWPs) and Alcohol and Drugs partnerships (ADPs), alongside other partners, can ensure that an integrated approach to service planning, design and delivery is adopted to mitigate the risk of harm to women, children and young people. The project also relates to the strategic aims of the [Preventing Harm, Promoting Recovery Scotland's Alcohol & Drugs Strategic Plan \(2026- 2035\)](#), the [National Mission on Drug Deaths \(Plan 2022-2026\)](#), [Rights Respect and Recovery](#), and the [National Trauma Transformation Programme \(NTTP\)](#).

## Scope

The scope of this research aimed to capture a broad range of women's experiences of both VAWG and substance use. As outlined in the Methodology section, the primary focus of this work and engagement activities aimed to capture the experiences of adult women. It is acknowledged that these issues have a profound impact on women themselves, as well as their families and communities, including children and young people. Therefore, some of the findings and recommendations highlighted throughout this learning report may have relevance for children's services and children and young people themselves.

Engagement activities with practitioners, specialist services, and women with lived experience formed a crucial part of the evidence base for this research. A range of specialist statutory and third sector organisations attended the stakeholder workshops and responded to the Call for Evidence which highlighted the specific needs and experiences of women experiencing different forms of VAWG, including commercial sexual exploitation (CSE), and those who had co-occurring needs (including housing, mental health and justice).

29 women with lived experience of VAWG and substance use participated in lived experience consultation activities which provided an overview of the range of needs, experiences and system/service responses experienced by these women. It is important to highlight that this research focused specifically on the intersections between VAWG and substance use, and did not focus in detail on the wider experiences of women who may face additional barriers to accessing support beyond this. This includes women with disabilities; women with additional support needs; women from BME and/or minority ethnic communities; LGBTQ+ women; women with care experience; or women with refugee status, seeking asylum, and/ or with no recourse to public funds. Whilst the findings represented in the research do reflect the voices of women who may have lived experience of the above intersections, further research should be conducted on these areas of work specifically and it should be acknowledged that the findings represented in this report do not reflect the voices of all women with lived experience of VAWG and substance use as a homogenous group.

## Definitions

The phrase violence against women and girls (VAWG) is used to describe violent and abusive behaviour directed at women and girls because they are women and girls. It is behaviour which is carried out predominantly by men. It is an abuse of power and stems from systemic, deep-rooted women's inequality. VAWG limits women's and girls' freedom and potential and is a fundamental violation of human rights.

The term 'VAWG' as described in this research mirrors that of the [Equally Safe Strategy](#) and includes the actual, and threat of:

- physical, sexual, psychological, emotional, and financial abuse occurring in the family, within the general community, and in institutions in both physical and digital spaces and places

- domestic abuse/coercive controlling behaviours, stalking, rape, incest, sexual harassment, bullying, and intimidation
- commercial sexual exploitation (CSE), including prostitution, lap dancing, stripping, pornography
- human trafficking, including for the purposes of domestic servitude, sexual exploitation and child criminal exploitation, which may include gangs and organised criminal networks
- child abuse occurring within family settings, including domestic abuse, and sexual abuse by male family members including siblings
- child sexual abuse and exploitation including the production and sharing of indecent images of children
- honour-based abuse, including forced marriages, female genital mutilation (FGM), dowry abuse and ‘honour based’ coercive control and killings.

The language and definitions used throughout this report mirror those of Equally Safe. This includes adopting Equally Safe’s definition of Commercial Sexual Exploitation (CSE), although some partners highlighted in our engagement activities that there are differing positions on how the selling or exchange of sex is understood within the context of VAWG.

This research also recognises that women, children and young people may experience multiple forms of VAWG simultaneously and at different points across their lives.

Within this research, the term ‘substance use’ refers to a dependency on alcohol and/or drugs, including legal, illegal and prescription drugs.

The term ‘lived experience’ used within this project refers to anyone with lived and/or living experience of VAWG and substance use. Throughout this report we will reference the experience of ‘survivors’ meaning victims and survivors of VAWG. This term is also used interchangeably throughout with ‘women with lived experience’ when referencing our consultation with women experiencing VAWG and substance use.

Furthermore, the term ‘complex’ is used throughout this report to demonstrate women’s experiences of navigating complicated systems. This term is also used in direct quotes from services and systems captured during the Call for Evidence and literature review. This does not indicate that women experiencing VAWG and substance use are complex, but rather that there are significant structural and systemic barriers for women to navigate when accessing support for co-occurring needs. These barriers are outlined throughout this report and highlight the challenges for women accessing, and practitioners working within, these systems.

You can find further definitions and a full glossary of [terms used throughout the report here](#).



## 2. Methodology

---

### Background and timeline

In March 2025, the Improvement Service launched the consultation phase for this research and engagement project. The project sought to explore the prevalence and relationship between Violence Against Women and Girls (VAWG) and substance use, focusing on the experiences of adult women (18 and over) in Scotland. The primary focus of this work was on adult women, acknowledging that some findings may have relevance for children and young people, although direct engagement was limited to adult women.

The methodology was designed to ensure the collection of robust evidence, meaningful stakeholder engagement, and the development of tangible recommendations and improvements to system and service responses. The following activities were undertaken between March – December 2025 to inform this learning report.

### Evidence and literature review

A review of existing research and evidence was undertaken to establish the current knowledge base on the prevalence of and relationship between VAWG and substance use. This involved:

- Identifying and analysing relevant academic studies, reports, and policy documents.
- Reviewing definitions and terminology around experiences of VAWG and substance use, ensuring alignment with the Equally Safe Strategy and other recognised frameworks in the Scottish context.
- Mapping existing service provision and interventions addressing VAWG and substance use.

The literature review helped to inform subsequent stages of the project, highlighting gaps in knowledge and areas requiring further investigation. We also continued to take suggestions for any relevant literature, studies, and reports to include in our analysis during the consultation activities with stakeholders, building on the expertise of those working in specialist organisations to inform the evidence review.

## Professional stakeholder consultation

Our stakeholder consultation aimed to capture learning from practitioners, service providers, and strategic partners regarding current challenges and good practice examples. We encouraged engagement with the consultation from stakeholders working in VAWG Partnerships (VAWPs), Alcohol and Drug Partnerships (ADPs), and other relevant public and third sector organisations responding to VAWG and substance use.

This consultation included two online deep dive workshops held in June 2025 where participants were encouraged to share learning on barriers and enablers for women accessing support for VAWG and substance use, and opportunities for improvement in system responses. We captured these reflections through a mix of open discussion and interactive Q&A features. In total these workshops were attended by 69 stakeholders.

We also concurrently opened an online Call for Evidence consultation form from April – July 2025 using similar questions as the deep dive workshops. This aimed to support participation for any stakeholders who were interested in the consultation but could not attend the workshops, as well as for any workshop attendees to expand on their reflections or submit a response in collaboration with colleagues/ partner organisations. The list of Call for Evidence questions is included in [Appendix C](#).

## Engagement with women with Lived Experience

It was essential to ensure that this project was informed by the voices of those experiencing VAWG and substance use. Informed by the resources from the [National Trauma Transformation Programme](#) and the [Authentic Voice Project](#), we prioritised ensuring participants in these activities could give informed consent, and that the consultation activities were conducted using a trauma-informed approach. We therefore carried out these consultations in collaboration with specialist organisations supporting these women. This approach ensured that women involved in the consultation activities could be supported by trusted organisations to share their expertise, and that interviews/ focus groups could take place in a safe, familiar and confidential setting.

We worked with three specialist organisations to conduct lived experience consultations in the form of semi-structured interviews and focus groups. The organisations were:

- [Saoirse](#)
- [Scottish Drugs Form](#)
- [Simon Community Scotland](#)

We worked with the organisations to determine the most appropriate method for engagement with the women they support. Overall, a mix of interviews and focus groups were conducted, and many of these were undertaken by staff within the specialist organisations, and some were carried out by Improvement Service. In total, 29 women were involved in the consultation from across the 3 specialist organisations.

The women were remunerated for their participation in the consultation and the specialist organisations were also compensated for their support with the facilitation of the consultation.

The consultation questions focused on needs and experiences relating to VAWG and substance use, experiences of accessing services, and suggested changes to improve experiences of survivors accessing support for these experiences.

You can find a copy of the interview questions and the consent form and information sheets listed in [Appendix D](#).

## Data analysis

Data collected from the literature review, stakeholder consultations, and engagement with women was analysed using qualitative methods. This analysis involved identifying key themes and patterns in the evidence and consultation responses, summarising the perspectives from service providers and women with lived experience, and highlighting any examples of good practice provided. The analysis informed the development of evidence-based recommendations for improving collaborative working across systems and services responding to VAWG and substance use.

## Consultation and feedback process

Throughout this process we also prioritised gathering feedback on potential actions and recommendations that could strengthen multi-agency and collaborative working, in order to provide tangible and relevant recommendations and learning for key stakeholders and decision-makers.

As part of the [16 Days of Activism Against Gender-Based Violence campaign](#) period in December 2025, we hosted a spotlight webinar to share the learning from the specialist organisations who supported the lived experience consultation. We also provided attendees the opportunity to hear high level findings from the project prior to publication of the learning report, as a means of sense-checking the key themes and refining our recommendations to align with any feedback.

We have also provided an opportunity for survivors and organisations involved in the lived experience consultation activities to provide feedback on this learning report prior to publication, to ensure that the work is informed by survivor voice and professional expertise at various stages throughout the project.



## 3. Summary of learning

---



### 3.1 National policy and strategic context

The review of literature and other existing evidence in this research highlighted that there is a complex link between alcohol and drug use and VAWG; however, this link is under-researched and there is a lack of data fully exploring women's experiences and needs. This scoping exercise also found that, in Scotland, the national policy landscape around VAWG and substance use is often disconnected, and while there are efforts to address both issues, gaps remain in integrating responses and recognising co-occurring needs.

The response to VAWG and substance use in Scotland is underpinned by a number of national policies, including the Equally Safe Strategy on Preventing and Eradicating Violence Against Women and Girls, the Preventing Harm, Promoting Recovery Strategic Plan (2026 – 2035), the National Mission on Drug Deaths, and the Charter of Rights for people affected by substance use. These strategies recognise links between violence, trauma, and substance use, and promote a public health and human rights-based approach. Equally Safe highlights that VAWG is predominantly carried out by men and stems from deep-rooted gender inequality and as such, is both a cause and consequence of women's inequality. Furthermore, Equally Safe acknowledges that women, children, and young people who have experienced violence, abuse and exploitation in Scotland are at increased risk of experiencing inequality of outcomes throughout their lives (e.g. alcohol and drug use). It is also highlighted that some victim/survivors report using high levels of alcohol and/or drugs as a coping mechanism for their traumatic experiences.

[Existing research](#) recognises that whilst men are more likely to use and experience harms from drugs, there has been a disproportionate increase in drug related deaths (DRDs) among women, especially those aged over 35. An action in Scotland's Rights, Respect and Recovery Strategy (2018) to respond to this rise included the adoption of gender-mainstreaming practices in substance use policy and practice. Substance use also intersects with other experiences of inequality that mean women can be particularly vulnerable to negative outcomes. Early adversity such as poverty can also impact individuals' drug use and the impact on them. People living in the most deprived areas of Scotland are 16 times more likely to die from substance use than those in the [least deprived communities](#).

The National Trauma Transformation Programme highlights that attitudes and stigma around both alcohol and drug use and forms of VAWG can negatively impact survivors' ability to report and access services. Women may face barriers in accessing substance use services if they have not been designed in a gender-sensitive way that [recognises women's needs](#). Engagement with local and national stakeholders working in VAWG and substance use has underlined that there is a need for improved data/ learning

around women's experiences of substance use generally, and the experiences of women affected by VAWG, as well as learning about how local recovery services and pathways can [better meet their needs](#).

## 3.2 Women's experiences of VAWG and substance use

The learning captured throughout the call for evidence, the deep dive workshops, the literature review and engaging with women with lived experience highlights the experiences of women and girls who have experienced different forms of VAWG and substance use, and the challenges they face.

### Substance use as a form of abuse, or exacerbating abuse and violence

Whilst alcohol and drug use are not causes of VAWG, substance use can increase the incidence and severity of violence and abuse. Being under the influence of alcohol and drugs is also often used as an excuse by men who perpetrate VAWG to [deny responsibility for their behaviour](#). It was highlighted in the lived experience consultation that perpetrators often also use substances, and coerce women into using substances, as a way to continue to exert their control and cause further isolation and dependence in an abusive relationship. In addition, many women spoke of their partners' substance use increasing the risk, severity and/ or frequency of abuse.

66 My partner got me into using cannabis and then used it against me and told me that if social work ever found out I'd lose my kids... I isolated myself. 99  
(Lived Experience Engagement)

66 The violence mostly starts when they're, you know, needing drugs or like, their own drugs and drink... I ended up with two black eyes and he'd already strangled me a few times before that. But I started to feel like his using was getting worse, I was starting to get a bit better... But I wasn't managing to get through to him. 99  
(Lived Experience Engagement)

Survivors and specialist services also shared experiences of perpetrators using substance use to continue abusing their partners through forcibly injecting them; using drugs and alcohol as a means of control, compliance and/ or punishment; and threats of overdose as a means of manipulating women into staying in relationships. This results in reduced access to harm reduction interventions or ability to attend services, and perpetrators will often exploit women's dependency on them to supply substances and/ or financially support them, making it harder to leave or seek help. Women also shared experiences of perpetrators cutting off contact to support services as a form of control if the services had picked up on the abuse, or the fear of repercussions

if perpetrators found out about women attempting to access support or tell anyone about the abuse they were experiencing.

Women also highlighted examples of having to attend addiction support together with their partners so there was no opportunity to disclose the abuse.

66 He would kick off whenever I had contact with Housing First because he felt they were interfering, but they picked up on what a little bit of what was going on with his, like, controlling behaviour and stuff. 99  
(Lived Experience Engagement)

It is important to highlight that perpetrators often continue to exert control after separation through attempts to sabotage recovery efforts, monitoring communications with support networks, and/ or using children to threaten and manipulate victim/ survivors.

66 I remember being at his and like trying to search on my phone, like, Women's Aid, trying to make a safety plan and then deleting it on my phone cause he would go through my phone when I was sleeping... like you were shit-scared to try and access help in case they caught you, you know? And that includes for my using because he was just so mistrusting of any workers...but now I understand that's probably the element of control, he was scared of losing that control over me. 99  
(Lived Experience Engagement)

In some instances, women may not even be aware of their substance use. A prime example of this includes covert administration of substances or spiking, particularly for women involved in CSE.

66 I had been meeting this guy for over two years. Today, I went to a hotel with him and had a small drink. I woke up to find that half the money he had paid was gone and that I was half an hour past check-in time. 99  
(Call for Evidence)

## Self-medicating with substances due to trauma and abuse

Women who have experienced domestic abuse are eight times more likely begin using substances than those who haven't. Domestic abuse is often a key reason why women develop issues with drugs and acts as a major barrier to accessing treatment. Women in controlling and abusive relationships are also often prevented by their partner from accessing support around their [substance use](#).

Many women shared that their experiences of VAWG negatively impacted on their mental health, which led them to self-medicating with substances to cope with the abuse they had experienced. During the lived experience consultation, one woman highlighted that she had been in abstinence-based recovery for 12 years and then relapsed because of the domestic abuse she was experiencing as a means of coping. Many women reported using substances because of the loneliness, anxiety, depression and trauma they had experienced due to previous or current experiences of VAWG.

66 I'd actually got myself massively in a cocaine addiction throughout the relationship, it was hard trying to deal with the trauma and then realising [that I had an addiction]... You use drugs as a crutch because you don't know what else to do to make yourself feel better. 99  
(Lived Experience Engagement)

66 Sexual abuse was involved. I was locked out. Just various other things. Police were involved. And at that point, my drinking really took off. And I believed I drank to cope because he was so controlling, so possessive, that when he was also enabling me, so he was providing alcohol to me. I crossed that line where I was then starting to drink every morning. And that's where I became a full-blown dependent on alcohol. 99  
(Lived Experience Engagement)

## Concerns around fear and safety

Women shared their fears around their own (and their children's where relevant) safety, and the impact that seeking support may have. This included fear around the impact on child contact, or children being removed from their care; fear of retaliation if they were to disclose incidents of abuse; fear of re-traumatisation when sharing experiences with practitioners; and fear of feeling vulnerable and unsafe when accessing services,

particularly in spaces that have open, unsupervised waiting areas that are accessible by the public. In addition, women noted the increase in tech-facilitated abuse and the use of AI to perpetuate or exacerbate abuse. This can lead to women feeling fearful or unsafe to access support due to perpetrators using digital methods to monitor and isolate them (e.g., location tracking, spyware, and controlling devices).

Women noted significant concerns around accessing support for violence and abuse due to threats from the perpetrator and concerns around potential repercussions including the abuse getting increasingly violent or worsening if they disclose to services.

66 ...you're scared to mention it because you've had it drummed into you so much that if you do anything then they're going to murder you, or they'll burn your ma's house down and all this carry on...and I don't worry about myself as much but when somebody's threatening, like, your mum and your family and all that, you do take it to heart... even if you're the victim, I think you're the one that's feeling the most shame and the worst of it. 99

(Lived Experience Engagement)

### Risks for women involved in Commercial Sexual Exploitation (CSE)

The dynamics between selling sex and substance use are far-reaching and complex. A recent Encompass Snapshot highlighted that 83% of the women supported disclosed [substance use](#). There are specific risks and experiences for women involved in selling or exchanging sex who use substances including increased health risks and reduced ability to consent. CSE can also be present in cases of domestic abuse where substance use is involved. Substance use was cited as both a pathway into selling or exchanging of sex, and as a coping mechanism for its effects on mental health and wellbeing. A study in Glasgow found that women who sell sex were more likely to use cocaine, inject drugs and overdose accidentally than women who don't. It has also been reported that polysubstance use is common among women involved in CSE, particularly among those facing severe and [multiple disadvantages](#).

Substance use in the context of the sex industry is complex and nuanced. On one hand, some women may use substances to feel emotionally safer. On the other hand, this can contribute to external lack of safety, as women may become less aware of their surroundings during sexual transactions. This can increase the risks of sexual assault, secret filming, or robbery. In addition, substance use can also be a barrier for women exiting the sex industry.

Support services report that drugs increase risk for those who sell or exchange sex and make it easier for perpetrators to draw women in and use this to [exert control](#).

Research commissioned by the Scottish Government revealed that, on average, women who sell sex engage with [seven different services](#). Contrary to a common assumption, women do seek support but often remain hidden in plain sight due to non-disclosure. Several factors contribute to this situation, including fear of social work or police involvement, as well as concerns about judgment and feelings of shame. However, as the research concluded, “the most common factor was whether the service asked them directly.”

Services not asking about involvement in CSE and not being offered appropriate support can lead to relapse in substance use. A worker in the substance use sector recounted an interaction with a woman involved in CSE:

66 She approached me and said, ‘I have been away from drug use for more than two years, and if I don’t get the opportunity now to talk to someone about selling sex, I’m going to start using again.’ She described going through a whole range of services without ever being offered a female support worker, a woman-only space where she might have felt able to talk about her experience, and no one ever asked her if she’d ever sold or exchanged sex. 99

(Call for Evidence)

This illustrates the lack of a safe and conducive environment for women to open up about their experiences, as well as a lack of understanding regarding how substance use and CSE might reinforce each other.



### 3.3 Meeting women's needs - opportunities and challenges

The lived experience engagement and consultation activities also clearly highlighted the various needs women have in relation to service responses, and effective approaches to respond to the intersecting needs of VAWG and substance use.

#### Meeting basic co-occurring needs

##### Safe housing and accommodation

Women with lived experience consistently highlighted that housing insecurity and homelessness can make it harder for them to access support for their experiences of VAWG and substance use. They also highlighted a significant lack of appropriate housing and accommodation offered to women who have experienced these issues. In particular, homelessness services were noted as not being built to accommodate women, particularly women with children and/or pets, fleeing domestic abuse which in turn can create barriers for leaving. In our consultation with women with lived experience, many women highlighted that they were allocated inappropriate and unsafe emergency temporary accommodation. There are concerns around safety implications for women accessing mixed sex accommodation, pharmacies and drug treatment centres as they can be co-located in areas where perpetrators are also accessing support. For women who are in unsecure and unsafe housing, it can be difficult to access support and can increase risks, particularly in mixed-sex temporary housing accommodation where it was noted that incidents of harassment for drugs, money and/ or sex are rife.

66 I got put into a lodge, which was mixed (sex), which I don't think was appropriate given the circumstance that I was fleeing domestic violence and I was put in a mixed lodge with very questionable security. 99

(Lived Experience Engagement)

66 Mixed accommodation should not be allowed in that situation either. Given the fact there is high substance use in these homeless accommodations, and that's no right either. 99

(Lived Experience Engagement)

## **Financial and employment support**

There are also often financial implications that can prevent women from accessing services or seeking support. Costs associated with transport and child-care can prevent women from accessing support, particularly for women who live in rural and remote areas, or who have to travel to get specialist support in line with their needs. In addition, women with lived experience highlighted the challenges with maintaining employment due to the impact of the trauma they had experienced on their physical and mental health.

66 I've not been able to hold down employment because of my physical and mental health and I've now run out of money, and they're not giving me PIP or anything like that. 99

(Lived Experience Engagement)

While this is a challenge that can affect all women who experience VAWG, it is particularly challenging for women who also have substance use issues due to additional services they may need to access to receive support and the intersection of stigma around both substance use and VAWG.

## **Family and parenting support**

Women who have experiences of VAWG and substance use may require further support around parenting and other family support, including support for pregnant women who are experiencing VAWG and/ or substance use. Many practitioners and women with lived experience shared that often support services for VAWG specifically are designed to support both women and their children, and have a zero-tolerance policy towards drug and alcohol use as a result. Although women generally understood why these policies were in place, they also emphasised how these policies failed to recognise the other co-occurring support needs that women may be experiencing. In turn, this left them feeling further isolated, exacerbated their substance use and further prevented them from reaching out for support.

There are many instances where women have had their children removed from their care due to their substance use and in turn this has a profound impact on women in their recovery from substance use, experiences of VAWG, and other forms of trauma. It is critical that there is strengthened, targeted and consistent support to address the impact of this and for services to be aware that the removal of a child can be a catalyst for exacerbated substance use and even accidental/ purposeful overdose.

## Primary and secondary health care

In addition to specialist interventions relating to VAWG and substance use, it was clear that women also require access to primary and secondary health care to support with their physical and mental health needs, including dentistry, pain management, sexual health care and mental health support. Many women highlighted the feelings of loneliness and isolation when experiencing VAWG and substance use and highlighted that having specific support around trauma recovery is critical. Some women described being told they had not met thresholds for accessing this support, even when health services were aware of their experiences of VAWG and substance use.

66 While I was ongoing through in court with my ex, the GP put me forward for counselling. And he came back and says that I was wasn't eligible because it's normal to feel nervous before court. And I was like, not as domestic abuse victim? 99  
(Lived Experience Engagement)

## Safety planning measures and interventions

For women experiencing concurrent VAWG and substance use, safety planning and protections should recognise and respond to both of these needs. This could include both protective measures to reduce risk of harm from VAWG (e.g., improvements to physical home security systems through the installation of Ring doorbells, CCTV, alarms, and STORM markers where appropriate) as well as risks to wellbeing from substance use (e.g., through the provision and training of naloxone administration in the case of an opioid overdose). In addition to safety measures responding to immediate risk, women may also require access to support for any increased health risks as a result of experiencing VAWG and substance use e.g., risk of HIV (human immunodeficiency virus) and hepatitis, STI's (sexually transmitted infections), BBV (blood-borne viruses), and wound care.

Some women shared experiences of not having follow up support following court processes involving the perpetrator of VAWG. Women noted that they would have felt safer if they had received increased protection during court processes and follow up care afterwards to support with the transition if their abusive partner/ ex-partner had been imprisoned. In some cases, women felt isolated following court processes, and this in turn exacerbated their substance use.

## Support for children and young people

Women experiencing VAWG and substance use who have children may experience different support needs and barriers when accessing support. The lived experience consultation highlighted that many women are excluded from support due to a lack of childcare which means they can't access support for their experiences of VAWG/ substance use. This is particularly pertinent for women with children aged between 0-3 due to lack of childcare supports.

66 See the number of girls that I bump into that could come here [to Saoirse], but they can't because they don't have that support to get their kids watched, or they've not got like a good support network around them... can you imagine what it's like for people out there that don't have support, that don't have family? 99

(Lived Experience Engagement)

66 There's a massive gap for mothers with children aged between 0-3 years old I would say, because that's the hardest time, especially when you're a single mum bringing up kids. And there's no support because they don't always go to nurseries, so it means that mums can't come to these groups [like Saoirse] to get help, the proper help they need, because where's your kid going to go? 99

(Lived Experience Engagement)

Furthermore, it was clear that women who have children and are experiencing VAWG and substance use have additional concerns around accessing support due to the risk of social work involvement and the potential risk for children to be removed from their care.

66 Like people think you're weak if you use drugs, when you've got kids and all the rest of it, but it's nothing to do with being weak... you're not choosing that, you're not aware, you don't want to be here... You just want to be numb to what's going on in your head, you don't want to feel pain anymore. 99

(Lived Experience Engagement)

66 There's this label on single mums, or mums who are in active addiction, or who have gone through trauma... to people on the outside, they look and judge them, think they're a 'scummy mummy' or they're spending money on things they shouldn't be spending money on...but they don't see what's going on behind the scenes...and that, as a person, makes you feel totally inadequate as a mum. 99  
(Lived Experience Engagement)

Additionally, many women who had experienced VAWG and substance use as a young person in the care system feel that workers prioritise young children over teenagers, and as they grow up through the care system they are consistently and increasingly left to fend for themselves until they are 25, when they are abruptly discharged from services and left feeling entirely alone.

66 This has often meant that, despite nearly lifelong involvement with services, women do not feel like they know where they can turn to access support services, and they do not feel comfortable asking someone. 99  
(Call for Evidence)

## Responding to intersecting needs

A key need for women experiencing VAWG and substance use is the availability of specialist organisations for women who have intersecting needs and/ or protected characteristics due to additional support needs, physical disabilities, experiences of so called 'honour-based' abuse, language barriers, immigration status, and mental health issues. It is imperative that services are culturally competent to respond to these needs and are able to provide, or signpost to, culturally competent support, including specialist support which may be required for some groups including black and minority ethnic women. There is a general lack of specialist services for all women with protected characteristics who experience VAWG across Scotland, and this is particularly true for women who also experience substance use as the few specialist services that are available may not be able to meet their additional needs around communication and accessibility.

The need for services to work more effectively across the system was a key theme from both the call for evidence and consultation activities. Where a service is operating predominantly with a single-issue focus this may require conducting assessments with specialists from other services in order to develop a support package from multiple sources. Women should be involved in this process and have choice and control over their support. In addition, information should be provided to

women on how to access services through robust and effective signposting processes. Advocacy should be made available for women to support them with advocating for their rights, needs and safety, and to link in with other relevant services. Services should ensure collaborative working arrangements (including shared risk assessments where possible) are in place to avoid women having to repeat their experiences multiple times to different practitioners.

### **Inflexible service design and delivery**

Whilst women's experiences of VAWG and substance use are varied and different, they are highly traumatic, isolating and stigmatising and impact the way in which women can, or can't, access support. In particular, the physical location of some services is not always appropriate and can prevent women from accessing support, especially if they are clearly signposted or are located in busy town centres as this can reinforce fear of stigma associated with VAWG and substance use. In addition, many services do not offer support provision beyond standard working hours, meaning that women cannot access help on weekends or after 5pm. This can be particularly difficult for women with children as opening hours may clash with the availability of child-care. During the lived experience consultation, it was highlighted that an out-of-hours service for VAWG is crucial as often the only time women may be able to discreetly ask for help is when the perpetrator is asleep.

To enable women to access support that is suitable to their needs, participants highlighted that services should be kept discreet to reduce the risk of stigmatisation; offer drop-in appointments or 'light-touch' support opportunities such as providing safe spaces to charge phones or use a shower. Another suggestion to mitigate barriers around service design was to develop flexible, trauma-informed policies around appointments and engagement and to offer assertive outreach for those who need it.

### **Stigma, discrimination and exclusion**

A key theme that was highlighted throughout the research was the experiences of stigma, discrimination and exclusion of women experiencing VAWG and substance use. This includes stigma, discrimination, judgement and exclusion from the wider community, practitioners, family members and in some instances, by women themselves through shame and stigma of the self.

Women with lived experience reported that both VAWG and substance use are highly stigmatised issues – especially for particular forms of VAWG such as sexual abuse and CSE - and this can often lead to women feeling reluctant to access support due to fear of being discriminated against. For women involved in the selling/ exchanging of sex who use substances, there are often experiences of multi-layered stigma and dual marginalisation.

66 Especially like sexual abuse as a child... domestic violence is one thing, and especially when you're an adult, it's on top of that, but it's like the taboo nature of sexual abuse as well. 99

(Lived Experience Engagement)

66 I do worry that there is still a big stigma around people who drink to excess or take other drugs to excess... it's all self-medication. It's all to kill emotional pain. 99  
(Lived Experience Engagement)

It was highlighted that physical appearance, having visible injuries from perpetrators, self-harm and/ or injecting and not having appropriate clothing and footwear can cause shame, embarrassment, low self-worth and lack of confidence for women and in turn, leads to many women being afraid to ask for help for fear of being judged.

In addition, women shared that experiences and/ or fear of stigma and discrimination make them less likely to access support due to concerns around how their information will be shared, or if their disclosures of VAWG will be believed and taken seriously by practitioners.

66 I went through a trauma where I was sexually abused. I was trapped in a house for six days before anybody knew where I was and like the police had to break the door down and everything to get me. But because I took drugs, it was like things wasn't taken serious. It's like I was stigmatised. Like, 'how can you remember what you were doing because you were out your nut?'. That was really what their words were, it was sort of like "for all we know you could have stayed there for six days because there was drugs there. 99  
(Lived Experience Engagement)

There may also be communication challenges for women who do not have a fixed address or who are experiencing digital exclusion, which in turn can lead to women being denied access to services. This is reinforced through policies in relation to 'disengaging' with services, or non-attendance, leading to no longer being able to access support. This makes it particularly challenging for women who do not have access to a phone or who face digital exclusion to navigate systems such as welfare and housing processes, as well as engaging with services and accessing information independently, which can lead to missing vital appointments or updates about their care.



## 3.4 Barriers in systems and services

The consultation activities also explored the challenges and barriers for services in meeting the needs of women affected by VAWG and substance use. This included considerations of how current legislation, policy and practice in Scotland impact on the needs of women affected by VAWG and substance use, and the effectiveness of systems and services currently responding to these issues.

### Funding and capacity limitations

Many services, both within local authorities and specialist third sector organisations, consistently highlight unstable and insufficient funding as the most significant barrier to meeting women's needs in response to experiences of VAWG and substance use. Stakeholders noted that funding tends to be short-term, often for specific time-bound projects, preventing the development of new and innovative practices, and often restricts the scope and sustainability of both mainstream and specialist interventions around both VAWG and substance use. The funding environment can result in difficulties recruiting and retaining staff, increasing caseloads, and, in some instances, forcing services to pause referrals or waiting lists. Both organisations and women with lived experience highlighted that the discontinuation of staff due to short-term funding contracts has a profound impact on women's experiences of a service and that changes in workers limits the ability to provide trauma-informed service provision. Services also noted that persistent high caseloads, the demands of cases, and compassion fatigue among staff can risk the quality and consistency of support offered. Practitioners also highlighted how the funding environment can cause further barriers such as long waiting lists, limited face-to-face contact, and inappropriate service delivery methods (e.g., phone rather than in-person).

Limited and insecure funding also restricts opportunities for joined up approaches to respond to women's needs and experiences, reinforcing siloed working within the system. This lack of, or limited, partnership working means that mainstream services may lack the understanding and skills to respond effectively to the intersecting issues of VAWG and substance use. Specialist services face significant capacity constraints in the delivery of their frontline support and have limited availability to offer training and information sessions to other organisations.

**66 To meet these needs more effectively, services must be designed and funded in a way that enables long-term, consistent support. This includes sustainable commissioning of women-specific services, appropriate housing pathways, outreach work and recovery models that recognise the intersection of gender, trauma and substance use. 99**

**(Call for Evidence)**

## Impact of legislation and policy on service design and delivery

It is the explicit value system, underpinned by understanding the reality of women's needs and lives, which drives a gender responsive service model. There is a notable absence of gendered analysis in mainstream strategies and legislative frameworks. For example, stakeholders highlighted that the current MAT (Medication Assisted Treatment) standards and broader substance use policy and practice often do not explicitly address the specific needs of women with addictions compared to men. Additionally, it was noted that there are significant gaps around addressing complex needs in the VAWG strategic landscape, such as for women involved in selling or exchanging sex, where professionals felt that responses to CSE often further marginalise women rather than addressing the underlying trauma and disadvantage, creating further barriers to accessing support and increasing the risk of re-traumatisation.

These strategic gaps have direct implications for service delivery. Services frequently operate in silos, or specific specialisms such as substance use, VAWG, housing, or justice, without sufficient attention to the cross-cutting and specific needs of women. Mainstream services often treat women and men as a homogenous "addictions" group, masking the distinct experiences of women and reinforcing a system-led rather than a person-centred approach. Women are often required to navigate complicated systems and multiple service providers, with thresholds for statutory intervention set high, and many vulnerable women falling through the gaps. For example, the lack of supported tenancy and gendered safe spaces were highlighted as ongoing issues, particularly for women experiencing multiple disadvantages. Women's homelessness remains hidden, with women exhausting all other options before seeking help. The lack of gender-sensitive, safe, and trauma-informed accommodation further exacerbates vulnerabilities and can be a route into, or a barrier to escaping, commercial sexual exploitation and/or abusive relationships.

In the deep dive workshops, participants noted that there is insufficient data on substance use patterns among women and a lack of baseline data to inform service planning and evaluation. For example, understanding changes in drug markets and their impact on women's safety was identified as an important data priority. Engaging more directly with women's lived experiences was identified as crucial to support service design:

**66** Without better data, it is difficult to plan, resource and monitor services in a way that reflects the realities women face. Services are most effective when shaped by the lived experience of the women they are designed to support, with women's voices at the centre of how services are designed, commissioned, and evaluated, not consulted as an afterthought. **99**

**(Call for Evidence)**

## Lack of holistic and trauma-informed support

It was highlighted that different services working to their singular specialism prevents the provision of holistic specialist support from a single access point for women, and supporting VAWG and substance use as two separate presentations is not reflective of women's experiences. A need for strengthened communication between the third and public sector was highlighted, and between substance use and mental health services. Universal services such as midwifery, housing and primary care providers are often well placed to identify risks and there should be efforts to ensure that practitioners working within these services have the skills, knowledge, capacity and confidence to connect women to relevant specialist supports.

66 Women are still demonised if they have addictions; staff have very little training in understanding the intersectionality between VAWG/Mental Health/Addictions; conflict of position where women are victims but also offenders as part of their addiction; and women who are mother's and experience addictions are always marginalised. 99

(Call for Evidence)

Often the first point of contact for women with the system is with primary care providers such as GPs, whereby women highlighted that referrals were rarely made to specialist substance use support (such as residential rehab or detox) or mental health supports until they reduced or abstained from substances. This suggests a lack of capacity for appropriate assessment and routine enquiry processes, and limitations in understanding of women's needs as a result of their experiences of VAWG and substance use.

One of the most consistent pieces of feedback that women have reported has been that their experiences accessing support services would have been drastically improved if they had been able to access one service to receive all of the support they needed at the time, i.e., wraparound support that meets more than just one need. Women reported that they constantly felt passed from pillar to post and signposted elsewhere when attempting to access support. No one service was designed or equipped to support experiences of both VAWG and substance use. For example, women who use substances are often told that they can't access counselling or therapy services until they address their substance use; and women report not being supported to stay in treatment and being deemed "non-engaging" when they are simply experiencing circumstances beyond their control.

66 I feel like back then and even now, there isn't enough support roundabout people that are in addiction that go through sexual violence or they're raped. Because it's kind of just looked at as or, you know, you're sort of brushed aside because you have a habit... It's just the way they come across towards you sometimes. 99

(Lived Experience Engagement)

68 It's like the bridge isn't there. They're all there, but they're not joined up together. 99

(Lived Experience Engagement)

A lack of joined-up services can lead to an increased risk of re-traumatisation when passed from service to service seeking help for individual issues, which in turn often leads to women giving up hope. Some women and professionals highlighted that services can feel like a revolving door, and often women felt their concerns were not taken seriously or they were not supported to find the right support for their needs.

68 The doctor just gave me the name of a [VAWG] service and told me to phone them... And I actually had to go outside and sit in the car with the two kids in the car... in my pyjamas, crying my heart out and Google these numbers and self-referring myself. 99

(Lived Experience Engagement)

Consultation responses underline the values and approaches underpinning the delivery of the different service components are as important as the service delivery. Evidence shows safe and supportive relationships are the best predictors of recovery following traumatic experiences. The consultation highlighted implementing relationship-based practice to develop an understanding of women's lives and the complexities of their experiences is key to providing trauma-informed and responsive support. This includes taking time to build trust and relationships with women accessing services; keeping women informed about information sharing, boundaries and power sharing; allocating a female worker and having consistency in worker(s) where possible; clear communication, honesty and transparency; being upskilled in trauma-informed and responsive practice; and having access to women specific support/spaces within substance use and recovery settings to make women feel safe, heard and protected when accessing support. Much of this requires further embedding of workforce development initiatives to respond to the prevalence and impact of trauma.

68 Staff want to help but don't always feel equipped to work confidently with the level of trauma or complexity they're seeing. There is need for more training in trauma-informed practice, women's rights and entitlements (such as housing, legal protections and immigration) and also understanding how substance use is often caused or exacerbated by experiences of abuse. 99

(Lived Experience Engagement)

68 A lot of services are good at talking the talk...'trauma-informed', 'lived experience', but when it comes to actually walking the walk and implementation, there's a bit of a gap there. Services say they're trauma informed, but that's not the feeling you get when you're there. 99

(Lived Experience Feedback)

## 4. Good practice examples

Across the consultation activities, we asked for examples of effective collaborative working approaches in place to support women experiencing substance use and VAWG. We have highlighted below some of the good practice examples provided which respond to women's needs holistically, embed multi-agency training and capacity building, and showcase joined-up strategic approaches.

### Dundee Women's Hub



[Dundee Women's Hub](#) is a multi-agency support hub for women impacted by substance use and other multiple disadvantage such as gender-based violence, homelessness, poor mental health, isolation, and trauma. The Hub provides gender-specific, trauma-informed support for women to make informed decisions regarding their support options, reducing barriers to accessing support and to improve their overall health and wellbeing.

The Vice Versa project, co-located within the hub, specialises in supporting women involved in or at risk of CSE. Taking a proactive, harm reduction approach, it provides advocacy, safety planning, and practical resources such as phones and naloxone. Dundee Women's Hub provide a women-only space for 1:1 support appointments, drop in support, groups and activities.

66 The feedback from women accessing support emphasises the importance of the relationships they have with staff in Dundee Women's Hub and that the physical and emotional safety the space provides is invaluable. Women repeatedly express their gratitude of being given time, space and grace to explore support needs when appropriate, and if not, being met with unconditional positive regard as and when they reach out for support again, regardless of the time passed. 99

(Call for Evidence)



## Saoirse Service

Saoirse is a collaborative service between Women's Aid South Lanarkshire & East Renfrewshire (WASLER) and Liber8, developed in response to gaps identified by women in local focus groups regarding support for those experiencing both substance use and gender-based violence. The partnership was formed to blend expertise from both organisations, ensuring a gendered, trauma-informed approach.

Saoirse offers a blended model including one-to-one specialist support, group programmes, holistic therapies, and peer support, with an open-door policy allowing women to access support through either organisation. The service is intentionally branded neutrally to reduce stigma and encourage access. Peer support and the absence of stigma have been highlighted as key strengths of Saoirse. The service has helped women recognise shared experiences and reduced feelings of guilt and shame.

“<sup>66</sup> You come here [to Saoirse] and you feel heavy, you feel tense. When you leave here, it's like you're not tense anymore? You're 'you' again, because you've opened up and let go of whatever was weighing you down.” <sup>99</sup>

(Lived Experience Engagement)



## Scottish Drugs Forum

Scottish Drugs Forum manage several lived experience groups across Scotland for people actively using substances, including both men and women. These groups provide support and gather insights into the challenges women face regarding substance use and violence. SDF's engagements have found that women benefit from women-only services, trauma-informed approaches, and holistic support that addresses both substance use and experiences of violence. They highlight a need for more funding, women-specific services, and interventions that address the root causes of substance use and violence, not just the presenting issues. SDF have seen positive outcomes when women have accessed women-only services, such as improved wellbeing, engagement in education, and volunteering. Their approach champions that lived experience involvement in service design and delivery is crucial and women want to be involved in shaping the support they receive.

## Simon Community Scotland – Connect Hub



The [Connect Hub](#) is a drop-in community support space in Glasgow for women, including trans women and those of marginalised genders, focused on providing pathways out of homelessness through support, connection, and community. The Hub operates Monday to Thursday, offering a safe, inclusive environment for women from various backgrounds who are at risk of, are experiencing, or have experienced homelessness.

Services are delivered by dedicated staff and volunteers, meeting women where they are and providing compassionate, needs-responsive care. The Hub emphasises wraparound support, addressing intersecting needs such as homelessness, substance use, experiences of violence, and mental health, and offers holistic activities like therapeutic sessions and creative workshops. The Connect Hub also engages in research and lived experience consultations to inform service improvements and advocates for trauma-informed, community-based approaches and women-only spaces.

## Strategic Partnership Collaboration in Angus



Angus Alcohol and Drug Partnership have developed collaborative work with the Angus Violence Against Women Partnership. The approach is part of the broader [Protecting People Angus](#) structure, which now brings together several protection committees under one strategic committee. The current focus is on improving pathways and support for women experiencing both substance use and gender-based violence, starting with a scoping exercise to map existing services, review local and national data, and identify gaps. Planned actions include developing a good practice guide, upskilling staff for better inquiry and referral, creating a shared risk assessment and safety plan, raising awareness in community settings (e.g., supermarkets), and exploring women-only spaces and links with justice services. The work is at an early stage, with an action plan drafted and ongoing efforts to address rurality, service access, and collaborative working.

# 5. Recommendations

Based on the learning from across our research and engagement activities, we have identified five thematic areas for improvement which relate to the strategic landscape and service provision in Scotland for VAWG and substance use. These are targeted towards both national strategic partners and local operational systems and services and outline the infrastructure that is needed to progress future work. Below is a summary of key areas for development, and suggested actions which could facilitate key improvements. A table has been included in the [Appendix A](#) to outline the recommended activities to progress the thematic areas for improvement and the suggested partner(s) responsible for driving forward this work. This is not an exhaustive list and all partners, organisations and service providers referenced should ensure that there are ongoing, meaningful and robust processes in place to engage with women with lived and living experience of VAWG and substance use.

## **Joined up and person-centred service design and delivery that ensures women receive the support they need where, when and how they need it.**

Recommendations:

- Create detailed case studies drawing from examples of good practice and evidence, with suggested methods of scaling up these approaches.
- Implement flexible and person-centred service models, such as the co-location of services, hub-based approaches, and the integration of specialist services, ensuring that provision is gender-responsive and tailored to meet the diverse needs of women.

Ⓞ So if there was people that were trained in all aspects. And rather than, let's just say, oh, we have domestic abuse, go to women's aid services, oh, I need to go to that place. So you're having to bounce about to different places, whereas if they could do it under the one roof, and then again, it saves you having to repeatedly get through your experiences. Ⓞ  
(Lived Experience Engagement)

Women often have multiple, co-occurring needs, and currently describe being 'passed from pillar to post' and having to explain their circumstances to many different practitioners. A wraparound approach that helps women access the range of support they need was commonly cited as the most helpful model, alongside having a consistent worker with whom they have built a trusting relationship. Women highlighted that services should be available in rural and remote settings and areas out-with city centres as there may be safety risks and/or transport costs associated with travelling. A holistic approach should be adopted including flexible service provision, timely support, and for services to take a person-centred, rights-based and trauma-informed approach to providing support so that no matter where a woman presents, she will at least be informed and supported to access the right type of support.

## Strengthened links across strategic policy agendas to increase resource and capacity towards a whole systems approach.

### Recommendations:

- Strengthen the links between Scotland’s Preventing Harm, Promoting Recovery alcohol and drug strategy and Equally Safe, to better address women’s needs and experiences. Ensure that forthcoming VAWG guidance, measurement frameworks, and needs assessments are fully aligned with strategic developments in substance use.
- Develop dedicated resources to facilitate and enhance strategic connections between relevant services and stakeholders, such as framing VAWG and substance use in human rights and public health approaches.
- Make use of existing structures and mechanisms to promote coordinated strategic approaches across all areas of public protection at both local level and nationally (such as the National Public Protection Leadership Group).

66 VAWG and substance use briefs appear to work in silos and this is reflected in how services are set up. This is resultant in ineffective services for many women. 99  
(Call For Evidence)

A key theme that came through strongly throughout this project was the challenges associated with the fractured and siloed ways of working which means that, often, women are bounced around the system having to navigate multiple barriers to access the support they need. We also know that the current funding environment is extremely challenging with lack of resource and capacity cited as a key challenge in responding to increasing levels of need.

Strengthening links at a strategic level to join the dots and strengthen the consistent messaging across different policy agendas (i.e., Equally Safe, Preventing Harm, Promoting Recovery, MAT Standards, Charter of Rights, National Mission on Drug Deaths) would support joined up working on both local and national levels as well as highlighting much needed increased funding opportunities. In addition, opportunities to continue to generate learning about areas of good practice and facilitate connections and relationship building would support securing strategic buy in for this work and joined up working across VAWPs, ADPs and other areas of public protection.

## Collaborative workforce development to upskill both universal and specialist services

### Recommendations:

- Establish a community of practice and create networking opportunities for professionals working within VAWG and substance use, enabling them to share learning, best practice, and foster collaboration.
- Develop dedicated resources to support integrated approaches to training and workforce development to ensure that staff across all relevant services are equipped with the necessary skills and knowledge, making links to the [NTTP Knowledge and Skills Framework](#).

66 There is need for more training in trauma-informed practice, women's rights, housing, legal protections and immigration. And also understanding how substance use is often caused or exacerbated by experiences of gender-based abuse. Services also need to be trauma-informed workplaces, offering supervision, manageable caseloads, and emotional support so staff can provide safe and compassionate care. 99

(Call For Evidence)

It was highlighted by many of the women involved in the consultation that particularly for universal services or those who are often first responders, training in identifying signs of both VAWG and substance use is imperative. It's not about being an expert in everything, but many women highlighted that even being supported to access relevant services would have been helpful for their recovery. In addition, increased opportunities for trauma training would ensure that responses are trauma-informed and women's experiences are considered throughout responses i.e., having female workers or safe spaces where possible. Furthermore, training in applying a human-rights based approach and effective implementation of the Charter of Rights for People Affected by Substance Use was highlighted by women with lived experience as essential, both for the workforce and for people accessing services. In addition to training, implementation of a human-rights based approach includes supporting people to know, and advocate for, their own rights.

Up to date, cross-policy training would help to raise awareness of the different services that are available and enable partnership working. This is an area that may require further engagement with services and practitioners to establish what resources and approaches are needed. For example, further resources and training should be developed to support the workforce in responding to and navigating uncomfortable conversations, as well as increased training around other intersecting needs alongside VAWG and substance use (such as neurodiversity).

## Preventative approaches including education, awareness raising, and promotion of available services

### Recommendations:

- Develop communications materials that highlight the intersections and experiences related to Violence Against Women and Girls (VAWG) and substance use, and can be adapted for local use.
- Support the implementation of awareness raising within local communities through Violence Against Women Partnerships (VAWPs) and Alcohol and Drug Partnerships (ADPs).
- Explore existing approaches to prevention and early intervention within VAWG e.g. public health approach and ensure that links with substance use are strengthened.

63 We should, as a collective whole, I think we should all be given more awareness to the signs of maybe that somebody's in an abusive or controlling relationship... like kind of like how we do with mental health now, like try and teach and ensure that everybody knows how to access the support services that are available. 69  
(Lived Experience Engagement)

Women engaged in the consultation shared the importance of more awareness and education about healthy behaviours, patterns, and relationships for both men and women to support a prevention approach. Many women with experiences of VAWG and/ or substance use in their childhood highlighted that education in schools and at an early age would have helped them identify risks and be more aware of these issues and how they intersect.

In addition, the impact of stigma, discrimination, shame and judgement for women experiencing VAWG and substance use, both within some services and in the community, was highlighted as a key theme throughout the project. An increased awareness of these issues, as well as awareness on the different types of support that could help women in these circumstances, would support them to access the right help at the right time, as many women shared that they didn't know where to turn, where to go, and felt alone and isolated, which in turn often increased substance use.

## Lived experience being at the heart of service design and delivery, including peer support opportunities

Recommendations:

- Develop and utilise templates and materials for lived experience engagement, drawing on resources from the Authentic Voice project and VAWG needs assessments.
- Promote the integration of peer support and lived experience in shaping and driving service provision, sharing examples of effective practice from organisations through mechanisms such as NTTP case studies.

Peer support [at Saoirse] is the key to basically recovery for, well, anybody... what one needs is continuous peer support where other people can empathise and understand what you're going through... the peer support is what brings things to the surface. It's connection, isn't it?

(Lived Experience Engagement)

It is imperative that lived experience is at the heart of service design and delivery, and that system responses are led by the expertise by those with lived and living experience. This includes building in opportunities for women to have their basic needs and rights being fulfilled, and having an understanding of the time it may take to develop trusting relationships with workers. In addition, often staff within VAWG and substance use services will have their own lived experience and this should be considered when designing and delivering services.

We know that when we hear directly from women, what we hear is how beneficial in particular it is to have access to a wide variety of holistic therapies and activities to increase self-esteem, confidence and sense of identity alongside the clinical and therapeutic interventions. Support models which also provide a sense of community in a non-judgemental environment and a level of autonomy and choice is crucial to support recovery.



## 6. Next steps

---

The Improvement Service is committed to scoping opportunities for the learning from this project to inform, and be embedded within, relevant policies, strategies and mechanisms responding to VAWG and substance use in Scotland. This will include ongoing communication of the learning, developing tailored resources related to the recommendations, and actively engaging key partners and leadership. We aim to highlight how this learning can support the development of more responsive, holistic, and empowering services for women and girls across communities. We will ensure that stakeholders engaged with this research, including victims and survivors and professionals, have ongoing opportunities to inform the implementation of the recommendations.



# Glossary

---

## **ADP / ADPs**

Alcohol and Drug Partnership(s) – local strategic partnerships in Scotland responsible for planning and commissioning alcohol and drug services.

## **AI**

Artificial Intelligence – referenced in relation to tech-facilitated abuse and misuse of digital technologies to perpetrate harm.

## **BBV / BBVs**

Blood-Borne Virus(es) – infections such as hepatitis and HIV that can be transmitted through blood, relevant in the context of substance use and health risks.

## **BME**

Black and Minority Ethnic – used to describe women from minority ethnic communities who may face additional barriers to accessing support.

## **CCTV**

Closed-Circuit Television – used as a safety and security measure within safety planning responses to VAWG.

## **CORRA**

Corra Foundation – an independent Scottish foundation that distributes funding to support social change.

## **CSE**

Commercial Sexual Exploitation – a form of violence against women and girls involving the exchange or sale of sexual activity, recognised in the Equally Safe strategy as a form of VAWG.

## **DRDs**

Drug-Related Deaths – deaths directly attributable to the consumption of drugs, referenced in relation to trends affecting women in Scotland.

## **FGM**

Female Genital Mutilation – a form of so called ‘honour-based’ abuse recognised as violence against women and girls.

## **GP / GPs**

General Practitioner(s) – primary care doctors, often a first point of contact for women accessing health services.

## **HIV**

Human Immunodeficiency Virus – a blood-borne virus referenced in relation to health risks linked to substance use and VAWG.

## **LGBTQ+**

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and others – used to acknowledge women from LGBTQ+ communities who may experience compounded disadvantage.

## **MAT**

Medication Assisted Treatment – standards for treating substance use.

## **NTTP**

National Trauma Transformation Programme – a national programme supporting trauma-informed practice across services, systems, organisations and workforces in Scotland.

## **PIP**

Personal Independence Payment – a UK social security benefit for individuals with long-term health conditions or disabilities.

## **SDF**

Scottish Drugs Forum – a national organisation supporting evidence-based practice, training, and lived-experience-led work in the drugs field.

## **STI / STIs**

Sexually Transmitted Infection(s) – infections that may pose increased health risks for women experiencing VAWG and substance use.

**STORM**

Police Scotland's System for Tasking and Operational Resource Management, referring to the national command and control system used to log incidents and manage Police resources.

**VAWG**

Violence Against Women and Girls – violent and abusive behaviour directed at women and girls because of their gender, rooted in structural gender inequality.

**VAWP / VAWPs**

Violence Against Women Partnership(s) – local multi-agency partnerships coordinating strategic responses to VAWG.

**WASLER**

Women's Aid South Lanarkshire & East Renfrewshire – a specialist domestic abuse service and partner organisation within the Saoirse service model.

# Appendices

## Appendix A: Table Summary of Recommendations: Wellbeing Outcomes

Priority Area	Recommendation	Who does this involve?	What does this involve?
<b>Joined up and person-centred service design and delivery that ensures women receive the support they need where, when and how they need it.</b>	Create detailed case studies drawing from examples of good practice and evidence, with suggested methods of scaling up these approaches.	Improvement Service  Specialist services  Local strategic partnerships for VAWG and substance use	Further scoping/ engagement work to develop good practice examples
	Implement flexible and person-centred service models, such as the co-location of services, hub-based approaches, and the integration of specialist services, ensuring that provision is gender-responsive and tailored to meet the diverse needs of women.	National and local government  Local strategic partnerships for VAWG and substance use	Long term commitments around funding and service provision

<b>Strengthened links across strategic policy agendas to increase resource and capacity towards a whole systems approach</b>	<p>Strengthen the links between Scotland's Preventing Harm, Promoting Recovery alcohol and drug strategy and Equally Safe, to better address women's needs and experiences. Ensure that forthcoming VAWG guidance, measurement frameworks, and needs assessments are fully aligned with strategic developments in substance use.</p>	<p>National and local government/ policy teams</p> <p>Improvement Service</p>	<p>Ensuring there are links within upcoming strategic plans in VAWG and substance use, and ongoing alignment in key pieces of work which could support these links</p>
	<p>Develop dedicated resources to facilitate and enhance strategic connections between relevant services and stakeholders, such as framing VAWG and substance use in human rights and public health approaches.</p>	<p>Improvement Service</p> <p>National and local government/policy teams</p> <p>Other national partners e.g. Public Health Scotland, human rights organisations</p>	<p>Creation of briefings and other resources which can highlight strategic links</p>
	<p>Make use of existing structures and mechanisms to promote coordinated strategic approaches across all areas of public protection at both local level and nationally (such as the National Public Protection Leadership Group).</p>	<p>Improvement Service</p> <p>Relevant local and national partners and groups</p>	<p>Communication/ sharing of learning from this research across appropriate forums both nationally and locally</p>

<b>Collaborative workforce development to upskill both universal and specialist services.</b>	<p>Establish a community of practice and create networking opportunities for professionals working within VAWG and substance use, enabling them to share learning, best practice, and foster collaboration.</p>	<p>Improvement Service</p> <p>National and local government/ policy teams</p>	<p>Bring together partners from VAWG and substance use organisations/ services in a workshop setting to explore opportunities to work together and share learning</p>
	<p>Develop dedicated resources to support integrated approaches to training and workforce development to ensure that staff across all relevant services are equipped with the necessary skills and knowledge, making links to the NTTTP Knowledge and Skills Framework.</p>	<p>National and local government/ policy teams</p> <p>National Trauma Transformation Programme (NTTP)</p> <p>Other national partners e.g., Public Health Scotland and relevant training providers</p>	<p>Explore opportunities to develop specific training resources around embedding a trauma-informed approach to VAWG and substance use in a collaborative, joined up way, drawing upon learning from existing work (e.g. the NTTTP Trauma-Informed Substance Use Pathfinders).</p>
<b>Preventative approaches including education, awareness raising, and promotion of available services</b>	<p>Develop communications materials that highlight the intersections and experiences related to Violence Against Women and Girls (VAWG) and substance use and can be adapted for local use.</p>	<p>Improvement Service</p> <p>Local strategic partnerships for VAWG and substance use</p>	<p>Create awareness raising resources on VAWG and substance use, including for national campaigns such as 16 Days of Activism</p>

	Support the implementation of awareness raising within local communities through Violence Against Women Partnerships (VAWPs) and Alcohol and Drug Partnerships (ADPs).	Local strategic partnerships for VAWG and substance use  Improvement Service  National and local government/ policy teams	Collaboration at local level between VAWPs and ADPs and coordination of further opportunities for this at national level
	Explore existing approaches to prevention and early intervention within VAWG e.g. public health approach and ensure that links with substance use are strengthened.	National and local government/ policy teams  Public Health Scotland  Improvement Service	Identify opportunities to establish links with existing work such as the Public Health Implementation Forum and the upcoming Primary Prevention Action Learning Project.
<b>Lived experience being at the heart of service design and delivery, including peer support opportunities.</b>	Develop and utilise templates and materials for lived experience engagement, drawing on resources from the Authentic Voice project and VAWG needs assessments.	Improvement Service and SafeLives  Specialist organisations  Lived experience groups	Adaption and development of resources through AV Project and peer network  Further and ongoing engagement with people with lived and living experience

	<p>Promote the integration of peer support and lived experience in shaping and driving service provision, sharing examples of effective practice from organisations through mechanisms such as NTTP case studies.</p>	<p>Improvement Service</p> <p>NTTP</p> <p>Lived experience groups</p>	<p>Develop and spotlight case study examples on peer support models for lived experience participation</p>
--	---	---	--

## Appendix B: Useful resources

Across the consultation activities, we asked for examples of effective collaborative working approaches in place to support women experiencing substance use and VAWG. We have highlighted some of the good practice examples provided which respond to women's needs holistically, embed multi-agency training and capacity building, and showcase joined-up strategic approaches.

### Dundee's Gendered Services Project

The Gendered Services Project is funded by CORRA and the Dundee Alcohol and Drug Partnership. The Project aims to support services to develop a gendered approach to their service delivery and has a specific focus on engaging with services to improve their accessibility for women. The Project is driven by women with lived experience of complex trauma. Women involved have co-produced an array of learning resources which are utilised in training and has led to the development of the Dundee Women's Hub. You can find out more about the [Gendered Services Project here](#).

### Chara Housing Support

The Chara Centre in Glasgow, is a specialised residential facility providing emergency accommodation and support for women experiencing homelessness, managed by Glasgow City Council Social Work Services. It offers a safe environment tailored to the complex needs of vulnerable women. Support is focused on helping women and their children move from temporary crisis housing into more settled, permanent accommodation.

The Chara Centre in Glasgow, is a specialised residential facility providing emergency accommodation and support for women experiencing homelessness, managed by Glasgow City Council Social Work Services. It offers a safe environment tailored to the complex needs of vulnerable women. Support is focused on helping women and their children move from temporary crisis housing into more settled, permanent accommodation.

### CSE Aware

Commercial Sexual Exploitation (CSW) Aware has a national remit to provide awareness-raising and capacity-building opportunities to multi-agency organisations. Its training and practitioner network opportunities allow services across a wide range of sectors to address interconnected issues, explore relevant challenges, and share examples of good practices. Access [CSE Aware here](#).

### With You

With You is a charity providing free, confidential support to people experiencing issues with drugs, alcohol or mental health, including a Glasgow North East Recovery Hub. With You have specific support for women experiencing substance use issues. The charity has also undertaken research and engagement to understand the barriers women face in accessing drug treatment and support services.

# Appendix C: Call for evidence questions



## VAWG and Substance Use: Research Project

- 1. Please tell us about any relevant reports and/or evidence and data. You can provide links or send these to [vaw@improvementservice.org.uk](mailto:vaw@improvementservice.org.uk). You can answer the additional questions below if you wish to do so.**

- 2. What are the key needs of women and girls who have experienced different forms of VAWG (including but not limited to domestic abuse, rape and sexual abuse, so called 'honour based' abuse, and commercial sexual exploitation) and substance use?**

**3. What are the current experiences of women accessing support for VAWG and substance use? What are some of the challenges/barriers that women face?**

**4. What are the challenges and barriers for services in meeting the needs of women affected by VAWG and substance use?**

**5. How does current legislation, policy and practice in Scotland impact on the needs of women affected by VAWG and substance use? To what extent are systems and services currently effective at responding to this?**

**6. Are there examples of effective collaborative working approaches in place to support women experiencing substance use and VAWG in accessing other relevant services such as mental health support, housing, welfare, family support?**

**7. What improvements or actions would help to ensure that women experiencing VAWG and substance use are able to access effective support?**

**8. Can you provide any other relevant information or reflections relevant to this consultation?**

# Appendix D: Interview Questions & Consent form template



## Violence Against Women and Girls (VAWG) and Substance Use Project Lived/ Living Experience Consultation

### 1. Project Overview & Aims

The Improvement Service are coordinating a series of engagement activities focused on exploring the prevalence of and relationship between Violence Against Women and Girls (VAWG) and substance use. This project aims to:

- Better understand and respond to the needs and experiences of women experiencing VAWG and substance use.
- Explore and identify the barriers, enablers and opportunities for improvement informed by women's experiences of VAWG and substance use, including sharing good practice examples.
- Identify actions and recommendations to improve support provision for women experiencing VAWG and substance use.
- Explore opportunities for national and local partners to embed joined up, collaborative working approaches that will improve women's experiences of navigating systems and services in relation to their experiences of VAWG and substance use.

This [research project](#) is intended to support national and local stakeholders in Scotland working to respond to VAWG and/ or substance use. This includes those working within VAWG Partnerships (VAWPs) and Alcohol and Drug partnerships (ADPs), and other relevant services, organisations, and areas of Public Protection across the public and third sector. The activities will explore how to strengthen collaborative, multi-agency working across key strategic partnerships to improve outcomes for women affected by VAWG and substance use.

### 2. Scope and terminology

Due to the limitations and scope of this research, this project captures and highlights the experiences of adult women who are in relation to their experiences of VAWG and substance use, only. Whilst some key findings and recommendations may relate to children and young people, the consultation activities undertaken as part of this research will involve adult women only and the majority of our engagement will be with organisations supporting adult women.

We are using the term substance use which includes both alcohol and drugs. The term 'VAWG' as described in this research mirrors that of the [Equally Safe Strategy](#) definition, including but not limited to domestic abuse, rape and sexual abuse, so called 'honour based' abuse, and commercial sexual exploitation.

The term 'lived experience' used within this project refers to anyone with lived and living experience of VAWG and substance use.

### 3. Lived Experience Consultation

We are committed to ensuring that the voices of those with lived experience informs this research and are flexible in agreeing a format which works best for women that specialist organisations and services support – this could be in the form of 1:1 or group consultations or providing written/ online surveys for women to complete. We are happy to be guided by your expertise for these consultation activities and therefore the format can be flexible to suit needs. The Improvement Service are happy to provide facilitation support should this be helpful/ appropriate.

This work is open to women who have experienced, or are currently experiencing, VAWG and substance use.

Please contact [vaw@improvementservice.org.uk](mailto:vaw@improvementservice.org.uk) for any further information.

## Consultation brief & schedule for participants:

### **Welcome**

Thanks for agreeing to be part of this focus group/ interview. We really appreciate your input, it is so valuable to the project.

### **Introductions**

Introduce moderator/s and hand out information/consent form as you go through the points below:

### **Purpose of focus groups/interviews**

We are conducting these focus groups/ interviews as part of some research the Improvement Service are doing exploring the prevalence of and relationship between Violence Against Women and Girls (VAWG) and substance use (please see project overview & aims above).

### **Anonymity**

- You are free to leave the focus group/ interview at any time and you don't have to answer any questions you don't want to.
- There are no right or wrong answers – every person's experiences and opinions are important. [If in a group setting] feel free to speak up if you agree or disagree – we want to hear a wide range of opinions.
- We are particularly interested in hearing about your reflections, thoughts and perspectives about system and service responses to VAWG and substance use, and the ways in which they can be improved. We know that your own personal experiences of these issues will shape how you answer some questions, but please don't feel obligated to disclose any details of your own experiences that you don't want to. We value your knowledge and expertise around these issues, so please don't feel like you have to share anything that you're not comfortable with.
- What is said in this room stays here – we want everyone to feel comfortable in sharing their opinions. All views will be kept anonymous unless we hear that someone is at risk of serious harm, then we have to tell someone.

### **Consent forms**

Collect from participants

## 1. Your needs and experiences

- How would you say your experience(s) of VAWG have affected your experiences of substance use? Are these experiences connected?

- Have you ever (either recently or at all in the past) accessed support for your substance use?

- Have you ever (either recently or at all in the past) accessed support as a result of your experiences of VAWG?

- If you have never accessed support for your experiences of VAWG and/ or substance use, are you able to share why this is?

## 2. Experiences of accessing services

- If you have accessed support for either VAWG and/ or substance use, do you feel like you received the right support at the right time when you needed it? What was this process like for you?

- What were some of the things that any support services you accessed did that you found helpful?

- Did you have access to multiple services to get all of the help that you needed at that time? (including support with any relevant needs such as mental health, housing, financial support etc)

## 2. Experiences of accessing services cont...

- Have you ever been offered support with your experiences of VAWG/ substance use when accessing another service for any other needs you may have (i.e., via GP, housing, mental health, community groups etc)?

- Can you identify any challenges in accessing support for VAWG and/ or substance use, either for yourself or for other women?

- Are you aware of any responses from services which are not helpful for women who have experienced VAWG and substance use? What would make this support more helpful?

### 3. Your recommendations

- What would have improved your experience of accessing support for your experiences of VAWG and substance use?

- What do you think support for VAWG and substance use should look like for women in Scotland?

- What changes or improvements would help to ensure that women experiencing VAWG and substance use are able to access effective support?

- Is there anything else you would like to add or comment on before we finish?

West Lothian Civic Centre  
Howden South Road  
Livingston EH54 6FF

Email: [info@improvementservice.org.uk](mailto:info@improvementservice.org.uk)  
[www.improvementservice.org.uk](http://www.improvementservice.org.uk)

May 2026