



AlcoholAction
Ireland

**Alcohol Action Ireland's submission to
the Department of Justice consultation on the**

**THIRD NATIONAL STRATEGY
ON DOMESTIC, SEXUAL AND
GENDER-BASED VIOLENCE**

18 JUNE 2021

Alcohol Action Ireland was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision. Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society. We are pleased to have the opportunity to contribute to the Department of Justice consultation on the Third National Strategy on Domestic, Sexual and Gender-based Violence.

7. What worked well in the Second National Strategy on Domestic, Sexual and Gender-Based Violence Strategy (2016-2021)?

The strategy delivered public awareness campaigns that helped to bring the message about domestic abuse to a wide audience and in particular the advert regarding sexual abuse sent an important message about bystander intervention.

The strategy was mooted as a 'living document' and appears to have been flexible in that it pivoted to include and deliver on recommendations made in a subsequent report, Supporting a Victim's Journey - A plan to help victims and vulnerable witnesses in sexual violence cases. This report recommended specialist training for An Garda Síochána engaged in front-line policing for engaging with victims of sexual crime and vulnerable witnesses. An Garda Síochána also completed the national rollout of the Divisional Protective Services Units. The Divisional Protective Services Units will support the delivery of a consistent and professional approach to the investigation of sexual and domestic crime.

8. What were the key blockages/barriers in relation to the implementation of the second strategy?

One of the most important aspects of the strategy was a commitment to establish a bottom line "gold standard" of data collection and analysis by all agencies working in the area(s) of domestic and sexual abuse. It is not clear what was achieved in this regard and it is difficult to ascertain why.

As noted by the NWC¹ in 2019: "Progress on this matter is extremely slow and it shows no sign of changing."

This issue needs to be rectified without delay as the absence of robust data is a clear barrier to progress and already too much time has been lost in this regard.

The second strategy states that: "An annual report on the monitoring exercise to be placed in the Oireachtas library, after being noted by Government."

However, AAI could find no such documents in the public domain. If there is to be confidence in the forthcoming strategy, key indicators such as data and ongoing monitoring updates must be made public so that civil society can avail of the resources and indeed provide feedback and support.

9. What are the three key barriers which undermine preventative measures?

1. Alcohol, while not a cause of domestic abuse (domestic abuse may include coercion, threats, stalking, intimidation, isolation, degradation and control. It may also include physical and/or sexual violence) is undoubtedly a significant contributing factor. Efforts to reduce domestic abuse must include whole of population alcohol control measures such as the full implementation of the Public Health Alcohol Act. A reduction in overall alcohol use will see a reduction in domestic abuse and delay in its implementation will undermine preventative measures. A substantial body of research² demonstrates the association between substance misuse and perpetration of intimate partner violence. Studies show that a large proportion of men attending services for alcohol and/or drug treatment, have perpetrated intimate partner violence at some point in their lives and that women who are victims of domestic abuse are more likely to use substances to cope than those who are not. Given this very clear intersection of domestic abuse and alcohol, there is, without doubt, an opportunity for preventative measures to take place while treating a person for problem substance use issues.
2. The omission of the impact of domestic abuse on children is also a clear oversight in terms of prevention and the amelioration of this serious adverse childhood experience. The new strategy must recognise the impact on children and the potential for harm across the lifespan if children do not get the support and early intervention they require.
3. Information sharing between agencies that deal with children and families is a likely barrier that impedes preventative measures in this regard. People experiencing domestic abuse are likely to go to a GP, or substance use service. All professionals, therefore, need to be mindful that domestic abuse could be an issue that needs to be asked about. For example, in 2013, the WHO³ released clinical and policy guidelines for GPs responding to intimate partner violence and sexual violence. The guidelines recommend that GPs ask women about intimate partner abuse as a part of assessing the conditions that may be caused or complicated by intimate partner abuse. These include mental health symptoms, alcohol and other substance use, chronic pain or chronic digestive or reproductive symptoms. See also the UK Stella Project's toolkit⁴ to help workers who support those who experience problematic substance use and domestic violence.

² Stuart, G., O'Farrell, T. and Temple, J., 2009. Review of the Association Between Treatment for Substance Misuse and Reductions in Intimate Partner Violence. *Substance Use & Misuse*, 44(9-10), pp.1298-1317.

³ World Health Organization, 2013. Responding to intimate partner violence and sexual violence against women.

⁴ Avaproject.org.uk. 2007. Stella Project Toolkit. [online] Available at: <https://avaproject.org.uk/wp/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

10. What specific actions need to be taken to overcome these barriers?

The government must urgently commit to data collection and information-sharing across all services that might see domestic abuse victims. Alcohol must be recognised as a serious risk factor not only for the perpetrator but the victim too. This would assist alcohol treatment services as regards prevention and early intervention and help to prioritise those with alcohol dependence for treatment services.

A shared model of care between alcohol and other drug services, mental health services, domestic abuse services and child protection services, would ensure that people are screened in a uniform way across all services to identify and highlight abuse concerns. A comprehensive set of documents relating to the Maram Framework,⁵ operating in Australia is available to see how such a framework operates.

Trauma-informed services would also assist in this regard. For example, if all frontline services dealing with vulnerable children and adults were trauma-informed, it would be in-built into the service to pick up on other issues at play and to ensure that the correct referral is made.

Recognising children as victims in their own right within the strategy would ensure that the harm they are experiencing is dealt with appropriately and in a timely fashion. Public information campaigns that highlight the damage domestic abuse can cause a child would assist to educate parents and professionals and society at large about the lasting damage experiencing or witnessing domestic abuse can cause.

Information and learning are also key and the government must commit to Domestic Homicide Reviews - systematic multi-agency reviews which are used to improve risk assessment and management and to identify gaps in policy and practice.

11. If these actions were undertaken what would be the key outcome in relation to the prevention of domestic sexual and gender-based violence?

Gathering data, creating a shared language and providing a no wrong door approach, would help to provide a well-rounded robust response to domestic abuse based on best practice evidence from around the world.

A public information campaign highlighting the effects on children could help to prevent abuse by encouraging a victim to seek help, or indeed a perpetrator. It would also help the child to understand that they are not alone and help is available.

12. What are the three key barriers that undermine protection measures?

1. Under the Istanbul Convention, it is recommended there should be one refuge place per 10,000 people, meaning there should be 446 refuge places in Ireland, whereas there are only 143 currently, and even fewer due to Covid.
2. The Gardai are the first-line responders to serious incidents where women feel at risk. Following recent media reports⁶ that thousands of domestic abuse 999 calls got no response from Gardai, it must be ensured going forward that women's calls are answered and dealt with in a timely and adequate fashion. Incidents such as this are unacceptable and undermine women's faith in the system and accessing help.
3. As outlined in a submission by the Children Living with Domestic and Sexual Violence group,⁷ abusive parents are routinely granted unsupervised access to children; mothers' concerns about child abuse are minimised; and custody arrangements which "escalate" domestic abuse are ordered by the courts. These are very serious issues that require urgent attention.

13. What specific actions need to be taken to address these barriers?

Government must meet commitments under the Istanbul Convention and provide a further 300 refuge spaces for victims of domestic abuse from within State resources without relying on a dysfunctional private sector.

All Family Law professionals, including judiciary, must be trained to understand the dynamics and impacts of domestic abuse, including coercive control, in order to place the safety and wellbeing of the child at the centre of all proceedings and to support the non-abusive parent.

The Gardai must demonstrate their commitment to dealing with domestic abuse cases as the first-line responders during crisis incidents. Policies and procedures must be reviewed to be trauma-informed and to understand the dynamics and impacts of domestic abuse, including coercive control. In order to protect children, Gardai should implement an early warning system where children are part of a call to a domestic abuse incident. Operation Encompass is a programme developed and implemented across England and Wales and now in a pilot phase in N.

⁶ The Irish Times. 2021. Domestic violence: 'Deep concern' over cancellations of 999 calls to Garda. [online] Available at: <https://www.irishtimes.com/news/crime-and-law/domestic-violence-deep-concern-over-cancellations-of-999-calls-to-garda-1.4592369>

⁷ Rcnl.ie. 2021. The Children Living with Domestic and Sexual Violence Group - Submission to the Family Justice Oversight Group Consultation. [online] Available at: <https://www.rcni.ie/wp-content/uploads/Joint-Sub-to-the-FJOG-CLwDSV-FINAL.pdf>

Ireland, designed to support children and young people experiencing domestic abuse. Information would be shared by the Gardai with a school's designated liaison person/key adult prior to the start of the next school day, after the Gardai had attended a domestic incident. This would ensure that delivery of immediate and appropriate assistance is given, depending on the needs and wishes of the child

14. Are there any groups who face additional barriers to accessing protection measures?

Yes.

15. Who?

Children and young people

16. Potential reasons for barriers:

- Fear of causing trouble in the family
- Fear of people knowing what happened
- Fear of law enforcement agencies (An Garda Síochána, the Court Service, etc)
- Fear of perpetrator
- Fear of not being believed
- Impact on children

Other:

As children's charity Barnardos points out: "Domestic abuse affects every aspect of a child's life, including their health, wellbeing and development from conception through to adulthood. Children are not passive bystanders, they are centrally involved and experience the violence and abuse in their own right. For the child, this violence and abuse is experienced through all their senses, whereby their lives are dominated by fear, control, isolation and intimidation. The abuse may be directed towards them, they may intervene to stay safe, protect a parent or siblings, and are often used as a tool in abuse and control."

Other reasons that might prevent children from seeking help include:

- Fear of shaming the family or perpetrator
- Fear of being disloyal
- Fear of the unknown – what will happen if I say anything – will something bad happen to me and/or the family

17. If these barriers were addressed what would be the key outcome/s in relation to the protection of victims and survivors?

Domestic abuse is an adverse childhood experience. Research shows that adverse childhood experiences (ACEs) can greatly increase the likelihood of relational difficulties and poor physical and mental health in later life.

Children must be protected by ensuring that their needs are recognised. Further roll-out of programmes that provide psychosocial education to parents could help in this regard (See Barnardos TLC Kidz evaluation).⁸

Professionals indicated that child protection was enhanced when mothers understood the impact of domestic abuse on their children. For instance, mothers were more likely to keep themselves and their children safe, manage access better, and not reunite with the perpetrator.

The TLC Kidz programme addresses many of the key child outcomes and goals indicated in 'Better Outcomes, Brighter Futures' (2014). For instance, the programme: improved the physical and mental wellbeing of children exposed to domestic abuse; increased school engagement; improved children's safety and protection from harm; and has helped children to develop positive relationships with their mother, siblings, peers and the wider community.

Another programme, the previously mentioned Operation Encompass intervention, would also help to break down the fear and stigma a child is feeling, to see if they require extra support following a crisis incident at the home. Operation Encompass' benefit is its immediacy, the child receives support immediately following the traumatic experience of domestic abuse. This reduces and mitigates the harmful impacts of the experience. The programme reports that parents also welcome the intervention and that it can provide a learning and healing moment for the whole family.

⁸ Furlong, M., Leckey, Y., O'Connor, S. and McMahon, K., 2018. Evaluation of the TLC Kidz programme for children and mothers recovering from domestic abuse.

18. What additional barriers have arisen for victims and survivors of domestic, sexual and gender-based violence as a result of Covid 19?

The issue of domestic abuse quickly emerged as one of the most dangerous impacts of the global lockdowns.

As in other jurisdictions, in Ireland, there was a large increase in people seeking help. Gardaí saw a 25% increase in calls for help in relation to domestic abuse for April and May 2020 in comparison with April and May 2019. There were 107 men charged with domestic abuse offences in the last two weeks of May.

Figures from Safe Ireland⁹ show an average of almost 2,000 women and 411 children were in receipt of some kind of support from domestic abuse services – such as a refuge, counselling, accompaniment, information or advice – each month a year into the pandemic. Safe Ireland have noted that because of social distancing and isolation requirements, emergency refuge accommodation is operating at approximately 25% less capacity.

According to Women's Aid:¹⁰

"For women who had experienced abuse, the restrictions that the Government placed on movement prompted painful memories of being abused and controlled. Women with underlying health issues reported that their partners were not adhering to Covid-19 restrictions deliberately, and some were effectively weaponising the virus by coughing or spitting on women. The decreased capacity in refuge space because of social distancing rules meant that women in extremely dangerous situations were unable to access a space in a refuge when Women's Aid called on their behalf. This was already an issue before the emergency but was dramatically heightened as a result."

19. What are the three key barriers that undermine prosecution measures?

A key barrier to prosecution is the very low numbers that actually report domestic abuse to Gardaí.

An Irish study¹¹ from 2005 found that only a minority (one in five) had reported the behaviour to the Gardaí, with men less likely than women to

⁹ Safe Ireland. 2020. Nearly 3,500 women contacted a domestic violence service for the first time during initial lockdown – new Safe Ireland report on Covid-19 - Safe Ireland. [online] Available at: <https://www.safeireland.ie/nearly-3500-women-contacted-a-domestic-violence-service-for-the-first-time-during-initial-lockdown-new-safe-ireland-report-on-covid-19/>

¹⁰ Womensaid.ie. 2020. When Home is Not Safe - Domestic Abuse During the Covid-19 Emergency. [online] Available at: https://www.womensaid.ie/assets/files/pdf/womens_aid_when_home_is_not_safe_covid-19_supplement_-_embargoed_20820.pdf

¹¹ Esri.ie. 2005. Domestic Abuse of Women and Men in Ireland - Report on the National Study of Domestic Abuse. [online] Available at: <https://www.esri.ie/system/files/media/file-uploads/2016-02/BKMNEXT56.pdf>

report (5 per cent compared to 29 per cent of women among those severely abused). Women and men give similar reasons for not reporting the abuse, most often related to the seriousness of the behaviour, a preference for handling the situation themselves, and shame or embarrassment.

20. What specific actions need to be taken to address these barriers?

Victims need to know that domestic abuse cases will be handled with sensitivity, and will be treated seriously. There is also a need for clear information on what the legal remedies are and the process of engaging with the gardai/legal system.

Health care workers, such as doctors and nurses and those who work in addiction treatment services, may be among the first professionals to become aware that a person is being abused. GPs and other health personnel must have an understanding of the impact of domestic abuse and have information on the appropriate referral agencies, including the Gardaí, helplines and refuges.

The Family Law Courts and legal professionals working in the area must be trauma-informed and need to be sensitive to the potential role of domestic abuse in separation and divorce cases.

21. If these barriers were overcome what would be the overall outcome in relation to the effective law enforcement and judicial proceedings?

If the above actions were taken, it is likely that the victim's experience of seeking a legal remedy would be significantly improved. This would foster more faith in the system and could result in more perpetrators being brought to justice.

23. What are the three key barriers preventing co-ordinated policies and their implementation?

The state's response to domestic, sexual and gender-based violence is disparate and fractured, overseen by several government departments and a wide range of non-governmental organisations. The government this year carried out an audit to specifically look at the how the responsibility for domestic, sexual and gender-based violence is "segmented across different government agencies" and to develop proposals on what infrastructure is needed.

24. What specific actions need to be taken address these barriers?

AAI would like to see the government's audit into the domestic, sexual and gender-based violence sector, carried out this year, placed in the public domain so that NGOs can see the recommendations proposed and make a more informed comment on this issue.

25. Are there any issues not addressed by the four Istanbul Pillars (Prevention, Protection and Support, Prosecution and Co-ordinated Policies)?

AAI believes that hearing the voices of victims, be they children, adult children, or current victims of abuse would be a hugely powerful way to move forward and co-produce the new strategy. Lived experience should inform how services are set up and develop into the future.

26. Is there any learning arising from Covid 19 that should inform the new Strategy on Domestic, Sexual and Gender-Based Violence?

COVID has highlighted the sheer scale of the problem of domestic abuse. We know that alcohol use in the home skyrocketed during COVID and that domestic abuse increased exponentially too. A national study should seek to hear the stories of what went on behind closed door during COVID and examine the extent to which alcohol was a factor.

27. Is there anything that you to want add that you didn't get a chance to within this questionnaire?

Role of alcohol in Domestic, Sexual and Gender-Based Violence

In 2006, the scale of domestic abuse in Ireland was reported in a study by the National Crime Council in association with the Economic and Social Research Institute.¹² This research found that 11% of the population experienced severe abuse described as "a pattern of behaviour that had an actual or potential severe impact on their lives".

Findings from this survey also indicate that alcohol was involved 'some of the time' for 44% of respondents, 'always' for 27% of respondents and 'never' for 29%

¹² Esri.ie. 2005. Domestic Abuse of Women and Men in Ireland - Report on the National Study of Domestic Abuse. [online] Available at: <https://www.esri.ie/system/files/media/file-uploads/2016-02/BKMNEXT56.pdf>

As noted by the authors, 'alcohol use may be more likely to lead to injury, so its role in triggering domestic abuse needs to be taken seriously'.

Despite all of the evidence linking domestic abuse and alcohol, the last government strategy did not mention the role of alcohol or seek to address how it intersects with both the victim and the perpetrator's lives.

Impact on Children

Children are particularly vulnerable to harm from other people's drinking, be it within the family, among family members or in the wider community in which they live.

The role of alcohol in relation to harms to others was comprehensively examined in the 2018 HSE report - *The Untold Story: harms experienced in the Irish population due to others' drinking*.¹³

As noted in the report in Ireland, one in six carers reported that children for whom they had parental responsibility experienced harms because of someone else's drinking. The harms included a child being verbally abused, being left in unsafe situations, being witness to serious violence in the home, child protection agency having to be called.

Research shows that children living with domestic violence are at an increased risk of abuse and developing emotional and behavioural problems.¹⁴ A study involving eight countries reported that the prevalence of alcohol's harm to children, using an indicator of substantial severity (two or more harms), was second highest in Ireland after Vietnam, and was significantly higher than in Australia.¹⁵

The study also reported that having a heavy drinker in the household was consistently identified as a correlate of harm to children because of others' drinking.

At the severe end of the risk continuum, alcohol-related harm to children is evident in child protection services in Ireland, where intervention is necessary to protect children from child abuse and neglect due to parental/carer alcohol abuse.¹⁶

¹³ Hope, A., Barry, J. and Byrne, S., 2018. *The untold story: Harms experienced in the Irish population due to others' drinking*.

¹⁴ Holt, S., Buckley, H. and Whelan, S., 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), pp.797-810.

¹⁵ Laslett, A., Rankin, G., Waleewong, O., Callinan, S., Hoang, H., Florenzano, R., Hettige, S., Obot, I., Siengsounthone, L., Ibanga, A., Hope, A., Landberg, J., Vu, H., Thamarangsi, T., Rekve, D. and Room, R., 2017. A Multi-Country Study of Harms to Children Because of Others' Drinking. *Journal of Studies on Alcohol and Drugs*, 78(2), pp.195-202.

¹⁶ Hope, A. and Mongan, D., 2011. A Profile of Self-Reported Alcohol-Related Violence in Ireland. *Contemporary Drug Problems*, 38(2), pp.237-258.

In Australia, an estimated one-third of all confirmed cases of child abuse involved alcohol abuse.¹⁷ In Ireland, an in-depth study¹⁸ of child abuse cases in one county reported that parental alcohol abuse was mentioned in one in every three cases as a reason for child protection concerns.

A cross-European study¹⁹ also shows that where multiple adverse childhood experiences co-exist, very often there is domestic abuse and parental alcohol use.

It is imperative that children and the role of alcohol feature in the next strategy.

Gender-based violence

Alcohol is undoubtedly a significant factor in gender violence. The 2002 Sexual Abuse and Violence in Ireland report by the Dublin Rape Crisis Centre notes that: 'Alcohol was involved in almost half of the cases of sexual assault that occurred as an adult.'

And 'Of those that reported that alcohol was involved, both parties were drinking in 57 per cent of cases concerning abuse of women, and in 63 per cent of cases concerning abuse of men'.

More recently a 2009 report from Rape Crisis Network Ireland found that 76% of all rape defendants had been drinking at the time of the alleged offence. (Hanly, C. Healy, D. & Scriver, S. (2009) Rape and Justice in Ireland.) While in 2020 the Sexual Experiences Survey of Third Level Students found that: Two-thirds of females and 70% of males reported that the perpetrator had been using alcohol and/or drugs just prior to the incident. Three-quarters of female and male students said they themselves had been using alcohol and/or drugs just prior to the incident. Responses given by non-binary students were distinctive in that a higher percentage said the perpetrator had not been using either alcohol or drugs, or that they did not know, and also in that over half said that they had been using substances themselves just prior to the incident.

As noted by Rape Crisis Network Ireland (Calling time on sexual violence and alcohol) collecting data in relation to alcohol consumption is of considerable importance to ensure effective sexual violence reduction policies and programmes.

¹⁷ Laslett, A., Ferris, J., Dietze, P. and Room, R., 2012. Social demography of alcohol-related harm to children in Australia. *Addiction*, 107(6), pp.1082-1089.

¹⁸ Hope, A., Barry, J. and Byrne, S., 2018. The untold story: Harms experienced in the Irish population due to others' drinking.

¹⁹ Velleman, R. and Reuber, D., 2007. Domestic Violence and Abuse experienced by Children and Young People living in Families with Alcohol Problems. [online] [Drugsandalcohol.ie](https://www.drugsandalcohol.ie/11965/1/Encare_ParentalAlcoholProblems.pdf). Available at: https://www.drugsandalcohol.ie/11965/1/Encare_ParentalAlcoholProblems.pdf

In the current strategy data is collected on:

- Age of victim and perpetrator
- Sex of victim and perpetrator
- Relationship between victim and perpetrator
- Ethnicity of victim and perpetrator
- Any disability of victim and perpetrator

Given the documented evidence of the prevalence of alcohol in relation to assault, Alcohol Action Ireland considers it critically important to collate data consistently in relation to alcohol consumption in the context of domestic, sexual or gender-based violence for three reasons:

- Data of alcohol involvement in sexual violence in Ireland is essential to understand the scope and extent of the problem.
- Data can be used to design targeted prevention programmes and policies
- Adequate and appropriate data collection allows service providers to monitor trends in relation to alcohol consumption in incidents of sexual violence and thus to tailor programmes and evaluate the services' effectiveness.

The World Health Organisation states that public health agencies have a central role to play in the prevention of intimate partner violence including addressing its relationships with alcohol use.

Key responsibilities include to:

- Collect information on the prevalence of intimate partner violence, alcohol consumption levels and drinking patterns
- Conduct research on the links between alcohol consumption and intimate partner violence, both by victims and perpetrators, that improves understanding of risk and protective factors.
- Increase awareness regarding intimate partner violence in services addressing alcohol abuse.
- Measure information about the health, social and wider economic costs associated with alcohol-related intimate partner violence.
- Evaluate effective and cost-effective prevention strategies for reducing levels of alcohol-related intimate partner violence.
- Promote multi-agency partnerships to tackle intimate partner violence by raising awareness of the links between alcohol consumption and intimate partner violence.
- Advocate for policy and legal changes to protect victims of intimate partner violence, to reduce problematic drinking, and to exclude alcohol as a mitigating factor for violent acts.
- Ensure close links between intimate partner violence and alcohol support services, allowing those presenting at one to receive screening and referral to the other.

28. If these actions were undertaken what would be the key outcomes in relation to co-ordinated policies and their implementation for victims and survivors?

Effective collaboration and joint working are essential to improve services and outcomes for victims of domestic abuse, including children who continuously remain invisible in this context. A no wrong door approach with robust data and research about the prevalence of domestic abuse and the intersection with alcohol and/or drugs and mental health needs would not only increase awareness but lead to improved services and prevention interventions.

If you would like to be invited to attend the consultations on the draft Third Strategy due to be held in Sept 2021 please provide us with an email address that we can send an invitation to?

Dr Sheila Gilheany
CEO
Alcohol Action Ireland
E: sheila.gilheany@alcoholactionireland.ie