



# Unveiling the Shadows:

Dynamics of Domestic  
Violence and Abuse  
in Dublin 10



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# Foreword

This research study aims to investigate the prevalence of DVA in the community of Dublin 10, Ireland. Domestic violence and abuse are significant social issues with far-reaching consequences for individuals, families, and communities. By understanding the prevalence of these issues and how they differ across different areas, appropriate interventions and support services can be developed to address the specific needs of each community.

Saoirse Domestic Violence Services has been a leader in the area of domestic violence service provision in Dublin and West Wicklow for almost 20 years. Our services includes a 24-hour Helpline, Crisis Refuge and Safe House accommodation, community/based supports (outreach, prevention and training), court accompaniment, child and youth services, holistic therapies and counselling. Saoirse has been instrumental in securing funding for a dedicated Domestic Violence Outreach Worker for Dublin 10 as well as supervising and facilitating this research.

Despite welcome legislative reforms the issue of domestic, sexual and gender-based violence continues to impact the lives of women across Ireland. Research such as this is exceptionally important in challenging the issue and bringing it to the forefront of the community psyche. We would hope that this research will demonstrate the reality that incidents of DVA are not isolated events, or merely a private matter but are rather a societal scourge which require a systemic and institutional response.

## **Journey to ‘Unveiling the Shadows’**

“Both personally and professionally I am invested in the D10 area. My years working in D10 services and living in the area have afforded me an on the ground insight and knowledge that is hard to match. Professionally I hold a wealth of information regarding local services, professional contacts and networks pertaining to Dublin 10. I own a home and raise my children in Ballyfermot, so I have not only professional insight into the service gaps and need in the area but also personal experience.” Nadine O’Brien, Saoirse Domestic Violence Services: Outreach, Prevention and Training Manager.

In February 2020, the HSE National Office of Suicide Prevention carried out a rapid assessment after a female suicide cluster in the Ballyfermot area in 2019. The assessment outlined the perceived area-level factors influencing the cluster and domestic violence was one of these factors. The Rapid Assessment Report identified explicitly that there were 'no specific support services for those impacted by Domestic Violence in the area'.

This report led to the establishment of the Dublin 10 Domestic Violence Sub-Group, a branch of the Ballyfermot Child and Family Support Network. Following the creation of the DV Sub-Group, the need was identified for targeted interventions and support services for the area of Dublin 10 as an area with its own unique set of social circumstances and challenges such as economic deprivation, high crime and early school leaving. A marginalized issue, within a marginalized area, domestic, sexual and gender-based violence was identified by the group as an area of particular importance.

It was quickly identified that there was an urgent need for a dedicated Dublin 10 Domestic Violence Outreach Worker. Saoirse successfully applied for funding from Tusla DSGBV for such a position and in 2021 the first Dublin 10 Domestic Violence Outreach Worker started in the role.



The recognition/notion that Dublin 10 was disproportionately affected by DVA was a key issue for the Domestic Violence Subgroup and following their success with ensuring the provision of a designated Dublin 10 DV Outreach Worker, they set their sights on funding a piece of research in order to examine the issue more closely.

This was made possible through the work of Saoirse and Cllr. Hazel de Nortuin who secured a grant from Dublin City Council so that this research could be commissioned. Archways CLG were selected following a tendering process to carry out the project and have worked closely in collaboration with Saoirse and The Steering Group throughout the project.

The steering group was established in order to bring together a group of main stakeholders to provide expertise and insights intended to guide the research. We would like to thank Fiona Kearney, CEO of Familibase, Laura O'Reilly, CEO of Ballyfermot Star and Hazel De Nortuin, Councillor for Ballyfermot/Drimnagh for their role on the Steering Committee. Their expertise and input was invaluable, and we are grateful for their ongoing support.

### **Hopes/Aspirations following on completion on the research**

There is no greater violation to a woman's human rights than violence and abuse against her person and we would like to dedicate this to the women of the Dublin 10 area who have experienced violence and abuse. The severity, frequency and pervasiveness of DVA is often minimized and dismissed, or worse it is such an integral part of our social fabric that it becomes normalized and is rendered invisible. This research hopes to show that DVA exists in every corner of the community and needs to be highlighted and challenged wherever possible.

While legal and social developments have led to some positive change such as The Domestic Violence Act of 2018 and the (slow) expansion of domestic violence services across Ireland, social norms, stereotypical beliefs informed by patriarchal attitudes persist. These norms and attitudes shape our political, judicial, healthcare, economic and education systems and with the recent establishment of Cuan, the new statutory agency under the remit of the Department of Justice dedicated to tackling and reducing domestic, sexual and gender-based violence (DSGBV) we have never been in a better position to push for radical improvements to the lives of those impacted. Research such as this has the power to identify gaps in service provision, and we would hope that the range of insights and recommendations that are outlined in 'Unveiling the Shadows' will be implemented, and further research commissioned.

**Nadine O'Brien, Saoirse Domestic Violence Services, Outreach,  
Prevention and Training Manager**

# Acknowledgments

This research is for our sisters, our mothers, the generations of women who have gone before us and future generations of women to come. The courageous brave women who told us their stories and the community of Dublin 10.

The DV sub group made up of Saoirse Domestic Violence Services, Ballyfermot Star, Familibase, Liffey Partnership (formally Ballyfermot Chapelizod Partnership), Barnados, TUSLA, The Child and Family Agency, St. Ultans and Cllr Hazel De Nortúin.

Our key stakeholders and participants in the research process, An Garda Síochána, Blue Door, The Bungalow. Lord Mayor Daithi De Roiste, SDVS staff and clients. The Research funder, Dublin City Council and moreover Karen Costello and Dr Sean McDonald. We couldn't have completed such meaningful rich research without such passionate researchers, We Thank you!



# Executive Summary

This study investigates the complexities of Domestic Violence and Abuse (DVA) within the Dublin 10 area, detailing a comprehensive profile and analysis that highlights significant service delivery gaps and formulates strategic recommendations for improvement. It focuses geographically on the unique socio-economic and cultural characteristics of the Dublin 10 area.

The research was structured around five key objectives:

- **Determine the Scope of DVA in D10 Area:** This involves collecting qualitative data to understand the manifestations and impacts of DVA.
- **Examine Reasons for Pronounced DVA and Complicating Factors:** This includes exploring socio-economic conditions, cultural norms, and community structures that influence DVA prevalence.
- **Analyse the Service Provision Gap:** This aims to identify mismatches between community needs and the services currently available.
- **Identify Best Practice Models for Service Provision:** This involves proposing evidence-based recommendations for improving DVA support mechanisms.
- **Identify Challenges in Recovery for DVA Victims:** This focuses on understanding the barriers in the recovery journey, particularly for women and children.

## Key Findings

**High Prevalence and Impact of DVA:** The study reveals that intergenerational transmission of violence, influenced by cultural and socio-economic factors, significantly contributes to the recurrence of DVA within families in D10.

**Insufficient Support Services and Refuge Spaces:** There is a notable shortage of refuge spaces and overwhelmed support services, exacerbating the challenges faced by victims and leading to high levels of staff burnout.

**Legal and Judicial Inefficiencies:** Complicated legal frameworks and judicial inefficiencies hinder effective intervention and support for DVA victims.

## Recommendations

**Increase Refuge Spaces and Housing Support:** Expand the number of refuge spaces and develop housing solutions to facilitate safer and easier transitions for survivors out of abusive settings.

**Strengthen Support Services:** Enhance the capacity of existing domestic violence services through increased funding and support, enabling them to manage the volume and complexity of cases more effectively.

**Community and Educational Programs:** Implement comprehensive awareness programs to educate the community about DVA, focusing on prevention and early intervention.

**Professional Training:** Provide ongoing, specialized training for professionals across all sectors that interact with DVA cases to ensure sensitive and effective handling.

The research provides a comprehensive insight into the challenges and needs associated with addressing DVA in Dublin 10. With the implementation of these strategies, there is potential to significantly improve the support structures for victims, contribute to the reduction of DVA prevalence, and foster a community that is informed, responsive, and resilient against the cycles of violence. This study lays the groundwork for informed action and policy development, aiming to support victims effectively and prevent future occurrences of DVA.

# Table of Contents

<b>Foreword</b>	<b>3</b>
<b>Acknowledgments</b>	<b>6</b>
<b>Executive Summary</b>	<b>7</b>
<b>Chapter 1: Introduction</b>	<b>10</b>
<i>Domestic Violence and Abuse (DVA): A Persistent Challenge</i>	11
<i>Gender Based Violence in Ireland</i>	13
<i>Covid 19 and Gender Based Violence</i>	14
<i>Conclusion</i>	15
<i>Current Study</i>	16
<i>Research Objectives</i>	17
<i>Scope of the Study</i>	17
<i>Geographical Scope:</i>	18
<i>Temporal Scope:</i>	18
<i>Thematic Scope:</i>	18
<i>Area Profile</i>	19
<b>Chapter 2: Methodology</b>	<b>21</b>
<i>Research Design</i>	21
<i>Data Collection</i>	21
<i>Data Analysis</i>	23
<i>Ethical Considerations</i>	24
<i>Quantitative Findings</i>	25
<i>Danger Assessment</i>	25
<b>Chapter 3: Findings and Analysis</b>	<b>25</b>
<i>Qualitative Findings</i>	25
<i>Danger Assessment</i>	26
<i>Qualitative Analysis</i>	28
<i>Thematic Analysis</i>	28
<i>Intergenerational Trauma and the Impact on Children</i>	28
<i>Complexities of Women’s Experiences</i>	30
<i>The Influence of Substance Misuse</i>	33
<i>Societal Norms and Cultural Attitudes</i>	34
<i>Legal and Judicial Inefficacies</i>	35
<i>Insufficient Support Services</i>	37

<i>Inadequate Data and Research</i>	38
<i>Inadequate Training</i>	39
<i>Service Gap Analysis of Domestic violence and abuse Supports in Dublin 10</i>	39
<i>Comprehensive Analysis of Community-Based Services in Dublin</i>	40
<i>Prevalence of DV Cases</i>	43
<i>Client Demographics</i>	43
<i>Core Challenges in Community Services</i>	44
<i>Client Engagement and Response Strategies in Domestic Violence Support</i>	44
<i>Domestic Violence Training for Service Organisation Staff: Current Practices</i>	45
<i>Organisational Domestic Violence Policies</i>	46
<i>Identified Gaps and Suggestions for Improvement</i>	46
<i>Successful Outcomes and Common Barriers to Domestic violence and abuse</i>	46
<i>Desired Improvements in Community Response</i>	47
<i>Service Gap Analysis Conclusion</i>	48

## **Chapter 4: Discussion and Analysis** **49**

<i>Intergenerational Trauma and the Impact on Children</i>	50
<i>Complexities Within Women’s Experiences</i>	54
<i>Societal Norms and Cultural Attitudes</i>	56
<i>Legal and Judicial Inefficiencies</i>	58
<i>Insufficient Support Services</i>	61
<i>Inadequate Data and Research</i>	63
<i>Inadequate Training</i>	63
<i>The Influence of Substance Misuse</i>	65
<i>Conclusion</i>	67

## **Chapter 5: Recommendations** **68**

## **References** **71**

### **Tables and Figures:**

**Table 1.** Client Distribution by Region for Saoirse Domestic Violence Services 26

**Figure 1.** The changes in population between 2016 and 2022 from Census Data for Electoral District 19

**Figure 2.** Comparative Socioeconomic Indicators: National Average vs. Seven Electoral Divisions in Ballyfermot/Cherry Orchard 20

**Figure 3.** Danger Assessment scores of current clients who engage with Saoirse Domestic Violence Support Service across all locations 26



# Chapter 1: Introduction

Societies are often judged by how they treat their most vulnerable constituents. Indeed, some argue this organizing principle is responsible for both the best and worst of what we encounter on the streets of our towns and cities every day. Based on this metric Irish society is deeply flawed. We have ignored the needs and rights of many and substantially eroded the rights of others. This erosion of rights is particularly noteworthy regarding woman. A guiding principle of any functional society is equality amongst and between men and women. Such equality is never given freely, and once attained must be strenuously protected. In recent years the role and identity of women has been the subject of much debate and scrutiny. An assumption underlying these discussions was that for woman the fundamental principle of equality has been achieved. This, however, is a potentially, fatal misjudgement. True equality and an equal seat at the table is still some distance away. A guiding principle of our society has been that if women are to be expected to fulfil the same roles as men, they must be provided with comparable education and accorded the same rights and protections as men. This principle is often misconstrued at times deliberately so; the appeal was not merely for intrinsic rights but for their consistent safeguarding and vigilance. In an equitable society, the need for such surveillance would be obsolete. Yet, reality consistently demonstrates that equal rights and representation have not eliminated the dangers women routinely face. A cursory examination of contemporary media reveals a continuous spectrum of risks that women confront, asserting the persistent necessity for protective measures and safe

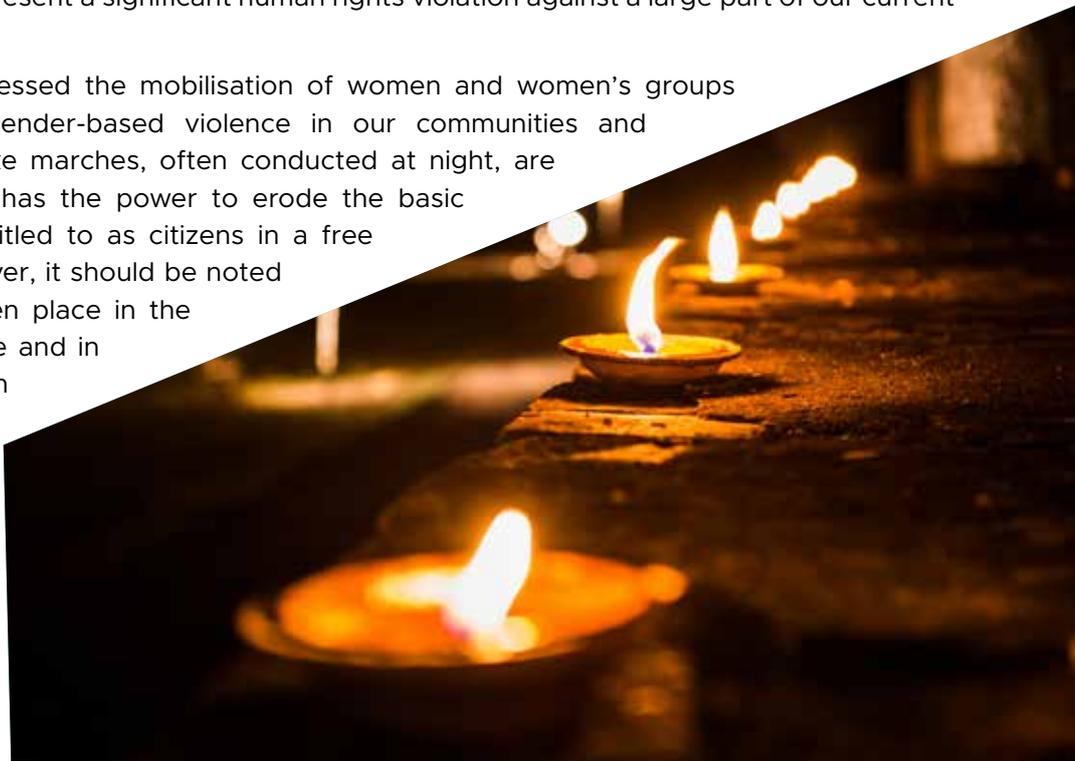
**“Societies are often judged by how they treat their most vulnerable constituents.”**

havens. This situation imposes significant repercussions. It places an undue onus on women to navigate and counter their own marginalisation, leading to a progressive diminution of their rights and value within societal structures. The reverberations of this imbalance extend through every juncture of a woman's life. What begins as messages imparted to young girls eventually solidify into the expectations and limitations imposed on adult women, circumscribing every aspect of their lived experiences. While the conversation around glass ceilings may have shifted, the regulatory frameworks that dictate the conditions of many women's existences remain opaque. Legal equality may exist in name, but it falls short in practice, a point of fervent discussion in the cultural debates of our times. The stark reality of this inequality comes into acute focus when examining domestic violence—an arena where the disparity can be a matter of life and death.

### **Domestic Violence and Abuse (DVA): A Persistent Challenge**

Domestic Violence and Abuse (DVA) is a complex social problem involving the systematic use and abuse of power and control against women, regardless of their ethnicity, nationality, social status, migratory status, sexual orientation, or education (Pispira et al., 2022). Exposure to DVA has profound and lasting effects. Research indicates that the experience of DVA can lead to a range of injuries, chronic pain, inflammatory disorders, depression, anxiety, suicidal thoughts, and gastrointestinal and gynaecological problems (WHO, 2018). Given this, DVA represents a significant and persistent public health problem for women in our society today. The persistent nature of the problem is all the more surprising given that DVA, its scale, and its pernicious nature clearly represent a significant human rights violation against a large part of our current population.

In recent years, we have witnessed the mobilisation of women and women's groups to protest the increase in gender-based violence in our communities and neighbourhoods. These vigil-like marches, often conducted at night, are a sombre reminder that DVA has the power to erode the basic protections women are all entitled to as citizens in a free and democratic country. However, it should be noted that similar marches have taken place in the 90s, the 80s, and the 70s here and in other jurisdictions, with little in the way of tangible change achieved. Simply put, DVA is not new. A cursory scan through historical texts suggests that organised institutional, societal, and individual violence or the threat of violence has been an ever-present state across



time for women. Inequalities and power imbalances have defined gender roles throughout time. Many argue that society has moved on, that these imbalances have shifted, that women, by virtue of consciousness-raising, applied pressure, civil organisation, and demand, have shifted the public narrative and claimed an equal seat at society's table. Certainly, in a relatively short period of time, great strides have been made to achieve gender parity, and a natural momentum has been built, coupled with population demographics, which ultimately will see a more evolved social society whose influence will naturally incorporate ideas and attitudes which owe more to what were once considered more traditional feminist modes of philosophical thinking.

**“..the threat of violence has been an ever-present state across time for women”**

However, these philosophical arguments are taking place in a context within which women's lives remain overexposed and under-protected. According to the Geary Institute for Public Policy (2021), gender-based violence (GBV) in Ireland remains a “devastatingly pervasive” issue. The report indicates that the levels of domestic, sexual, and gender-based violence in Ireland are routinely “disturbingly high” (Department of Justice, 2019) and increasing exponentially. Indeed, there have been several widely publicized violent attacks on women, which have driven public debate on the effectiveness of Ireland's current strategy to address GBV. Similarly, in its most recent report the WHO speaks not only to the increasing levels of GBV worldwide but its prevalence in intimate partner relationships. Their report indicates that globally, some 27% of women aged 15–49 have suffered physical and/or sexual violence by an intimate partner at some point in their lives, and these attacks cross all demographic classifications. These findings suggest that the enactment of new laws and the gains made by women's social justice movements over the last three decades have not shifted the underlying aggression to which women are routinely exposed in their everyday lives (WHO, 2021).





## **Gender Based Violence in Ireland**

In delving into the complexities of Domestic Violence and Abuse (DVA) within Ireland, it's imperative to acknowledge the country's significant social transformation over recent years. Ireland, once perceived as a homogenous society, has evolved into a diverse nation, adopting some of the most progressive social legislation among European Union member states. This forward-thinking approach has extended to constitutional and policy reforms, reflecting the changing dynamics and experiences of its populace. Yet, despite these advancements, there persists a notion that Ireland's core remains conservative and patriarchal, a perspective most discernible through the lens of women's lived experiences.

The European Institute for Gender Equality's (EIGE) Gender Equality Index offers a quantitative measure of gender-based social changes across various domains. Ireland's ranking as the eighth highest in gender equality among EU member states in 2015 highlights its progressive stance. However, a concerning trend emerges with the country experiencing a consistent decline in equality scores from 2020, culminating in the largest drop in 2021 across all EU nations. This regression suggests that the momentum towards actualizing women's rights and protections may have been eclipsed by broader societal changes. Notably, the equalization of subgroup needs appears to have inadvertently deprioritized women's equality in the realm of public interest and policy initiatives. A closer examination of female representation in senior roles and public offices underscores this stagnation. Despite a nearly balanced population gender ratio, women's presence in leadership positions and board directorships remains disproportionately low. This discrepancy not only reflects a broader societal issue but also underscores a persisting patriarchal influence within Irish society, suggesting deep-rooted challenges in achieving true gender equality.

Patriarchal societies, characterized by high social tolerance to DVA, often portray a veneer of safety for women in public spaces, masking a more insidious pattern of controlled violence within intimate relationships. This covert violence, predominantly occurring within the home, highlights a disturbing aspect of women's exposure to violence in Ireland. Recent data reveals that a significant proportion of Irish women know someone affected by DVA and the alarming rates of domestic violence reported point to a pervasive issue, often exacerbated in disadvantaged areas. Socio-economic status significantly influences women's vulnerability to DVA. Studies suggest that women in poorer socio-economic circumstances face a heightened risk, partly due to a breach of trust between communities and state agencies, leading to

underreporting. This underreporting is compounded by stereotypical views and discrimination, further isolating and marginalising affected women. The grim reality of DVA is starkly illustrated by the prevalence of femicides, underscoring the ultimate consequence of this pervasive issue. Attempts to understand the cultural underpinnings of DVA reveal a culture of dominance and control over women, perpetuated through societal norms and beliefs that devalue and objectify women. This systemic issue not only necessitates a comprehensive understanding of the factors contributing to DVA but also calls for a concerted effort to address and dismantle the stereotypes and cultural norms that facilitate such violence.

**“... underreporting is compounded by stereotypical views and discrimination, further isolating and marginalising affected women.”**

The persistence of DVA, despite advancements in women’s rights and legislative reforms, points to the need for a deeper examination of the cultural, socio-economic, and systemic factors that sustain this violence. Addressing DVA requires more than just legislative action; it demands a societal shift towards true gender equality and the dismantling of patriarchal structures that perpetuate violence against women.

### **Covid 19 and Gender Based Violence**

The emergence of the COVID-19 pandemic has not only presented unprecedented public health challenges but has also significantly impacted the social fabric of communities, with the enforced lockdown measures leading to a notable spike in DVA cases. Gardaí, support services, and helplines across Ireland, including Dublin 10, reported a distressing increase in calls for help, underscoring the pressing need for a comprehensive understanding and proactive approach to address this deep-rooted issue.





## Conclusion

In conclusion, the examination of Domestic Violence and Abuse (DVA) within the Dublin 10 area, and by extension, Ireland, underscores a deeply rooted societal issue that persists despite significant advancements in legislation and gender equality measures. This report has highlighted the complexities surrounding DVA, illustrating its prevalence across various demographics and the profound impact it has on the lives of women and communities. The persistence of DVA, evidenced by increasing instances of domestic violence and abuse and the underreporting of such cases, reveals a glaring discrepancy between legal frameworks aimed at protecting women and the realities they face daily. The socio-economic factors exacerbating vulnerabilities to DVA, particularly in disadvantaged areas, necessitate a focused and intersectional approach to address and mitigate these challenges effectively.

The depressing reality that emerges from this study is a call to action for policymakers, community leaders, and society at large to engage in a concerted effort to dismantle the patriarchal structures and cultural norms that perpetuate violence against women. Achieving true gender equality and ensuring the safety and dignity of all women requires not only legislative action but a societal shift in attitudes and practices. The mobilisation of women and women's groups, alongside broader community engagement, is crucial in driving this change, ensuring that the strides made towards gender parity translate into tangible improvements in women's lives.

As this report contributes to the ongoing discourse on DVA, it aims to serve as a catalyst for further research, policy development, and community-based interventions specifically tailored to the needs and challenges identified within the Dublin 10 area. The journey towards eradicating DVA is complex and multifaceted, but with collective resolve and targeted action, it is possible to forge a path towards a more equitable and safe society for all women. The fight against DVA is not solely a matter of addressing individual instances of violence but involves challenging and changing the very fabric of our society that allows such violence to persist. It is only through understanding, vigilance, and proactive engagement that we can hope to unveil the shadows of DVA and illuminate a path towards lasting change.



## Current Study

This report focuses on DVA in the Dublin 10 area. This area covers the greater Ballyfermot & Cherry Orchard suburban areas in West Dublin. The combined population of these areas are approximately 8,558 and 7,924 people, respectively. Detailed analysis of gender-based violence in these areas is challenging to obtain. While the Central Statistics Office (CSO) in Ireland reports on indicators for gender equality, which includes data on discrimination and violence, specific figures on domestic violence at a micro or macro level in Ireland are not readily available. However, it is evident that Ireland, like all populations, experiences high levels of gender-based violence, and these levels have been increasing over time. The issue, according to archival data and materials, has deep roots in the organisation of our communities and culture. Conservative estimates suggest that in Ireland, 1 in 3 women have experienced psychological violence from a partner, 1 in 6 have faced physical or sexual violence, and 1 in 15 have experienced economic and physical control. While these figures may seem staggering, they align with other known data points. For instance, recent information from the Gardaí indicates that in 2021, they responded to 48,400 incidents of domestic violence and abuse, marking a 10% increase from 2020. Data produced by relevant organisations and research agencies on the ground indicate that approximately a quarter of a million Irish women have been severely abused by their partners. The consistency of these datasets suggests that DVA is an embedded problem within Irish communities. Furthermore, the specific behaviours involved in this violence, its frequency, and pattern also indicate that we have overlooked and underserved a vast swath of women who have been effectively traumatised within the most intimate of relationships. The consequences of this for the individuals, families, and broader communities have yet to be fully considered. Despite occasional public outrage, usually triggered by an act of grievous and lethal violence against a particular woman, the public appetite to address and change this seemingly unending cycle of violence against women has been found wanting. This issue may lie in the very organisation and culture of our communities.

## Research Objectives

The research objectives for the study on Domestic Violence and Abuse (DVA) within the Dublin 10 (D10) area are outlined as follows:

1. **Determine the Scope of DVA in D10 Area:** This objective is focused on understanding the dynamics and manifestations of DVA within the D10 community. It involves collecting qualitative data to comprehend the nature, types, and impacts of violence faced by individuals, without specifically quantifying prevalence rates.
2. **Examine the Reasons for Pronounced DVA Presentation and Complicating Factors in D10:** This objective seeks to explore underlying causes and contextual factors that contribute to the visibility and experiences of DVA in the D10 area. Factors such as socio-economic conditions, cultural norms, and community structures will be analysed to understand their influence on DVA occurrences.
3. **Analyse the Gap Between Service Needs/Demand and Service Delivery:** This objective aims to assess the current landscape of support services for DVA victim/survivors in the D10 area, identifying mismatches between the community's needs and the services provided. It will explore both the adequacy of existing services and potential areas for enhancement or development of new services.
4. **Identify Recommendations for Best Practice Models/Approaches to Address Service Provision Gap:** Based on the analysis of service provision gaps, this objective will propose evidence-based recommendations and strategies for improving support mechanisms for DVA victim/survivors in D10. It will suggest innovative models and practices that could be implemented to better meet the needs of the community.
5. **Identify Challenges and Complicating Factors in Recovery for Victims of DVA:** Understanding the recovery journey for DVA victim/survivors, this objective focuses on the barriers and challenges faced by individuals, particularly women and children, as they navigate their path to healing. It aims to shed light on the complex, multi-dimensional recovery process and identify support measures that can facilitate a more effective healing journey.

By addressing these objectives, the research aims to offer a comprehensive insight into the DVA issues within the Dublin 10 area, facilitating a foundation for informed action and policy development to support victim/survivors and prevent future violence.

## Scope of the Study

This study is a comprehensive research project designed to deepen our understanding of domestic, sexual, and gender-based violence (DVA) within the Dublin 10 (D10) area. This section outlines the geographical, temporal, and thematic scope of the research to provide clarity on the boundaries and focus of the study.



### **Geographical Scope:**

The research is geographically confined to the Dublin 10 area (Dublin 10 includes Ballyfermot, Sarsfield Road, and Cherry Orchard), a region with its own unique socio-economic and cultural characteristics. This area has been selected due to indications of pronounced occurrences of DVA, making it a critical location for in-depth investigation. By focusing on Dublin 10, the study aims to uncover specific local factors that may influence the prevalence and nature of DVA, thereby allowing for targeted recommendations relevant to the community.

### *Temporal Scope:*

The study spans a defined period, aiming to collect and analyse data that reflects the current state of DVA within the Dublin 10 area. Although historical context may be considered to understand trends and shifts in DVA occurrences, the primary focus is on contemporary instances and experiences of violence. This temporal limitation ensures that the findings and recommendations are relevant and responsive to the current needs and challenges faced by the community.

### *Thematic Scope:*

The thematic scope of this research encompasses a broad spectrum of issues related to domestic, sexual, and gender-based violence. It includes but is not limited to:

- The nature and types of DVA encountered in the D10 area.
- The impact of DVA on individuals and the community, including psychological, physical, social, and economic effects.
- Factors contributing to the occurrence and visibility of DVA in the D10 area, including socio-economic conditions, cultural norms, and systemic barriers.
- The availability and effectiveness of support services for DVA victim/survivors, including gaps in service provision and barriers to accessing support.
- Recovery challenges and needs of DVA victim/survivors, with a focus on identifying supportive measures that can facilitate healing and resilience.

By delineating the geographical, temporal, and thematic boundaries of the study, this scope aims to provide a clear framework for the research. The findings will contribute to a nuanced understanding of DVA in Dublin 10, informing the development of targeted interventions and support systems to address and mitigate the effects of violence within the community.

### Area Profile

The Ballyfermot and Cherry Orchard area, encompassing seven Electoral Divisions, is marked by challenges that significantly impact the quality of life and opportunities available to its residents. The combined population of 22,725, when examined against a set of socio-economic indicators, presents an urgent need for interventions tailored to alleviate deprivation and improve living conditions. Cherry Orchard A exhibits an exceptionally young demographic, with an average age of 22.97 years and a dependency rate of 50%, indicating that half the population relies on that working cohort for support. This is complicated by high rate of lone parents, standing at 17.51%, which often correlates with elevated levels of financial and social stress. The unemployment rates underscore the economic challenges faced by residents. Cherry Orchard B (Carna) has a staggering female unemployment rate of 30.45%, which is substantially higher than the national average of 8.15%. This suggests a gendered disparity in employment opportunities and potential barriers to workforce entry for women in the area.

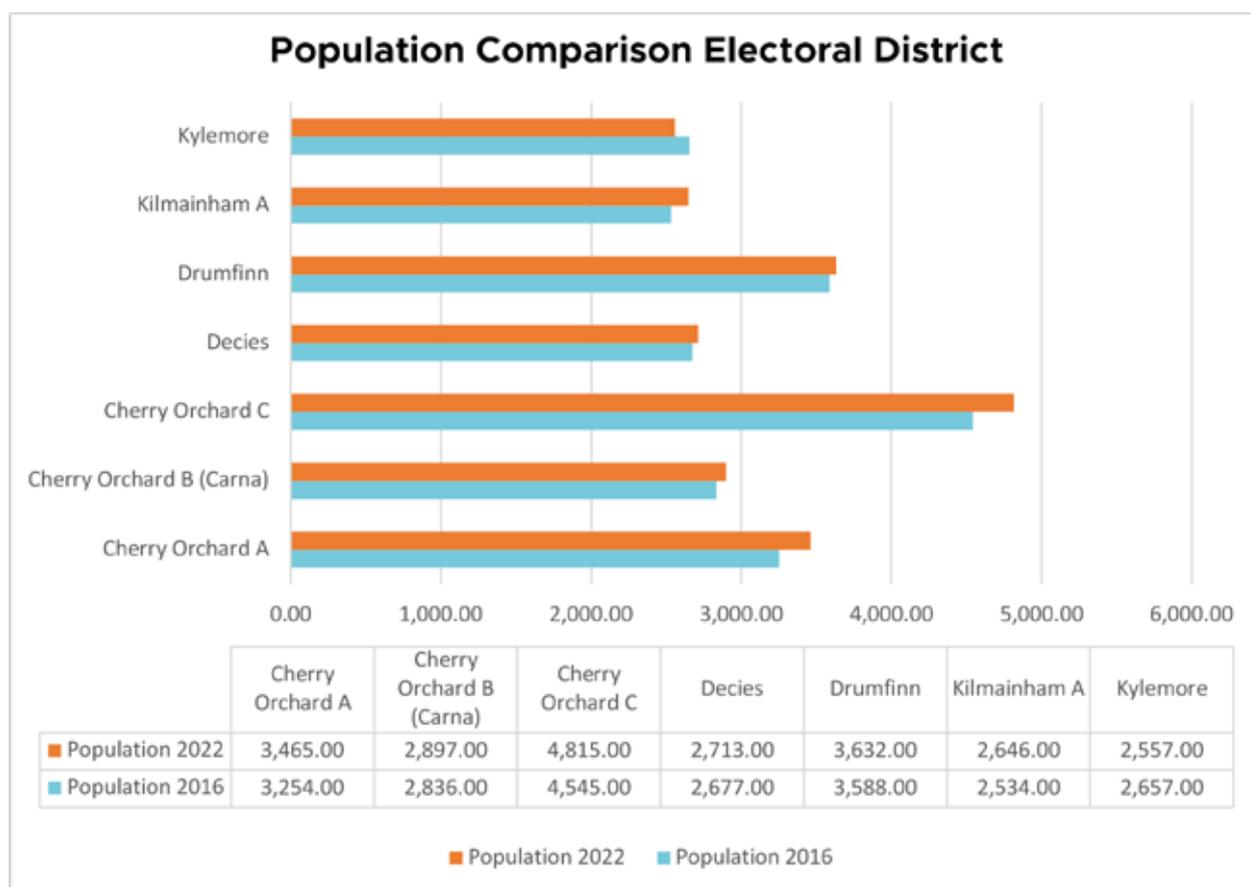


Figure 1. The changes in population between 2016 and 2022 from Census Data for Electoral District

Educational attainment is another challenge for the area. For example, Cherry Orchard C shows that only 20.81% have reached third-level education, considerably lower than the national average of 41.85%. This indicates a potential lack of access to higher education, which can limit job opportunities and perpetuate cycles of poverty. The Pobal Deprivation Index, with a negatively skewed average of -14.65 for the area against the backdrop of national statistics, confirms the severity of the situation. This metric, which measures various forms of social and material deprivation, suggests that these districts are significantly lacking in critical resources that are considered basic necessities by societal standards. Thus, while the data underscores the resilience and potential within these communities, it also highlights a critical need for focused policy intervention to break cycles of disadvantage and create pathways to sustainable prosperity.



Figure 2. Comparative Socioeconomic Indicators: National Average vs. Seven Electoral Divisions in Ballyfermot/Cherry Orchard

The demographic composition of Ballyfermot and Cherry Orchard not only underscores the youthfulness and dependency but also highlights the cultural and social richness of these communities. The diversity within this population brings a variety of traditions, values, and experiences that enrich the community fabric. However, this diversity also necessitates culturally sensitive approaches to addressing DVA, as individuals from different backgrounds may face unique barriers to accessing support services. Understanding these nuances is critical for developing effective prevention and intervention strategies that are inclusive and responsive to the needs of all community members.



# Chapter 2: Methodology

## **Research Design**

The study employed a mixed-methods research design to comprehensively understand the dynamics of domestic violence (DV) in the Dublin 10 area. This design facilitated a multifaceted exploration of DV, combining the depth of qualitative insights with the breadth of quantitative analysis. The quantitative component aimed to establish the prevalence and patterns of DV through statistical analysis of danger assessment scores and comparison with other jurisdictions. Concurrently, the qualitative approach, through interviews and focus groups, delved into personal experiences, systemic responses, and cultural factors influencing DV. This dual approach enabled a nuanced understanding of both the macro-level trends and micro-level experiences related to DV, ensuring a robust analysis of the problem from multiple perspectives.

## **Data Collection**

Data collection methods were tailored to gather diverse and rich data corresponding to the study's mixed-methods design.

Census Data and Deprivation Index Analysis: Integral to framing the DV study within the specific socio-economic context of Dublin 10, this research component utilised data from the most recent national census alongside the Deprivation Index to map out demographic characteristics, economic conditions, and social challenges prevalent in the area. This analysis provided crucial background information, enabling a more nuanced understanding of the environmental factors that may influence DV rates and the efficacy of support services. By correlating DV findings with socio-economic indicators, this approach offered insights into how

broader community conditions might exacerbate or mitigate the impact of DV, thereby informing more targeted and effective intervention strategies.

- **Census Data Incorporation:** Census data was meticulously analysed to understand the demographic layout, household compositions, age distributions, and other relevant socio-economic factors of the Dublin 10 area. This data helped in identifying population segments at higher risk of DV and assessing the community's overall vulnerability.
- **Deprivation Index Utilisation:** The Deprivation Index, a comprehensive measure of social and material deprivation, was employed to gauge the overall socio-economic status of the Dublin 10 area compared to national averages. This included examining aspects such as employment rates, income levels, education attainment, and living conditions. Insights from the Deprivation Index were pivotal in understanding the systemic pressures that may contribute to DV dynamics within the community.
- **Semi-Structured Interviews:** Conducted with a diverse group of stakeholders, these interviews were designed as open-ended conversations to elicit rich, detailed accounts of experiences, perceptions, and recommendations regarding DV, thereby deepening the study's qualitative insights.

**Focus Groups:** Engagements with groups such as local Gardaí, women's groups, and service providers allowed for dynamic discussions on community views of DV, identification of systemic challenges, and brainstorming on potential enhancements to support mechanisms, fostering collective understanding and shared narratives on DV.





**Service Audit Methodology:** A comprehensive audit of DVA support services and other services that have DVA clients in D10 was integral to identifying service gaps. This multi-pronged approach combined desktop research, service provider surveys, and in-depth interviews to assess the state of DVA support services comprehensively.

**Desktop Research:** Initiated the service audit by cataloguing available DVA support services through an examination of public records, organisational reports, and policy documents, establishing a baseline inventory of resources.

**Service Provider Surveys:** Distributed to all identified DVA service entities in D10, these surveys collected data on service offerings, demographic targets, accessibility options, and perceived service ecosystem gaps, quantifying the scope and capacity of available resources.

**In-Depth Interviews with Service Providers:** These discussions offered critical insights into operational challenges, inter-service coordination efforts, and the lived complexities of meeting diverse victim/survivor needs, enriching the audit with nuanced perspectives.

**Community Feedback Sessions:** Direct dialogues with DVA victim/survivors and community members provided invaluable insights into the effectiveness and accessibility of support services from the user's standpoint, grounding the audit in real-world experiences.

**Danger Assessment Scores Analysis:** The quantitative aspect included an in-depth examination of danger assessment scores from 122 DV service clients, providing empirical data on the risk and prevalence of DV within D10, enriching the study with direct indicators of DV severity and risk profiles in the area.

**Semi-Structured Interviews:** Conducted with key stakeholders, including service providers, victim/survivors of DV, and local officials. These interviews were designed to allow participants to share their experiences, insights, and suggestions for addressing DV, providing depth to the study's qualitative data.

## **Data Analysis**

The study's analytical framework was designed to process and interpret the rich dataset comprehensively.

**Statistical Methods for Quantitative Data:**

Incorporating census data and the Deprivation Index into the study's analytical framework allowed for a multidimensional analysis of DV, considering not just the interpersonal and systemic factors but also the



socio-economic conditions that underpin the community's overall well-being. This integration ensured that the study's findings and recommendations were grounded in the real-world context of Dublin 10, enhancing the relevance and applicability of the research outcomes.

The danger assessment scores, alongside service audit results, underwent statistical analysis. This analysis employed both descriptive and inferential statistics to chart the prevalence, patterns, and severity of DV cases in Dublin 10, juxtaposed with data from other jurisdictions for comparative insights.

**Thematic Analysis for Qualitative Data:** The qualitative data from interviews and focus groups were meticulously coded and thematically analysed. This process identified key themes related to the systemic, cultural, and personal dimensions of DV, offering a narrative understanding of the issue within the community context.

### **Ethical Considerations**

In this study, the ethical considerations were carefully structured to ensure the utmost respect for the privacy and safety of individuals involved, particularly concerning the use of danger assessment scores. The primary focus was on maintaining the confidentiality of the data while still deriving valuable insights into domestic violence trends within the Dublin 10 area. The following measures were implemented:

- **Anonymisation of Danger Assessment Scores:** The danger assessment scores used in the analysis were completely devoid of any personal information, making them unidentifiable. This approach was fundamental to protecting the identities of the individuals involved and ensuring that their experiences contributed to the research without compromising their privacy.
- **Informed Consent:** Participants were made aware of how their data, would be utilised in the research. The consent process emphasised the anonymity and confidentiality of their information to ensure informed participation.
- **Provision of Support Services:** Recognising the sensitive nature of the subject matter, the research team ensured that all participants had access to emotional and psychological support. This was crucial for participants potentially affected by the discussions or findings of the study, providing a safety net for those in need.
- **Secure Data Handling:** All data, especially the anonymised danger assessment scores, were handled with strict confidentiality. Data storage and access were securely managed to prevent any unauthorised access, ensuring that the anonymity and privacy of the data remained intact throughout the research process.



# Chapter 3: Findings and Analysis

## **Quantitative Findings**

### *Danger Assessment*

The Danger Assessment, formulated by Jacquelyn Campbell in 1986, is a pivotal tool designed to gauge the threat level faced by women subjected to abuse from their intimate partners. Developed with inputs from victim/survivors of domestic violence, personnel from shelters, law enforcement officers, and experts in the field of domestic violence and abuse, it comprises two main components: a calendar and a 20-item scoring mechanism.

The calendar component is instrumental in evaluating the intensity and frequency of domestic violence over the preceding year. It prompts the individual to document the dates of physical abuse incidents, alongside rating their severity on a scale from 1 (minor, such as slapping or pushing, without injuries or lasting pain) to 5 (severe, involving the use of weapons or resulting in injuries from such weapons). This approach not only aids in enhancing the woman's awareness of the situation but also tackles the tendency to underplay the gravity of the abuse. The usage of the calendar has been identified to improve the accuracy of recollections in various contexts (Campbell, 1995; Ferraro et al., 1983).

The 20-item scoring instrument evaluates yes/no answers to a set of factors known to be associated with the risk of homicide by an intimate partner. These factors encompass previous threats to life, the employment status of the partner, and the partner's access to firearms, among others, employing a weighted scoring system to determine the level of danger. The level of danger is classified as follows: (a) variable danger, with a score ranging from 0 to 7, indicating fluctuating levels of risk; (b) increased danger, for scores between

9 and 13, suggesting a heightened level of threat; (c) severe danger, with scores from 14 to 17, indicating a significantly high risk; and (d) extreme danger, for scores of 18 and above, pointing to the utmost level of danger. This structured approach enables a systematic assessment of the potential risk of harm an abused woman may face from her intimate partner.

The Danger Assessment (DA) analysis, as applied to 122 clients of Saoirse’s Domestic Violence Support Services, revealed critical insights into the levels of danger these individuals face due to intimate partner violence (IPV). This comprehensive analysis specifically looked at clients in the Dublin 10, Dublin 12, Midwest, Tallaght South-West, and Tallaght Central, to discern any spatial variations in the severity of IPV experienced by clients.

It should be noted that while the Danger Assessment tool provides critical insights into the risk of homicide in intimate partner relationships, it does have its limitations. Specifically, it is not designed to measure the risk of abuse emanating from other family dynamics such as siblings, parents, or child-on-parent abuse. This limitation underscores the need for a broader array of assessment tools that can cater to the diverse forms of domestic violence encountered in family settings, ensuring that all potential victim/survivors receive the attention and protection they need.

Area	Dublin 10	Dublin 12	Midwest	Tallaght SW	Tallaght Central
Number of Clients	17	38	25	33	9

Table 1. Client Distribution by Region for Saoirse Domestic Violence Services

Table 1. details a snapshot of the number of domestic violence cases handled by Saoirse Domestic Violence Services across various regions.

### Danger Assessment (All Clients)

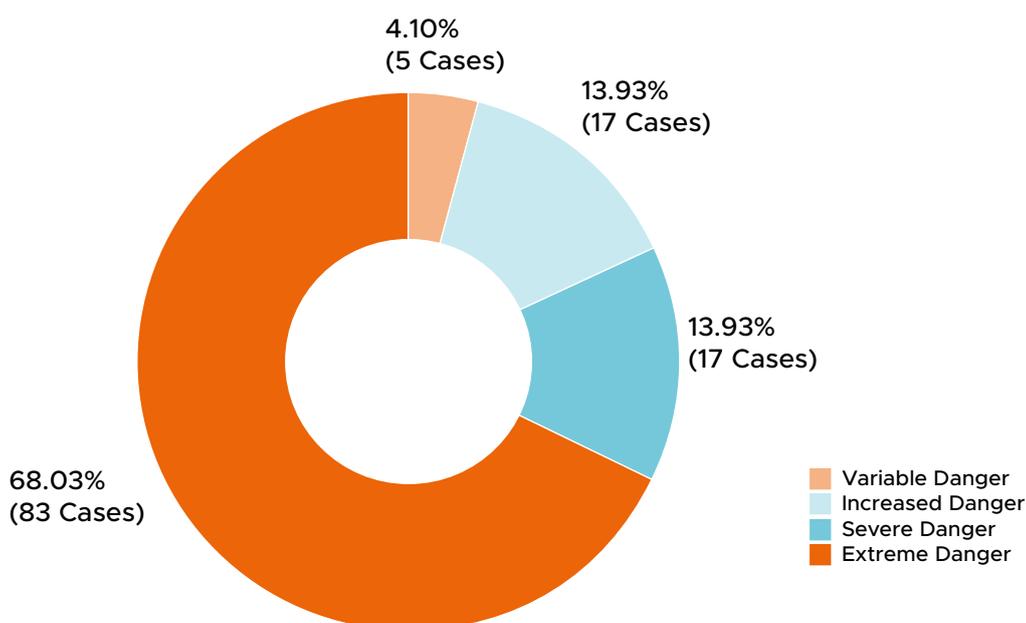


Figure 3. Danger Assessment scores of current clients who engage with Saoirse Domestic Violence Support Service across all locations



The aggregated data from Saoirse’s Domestic Violence Support Services paints a stark portrait of the severe risks faced by many individuals due to domestic violence (DV). The compiled danger assessment scores, which range widely but alarmingly tilt towards the higher end of the spectrum, reveal a prevalence of ‘Extreme Danger’ levels among clients. These elevated scores suggest that numerous individuals are living in situations where the risk of lethal violence is not just a possibility, but a looming threat.

This comprehensive data set highlights a pattern of pronounced DV risks in the communities served by the support services. It reflects a concerning number of cases where individuals face not just one-off instances of violence but are entrenched in environments of sustained and escalating aggression. The presence of many clients with scores well into the ‘Extreme Danger’ category underscores the potential for DV incidents to result in critical harm or fatality.

#### Frequency and Intensity of Abuse

The calendar component of the DA provided invaluable data on the frequency and intensity of abuse incidents over the past year. According to support staff clients from Dublin 10 reported a higher frequency of severe incidents (rated 4 and 5 on the severity scale) compared to their counterparts in other locations. This pattern underscores the urgent necessity for enhanced support and protection services in Dublin 10, tailored to address the acute severity of IPV scenarios encountered.

#### Correlation with Homicide Risk Factors

Analysis of the 20-item scoring instrument shed light on specific risk factors prevalent among the participants. A concerning number of clients reported experiencing previous threats to their lives, unemployment of the

**“ The aggregated data from Saoirse’s Domestic Violence Support Services paints a stark portrait of the severe risks faced by many individuals due to domestic violence (DV).”**

partner, and the partner’s access to firearms—factors strongly correlated with an elevated risk of homicide. The aggregation of these risk factors presents a compelling case for the integration of targeted risk management strategies within DV support services.

## Qualitative Analysis

### Interviews and Focus Groups

In the analysis of interviews and focus groups conducted throughout this study, several salient themes have emerged that articulate the complexities and challenges inherent in addressing domestic violence and abuse (DVA).

### Thematic Analysis

This thematic analysis delves into the multifaceted dimensions of domestic violence and abuse (DVA), unearthing the deep-seated issues that sustain its presence in society. Through examining intergenerational trauma, the complexity of women’s experiences, societal norms and cultural attitudes, legal and judicial inefficiencies, insufficient support services, the gap in data and research, and the overarching need for comprehensive training, we aim to provide a holistic understanding of DVA.

#### *Intergenerational Trauma and the Impact on Children*

The discussions unveiled the generational trauma of gender-based violence, uncovering a deeply ingrained cycle where the impact of abuse not only affects the direct victim/survivors but also reverberates through subsequent generations. Women from the local community described this phenomenon as an endless loop of “monkey see, monkey do”, noting that the pattern of violence persists into the third generation, with many still repeating the same behaviours. One woman recounted her own experiences of gender-based violence within her marriage and observed its prevalence among her neighbours, mentioning how they supported each other informally, sharing advice and experiences without formal intervention, “I would have been abused in my own marriage. A few girls on the road, maybe, you know, and we try and help one another like in ways you know, or we’d meet up somewhere. We never went to sessions or anything like that, but we’d meet up somewhere trying to talk about it like you know. What was the best thing to try and do?” Others echoed the sentiment that violence begets violence, lamenting the rise of yet another generation accustomed to such behaviour “They don’t see any different... another generation coming up. And it’s so sad to watch.”. One professional reflected on this issue, highlighting a learned understanding of acceptable behaviour that, unfortunately, includes gender-based violence, particularly among women and girls who grow up witnessing such acts and come to accept them as normal. “It’s sort of an understanding of what is okay and what isn’t okay, you know, even like women more or girls, because they

**“A concerning number of clients reported experiencing previous threats to their lives”**

have seen it growing up just to accept it as an okay behaviour,” she observed. A community development worker discussed the specific situation of young mothers in the area, raised against a backdrop of normalised violence, leading to a cycle of generational abuse. He pointed out that many young women, accustomed to domestic violence from a young age, “have grown up not realising their value,” shedding light on the intergenerational transmission of trauma and abuse. A local councillor also addressed the generational nature of abuse, noting the gradual normalisation of violent behaviour over time. One support worker and resident of the Dublin 10 area states “I can see things getting worse if I’m honest just growing up and living here, because I think it’s nearly generational abuse now. And the kids now a lot of them have grown up with parents that are in active addiction, and they’ve grown up with trauma and they don’t, they don’t have the capacity to understand that it is trauma, and it is abuse”

When discussing her abuser, one victim/survivor highlighted his own family history with abuse, stating, “that’s the life he was brought up with. He seen his own mother being kicked around by his own father.” This cycle of witnessed violence perpetuates the normalisation and acceptance of gender-based violence across generations, which may sometimes lead to the abusers extending their harmful behaviour towards their own mothers reveals a disturbing facet of domestic violence, highlighting the complex interplay of familial relationships and abuse. Another victim/survivor’s account sheds light on this phenomenon: “his ma was pushing him, it was like, it was like she was pushing her problem onto me - bring him over to yours he’s not allowed in my house.” This statement reflects a situation where the mother of the abuser, recognising the destructive nature of her son’s behaviour, seeks to distance herself from the consequences of his actions, inadvertently redirecting the abuse towards another. This scenario underscores the pervasive impact of abusive behaviour, which, rooted in power and control, often transcends romantic relationships to affect familial bonds. Indeed, in focus groups, this child on parent violence was mentioned by both older and younger women and was present in the communication narrative of the Gardaí interviewed.

In all the conversations, the detrimental effects of gender-based violence on children were consistently emphasised by every participant. “And this I think is one of our biggest concerns is like what are the children growing up with and what do we see kind of happening played out in the playgrounds” (TUSLA representative). Throughout our interviews, the devastating impact of domestic violence and abuse on children was profoundly highlighted, interweaving harrowing accounts from victim/survivors that shed light on the generational trauma inflicted. One local woman recalls a mother she had been working with describing how she had used her baby “as a shield” to protect herself “she literally had to hold the child in her arms to protect herself because he wouldn’t to do whatever he was going to do with the baby in her arms and that was the only way she could stop him doing whatever”. One victim/survivor recounted the terrifying experience,

**“.. the kids now a lot of them have grown up with parents that are in active addiction, and they’ve grown up with trauma and they don’t, have the capacity to understand that it is trauma, and it is abuse”**

“Yeah, he kidnapped me kids .... from McDonald’s,” another recalled “I always remember him lifting the bike up, one of the kids’ bike in all, gave me little young one a bang of the bike” illustrating the direct harm and fear such actions instil in children. Another added, “I lost everything over him like. Me two kids are after going through the mill in all over him, where like he was battering the kids in everything in the house,” revealing the physical and emotional toll this violence has on the youngest victim/survivors. The lingering effects of these experiences are deep and enduring, as one mother reflected on her children’s ongoing trauma, “still traumatised today over like everything that they see, everything they went through, they even do all that play therapy and things like everything they’ve been through, they’ve seen an awful lot.” The impact extends into social relationships and perceptions, with one child’s aversion to forming connections, “because now over the impact of the things she (her daughter) seen in all she doesn’t like boys. She’s real like that she doesn’t have time for boys or anything.” Another poignant reflection came from a mother, whose 14-year-old daughter “sleeps with worry dolls under her pillow, do you know what I mean, and it breaks my heart,” highlighting the anxiety and fear that linger long after the violence has ceased. In the face of such testimonies, support workers emphasise the importance of considering the child’s perspective, underlining the role of awareness and responsibility among perpetrators. One support worker shared their approach, “we always bring it back from the child’s perspective in my role, especially in the room, has the child witnessed? you know, if you kind of have those conversations with, with the perpetrators saying, you know, what would your child have seen and like how you spoken and stuff?” This approach not only addresses the immediate safety and well-being of the children but also aims to break the cycle of violence by making perpetrators confront the full extent of their actions’ impact on their own children.

**“he kidnapped me kids .... from McDonald’s,”**

### *Complexities of Women’s Experiences*

Women’s experiences within abusive relationships are marred by complexity, a juxtaposition of moments not always marked by violence, and periods where the semblance of normalcy paints a misleading picture of domestic harmony. One victim/survivor recalls “It wasn’t bad at all, only at the end it got bad, at the very end it got bad”. These relationships are often entangled with the influence of drugs and alcohol, factors that exacerbate the volatility and unpredictability of the abuser’s behaviour. Physical abuse manifests in brutal, sometimes life-threatening forms, with victim/survivors recounting being “dragged down” suffering “brain injuries,” and enduring attacks so severe they led to epilepsy. The scars, both physical and emotional, are lasting, eroding the victim/survivors’ sense of self and safety. Emotional abuse weaves a fabric of manipulation and control, where promises of change are repeatedly broken, and the abuser’s “niceness” during periods of sobriety becomes a cruel harbinger of violence to come. The terror instilled by threats—explicit warnings that the abuser will wait years to exact revenge, or the symbolic menace of a



bullet promised to one victim/survivor—leaves deep psychological scars. The abuser’s periodic expressions of love or regret, however manipulative, create a glimmer of hope for change, fostering a bond that makes it exceedingly difficult for victim/survivors to leave. This emotional dependency is further reinforced by the abuser’s systematic efforts to isolate the victim/survivor from their support network, making the abuser the central, and often sole, figure in their emotional world. The pervasive threat of violence, whether through explicit warnings or symbolic gestures, also casts a long shadow over the lives of victim/survivors. The chilling account of one woman feeling compelled to seek permission from her abuser’s associates to leave, under threat of dire consequences, underscores the pervasive fear and coercion experienced by many. This insidious blend of fear and emotional dependency makes breaking free from the cycle of abuse an immensely daunting task.

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The aftermath of abuse extends beyond the physical and emotional scars; it encroaches upon the very essence of the victim/survivors’ lives. Homes are lost, children are traumatised, and the semblance of normalcy is a distant memory. “I’ll never move on with my life... I’d say 8 years probably now all together [out of the relationship] but the traumas still there. I get on buses and like this is like when, this is what’s happening when I’m out now and he sees me it’s a problem ..... I still feel like he’s still controlling me, like the control is still there even though I’m not even seeing him and the anger and the temper, like I do feel like if I was, if he was come at me again, I’d be afraid, he’d kill me” reports one victim/survivor. This highlights that the pervasive control and terror do not end with the abuser’s departure. Victims recount chilling encounters, the constant threat of violence looming large over their daily lives, restricting their movements and leaving them prisoners of fear within their communities. “I can’t go out on the Ballyfermot Road from 2 o’clock to 4 o’clock because the police advised me to stay off it. I can’t live a life like that,” one victim/survivor explains, her freedom curtailed by the omnipresent shadow of her abuser. Children, too, bear the brunt of this

terror, their young lives marked by fear, as one child's experience of being chased by her father, the abuser, underscores the inescapable nature of the threat.

Complicating the struggle for escape is the abuser's strategic manipulation of state services, particularly the Gardaí, to exert control and inflict further trauma. This cynical exploitation of welfare checks, ostensibly conducted to ensure the well-being of children, becomes a tool of oppression, embedding fear deeper into the victim/survivors' psyches. The police, aware of their unintended role in this cycle of abuse, express frustration at being used to retraumatise victim/survivors, highlighting a critical intersection where the mechanisms designed to protect instead become instruments of control. Legal recourse and police intervention offer little solace. The narratives of charges not leading to convictions, of police responses that fail to protect, echo through the testimonies, underscoring a justice system that falls short of providing safety or accountability. "Sure, he was never charged with them and that's what I, that's what gets me but it kind of upsets me more so that I had to live a life like that, and I wasn't believed," one woman laments. One woman recounted her harrowing experience with TUSLA, The Child and Family Agency, after her abuser falsely accused her of child abuse, stating, "told TUSLA that I was abusing kids, knocking at me door just randomly... can I come in have a look." This unsolicited scrutiny and intervention by child services, based on false allegations, deeply traumatised her and her family. Another woman described the distressing moment when her children were abruptly removed from her care: "the two kids were just whipped out of me, I hadn't a clue what's going on just took them straight off me and I was like, well me kids were like crying I was crying."

Within the distressing accounts of domestic violence and abuse, victim/survivors often exhibit signs of what is commonly referred to as Battered Woman Syndrome (BWS), a subcategory of Post Traumatic Stress Disorder. This a psychological condition that can arise from sustained intimate partner violence. This condition can create a perplexing and distressing psychological response, adding layers of complexity to the challenges already faced by those in abusive relationships. BWS often manifests as a coping mechanism, developing within the volatile and coercive dynamic orchestrated by the abuser. Victims may find themselves trapped in a relentless cycle of violence, with sporadic interludes of kindness or contrition from the abuser, which leads to an ambivalent emotional state. These intermittent displays of affection or remorse, however manipulative, provide a flicker of hope for transformation, nurturing a bond that significantly hampers the victim/survivor's ability to sever ties. The emotional reliance engendered by such bonds is deepened by the abuser's deliberate actions to isolate the victim/survivor, making themselves the focal point in the victim/survivor's life. "He's not bad, he's not actually a bad, bad person," one victim/survivor reflects, evidencing the complex emotions that entangle them further. The contradiction of feeling affection for someone who inflicts pain is starkly illuminated when a victim/survivor,

**“if he was come at me again, I'd be afraid, he'd kill me.”**

despite recounting severe violence inflicted upon her, contemplates whether to give her abuser a Christmas gift. This juxtaposition highlights the profound entanglement of the emotional connections that form in such distressing circumstances. “My sister said: why do you keep going back like it’s like you want to be dead,” this exclamation resonates with the bewilderment and concern of onlookers who find it difficult to comprehend the grasp of BWS. Nevertheless, the enduring concern a victim/survivor holds for their abuser’s well-being, “see when it’s lashing out [raining] in all I’m like ah, I hope he’s living somewhere,” attests to the deep-seated nature of these psychological bonds.

### *The Influence of Substance Misuse*

Domestic Violence and Abuse (DVA) substance misuse are deeply intertwined issues within certain communities, presenting complex challenges that extend far beyond individual circumstances. The Blue Door support workers shed light on the pervasive influence of a high drug network deeply enmeshed in the community fabric, contributing significantly to the prevalence and complexity of DV cases encountered. The grooming of young women and the exploitation tied to drug addiction highlight the grim realities faced by victim/survivors: “There’s quite a lot of grooming,” and “the addiction industry is different, we do definitely have a lot of young girls who are doing sexual favours for Coke or for whatever reasons you know and have been kind of sucked into the whole system that way. That’s definitely something that happens in this area”.

This exploitation is further evidenced by the varied profiles of those experiencing DV, from young mothers with early pregnancies and no support systems to those entrapped in cycles of substance abuse and coercion. A manager, working at the intersection of community drug services and DV, underscores the generational and familial impact, emphasising the simultaneous occurrence of substance misuse and domestic violence and abuse among the women served: “We also have women who are experiencing domestic violence at that same time.”

Survivors themselves articulate the catalytic role of substance misuse in the escalation of domestic violence, pointing to a stark transformation in their relationships and the behaviour of their partners with the intrusion of drugs: “when drugs were an issue then that’s when like the domestic violence started.” This sentiment is echoed in reflections on the relationship dynamics prior to the involvement of drugs, where one victim/survivor reminisced, “before drugs ever came into anything he’d literally give me everything, do you know what I mean like he be very good to me,” highlighting the drastic shift brought on by substance misuse.

The narratives from both support workers and victim/survivors paint a vivid picture of how substance misuse acts not only as a catalyst for domestic violence

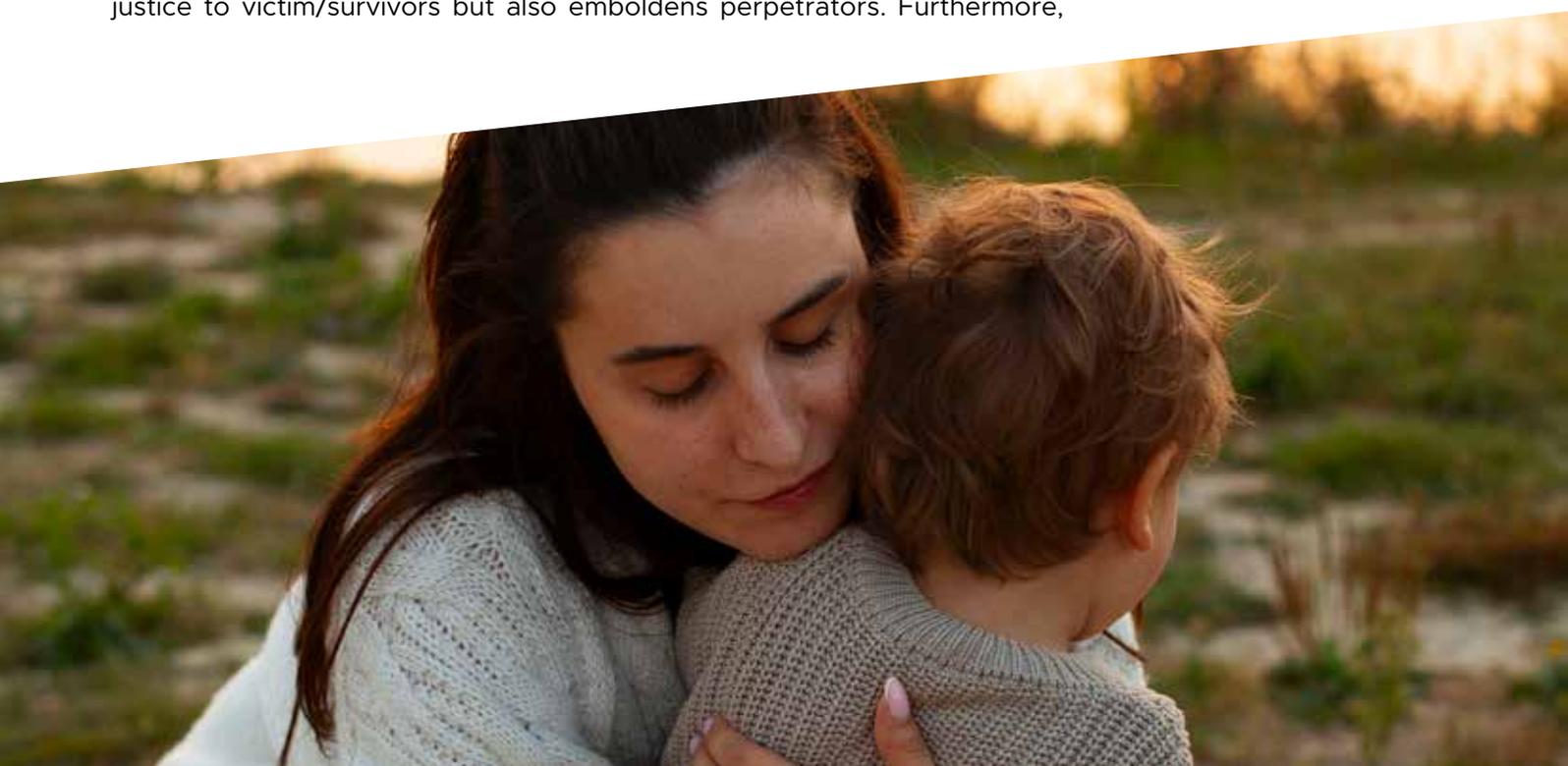
**“ ... intermittent displays of affection or remorse, provide a flicker of hope for transformation, nurturing a bond that significantly hampers the victim/survivor’s ability to sever ties.”**

but also as a mechanism for control and exploitation within relationships. These insights call for a nuanced understanding of DV that considers the multifaceted role of drug abuse, demanding targeted interventions that address both the substance misuse and the ensuing violence to effectively support victim/survivors and break the cycle of abuse.

### *Societal Norms and Cultural Attitudes*

Societal norms and cultural attitudes play a critical role in shaping the landscape of domestic violence (DV). In many societies, entrenched gender roles and expectations create an environment where DV can flourish unchallenged. Cultural norms that prioritise family privacy and discourage airing 'dirty laundry' in public can create a veil of silence around DV, leaving victim/survivors isolated and without support. Traditional gender roles often dictate that men should be dominant and women subservient, which can normalise and legitimise control and violence as forms of masculine expression. In such settings, DV is frequently perceived not as a criminal act, but as a private matter—a dispute to be resolved within the confines of the home. This minimisation of violence undermines the severity of the issue and leaves victim/survivors without recourse to justice or protection. Moreover, the stigma attached to DV can be so potent that victim/survivors may fear societal judgment more than the abuse itself. They might endure violence rather than risk being ostracised or blamed for their family's disruption. Community pressure to maintain the facade of a stable household can be immense, compelling victim/survivors to stay silent and stay put. Cultural attitudes that dismiss or trivialise DV also impact the support systems meant to protect and assist victim/survivors. Law enforcement and social services may be influenced by the same societal biases that view DV as a lesser crime. When such institutions fail to take DV seriously, it not only denies justice to victim/survivors but also emboldens perpetrators. Furthermore,

**“..from young mothers with early pregnancies and no support systems to those entrapped in cycles of substance abuse and coercion.”**





the interplay between cultural attitudes and systemic responses to DV can create barriers to change. For instance, when legal systems are rooted in patriarchal values, they may be less likely to enforce laws against DV, or they might lack legislation altogether. The same cultural forces that marginalise victim/survivors can also seep into policymaking, education, and healthcare, affecting every avenue that could otherwise offer a pathway out of abuse.

It was clear from interviews that the occurrence of DV in the area was known. Those interviewed, without exception, could name an individual who had survived DV, as well as someone within the community who routinely engaged in the practice. This knowledge extended beyond professionals, who might be expected to acquire such information over the course of their professional engagements, to women within the community itself. This suggests that DV has become normalised and commonplace. Indeed, it could account for why victim/survivors left abusive relationships but seemed to return several times. Amongst the women interviewed, this cyclical pattern of behaviour was recognised and viewed as commonplace. While there is research (Okun, 1986) to support a pattern of leaving and returning, often multiple times in abusive relationships, the views expressed by women from the community spoke of lessons not learned and opportunities missed. “If he did it once, he will do it again,” and “There was a fucking reason she left; she still moved in with him.” Another woman referred to a situation where a family knowingly passed a violent son onto his new partner: “They moved the trouble along, and everyone in the house knew it—his mother, his sisters.” These responses suggested that DV was not simply known within the community, but that, at least among some cohorts of women, it was a behaviour to be actively watched for, continuously monitored, and actively managed.

### *Legal and Judicial Inefficacies*

The legal and judicial inefficiencies in addressing domestic violence represent a significant obstacle for victim/survivors seeking justice and protection. In the Dublin 10 area, systemic issues in communication between the courts and Gardaí have been identified, highlighting gaps that not only hinder the enforcement of protective orders but also inadvertently contribute to further victimisation. Victims are often required to physically present orders at Garda stations for them to be served, a process which support workers

criticise as “revictimizing the victim,” questioning why such a burden of responsibility falls on those already traumatised. Compounding the problem, there have been alarming reports of court documents inadvertently revealing the addresses of refuges to offenders, thereby compromising the safety of victim/survivors and support workers. This breach of confidentiality is not only a grave error but reflects a deeper lack of awareness and coordination within the judicial system. The perceived lack of motivation by Gardaí to serve orders further disenfranchises victim/survivors. While the Gardaí articulate the difficulty in locating offenders who actively avoid detection, the resulting inaction leaves victim/survivors in limbo. Moreover, the disillusionment felt by Gardaí is palpable when significant efforts to bring offenders to court and compile evidence, particularly in cases of coercive control, are nullified by the withdrawal of victim/survivor statements—reported to occur in an estimated 70-80% of cases. Gardaí express a desire for mechanisms that would allow them to pursue reports despite victim/survivor withdrawals.

Both Gardaí and victim/survivor support services have advocated for the establishment of a dedicated domestic violence and abuse court, recognising the specialised nature of these cases and the need for a focused and informed judicial response. Such a court could offer a more integrated and sensitive approach, potentially reducing the trauma experienced by victim/survivors during the legal process. It may also expedite case turnover times and reduce the barriers victim/survivors face in seeking justice. However, the effectiveness of such measures is contingent upon various factors, including the availability of judges and the location of court proceedings.

The manipulation of the court system by offenders, identified by victim/survivors, support services, and Gardaí alike, indicates a strategic continuation of abuse through legal means. This includes obtaining counter orders, lodging complaints against the victim/survivor, and misusing welfare checks to undermine the victim/survivor’s parenting, further entangling them in a cycle of control and victimisation. Particularly insidious is the use of children as leverage in custody disputes and interactions with child protection services, highlighting a cruel exploitation of the legal framework to exert power over the victim/survivor.

The research and focus group discussions with Gardaí in the Dublin 10 area have highlighted significant challenges in addressing domestic violence (DV) from both legal and operational perspectives. Gardaí acknowledge DV as a prevalent issue, with many officers, regardless of their years of service or areas of previous work, observing a high rate of DV-related calls. Comparatively, suburban areas like Dublin 10 experience a higher incidence of DV than city centre locales, underscoring the pervasive nature of this issue in the community.

The Gardaí’s pro-arrest policy (An Garda Síochána, 2022) is perceived as advantageous in providing temporary relief. The pro-arrest policy implemented by An Garda Síochána involves the immediate arrest of individuals when the Garda have reasonable grounds to suspect that an offence has been

**“If he did it once, he will do it again”**

committed and there exists the legal authority to make an arrest. However, support workers report that this is not the experience of their clients on the ground. They feel that Gardaí are slow to arrest when there is a breach of an order. Gardaí themselves also feel that this pro-arrest approach sometimes reinforces the community's perception that the Gardaí are solely called upon to defuse immediate crises. The increase in mother-and-son orders and reciprocal orders between partners illustrates the complexity of DV scenarios, further complicated by abusers' strategic manipulation of the system to their advantage.

### *Insufficient Support Services*

The scarcity of support services for victim/survivors of domestic violence significantly exacerbates the trauma and challenges victim/survivors face, particularly in the Dublin 10 area. A notable shortfall is the insufficiency of refuge beds, with existing facilities frequently unable to accommodate victim/survivors with older children. This dire situation often forces families into heart-wrenching decisions between seeking safety and staying together. "There's no room in the refuges...a lot of them have gone back into the home," a support worker from Blue Door states, highlighting the acute shortage of resources and safe spaces for victim/survivors. Support workers in the area are overwhelmed, managing large caseloads that encompass cases of high complexity. This situation not only poses a risk of burnout for these dedicated individuals but also compromises the level of care and attention afforded to each victim/survivor. Additionally, the lack of coordination between services leads to fragmented care pathways, leaving victim/survivors feeling neglected and bewildered on their path to recovery.

A poignant example of the systemic inflexibility towards the needs of victim/survivors was shared by the Gardaí, detailing an incident where a woman in urgent need of refuge was turned away due to her having consumed alcohol, despite assurances of her coherence and the pressing nature of her situation. Such rigid adherence to protocols over practicality and compassion underscores the critical gaps within our support system, potentially leaving those in danger without crucial support when they need it most.

Services in the area report a very positive working relationship with the Domestic Violence Support Services, noting "Saoirse have been brilliant in that, responding to us, as quick as they all was good and have been very supportive" reports a local support worker. The appointment of a Saoirse Outreach worker for the Dublin 10 area has been universally praised, although a local councillor has highlighted the need for a "standalone service" within the area. This dedicated service would ensure that individuals in abusive situations receive optimal support, encompassing information provision, service signposting, assistance in navigating the judicial system, and the promotion of training and awareness. Services agree that though counsellors and keyworkers provide essential support to victim/survivors, the necessity for professionals with specialised knowledge and skills in gender-based violence cannot be overstated.

**“..The manipulation of the court system by offenders, indicates a strategic continuation of abuse through legal means.”**



### *Inadequate Data and Research*

A key discussion point amongst services that were interviewed was the topic of research and evidence-based practice in addressing Domestic Violence and Abuse (DVA). Research not only shapes policy and legislation but also has the potential to save lives by informing more effective responses to DVA. There is a continual call from services and NGOs working with victim/survivors for increased data and information to guide interventions and support. A critical aspect of this need is the categorisation of DVA within the justice system, highlighting a significant gap in current data collection and classification methods.

During focus group discussions with Gardaí, it was revealed that an estimated 60-70% of criminal damage incidents are related to domestic violence, yet there exists no classification within the PULSE system to indicate this connection. Consequently, DVA statistics are inaccurately represented. Similar discrepancies arise with public order offences and threatening or abusive behaviour, which also frequently have a domestic element. This underreporting is particularly pronounced in areas such as Dublin 10, underscoring a systemic issue in capturing the full scope of DVA.

Adding to the complexity of underreporting is the aspect of sexual violence within domestic settings. For instance, in 2020, 81% of victim/survivors of sexual violence in Ireland were female, with the highest incidence reported among females under 18 (CSO, 2021). In Australia, about one in four women has experienced violence from an intimate partner since the age of 15, including sexual violence, with most perpetrators being a previous cohabiting partner or a boyfriend/girlfriend (Anrows, 2019). Despite these alarming statistics, interviews with DVA victim/survivors seldom disclose or comment on the sexual aspect of violence, suggesting a profound underreporting of intimate partner sexual violence. When this was discussed during the focus group with members of the Gardaí, one member felt that in her experience women in abusive relationships may perceive sexual violence as a normalised part of their relationship, feeling so devalued that they do not recognise such acts as violence. This perception highlights a dire need for research and training to address and uncover the nuances of sexual violence within domestic violence and abuse.

### *Inadequate Training*

The pressing need for comprehensive training in domestic violence and abuse across various sectors, including housing departments, local councils, law enforcement, and support services, is a growing concern that demands immediate attention. A local councillor's assertion that "we need to recognise that we are dealing with vulnerable people, especially in this area, that they are met with care rather than hostility," underscores the necessity for a more empathetic, trauma-informed approach towards individuals facing domestic violence and abuse. This requires a significant paradigm shift in how professionals across different fields engage with victim/survivors, recognising the complexity and sensitivity of their situations.

Within local services like housing departments, where issues such as rental arrears and property damage may arise, there is a critical need for staff training that goes beyond administrative responses. Training should empower staff to look beneath the surface, understanding that these issues might stem from underlying domestic violence and abuse scenarios. Such an approach would not only aid in providing more supportive and understanding service but also in identifying and addressing the root causes of the challenges faced by victim/survivors.

The call for more nuanced training extends to the Gardaí, who, despite having access to online domestic violence and abuse training, express a need for peer-led training environments. These spaces would allow for the sharing of experiences, strategies, and insights on handling domestic violence cases, focusing on the effectiveness of different approaches. The current training framework is perceived as inadequate in equipping officers to handle the complexities and subtleties of domestic violence, indicating a gap between theoretical knowledge and practical application.

Domestic Violence support workers advocate for a profound learning and un-learning process among a wide range of professionals, including social workers, doctors, Gardaí, solicitors, and judges. This encompasses not only acquiring new knowledge but also challenging and changing long-standing biases, myths, and misconceptions about domestic violence and abuse (DVA). The issue is deeply entwined with societal norms, attitudes, and social conditioning, where both implicit and explicit biases against women and victim/survivors of DVA prevail. Research indicates that mere training is insufficient to dismantle these ingrained prejudices.

### **Service Gap Analysis of Domestic violence and abuse Supports in Dublin 10**

In the comprehensive examination of domestic violence and abuse (DVA) within the Dublin 10 area, a critical component of our investigation has been the service gap analysis. This analysis is crucial to identify and understand the discrepancies between the existing support services available and the actual needs of the community affected by DVA. Through a review of qualitative testimonials, this segment aims to highlight areas where services are lacking or inadequately provided, addressing how these shortcomings impact the efficacy of interventions and the safety of victim/survivors.





The Dublin 10 area, characterised by its diverse demographic and socio-economic makeup, presents unique challenges and requirements in the realm of DVA support services. Previous sections have laid the groundwork by illustrating the prevalence of DVA and the complex interplay of factors contributing to its persistence in the community. Building on this foundation, the service gap analysis will delve into the specifics of service provision — pinpointing where gaps exist, their underlying causes, and the resultant effects on those seeking help.

The ultimate goal of this service gap analysis is not only to document existing deficiencies but also to propose actionable recommendations that can bridge these gaps. By addressing these critical needs, we aim to foster a more robust support network that empowers victim/survivors, mitigates risks, and contributes to the overall reduction of DVA in Dublin 10. This analysis is essential for policymakers, community leaders, and service organisations as they strategize interventions and allocate resources effectively to meet the urgent needs of those affected by domestic violence and abuse.

### **Comprehensive Analysis of Community-Based Services in Dublin**

The diverse array of services provided by community-based organisations in Dublin reflects a concerted effort to address specific challenges within the community. These entities focus on critical areas such as substance misuse, family support, and crisis intervention, tailoring their services to meet the unique needs of different demographic groups. This section presents a detailed analysis of each service’s objectives and offerings, highlighting how they contribute to the broader goal of fostering community resilience and addressing gaps in service provision.

#### **Low Threshold Harm Reduction Service**

This service is designed for adults over 18 years old who seek support with substance use. It provides holistic support through one-to-one key working, case management, and practical amenities like food, laundry, and showers. The inclusion of both daytime and evening outreach, along with a needle exchange program, underscores a comprehensive approach to harm reduction that is both accessible and responsive to the community’s needs.

#### **FamiliBase**

As a multifunctional hub, FamiliBase offers a broad spectrum of services targeted at children, young people, and families. These services include early years and afterschool programs, youth work, arts, community programs, family support, parenting programs, and resilience-building initiatives. Additionally, key working and counselling for substance issues and trauma recovery are available, emphasising the organisation’s adaptive response to local and evolving community needs.

#### Family Resource Centre in Cherry Orchard

The Family Resource Centre serves as a pivotal community resource, focusing on training, cultural, and educational needs. It combats isolation and addresses health issues through affordable counselling, an acupuncture clinic, and various physical activity classes. This holistic approach to community health and inclusivity is vital in promoting well-being across diverse community segments.

#### Blue Door

Blue Door operates as both a crisis intervention initiative and a community development project, addressing harmful behaviours including domestic violence and substance abuse. It supports individuals through one-to-one sessions and group work aimed at enhancing coping mechanisms and reinforcing social connections. The inclusion of in-house counselling and active inter-agency collaboration further highlights its integrated community support strategy.

#### Ballyfermot STAR

This service provides non-judgmental support, guidance, and education to drug users and their families, emphasising the impact of drug use on family dynamics. It promotes recovery and self-awareness through comprehensive family-oriented interventions, essential for holistic family support and rehabilitation.

#### FusionCPL

FusionCPL offers a diverse set of services that cater to both individuals and families in community and correctional settings. This includes community support for stable or drug-free individuals, links for incarcerated individuals and their reintegration, and a family communications program to support families with an incarcerated parent. This multifaceted approach is crucial for addressing the varied needs within community and correctional environments.

#### Council Representation and Advocacy

This strategic service involves direct representation of community needs to Dublin City Council and statutory organisations. It plays a critical role in community advocacy and policy influence, ensuring that community voices are heard in policy-making processes.

#### ABLE Youth Diversion Project

Focused on youth justice, this project aims to reduce criminal offending among young people through preventative measures and community-based interventions. It is essential for early intervention and reducing long-term involvement in the criminal justice system.

#### TUSLA Family Support Service (FSS)

TUSLA FSS offers practical and emotional support to children and their families within their homes. By collaborating with other agencies, it aims to promote child development and support parenting, which are integral to fostering stable and supportive community environments.

Liffey Partnership (formally Ballyfermot Chapelizod Partnership)

Liffey Partnership (formally Ballyfermot Chapelizod Partnership) offers services, support and advocacy working with adults, children, and communities. Using an integrated and Collaboratively, and in an integrated way, we work to improve economic, social, and environmental outcomes and life opportunities. We engage people at every stage of life from early years to working with older persons and respond to a range of needs including parenting, family support, social inclusion, education, health, wellbeing, employment, self-employment and more. As well as working with individuals and families, *Liffey Partnership* also provides support to and collaborate with, a wide range of community groups and social enterprises locally who contribute greatly to the richness of life in our communities.

TLC KIDZ Dublin and the Childhood Domestic Abuse Project

Provides a therapeutic community-coordinated response for children and their mothers who have experienced domestic violence, helping them move beyond their experiences in a safe and supportive environment.

Barnardo's Family Support Service

Offers information, help, and supports to young people and their families, addressing a variety of needs and enhancing the family's ability to cope with challenges.





### **Prevalence of DV Cases**

The analysis of domestic violence (DV) cases within various services reveals a troubling landscape marked by high prevalence rates and complex challenges. Some services report extremely high instances of DV, with over half of their clients experiencing domestic violence and abuse over a six-month period and nearly every attending woman affected, highlighting the severe impact on specific demographics. This is further quantified in services where specific figures are available, such as one reporting 18 out of 68 families impacted, underscoring the urgent need for targeted responses. General statements from other services describe the prevalence as significant, affecting a substantial portion of their caseloads. The types of abuse reported vary widely from physical abuse by older children against parents to manipulation and typical spousal abuse, complicating the strategies required for effective response. Additional hurdles include the intersectionality of addiction with DV, which complicates access to necessary services like refuges, and systemic issues such as long waiting times for court orders and under-recognition of forms of abuse such as coercive control. The impact on children is profound, with services implementing interventions like Theraplay and psycho-educational counselling to mitigate emotional disturbances and trust issues.

### **Client Demographics**

The client demographics served by various community services in Dublin reveal a nuanced landscape of needs and challenges, shaped significantly by age, family context, and geographical location. Older adults, particularly those over 35 years and in active addiction, represent a significant portion of the client base, necessitating interventions tailored to long-term addiction issues and associated health complications. Young parents under 25 from areas like Ballyfermot, Inchicore, or Bluebell form another crucial demographic; they are supported by targeted programs such as the Young Parent Support Programme, which addresses the unique challenges they face with familial responsibilities. Adolescents aged 12 to 17 also receive focused attention, with services aimed at preventing the escalation of social and personal issues through early intervention strategies, particularly in communities like Ballyfermot and

Cherry Orchard.

The Intensive Family Support Programme exemplifies efforts to provide holistic support to families grappling with substance use and mental health issues, aimed at enhancing familial stability and mitigating impacts on children. Additionally, broader family support services work to create stable and nurturing environments for parents, grandparents, and others, especially those with children. Geographically, the bulk of these services is concentrated in Dublin 10, including Cherry Orchard and Ballyfermot, areas noted for higher levels of social and economic deprivation. Outreach efforts extend into Dublin 12, widening the spectrum of support and assistance offered. These services are predominantly situated in regions that register high on the Pobal deprivation index, highlighting significant challenges like unemployment, addiction, and educational deficits



in communities such as Palmerstown, Chapelizod, Clondalkin, Lucan, Saggart, Newcastle, and Rathcoole. This regional approach is integral to tackling prevalent social issues across these communities.

### **Core Challenges in Community Services**

The predominant issues that clients present with at various community services encompass housing and homelessness, mental health challenges, and addiction, each deeply interwoven with the social fabric of the communities served. Housing and homelessness are at the forefront, with many clients experiencing unstable living conditions, homelessness, or residing in environments plagued by public disorder and anti-social behaviour. These housing crises often act not only as standalone challenges but also compound other difficulties such as domestic violence, mental health struggles, and substance abuse, highlighting the critical need for secure and stable housing as a foundation for addressing broader social issues. Mental health concerns pervade all demographic groups, manifesting as general mental health issues, depression, anxiety, and trauma-related emotional disturbances. The pervasiveness of these mental health issues underscores their impact across all ages and is frequently linked to other challenges like substance abuse and the stresses arising from domestic violence and criminal activities. This interconnectedness points to a need for integrated approaches that consider mental health as a central element in client care. Addiction, particularly to drugs, is another critical issue, with many services noting its direct impact on individuals and their broader social networks. The need for detox and residential treatment facilities is frequently mentioned, underlining addiction's role as both a primary concern and a complicating factor in the context of housing and mental health.

While these are the primary issues, it is important to acknowledge that domestic violence and various social and behavioural problems also significantly affect client well-being. These include community intimidation, anti-social behaviours, and challenges related to criminal offending, which necessitate targeted interventions and comprehensive support frameworks to adequately address the complex landscape of client needs.

### **Client Engagement and Response Strategies in Domestic Violence Support**

The responses of clients seeking DV support vary widely, reflecting the complexity of their situations and the nuanced approaches required for effective intervention. Many clients' resort to DV services as a last recourse, often due to previous disappointments with police or social services, which can complicate and delay the provision of aid. The degree of abuse recognition among clients also varies; some may not consider their experiences severe enough to label as domestic violence and abuse, frequently normalising the abuse due to societal norms or a reduced sense of self-worth. However, once involved with DV services, many express relief at having found a safe space to voice their troubles, underscoring the need for supportive and non-judgmental environments. Engagement levels differ, with some clients more receptive in familiar and discreet settings that minimise exposure, like FamiliBase, while others may need more time to develop trust.

Referral processes generally begin with a phone call followed by a written form to ensure proper documentation and follow-up. Services conduct thorough risk assessments to ascertain the immediacy and severity of the situation, leading to tailored safety plans that provide interim support until more permanent solutions can be arranged. To empower clients, services employ care-planned processes that encourage them to analyse their situations and make informed choices, thus fostering personal agency. Collaborations with specialised DV organisations like SAOIRSE are crucial, enhancing the support network and providing clients with access to specialised care, which is often coordinated across different services to enhance coherence and efficacy. Furthermore, services engage in community and educational programs aimed at preventing DV and promoting healthy relationships, thereby empowering communities to recognise and respond effectively to DV situations. Building a trusting relationship with clients is central to this process, ensuring they feel supported and confident in discussing their experiences and receiving help.

### **Domestic Violence Training for Service Organisation Staff: Current Practices**

Staff across various service organisations receive domestic violence (DV) training that varies considerably in type, comprehensiveness, and frequency. Initially, new employees undergo training to equip them with the essential skills and knowledge needed to handle DV cases effectively. This training might include sessions and workshops provided by recognised DV organisations like Women's Aid and SAOIRSE. Furthermore, some organisations implement specialised training programs, including two-day workshops on domestic violence, which are designed to deepen staff's understanding and practical skills in managing DV scenarios. These programs often incorporate a range of therapeutic tools and approaches such as Rational Emotive Behavioural Therapy (CBT), Motivational Interviewing (MI), Suicide Ideation training, and Trauma-Informed practices, which are crucial for addressing the complex dynamics involved in DV cases.

Managerial and senior staff sometimes pursue higher-level training, like certifications in understanding and responding to domestic and gender-based violence, to enhance their leadership capabilities and specialised knowledge. However, there are noted limitations in the training provided. The frequency of training is inconsistent, which can lead to gaps in knowledge, particularly as new techniques and research develop. Early years practitioners and staff in specific roles sometimes receive only limited training, which could affect the support quality for families impacted by DV. Additionally, not all staff are qualified as DV support workers, indicating a gap in specialised training tailored to the direct needs of DV clients.

Training updates are not systematically provided, with some staff receiving refresher training only sporadically, often annually or less frequently. This sporadic scheduling underscores the need for more regular and comprehensive refresher courses to keep all staff up to date with the latest practices and research in DV support. There is an expressed need for refresher training and continuous professional development to keep staff updated on the latest practices, theories, and legal requirements related to DV. Specific areas mentioned include training on coercive control, professional grooming, and strategies to engage with and manage perpetrators of DV.

Some organisations felt that training opportunities are not consistently scheduled but are provided based on availability and resource allocation at the time. When training sessions are available, typically only a few staff members can attend. These members are then responsible for disseminating the learned knowledge back to their teams, which can lead to uneven levels of expertise across the organisation. Some organisations have implemented external coaching and mentoring, with periodic supports aimed at bolstering staff capabilities. This approach helps in addressing specific training gaps and provides an external perspective that can enhance internal practices.

## **Organisational Domestic Violence Policies**

The existence and communication of domestic violence (DV) policies across various service organisations showcase a diverse array of approaches, each contributing differently to the handling of DV cases. Many organisations have established explicit DV policies that are included in the staff handbook. This inclusion ensures that all new employees are well-informed about these policies from the start of their employment, fostering a foundation for effective and consistent responses to DV cases. Moreover, these policies are not static; they are regularly reviewed and updated, with some organisations conducting reviews every two years and maintaining updated policies in an HR locker for easy access during staff induction. This practice helps keep the policies current and relevant to ongoing needs.

However, not all organisations maintain a specific DV policy. Some have adopted a DV Code of Conduct or related policies that cover essential aspects like confidentiality, safety, and maintaining a non-judgmental approach. While these guidelines can effectively aid staff in managing DV cases, they may not be as comprehensive as dedicated DV policies, which could lead to gaps in handling certain DV scenarios more effectively.

In terms of policy communication, most organisations ensure that DV policies are accessible, typically through employee handbooks. Some have even made these policies available on their websites, potentially broadening the reach to staff and clients seeking information on DV support, thereby enhancing transparency and accessibility.

Despite these measures, there are notable gaps and variability in policy implementation. Some services lack a formal DV policy, which could lead to inconsistencies in managing DV cases across different staff members. To bridge this gap, some organisations integrate DV management within broader policies on intimidation, confidentiality, and child protection. Regular discussions and training sessions are employed to reinforce these integrated policies and ensure their effective application.

Engagement with clients about the impact of DV is also practiced, aiming to integrate policy awareness more directly with client interactions. This approach is vital for building transparency and trust but varies in effectiveness depending on how discussions are facilitated and the clients' readiness to engage. These varied responses underline the critical need for not only having formalised policies but also ensuring that they are comprehensively communicated and seamlessly integrated into daily operations to support victim/survivors of domestic violence effectively.

## **Identified Gaps and Suggestions for Improvement**

Responses indicate a need for more regular and systematically accessible training sessions to ensure all staff are equally equipped to handle DV cases effectively. Ensuring that all staff, not just a select few, receive training could improve service delivery and staff confidence. Enhanced training programs that include a wider range of topics are needed. These programs should cover everything from basic DV awareness to complex case management, legal issues, and specific therapeutic approaches suitable for DV cases. Training programs should be inclusive, targeting not just new or frontline staff but also those in supervisory and policy-making roles to ensure a holistic approach to DV within the organisation. Developing specialised skills such as dealing with child witnesses of DV, understanding the nuances of emotional and psychological abuse, and handling high-risk DV cases can further empower staff to act effectively. Adequate resources must be allocated to ensure that training is not only available but also high in quality. This might include investing in specialised trainers, using technologically advanced training tools, and creating interactive learning experiences that engage staff meaningfully.

## **Successful Outcomes and Common Barriers to Domestic violence and abuse**

The responses concerning success stories and common barriers to successful outcomes for DV clients provide insightful perspectives on both the achievements and ongoing challenges faced by services working in the field

of domestic violence. A recurring theme in the success stories is the benefit of close collaboration between organisations, such as the partnership with Saoirse DV service. These collaborations enhance the support network available to DV victim/survivors, enabling more comprehensive care and intervention strategies. Programs that provide holistic support, including educational and therapeutic activities, contribute significantly to successful outcomes. For example, The Bungalow is noted for offering a safe space and a variety of activities that help maintain client anonymity while attending sensitive services like counselling. The use of integrated and individualised care plans, particularly those coordinated with external DV services, has been effective in helping victim/survivors understand and overcome their situations. These plans often include emotional support, practical tools for dealing with abuse, and efforts to boost self-esteem and personal worth. Success is also noted in instances where clients are effectively referred to and placed in refuges and safe houses, despite noted difficulties. When clients receive the housing and support, they need, small but significant victories can be achieved, such as the resolution of housing maintenance issues or the securing of safety measures.

A significant barrier is the lack of available spaces in refuges and safe houses. This scarcity is often exacerbated by broader issues like the housing crisis, which leaves many victim/survivors without alternatives and sometimes forces them to remain in abusive situations. The logistical difficulties of managing services across different geographic areas can hinder continuous access to necessary support. For example, clients placed in services on one side of the city might struggle to maintain contact or attend appointments on the other side, disrupting their care continuity. Challenges with navigating state agencies and the court system, such as long waiting times for barring orders and difficulties in securing consistent support from social services, represent significant obstacles. These issues can lead to victim/survivors feeling unsupported and mistrustful of the assistance available. Stigma attached to domestic violence and the under-recognition of non-physical forms of abuse (like emotional abuse and coercive control) continue to impede effective response and support for victim/survivors. Holding perpetrators accountable remains a complex challenge. There is a noted need for better strategies to not only support victim/survivors but also to manage and rehabilitate perpetrators effectively.

### **Desired Improvements in Community Response**

There is a critical need for increased access to refuges, particularly for individuals who use drugs and alcohol. This includes lowering thresholds for access to make it easier for those in urgent need to receive shelter and support. Enhancement of outreach services to reduce waiting times and to provide support directly where clients are most comfortable, potentially alleviating the fear and apprehension associated with seeking help. A dedicated DV service that offers a multifaceted response to the complex layers of issues associated with DV, including ongoing support for organisations and training on long-term issue management. There is a strong call for more training for early years practitioners to better support affected children and families. Increased community and professional training to raise awareness and understanding of DV, particularly targeting young men to counteract harmful ideologies and promote healthier attitudes towards relationships. A more nuanced and targeted response from law enforcement and social services is crucial. This includes a coordinated approach that integrates local investments in mental health supports and addresses the impacts of abuse comprehensively. Development of clear, localised community pathways for DV response to ensure that community members know where and how to seek help. There is a significant need for systems that hold abusive partners accountable, not only legally but also in social contexts, particularly regarding their roles as parents. Improved investigation and handling of DV cases within child protection and welfare assessments to ensure the safety and well-being of all family members. Increased funding is essential for both direct service provision and for training programs that equip professionals and community members with the skills to recognise and respond to DV. Resources to facilitate regular DV clinics and support groups in local community centres like The Bungalow.

Hiring additional workers within specific areas like Cherry Orchard/Ballyfermot to conduct outreach work could

help in managing and reducing the waiting periods for those seeking help. Expansion of national refuge networks to accommodate more individuals and provide specialised services for those with substance use challenges. Enhanced local investment in mental health supports to address both the immediate and long-term effects of domestic violence and abuse.

## Conclusion

The analysis of the service gap audit and responses reveals a complex landscape of domestic violence (DV) management within community services. It highlights a significant prevalence of DV across various demographics, with a substantial impact on children, families, and individuals struggling with substance abuse. The challenges faced by service providers are multifaceted, including issues related to housing, access to refuges, and the need for enhanced outreach and training. Despite these challenges, some success stories demonstrate resilience and the effectiveness of targeted interventions, albeit these are tempered by the considerable barriers that prevent many from achieving successful outcomes.

### Service Gap Analysis Conclusion

In conclusion, the comprehensive analysis of community-based services in Dublin underscores the concerted efforts made by various organisations to address the diverse needs of the community. From low-threshold harm reduction services to dedicated DV support initiatives, these organisations work tirelessly to provide holistic support tailored to individual and familial circumstances. By focusing on critical areas such as substance misuse, family support, and crisis intervention, these entities contribute significantly to fostering community resilience and bridging gaps in service provision.

The prevalence of DV cases within the community presents a sobering reality, highlighting the urgent need for targeted responses and comprehensive support frameworks. While success stories demonstrate the effectiveness of collaborative efforts and holistic support programs, common barriers such as lack of refuge spaces and logistical challenges underscore the ongoing struggles faced by DV victim/survivors. Addressing these barriers requires increased access to refuges, enhanced outreach services, and a nuanced, targeted response from law enforcement and social services.

To improve community response to DV, there is a clear call for more training, both for early years practitioners and professionals across various sectors, to raise awareness and understanding of DV and promote healthier relationship attitudes. Additionally, the development of clear, localised pathways for DV response, increased accountability for abusive partners, and enhanced investigation and handling of DV cases within child protection and welfare assessments are essential. Increased funding and resources are crucial to support direct service provision and training programs, ensuring that professionals and community members are equipped with the necessary skills to recognise and respond effectively to DV.

In summary, by addressing identified gaps and implementing suggested improvements, community-based organisations can play a vital role in creating safer, more supportive environments for DV victim/survivors and their families in Dublin. Through collaborative efforts, targeted interventions, and a commitment to continuous improvement, these organisations can make meaningful strides towards ending the cycle of domestic violence and fostering healthier, more resilient communities.



## Chapter 4: Discussion and Analysis

The preceding sections of this report have illuminated the intricate and distressing realities surrounding domestic violence and abuse (DVA) within the Dublin 10 area. Through in-depth interviews, focus group discussions, and analysis of existing literature, a nuanced understanding has emerged, revealing the pervasive nature of DVA and its profound impact on individuals, families, and communities. In this section, we embark on an analysis of the findings presented thus far, delving into the complexities and implications of the themes that have surfaced. From intergenerational trauma to societal norms, legal inefficiencies to inadequate support services, each aspect offers a lens through which to comprehend the multifaceted nature of DVA and the systemic challenges it poses. Our examination seeks not only to elucidate the underlying dynamics of DVA but also to provoke critical reflection on the structural shortcomings that perpetuate its prevalence and hinder effective intervention. By interrogating the data and engaging in thoughtful discussion, we aim to unearth actionable insights that can inform policy reforms, improve service provision, and ultimately, contribute to the dismantling of the cycle of violence. As we navigate through the analysis, it is imperative to acknowledge the voices of victim/survivors, whose courage in sharing their experiences has laid bare the stark realities of DVA. Their narratives serve as a poignant reminder of the urgency of our collective efforts to challenge and combat this pervasive social issue. Through rigorous examination and thoughtful reflection, we endeavour to shed light on the complexities of DVA and pave the way towards a more compassionate, responsive, and equitable approach to addressing domestic violence and abuse within our communities.

## Intergenerational Trauma and the Impact on Children

Children raised in violent households face an elevated risk of developing enduring trauma symptoms, with implications extending to future generations (Fredland et al., 2015). Exposure to family violence can induce a state of hyperarousal in children, marked by heightened psychological and physiological tension (Adams, 2006). Such experiences correlate with increased vulnerability to internalising problems and persistent trauma-related symptoms throughout life (Adams, 2006; Infurna et al., 2016; Lindert et al., 2014). Moreover, these children are at heightened risk of perpetuating cycles of Intimate Partner Violence (IPV) in adulthood (Assink et al., 2018; Leve, Khurana, & Reich, 2015; Smith-Marek et al., 2015; Stith et al., 2000; Yang, Font, Ketchum, & Kim, 2018). This phenomenon, known as the intergenerational transmission of family violence, underscores the enduring impact of early exposure to violence (Fredland et al., 2015).

IPV, encompassing physical, sexual, or psychological abuse by a current or former intimate partner, represents a prevalent form of family violence (Center for Disease Control & Prevention, 2015; Devries et al., 2013). Witnessing IPV, akin to experiencing abuse or neglect, correlates with maladaptive developmental outcomes in children (Chan & Yeung, 2009; McTavish, MacGregor, Wathen, & MacMillan, 2016), with CAN and IPV often occurring concomitantly (Holt, Buckley, & Whelan, 2008).

The intergenerational transmission of family violence underscores the risk of perpetuating violence across generations (Steketee, 2017). Exposure to conflict within the family environment heightens the likelihood of experiencing IPV as an adult (Montalvo-Liendo et al., 2015; Sneddon, Iwaniec, & Stewart, 2010; Thornberry, Knight, & Lovegrove, 2012).

Several of those interviewed spoke to the duality of witnessing domestic violence and abuse as children and experiencing the same abuse as adults. Given the specific demographic features of the Dublin 10 area these outcomes are pertinent. Exposure as a child to DV is inherently frightening and conflicting to the child. The child is often manipulated by the abuser to remain silent and to avoid conflict is kept at abeyance by the abused parent (Shelby 2016). Such children present with many of the features and characteristics prevalent within the Dublin 10 area. They are at an increased risk of academic challenges including early school refusal and eventual failure, cognitive delays, and the development of a spectrum of emotional, behavioural, and trauma-related symptoms, extending into mental health diagnoses in their late teens and early adulthood (Ireland and Smith, 2009; Bair-Merritt et al., 2006; Martin, 2002; Edleson, 1999; Ehrensaft et al., 2017). Evidence indicates that these children are uniquely vulnerable to the perpetuation of cycle of violence across generations, with affected individuals more likely to encounter violence in both intimate and non-intimate relationships (Ehrensaft et al., 2017; Bensley et al., 2003; Ireland and Smith, 2009; Forke et al., 2018; Ernst et al., 2006; Fehringer and Hindin, 2009; McKinney et al., 2009; Straus, 1992; Whitfield et al., 2003).

Maternal trauma resulting from IPV has profound implications for children, with offspring of mothers reporting trauma symptoms being significantly more likely to develop trauma symptoms themselves (McFarlane et al., 2014). This risk escalates when mothers have experienced multiple Adverse Childhood Experiences (ACEs) (McFarlane et al., 2017). Traumatized caregivers may exhibit diminished responsiveness and emotional availability towards their children, compounding the cycle of violence (Scheeringa & Zeanah, 2001). In situations where the child found both parents offered inadequate levels of safety security and support the outcomes are pronounced. For these children emotional dysregulation and aggressive behaviours has been found to be most elevated, impairing future relationship formations, most particularly with their own children (Graham-Bermann and Levendosky, 1998; Henning et al., 1996; Owen et al., 2009; Wright et al., 2009; Schore, 2005; Zilberstein, 2014; Gover et al., 2008; Chapple and Hope, 2003). Adults who have endured trauma stemming from negative parenting experiences, may perpetuate cycles of violence by becoming both victim/survivors and perpetrators of violent behaviour (Neller, Denney, Pietz, & Thomlinson, 2005; Van

der Kolk, 2000). Such individuals may react aggressively or misinterpret situations due to lingering anxiety or trauma responses (Steketee, 2017).

The idea that families can engender or support the ongoing effects of DVA is well documented. 30% of victim/survivors of DVA had been victim/survivors of trauma in either childhood or prior relationships (McLeer and Anwar, 1989). Similarly, many perpetrators of DVA have experienced abuse and aggression in their homes as children. Early exposure to violence can lead to emotional maladjustment. Various theoretical models account for this. Cornell and Gelles (1982) argue that early experiences of DVA profoundly impact the child's cognitive development, suggesting that the violence later perpetrated by the child is a result of their belief that violence is an appropriate and "normal" form of conflict resolution. This argument is consistent with Bandura's (1961) ideas on social learning and role modelling. Others suggest early exposure to DVA leads to maladjusted attachment (Bowlby, 1969). They indicate that poor parental practices, including physical and sexual abuse, impact the child's ability to form appropriate relationships. Kowalski (2016) suggests that children exposed to such violence may come to see it as a malign form of attention, and this distortion may account for both victim/survivor and perpetrator behaviours. The notion that violence in the family creates vulnerability to abuse or perpetrator behaviours (Black et al, 2010) has currency among victim/survivor cohorts. This analysis was present in several of the interviews conducted for this report. Indeed, several interviewees spoke to the fact that they had witnessed or experienced abuse or neglect as children or had dealt with the consequences of such early experiences. They spoke to the realisation of how their own behaviours had been shaped by these experiences, some worried about the impact on their own children of witnessing similar events. The acculturation of abuse cannot, therefore, be entirely dismissed. Indeed, evidence indicates that violence is transmitted across generations at rates of some 30 to 40% (Egeland et al., 1988). These figures are stark. However, they offer insight into an often-neglected form of DVA, namely child on parent violence.

As the results of the thematic analysis show, child on parent abuse was communicated in interviews throughout this process. The abuse presented in different ways. A mother abused by her substance using daughter and partner. The mother, aware of her son's abusive tendencies, attempts to protect herself by imposing a physical separation, yet, in doing so, exposes another to the risk of harm. This scenario highlights



a desperate coping mechanism, born out of fear and perhaps a history of enduring abuse herself, which ultimately contributes to the cycle of violence extending beyond the immediate family unit. Moreover, this situation illuminates the broader societal issue of dealing with abusers within the family context. It poses critical questions about the resources available to families grappling with members who exhibit violent behaviour and the societal support structures necessary to address these dynamics effectively. It calls attention to the need for comprehensive interventions that consider the abuser's behaviour within the wider family system, aiming not only to protect potential victim/survivors but also to confront and change the abuser's behaviour. Amongst those interviewed, the threat of such violence had a predictive quality. There is a sense of shame and stigma associated with this presentation of DVA that was acknowledged by everyone who discussed the issue. Unlike Intimate Partner violence or the general threat of violence women feared and communicated as a socially oriented threat, there was a feeling of personal responsibility associated with child on parent violence. While the authors were aware of elder abuse, the presence of child on parent abuse amongst this sample was surprising. That said, the behaviour is growing. It is estimated that some 18 per cent of two-parent families had experienced child-parent violence and the number for single-parent families stands at some 29 per cent. This violence is directed at the mother in 98% of cases and according to UK statistics at least 81% of perpetrators are male. Research suggests these figures are an underrepresentation. At least 40% of child-to-parent violence and abuse incidents go unreported to the police (UK Violence Reduction Unit). Child on parent DVA is therefore highly gendered. In this research, the cases discussed were between adolescent boys/young adult men and their mothers, and the behaviours employed involved the misuse of power and control found in other forms of DVA. Clearly, there is a link between the behaviours. Cottrell and Monk (2004) offer a psychoanalytic explanation for the behaviour,



arguing that a child's violence towards their parent is symbolic. They suggest that abusing children are simply communicating their own experiences of violence in the home from an abusive parent to the non-abusive parent. Others argue that children are simply engaged in negative modelling of how gender manifests within their community. Certainly, the modelling of behaviour seemed relevant in this research. In essence, this victim/survivor's experience reveals the desperate measures families may resort to when faced with the threat of domestic violence from within. It underscores the importance of creating robust support networks for families affected by domestic violence, ensuring they have access to the resources needed to protect themselves and to address the root causes of abusive behaviour. This includes providing avenues for rehabilitation and accountability for abusers, as well as support and protection for those at risk of their violence, creating a holistic approach to breaking the cycle of domestic violence and abuse.

It was clear from the service gap analysis that intergenerational trauma is a significant issue. To address the intergenerational transmission of family violence within the Dublin 10 area effectively, it is crucial to integrate tailored community and educational programmes along with specialised professional training. These efforts are designed to break the cycle of violence and mitigate its lasting impacts on children. Implementing comprehensive community awareness and educational programs is essential. These should focus on the dynamics of domestic violence, its effects on children, and strategies for breaking the cycle of abuse. Targeting educational institutions, community centres, and public forums will help educate both children and adults about the nature of intimate partner violence (IPV), conflict resolution strategies, and the importance of seeking help. Programmes should also teach children about healthy relationships and emotional regulation from an early age, helping them develop resilience against the adverse effects of witnessing or experiencing domestic violence and abuse. Including platforms where victim/survivors and professionals can share their experiences will normalize discussions about domestic violence, reducing stigma and enhancing community engagement. Enhancing the training of educators, social workers, healthcare providers, and Gardai is crucial to ensure they are equipped to recognize signs of domestic violence and provide appropriate interventions. Training should focus on understanding the specific needs and behavioural signs of children exposed to IPV, implementing trauma-informed care, and effectively supporting at-risk children. This training should include modules on the psychological and developmental impacts of IPV on children, strategies for engaging children about their experiences, and methods for collaborating with child protection services to create comprehensive support networks.

By integrating focused community programmes and professional training efforts, Dublin 10 can more effectively challenge the cycle of domestic violence, leading to healthier future generations free from the burden of intergenerational trauma.

**“..children exposed to such violence may come to see it as a malign form of attention, and this distortion may account for both victim/survivor and perpetrator behaviours.”**



### **Complexities Within Women's Experiences**

Welbourne (2016) described the violent nature of DVA as akin to sustained torture. Harvick (2019) theorised a model of resistance and response to describe the chaos and violence that occurs when women attempt to resist or escape long-established violent relationships. He argued that a woman's attempts to leave are met with an escalation in physical and mental aggression by the perpetrator. Possessions are destroyed, threats are transitioned into actions, sexual acts are forced or compelled, slapping becomes punching, kicking, choking, and the escalation can at times have fatal consequences. Harvick's model has been criticised as alarmist. However, it should be noted that since 1996 two-thirds of women who died violently in Ireland were killed within their own home by men they knew, had loved, and trusted. In 2021 alone, five women were killed by their partners or ex-partners. These cases have been the subject of review and scrutiny. Several of the women murdered had been trying to extricate themselves from these relationships. This fact played a significant role in their deaths. Harvick's model is consistent with the lived experience of women in abusive relationships. Indeed, the threat cycle he described was mentioned in interviews with victim/survivors several times in this report. These victim/survivors spoke to the sense of paralysis they experienced in the face of such threats. For these women, the idea of escape or resistance seemed unimaginable. Interestingly, threat cycle models were once exclusively utilised to explain culturally influenced abuse against women. However, it is arguably the case this effect is now present within our own communities and specifically in families where abuse is seen as a normative feature of broken or damaged relationships (Peace at Home, 1995).

This problem is further exacerbated by a lack of early support services in the community. Violence between intimate partners has an identifiable pattern. Single incidences of abuse can occur (confirmed in this report), and relationships do not spiral into the destructive cycle of violence we have reported. However, this is not the norm. Once violence visits a relationship, it shapes it. Indeed, the defining feature of violence amongst intimate partners is its tendency to escalate in frequency and severity. However, throughout this process, there was a strong differentiation made between intimate partner Violence and DVA. It was intimated that Intimate Partner Violence was something that had the potential to occur in every relationship. Indeed, several times in interviews co-responsibility for violence 'we were pushing and shoving I hit him as much as he hit me' was described. In these scenarios, accessing supports was not deemed necessary. In fact, it was only when the violence escalated that the need for supports was considered. This finding is problematic. When examined in detail it indicated that within the peer group of the women interviewed low levels of aggression were tolerated within their relationships. In these relationships, there were factors at play which disinhibited normal sanctions against aggression or affected changes in thinking, emotion, motivation to

reduce tension, or decreased interpersonal power. In interviews, it was clear that by the time the violence increased the idea of escape, the energy to seek supports was dissipated. This finding is consistent with research. In Ireland, some 29% of women experience intimate Partner Violence. More than half of this number were involved in relationships where the violence was frequent and repeated. The repetitive and dehumanising nature of this violence was overlooked by those we interviewed. In measuring trauma, one considers not simply the act but the number of exposures and the interconnectivity between the victim/survivor and perpetrator. Utilising this measure, the level of supports available to victim/survivors of DVA and IPV within the area is inadequate. The unacknowledged trauma associated with DVA and IPV recounted in our interviews was difficult to explain. Indeed, the research team was conscious that were such violence visited upon another cohort it would trigger a national debate. Gartland (2020) offers one plausible explanation for this oversight. She argues IPV and DVA have been overtaken by other issues deemed more socially relevant, including newly competing ideologies. This is part of a general diminution of women's rights. This argument was also voiced in our interviews. Those interviewed spoke to the idea that the momentum required to tackle Violence against women has been lost. Some suggested that DVA has been pushed to the margins of social importance and is mentioned only when a high-profile case of a woman's murder captures the interest of an otherwise jaundiced community. The lack of public acknowledgment of DVA as a national issue has profound effects. It can make victim/survivors feel isolated and vulnerable. It can make them feel that their experiences are less valid than others. It can also create a sense amongst women that they are responsible for their own situations (mentioned more than once in interviews conducted for this report). This narrative is further complicated by the intersectionality of DVA and Alcohol and drug use.

Research indicates that both women and men experience and perpetrate intimate partner violence (IPV); however, women are disproportionately more likely to suffer serious injuries or fatalities at the hands of a male partner and are also more prone to encountering economic and sexual IPV (Breiding et al., 2008; Hamberger and Larsen, 2015). IPV is increasingly acknowledged as a global public health and human rights concern, impacting the lives of 15–75% of women worldwide (Garcia-Moreno et al., 2006). In recent decades, extensive research has unveiled a wide array of severe and often enduring adverse effects of IPV on the physical and mental well-being of victim/survivors, including but not limited to injuries, digestive issues, hypertension, depression, anxiety, diminished self-esteem, and social isolation (Campbell et al., 2002; Matheson et al., 2015; Pico-Alfonso et al., 2006). Research on psychological intimate partner violence (IPV) indicates its prevalence as the most common form of IPV, as evidenced by studies conducted by Barnawi (2017) and Carney and Barner (2012). Moreover, psychological IPV appears to be nearly ubiquitous among women who are victim/survivors of IPV, with Stylianou (2018) reporting that approximately 97% of 457 surveyed women experiencing it. Furthermore, psychological IPV often precedes or co-occurs with other forms of IPV. Both

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Coker et al. (2000) and Follingstad et al. (1990) found that women who reported physical IPV had also experienced psychological IPV, though the latter frequently occurred in isolation from physical IPV. The long-term mental health consequences of psychological IPV are profound, according to studies by Coker et al. (2000) and Straight et al. (2003). Matheson et al. (2015) observed that many IPV victim/survivors considered psychological IPV more damaging to their mental health than physical IPV. Despite its significant impact, victim/survivors of psychological IPV often fail to recognise it, possibly due to the predominant focus on physical IPV in public discourse, as highlighted by Goldsmith and Freyd (2005). It is clear from the interviews with the victim/survivors that psychological intimate partner violence was significant. It was also clear that the supports required to address this impact was lacking.

### **Societal Norms and Cultural Attitudes**

The interviews conducted for this report were carried out with a cross section of individuals who work or live in the Dublin 10 area. Those interviewed included specialist workers in the field who had detailed knowledge of DVA, members of the Gardai, community workers, cohorts of young and older women and those in recovery from an abusive relationship. All of those interviewed offered insight into the issue of DVA. However, the interviews with the local woman offered some additionality. These women spoke to the history of the locality, the social fabric of the community, the rules and norms of its micro culture. They addressed how communities can unconsciously engender, maintain and perpetuate DVA. This narrative was present throughout the interviews. It was particularly present in the interviews with victim/survivors. Their narrative suggested that within the area DVA and specifically IPV is a consistent feature of the environment, that biopsychosocial influences play a part in its development and maintenance and that vulnerability and exposure to the behaviour was routine. In group and individual interviews with woman from the locality the analysis found that amongst those interviewed all knew someone who had experienced DVA or in a significant portion of cases had experienced DVA themselves. The analysis also indicated an awareness of risk factors did not ameliorate behaviour regarding problematic relationships. The collective narrative was that experience of DVA and multiple experiences of DVA were often required before a reflection point was reached, and survival action initiated. This fact was remarkably consistent with desk research concerning the subject. In communities where Domestic violence is pervasive, the intentional nature of this form of DVA is often difficult for those who experience it to fully comprehend. It involves a fundamental breach of trust by one family member or intimate partner over another. Its sole purpose, employing emotional, psychological, sexual, or physical force, is to control, manipulate, demean, and deceive. It is, therefore, a highly pernicious act, which can cause individuals to question themselves, fear for their safety, and undermine their self-esteem and self-confidence. Consequently, as indicated in interviews, leaving these relationships requires immense courage, risk and planning. Throughout the interviews conducted it was clear that whilst DVA and IPV was known and widely acknowledged within the communities, those who experience its worst effects were amongst the most poorly served. These individuals felt powerless and paradoxically stigmatised; therefore, they seldom shared their experiences and in the majority of cases suffered in silence.

However, two additional factors also seemed pertinent: the ways in which dominant social norms, including the devaluing of motherhood and gender inequality within the area, influenced a child's behaviour and the influence of drugs and drug use. Throughout our interviews, it emerged that certain community dynamics could perpetuate and support the cycle of gender inequality and abuse. This concept is well recognised, with Boxall et al. (2020) highlighting how communities characterised by repeated cycles of family living, lack of resources, and neglect in terms of social and economic recognition, are at increased risk for perpetuating abuse across generations. Such communities may gradually lose trust in law enforcement, public services, and social services, becoming isolated and accustomed to a certain degree of lawlessness and aggression.



Participants from various generations in this study shared insights into this phenomenon. Older women pointed out societal norms that seemingly justify violence against women, such as the implicit acceptance of punishment for perceived infidelity, whereas younger women discussed strategies they employ to placate overly concerned partners, like sharing their location or restricting their social life to a pre-approved group of friends. These practices, noted among the interviewees, suggest that, over time, such behaviours could become normalised within the broader population, inadvertently facilitating the continuation of domestic violence and abuse. Similarly, throughout the narratives produced, rigid gender roles were noted which reinforce power imbalances and contribute to domestic violence. This climate was seen to engender misconceptions about domestic violence, victim-blaming, and the diminution of DVA within the community's narrative. Indeed, present within the discourse of both old and young women from the community were harmful stereotypes which could leave victim/survivors of abuse feeling socially isolated, trapped without anyone to turn to, and undermine the confidence they need to leave the abusive relationship.

The troubling circumstances reported by Kitty Holland in the Irish Times regarding the community of Cherry Orchard in Dublin 10 significantly underline the complexities of addressing domestic and community violence. In the article dated November 24, 2022, Holland details the severe issues of crime, violence, and drug-related intimidation forcing residents to abandon their homes, thereby exacerbating the cycle of neglect and abuse in the community (Holland, 2022). This contemporary account can effectively be linked with the foundational research by Ellsberg, Caldera, Herrera, Winkvist, and Kullgren (1999), which establishes a connection between community violence and increased acceptance of domestic violence within families. Such findings are further corroborated by recent studies like those by Menon & Allen (2020) and Bayissa (2020), which discuss the community's growing recognition of domestic violence as a public issue rather than a private matter, illustrating a shift in societal attitudes but also highlighting the normalisation of such violence within communities. Additionally, Zannettino (2012) explores the impact of war and displacement on domestic violence, suggesting that disruptions in traditional gender roles due to broader conflicts can intensify violence at home. This insight aligns with the situation in Cherry Orchard, where long-standing social and economic neglect has fostered an environment conducive to recurring cycles of violence. The synthesis of these studies, alongside the empirical evidence provided by the Irish Times report, underscores the intricate relationship between community conditions and domestic violence. The ongoing issues in Cherry Orchard, as reported by Holland, exemplify the urgent need for a multi-faceted approach in addressing such crises, which includes community investment, housing, social services, and a robust, community-engaged law enforcement strategy.

### Legal and Judicial Inefficiencies

In the Dublin 10 area, legal and judicial inefficiencies pose significant challenges for victim/survivors of domestic violence and abuse and gender-based violence. The body of research, including the studies by Berger & Udell (2006) and Djankov et al. (2003), underscores the broader implications of judicial inefficiency, such as high procedural costs, excessive formalism, and limited access to justice. These inefficiencies impede the ability of DVA victim/survivors to obtain timely and effective legal recourse and protection, significantly increasing their vulnerability and exposure to violence. During interviews with support services and members of the Gardaí, the complexities of the court process were frequently highlighted. A support worker noted, “It’s a three-tiered court process that one woman would have to navigate,” illustrating the daunting and often prohibitive challenge faced by victim/survivors seeking justice. Another support service worker commented on the difficulties of assisting victim/survivors through this process: “Trying to bring that woman through the court process and help her navigate the system, there are just too many challenges.”

The cultural context and the intersectionality of social identities are also crucial in understanding how legal inefficiencies affect victim/survivors. Kasturirangan et al. (2004) emphasise that the interplay between legal systems and social identities such as race, ethnicity, and socioeconomic status can intensify the difficulties faced by minority women. In communities like Dublin 10, where there is significant diversity and various economic constraints, these factors can create additional barriers that complicate victim/survivors’ efforts to navigate the legal landscape and secure the necessary protections against abuse.

Effective coordination and communication among policing districts is crucial for consistent enforcement of domestic violence orders. The victim/survivors and support workers of DVA in Dublin 10 highlighted instances where orders are not served or enforced when the perpetrator is in a different policing district, underscoring the ineffectiveness of communication between districts. This failure leaves victim/survivors feeling vulnerable and exposed. It also causes them to question the decision to cooperate with policing authorities in the first place. Research by Smith et al. delves into the impact of interagency collaboration on responses to domestic violence, emphasising the importance of communication and coordination among law enforcement agencies, social services, and victim/survivor support organisations. The study highlights how effective communication protocols can enhance victim/survivor safety and improve the enforcement of protection orders across different jurisdictions. It also speaks to the importance of placing the victim/survivor at the centre of these networks. Furthermore, the work of Johnson and Dawson explores the challenges of multi-agency responses to domestic violence incidents, pointing out the significance of information sharing and joint training initiatives among policing districts. The study underscores the need for standardised protocols and clear lines of communication to ensure a coordinated and efficient response to domestic violence cases, especially when perpetrators cross jurisdictional boundaries.

**“it emerged that certain community dynamics could perpetuate and support the cycle of gender inequality and abuse”**

The concept of “paper abuse,” as discussed by Miller & Smolter (2011), underscores the troubling ways in which abusers can manipulate legal systems to maintain control over their victim/survivors. This manipulation, noted in interviews with Gardaí, support workers, and victim/survivors, extends to perpetrators using the court and legal system to re-victimise their targets. This process was mentioned more than once in interviews conducted for this report. Common tactics mentioned included obtaining counter protection orders and requesting welfare checks by Gardaí on the victim/survivor, with the ulterior motive of using these interactions to question and discredit the victim/survivor’s parenting capabilities. This strategic misuse of legal mechanisms underscores the necessity for the legal system to remain vigilant and to actively prevent its processes from being exploited in ways that perpetuate further abuse. Further research, such as that by Bah (2023), highlights how existing legal frameworks and enforcement mechanisms frequently fail to protect vulnerable populations, including children. This failure is exacerbated by forms of legal abuse where coercive control permeates the legal domain, as detailed by Gutowski & Goodman (2023). In such instances, victim/survivors often find themselves ensnared in a cycle of abuse, worsened by the very legal processes that are intended to afford them protection.

Perpetrators of intimate partner violence or DVA frequently exploit child services and manipulate legal systems to further control and traumatise their victim/survivors, particularly evident in custody disputes. Research by Gutowski & Goodman (2022) and Clemente et al. (2019) illuminates how abusers engage in coercive control by misusing court processes, resulting in legal abuse and institutional violence against survivors seeking justice through family court. This misuse exacerbates trauma and perpetuates power imbalances within abusive relationships, affecting the well-being of victim/survivors who are already vulnerable. This manipulation extends to child custody cases, where abusers often weaponize legal proceedings to maintain control over their former partners and children. Studies by Galántai et al. (2019) and Jaffe et al. (2008) highlight the severe issues in these custody disputes, where the legal system is manipulated to result in prolonged litigation, restricted access arrangements, and parenting plans that do not prioritise the safety and well-being of the victim/survivors and their children. These tactics ensure that the abuser maintains leverage over the victim/survivor, often under the guise of legal formalities and procedures. Further research by Morrison et al. (2020) and Toews & Bermea (2015) sheds light on how



abusers use economic and legal tactics to exacerbate this control, such as filing numerous court applications and hiding assets. These strategies often include threats, intimidation, and harassment through legal means, which not only traumatise victim/survivors but also significantly impede their ability to seek justice and protect their children.

The personal accounts given in this study such as perpetrators of violence calling child services and making false accusations underscore the severe consequences of the exploitation of child services and the legal system by abusers, highlighting the urgent need for legal reforms that recognise and mitigate the manipulation of judicial and child protection systems to prevent further victimisation of victim/survivors. Such reforms should aim to safeguard the rights and welfare of those affected by DVA, ensuring that legal and child services systems do not inadvertently become tools of abuse.

Another challenge faced by victim/survivors of DVA in securing safe and stable housing, which is profoundly exacerbated by current legislative constraints. In Dublin, for example, the legislation concerning tenancy agreements presents a significant barrier for those seeking to escape abusive environments. As it stands, the legislation does not permit individuals to separate their tenancy without the consent of both parties listed in the agreement. This requirement can tether victim/survivors to their abusers, making it exceedingly difficult for them to leave dangerous situations and secure independent housing. A typical scenario under the current legislative framework involves joint tenancies, often held by both partners. This arrangement can create a significant obstacle for victim/survivors who wish to leave an abusive partner but find themselves bound by the legal stipulation that both named tenants must agree to any changes in the tenancy. This stipulation is particularly problematic in cases where one partner wishes to exit the tenancy due to DVA but cannot do so without the other party's consent, which an abuser may withhold as a form of control. The lack of flexibility in the tenancy legislation is a critical issue for many victim/survivors who wish to remain within their community, such as those under Dublin City Council's jurisdiction. The desire to stay in a familiar environment, close to support networks and social structures, is crucial for many victim/survivors, especially when they may be responsible for children or lack the financial means to secure housing in a new area.

Furthermore, the housing crisis exacerbates these difficulties, with limited availability of affordable housing options in Dublin. Victims of DVA often face the dire choice of staying in an abusive relationship or facing potential homelessness. The inability to easily separate a joint tenancy without falling into financial hardship or losing custody of children due to unstable living conditions adds another layer of trauma and complexity to an already daunting situation. Addressing these legislative shortcomings is crucial for supporting DVA victim/survivors. Reforming housing laws to provide mechanisms for safely and efficiently separating tenancy agreements in cases of DVA would significantly impact victim/survivors' ability to leave abusive situations. Such reforms could include provisions that allow a victim/survivor to assume a tenancy independently

**“Effective coordination and communication among policing districts is crucial for consistent enforcement of domestic violence orders.”**

if DVA is verified, thereby bypassing the need for the abuser's consent. By amending the housing and tenancy laws to better support the needs of DVA victim/survivors, policymakers can remove critical barriers and help facilitate the transition to a safer environment for those in perilous domestic situations. This step would not only provide immediate relief to victim/survivors but also contribute to the broader effort to combat DVA within the community.

In conclusion, the legal and judicial inefficiencies in the Dublin 10 area pose substantial challenges for victim/survivors of DVA and gender-based violence. The research highlights the daunting complexities of the legal process that victim/survivors must navigate, exacerbated by cultural and socio-economic barriers. The strategic misuse of legal mechanisms by abusers, including the exploitation of child services and custody disputes, underscores the urgent need for comprehensive legal reforms. These reforms should aim to prevent further victimisation of victim/survivors by safeguarding their rights and ensuring that the legal system does not inadvertently become a tool of abuse. Implementing such changes is crucial for providing effective support to victim/survivors and preventing ongoing cycles of violence.

### **Insufficient Support Services**

In Dublin 10, as in many parts of Ireland, the challenge of providing adequate refuge and support for victim/survivors of DVA is severe and multifaceted. This crisis is marked by a stark shortage of refuge spaces, overwhelmed support services, and significant impacts on the families involved. The strain on resources not only affects the victim/survivors but also the workers dedicated to assisting them, leading to high levels of burnout among staff. One support worker in Dublin 10 described the situation as "very heavy work," indicating the emotional and physical toll of managing complex cases with insufficient resources.

The housing issues for victim/survivors of DVA are particularly critical. "It's a huge challenge at the moment," stated another worker, reflecting on the broader systemic challenges that intersect with housing insecurity. This sentiment is echoed by another worker who highlighted the difficulty in accessing services, saying, "It's the access to services that's very challenging," pointing out the limited resources available to support those in need. Community workers have recognised the value of having an outreach support worker dedicated to Dublin 10, who provided essential support in the community. The presence of services such as Saoirse Domestic Violence Services in the community is crucial for removing the stigma and shame associated with seeking help. Nevertheless, the scarcity of refuge spaces remains a critical issue. As noted by a community worker, "There's no room in the refuges. There's none. It's a massive, massive problem." This lack of space forces many victim/survivors to make the difficult choice to return to abusive homes when no safe alternatives are available.

The shortage of refuge places is not just a local issue but a national crisis. Ireland currently has 144 refuge places for women and children, which is significantly below the Istanbul Convention's standard of 472 places. This discrepancy was highlighted in November 2021 when a joint Oireachtas committee acknowledged the urgent need to address the lack of refuge places.

Furthermore, the challenges of refuge access are complicated by the needs of specific family members, such as teenage boys, who sometimes cannot be accommodated in refuges. This limitation points to the need for more inclusive solutions that can support entire families. When refuges are full, support workers attempt to find space in other areas, but relocating victim/survivors can be highly disruptive. "For some women, relocating for safety reasons may initially seem like a beneficial option, as it could offer a sense of increased security. However, for many, the reality of moving to a new area, even temporarily for refuge, proves to be highly disruptive. This upheaval can significantly affect their emotional and social stability, making the transition challenging and often unsettling". This disruption can have profound effects on the



stability and recovery of victim/survivors and their children. In dire situations, community workers in Dublin 10 are sometimes forced to resort to temporary solutions, such as placing victim/survivors in hotels. “We’ve very little funding and we’re broke putting people up in hotels at times when there was nowhere else to go,” a community worker lamented, highlighting the desperate measures taken due to insufficient refuge spaces.

Addressing the refuge shortage and supporting the overwhelmed workers requires a multi-faceted approach that includes increased funding, expanded and more inclusive refuge options, and systemic changes to better support victim/survivors and their families. Without these critical improvements, many victim/survivors will continue to face the heartbreaking decision to either stay in perilous situations or undergo the upheaval of relocating, often without the assurance of long-term safety or stability.

These issues were echoed in the service gap analysis, which emphasized the critical need to increase refuge spaces and housing support by expanding the number of available refuge spaces and developing housing solutions that facilitate easier transitions for victim/survivors out of abusive settings. By addressing the severe shortage of refuge spaces and creating more flexible housing policies, victim/survivors would have viable options to escape dangerous environments without the additional stress of homelessness or unsafe living conditions. This expansion would include not only traditional refuge spaces but also transitional housing with supportive services that cater to the unique needs of victim/survivors, such as those with teenage boys or large families, who are often left without adequate accommodation options.

Furthermore, the service gap analysis highlighted the need to strengthen support services by boosting funding and support for existing domestic violence services to enhance their capacity to manage the volume and complexity of cases. Increasing resources would directly address the overwhelming demand placed on these services and the consequent burnout experienced by staff. Enhanced funding could enable the provision of more comprehensive services, such as mental health support, legal assistance, and extended counselling, which are crucial for the recovery of victim/survivors. It would also facilitate the training and hiring of additional staff to reduce workload pressures and improve service delivery.

Incorporating these recommendations into the broader strategy for addressing domestic violence in Dublin 10 would not only alleviate the immediate pressures on the current system but also contribute to a more sustainable and effective response to domestic violence, ensuring that victim/survivors receive the support they need to rebuild their lives securely and with dignity.

## **Inadequate Data and Research**

The challenge of accurately understanding the prevalence and impact of DVA is significantly compounded by deficiencies in data collection and the misclassification of incidents. These issues create substantial barriers to developing effective interventions and policies tailored to address the realities of domestic violence. Research highlights the critical need for systematic data collection to truly grasp the frequency, distribution, and outcomes of domestic violence. According to Adineh et al. (2016), establishing reliable data collection processes is an essential first step in effectively combating DVA. Without comprehensive data, efforts to address and mitigate the impacts of domestic violence are largely based on incomplete information, which can skew public policy and intervention strategies. Furthermore, the study by Fantuzzo & Mohr (1999) underscores the limitations of current databases in capturing reliable prevalence data, particularly regarding children's exposure to domestic violence. They propose the Spousal Assault Replication Program as an effective model that involves collaboration between police forces and academic institutions to collect valid data, suggesting a need for innovative approaches in this area.

Misclassification of domestic incidents, such as those reported through systems like PULSE, further complicates the landscape. For instance, Gardaí have noted that many charges related to criminal damage often have a domestic element, yet these nuances may not be reflected accurately in crime data. This misclassification obscures the true nature and extent of domestic violence, making it difficult to quantify and address effectively. The underreporting of DVA is also a pervasive problem, as identified by Gyuse & Ushie (2009), who point out the significant gaps in data due to victim/survivors' reluctance to report incidents. This is often due to fear of retaliation from the abuser, a dynamic highlighted by Braun (2000), who notes that such fears can prevent victim/survivors from seeking help or sharing their experiences. This silence is detrimental not only to data accuracy but also to the victim/survivors themselves, who may feel isolated and without recourse.

The combination of underreporting and misclassification leads to a domino effect where policies and interventions may not be adequately informed or equipped to tackle the specific needs and realities faced by victim/survivors of domestic violence. Bland et al. (2022) discuss similar patterns of underreporting in the UK, which are likely mirrored globally, including in the US, especially among various ethnic groups. This global perspective emphasises the widespread nature of data deficiencies and the universal need for improved reporting mechanisms.

Enhancing data collection methods and addressing the issue of misclassification are crucial for a more accurate representation of domestic violence in public records. Improved data accuracy will not only facilitate better research and understanding but also enable the development of more effective policies and interventions that can provide real support to victim/survivors and potentially reduce the incidence of DVA. Addressing these challenges requires a coordinated effort among law enforcement, healthcare providers, and community organisations to create a more supportive environment for victim/survivors to come forward and share their experiences without fear. By tackling these foundational issues, stakeholders can better serve those affected by domestic violence and work towards a more informed and responsive approach to this pervasive issue.

## **Inadequate Training**

In the Dublin 10 area, the imperative to adopt a trauma-informed approach to addressing DVA calls for a significant shift in how professionals across various sectors are trained and respond to incidents. The current landscape indicates a substantial gap in the training of community professionals and police officers, which hinders their ability to effectively support victim/survivors and manage cases of domestic violence. Research underscores the critical importance of providing adequate trauma-informed training to community

professionals. McNally (2023) points out the significant lack of such training opportunities, emphasising that this deficiency can impede professionals' ability to offer appropriate care and support to individuals who have undergone trauma. Similarly, the need for specialised training extends to police. Studies by Brennan et al. (2021) demonstrate how training police officers on new DVA crimes, such as controlling or coercive behaviour, significantly influences arrest rates and improves responses to these offenses. Furthermore, it is essential for officers to be well-versed in risk factors associated with DVA, such as non-violent behaviours including coercive control and stalking. Understanding these elements is vital for enhancing their ability to effectively identify and manage such cases. However, Gardaí interviewed expressed concerns about the current training methods. They reported a significant lack of peer-to-peer mentoring, which is crucial for dealing with DVA situations effectively. The existing training was described as primarily consisting of online modules that only required participants to click through to complete, offering little practical benefit for real-world application. A younger Garda highlighted a particular shortfall in the focus on domestic violence within their training regimen, underscoring a disconnect in preparing officers to handle these complex and sensitive situations. The Gardaí suggested that a more interactive, face-to-face learning approach would be beneficial. Such a format would allow them to share experiences and insights, thereby gaining practical knowledge from fellow officers. This method could foster a more supportive and informed police force, better equipped to address and mitigate DVA effectively. Expanding the focus to community and educational settings, there is a critical need for training initiatives that equip community-based professionals and educators with the skills to recognise and respond to DVA. Community workers, as noted by Lazenbatt & Thompson-Cree (2009), play a vital role in detecting the co-occurrence of domestic and child abuse, making them key figures in early detection and intervention. Similarly, training initiatives for teachers and school staff are essential, as they are often in a position to observe the early signs of DVA among students.

Addressing implicit biases and modernising training programs are also pivotal. In community discussions and initiatives, there's a consensus on the need for ongoing training and skill development for all professionals involved in handling domestic violence cases. This includes not just frontline responders but also local authority staff who often interact with victim/survivors.

In conclusion, the need for a comprehensive overhaul of training and response strategies in Dublin 10 is clear. By ensuring ongoing training and skill development for police, healthcare providers, educators, and community workers, Dublin 10 can foster a supportive environment for DVA victim/survivors. This requires a collaborative and interdisciplinary approach to enhance the professionals' knowledge, skills, and confidence in recognising and responding to DVA, ultimately creating a more responsive and effective support system for those affected by such issues.

**“.. The current landscape indicates a substantial gap in the training of community professionals and police officers..”**

## The Influence of Substance Misuse

DVA and IPV is an intersectional issue. Commiskey (2020) indicated that 11,000 Irish women were experiencing both domestic violence and personal substance use in 2020. She also indicated that of the 48,000 women canvassed who used substances, all had encountered physical, sexual, or emotional abuse during their lifetime. Kelly (2018) found a similar pattern amongst abusers. He notes that in the UK 65% of men who commit acts of domestic violence are denoted as substance abusers in court documents, filings, and records. The connection between substance abuse and DVA is clear. The use of prescribed medications to treat the effects of DVA is also troublingly high. Prescribed drug use amongst victim/survivors of DVA and IPV is disproportionately high. Women subjected to abuse are more dependent on tranquilisers, sedatives, stimulants, and pain medications than women in the general population and higher still than amongst their peers in other clinical groups. Stark et al. (2008) argue the use of prescribed medications by those with a history of DVA and IPV is a symptom of a broader system failure for victim/survivors. He argues the lack of early intervention and treatment services for victim/survivors of DVA has necessitated an over-reliance on pharmaceutical interventions. He suggests that an unwelcoming and patriarchal system has been developed in cases of DVA and IPV. This system sees DVA and IPV as an act that must be proven before treatment can be adequately sourced. This subconscious bias retraumatises the victim/survivor. It also delays clinical therapies leading to the development of Acute stress and posttraumatic stress disorder. This trajectory invariably leads to a reliance on medication. This was certainly the case amongst the women interviewed in this report. The level of medical and psychological supports offered to victim/survivors was negligible. Indeed, despite the efforts of Saoirse's teams on the ground, no victim/survivor or service could describe a treatment pathway that would ensure the safety and ongoing physical and mental health of the women interviewed. The absence of such planning was not due to a lack of knowledge, but rather a lack of resources and services. No single agency coordinated the planning for the women interviewed. This oversight compounded the vulnerabilities of the women interviewed who often retained strong feelings of affection and who, given the unique intergenerational nature of the community, continued to live in the same neighbourhood as their abuser.

The issue of drug abuse and DVA is problematic for other reasons. We live in a society that views alcoholism and drug addiction as an illness. This view again speaks to the notion of DVA competing with other social narratives. The notion that perpetrators of DVA are experiencing an illness can and does serve abusers. Rather than taking responsibility for their actions, abusers can and routinely do blame their violent acts on the substance(s) they are abusing. This scenario plays out in courts and families across this jurisdiction. Indeed, so powerful is this social narrative that it was repeated by both agencies and victim/survivors throughout this process. Several victim/survivors indicated the strong belief that their abuse would have stopped had their abuser managed to seek help to tackle their addiction. This was at times painfully described. Sadly, there is little evidence that this is the case. Drug abuse and domestic violence are correlated; however, drugs cannot fully explain DVA or IPV (Steele and Josephs, 1990). Though it should be noted, the explanation was routinely given throughout the interviews conducted here. When interviewing the older cohort of women, for example, alcohol abuse was mentioned in situations where violence occurred. Non-addicted men also attack their partners, and as was the case of those interviewed, violence in relationships often predates the onset of addiction (Coleman and Straus, 1983). It is also the case that while drugs play a part in the lives of many abused women, women typically do not abuse their partners. They are, however, far more vulnerable to abuse in such relationships and are more likely to return to abusing partners than women in similarly challenging situations (Rout et al., 2015).



There was an overt and covert sexism that accompanied the narrative of women living with the duality of DVA and personal substance abuse. This duality had significance both in terms of how the woman was perceived and the resources both personal and psychological she had at hand to leave the abusive relationship. This was present in the interviews conducted. Service providers spoke to the services first engaged by women experiencing this duality. Interviewees indicated that women seeking to leave abusive relationships sought to address their addiction before seeking supports to deal with the DVA. Indeed, the first port of call for women in this study experiencing substance misuse and DVA was invariably drugs services. This has significance in terms of organising supports. The community canvassed appeared to have a higher tolerance for a man's use of alcohol and other drugs than a woman's. Service providers and victim/survivors in this study noted that perpetrators often implicitly blamed the woman they have victimised for the violence and other people, including the perpetrators' family, friends, and members of the community accepted this proposition. There is evidence to suggest that this process is not unusual. Leigh (2011) indicated that in close-knit communities, intoxicated victim/survivors were more likely to be assigned responsibility for negative outcomes than sober victim/survivors and that aggression toward an inebriated victim/survivor was considered more acceptable than aggression toward a sober one when neighbourhoods were polled in DVA cases. Violence, victimisation, and substance abuse were inextricably linked in the narratives of the victim/survivors we interviewed. Efforts to leave an abusive relationship were restricted. In one case, a woman's partner became angry when she sought help, and his violence pushed her to drop out of treatment. In another, the threat of physical harm, withholding of financial support, and abuse directed toward her children initially led the victim/survivor to resort to using substances to buffer her distress. The unique features and demographics of the environment also played a part in the decoupling process. When women finally managed to leave the relationship, they frequently continued to reside in the same area, accessed the same services, and utilised the same general amenities as their abuser. This was challenging, and they were not always met with nonjudgmental support. Indeed, efforts to seek professional help, connect with local resources, and develop a safety plan in these circumstances were problematic. Often their abuser had isolated the person from friends, family, and support networks, and a rebuilding process was necessary. One woman indicated that the community could pick out those who had experienced abuse, and those who were abusers, indeed as one woman commented 'his mother told me later he had beaten up other girls, but I thought it would be different with you.'

## Conclusion

The intricate and distressing realities of domestic violence and abuse (DVA) within the Dublin 10 area have been thoroughly illuminated through in-depth interviews, focus group discussions, and analysis of existing literature. This nuanced understanding reveals the pervasive nature of DVA and its profound impact on individuals, families, and communities, prompting a critical reflection on the structural shortcomings that perpetuate its prevalence and hinder effective intervention.

The findings presented have delved into the complexities and implications of themes ranging from intergenerational trauma to societal norms, and from legal inefficiencies to inadequate support services. Each aspect provides a lens through which the multifaceted nature of DVA and the systemic challenges it poses can be comprehended. Through rigorous examination and thoughtful discussion, this analysis seeks to unearth actionable insights that can inform policy reforms, improve service provision, and contribute to the dismantling of the cycle of violence.

It is imperative to acknowledge the voices of victim/survivors whose courage in sharing their experiences has laid bare the stark realities of DVA. Their narratives serve as a poignant reminder of the urgency of our collective efforts to challenge and combat this pervasive social issue. The reported experiences underscore the need for a trauma-informed approach and a paradigm shift in professional responses across various sectors.

For instance, law enforcement training is critical in equipping officers with the knowledge of risk factors associated with DVA, including non-violent behaviours like coercive control and stalking. Yet, Gardaí have highlighted a significant gap in current training methods, pointing out the insufficiency of peer-to-peer mentoring and the limitations of online learning modules that lack practical applicability. A more interactive, face-to-face learning approach that allows officers to share experiences and insights is deemed beneficial for enhancing their capacity to handle these sensitive situations effectively.

Moreover, the challenges extend beyond professional training to encompass systemic issues in housing and legal frameworks. Victims often face legislative barriers that tether them to their abusers, making it exceedingly difficult to secure independent housing. The current legislative framework on joint tenancies and the requirement for mutual consent to alter such agreements are particularly problematic. These factors, combined with a housing crisis, place victim/survivors in a perilous position of choosing between staying in an abusive relationship or facing potential homelessness.

Additionally, the shortage of refuge spaces is a national crisis, with Ireland significantly below the Istanbul Convention's standard. The lack of inclusive refuge options for all family members, including teenage boys, further complicates the situation. When refuges are full, the reality of relocating victim/survivors can be highly disruptive and unsettling, often affecting their emotional and social stability.

The pressing need for comprehensive training initiatives extends to community and educational settings where professionals, such as teachers and community health workers, play crucial roles in early detection and intervention. Addressing implicit biases and modernising training programs are also essential to overcoming stereotypes and prejudices that may affect professionals' judgments.

In conclusion, addressing the complexities of domestic violence in Dublin 10 requires a collaborative and interdisciplinary approach involving healthcare providers, educators, community organisations, and law enforcement. By enhancing professional training, reforming housing and legal systems, and improving support services, we can create a more supportive and responsive environment for victim/survivors. This comprehensive effort is vital for effectively combating domestic violence and supporting those affected by such trauma within the community.



## Chapter 5: Recommendations

In light of the pressing issues identified in the preceding chapters regarding Domestic Violence and Abuse (DVA) in the Dublin 10 area, this chapter aims to provide a set of targeted recommendations and detailed implementation strategies. These proposals are designed to address the complex challenges faced by victim/survivors of DVA, enhance the capabilities of law enforcement, and foster community resilience against such pervasive social problems. The recommendations outlined here are developed from the comprehensive analysis of data gathered through research, interviews, and consultations with stakeholders, including victim/survivors, law enforcement officials, community organisations, and legal experts. Each recommendation is backed by a strategic approach to implementation that includes partnerships, funding mechanisms, and timelines, ensuring that the initiatives are actionable and sustainable. Our objective is to create a robust framework for intervention that not only addresses the immediate needs of DVA victim/survivors but also instigates long-term changes in legal, social, and community structures to reduce and prevent violence. This chapter is dedicated to setting forth a pathway that empowers policymakers, community leaders, and law enforcement agencies to collaboratively foster a safer, more supportive environment for all residents of Dublin 10, particularly those affected by gender-based violence.

Recommendations for Addressing Domestic Violence and Abuse (DVA) in Dublin 10

- **Improve Data Collection and Classification:** Develop and implement a comprehensive system for accurately collecting and classifying data on DVA. This should include mechanisms to ensure that all forms of domestic violence, including psychological and economic abuse, are adequately recorded.

- **Expand Legal and Judicial Support:** Reform legal frameworks to provide victim/survivors with easier access to protection orders and legal recourse. Establish a dedicated domestic abuse court to handle cases with the sensitivity and urgency they require.
- **Increase Refuge Spaces and Housing Support:** Address the shortage of refuge spaces and provide housing solutions that do not require the consent of both parties in joint tenancies. This approach will help victim/survivors leave abusive environments more easily.
- **Strengthen Support Services:** Enhance funding and support for domestic violence services to ensure they can handle the volume and complexity of cases. This includes increasing the number of trained professionals and providing ongoing support to reduce worker burnout.
- **Community and Educational Programs:** Implement community awareness and education programs to change societal norms that perpetuate domestic violence. Programs should focus on teaching respectful relationships and recognising the signs of abuse.
- **Training for Gardai and Professionals:** Provide comprehensive, practical training for Gardai, healthcare providers, and community workers on handling DVA cases. Focus on trauma-informed care, risk assessment, and inter-agency communication.
- **Substance Abuse Interventions:** Address the intersection of DVA and substance abuse with integrated treatment programs that tackle both issues simultaneously. Ensure that these services are accessible and non-judgmental.
- **Policy and Advocacy:** Advocate for policy changes that prioritise the safety and well-being of domestic violence victim/survivors. This includes lobbying for increased funding, better laws, and more robust community support structures.
- **Monitor and Evaluate:** Establish mechanisms to regularly assess the effectiveness of new programs and policies, ensuring they meet the needs of those affected by domestic violence.

#### Specific Recommendations from the Service Gap Analysis in Dublin 10

- **Implement Regular Refresher Training**
- Establishing a regular schedule for refresher training would help ensure that all staff, regardless of their entry point or position, remain knowledgeable about the latest in DV support and intervention strategies. By integrating periodic training sessions into the organisational calendar, staff members can continually update their skills and knowledge, staying abreast of evolving best practices and emerging trends in the field of domestic violence intervention. These refresher sessions could delve into case studies, role-playing scenarios, and discussions of real-world challenges encountered in DV cases, offering practical insights and reinforcing key principles of trauma-informed care and victim/survivor-centred approaches.
- **Expand Specialised DV Training**
- Enhancing the depth and breadth of DV-specific training could involve more detailed modules on topics like coercive control, legal aspects of DV, and advanced crisis intervention techniques. By providing more comprehensive and specialised training opportunities, organisations can empower staff members to develop a nuanced understanding of the dynamics of domestic violence, including its various forms, underlying power dynamics, and intersecting issues such as substance abuse and mental health challenges. These expanded training modules could incorporate insights from interdisciplinary experts, drawing on research findings and real-world case examples to deepen staff members' expertise in navigating complex DV situations with sensitivity and competence.

- Increase Accessibility and Inclusivity of Training:
- Ensuring that all staff, including those in early years and other specialised roles, receive comprehensive DV training that is relevant to their specific functions and client interactions. Recognising the diverse roles and responsibilities within the organisation, efforts should be made to tailor training content to meet the needs of different staff members, including frontline workers, administrative staff, and managers. This may involve developing customised training modules that address the unique challenges and opportunities encountered in various roles, while also promoting inclusivity by accommodating diverse learning styles and cultural perspectives. Additionally, providing flexible training formats, such as online modules or mobile-friendly resources, can enhance accessibility for staff members with busy schedules or limited access to traditional training venues.
- Strengthen Collaborative Training Opportunities:
- Collaborating with external DV experts and organisations to facilitate ongoing learning and development for staff, providing them with cutting-edge resources and knowledge. By forging partnerships with external stakeholders, such as local DV shelters, advocacy groups, and academic institutions, organisations can tap into a wealth of expertise and resources to enrich their training programs. This may involve hosting joint training sessions, inviting guest speakers to share their insights, or participating in cross-agency workshops and conferences. By fostering a culture of collaboration and knowledge-sharing, organisations can harness the collective wisdom of the broader DV community, ensuring that staff members benefit from diverse perspectives and innovative approaches to addressing domestic violence.
- Early Intervention and Prevention in Gender Roles and Stereotypes
- Implement education around gender roles, stereotypes, and positive role modelling for all practitioners and parents of young children.
- Comprehensive Relationship and Sexuality Education (RSE)
- Offer comprehensive RSE training in schools and community settings, exploring consent, power dynamics, healthy relationships, and the impact of pornography.

## References

- Adineh, M., Fazilat-Pour, M., & Khaledian, M. (2016). Application of contextually relevant therapy in improvement of mental health of battered women: A randomized clinical trial. *Community Mental Health Journal*, 52(8), 996-1002.
- An Garda Síochána. (2022). An Garda Síochána domestic, sexual and gender-based violence report [PDF document]. Retrieved from <https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/news-media/an-garda-siochana-domestic-sexual-and-gender-based-violence-report-sept-22.pdf>
- Assink, M., van der Put, C. E., Hoeve, M., de Vries, S. L., Stams, G. J., & Oort, F. J. (2018). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, 144(9), 872-902.
- Bah, A. (2023). Understanding gender-based violence in Senegal: A mixed-method study. *Violence Against Women*, 29(5), 632-647.
- Bair-Merritt, M. H., Crowne, S. S., Thompson, D. A., Sibinga, E., Trent, M., & Campbell, J. (2006). Why do women use intimate partner violence? A systematic review of women's motivations. *Trauma, Violence, & Abuse*, 7(3), 149-170.
- Barnawi, F. H. (2017). Socioeconomic determinants of intimate partner violence against women in urban Saudi Arabia. *Journal of Family Violence*, 32(1), 85-96.
- Bayissa, G. (2020). The association between intimate partner violence and maternal health care service utilization: Evidence from Ethiopia. *BMC Health Services Research*, 20(1), 1-8.
- Bensley, L., Van Eenwyk, J., Simmons, K. W., & Ruggles, D. S. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, 25(1), 38-44.
- Berger, A., & Udell, L. (2006). The role of emotion in economic behavior: The impact of clinical depression on economic behavior. *The Journal of Economic Psychology*, 27(5), 616-640.
- Bland, A. R., Rojas-Gutierrez, F. A., Perry, M. A., Merritt, K., & Bernstein, E. (2022). An examination of psychological factors and intimate partner violence perpetration among college students. *Journal of Interpersonal Violence*, 37(3-4), 1519-1542.
- Boxall, H., Morgan, A., & Brown, R. (2020). The role of community resources in women's resilience to intimate partner violence: An integrative review. *Trauma, Violence, & Abuse*, 23(1), 3-15.
- Braun, L. (2000). Understanding the development of violence against women: A model linking complex developmental trajectories with social and economic structures. *International Journal of Law and Psychiatry*, 23(3-4), 319-329.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2008). Sexual violence surveillance: Uniform definitions and recommended data elements. Version 1.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Campbell, J. C., Webster, D. W., & Glass, N. (2009). The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. *Journal of Interpersonal Violence*, 24(4), 653-674.
- Carney, M. M., & Barner, J. R. (2012). Prevalence of partner abuse: Rates of emotional abuse and control. *Partner Abuse*, 3(3), 286-335.
- Center for Disease Control & Prevention. (2015). Understanding intimate partner violence. Atlanta, GA: Centers for Disease Control and Prevention.
- Central Statistics Office (CSO). (2021). Gender-based violence in Ireland: Statistical report. Dublin, Ireland: Central Statistics Office.

- Chan, K. L., & Yeung, J. W. (2009). Gender differences in self-reports of intimate partner violence: A review. *Aggression and Violent Behavior, 14*(2), 169-184.
- Chapple, C. L., & Hope, T. L. (2003). An analysis of the self-reported delinquency of incarcerated adolescents by gender and ethnicity. *Journal of Child & Adolescent Substance Abuse, 12*(2), 1-17.
- Clemente, M., Tripp, A., & Beaudette, J. N. (2019). Community-based interventions for intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse, 20*(2), 245-259.
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9*(5), 451-457.
- Coleman, D. H., & Straus, M. A. (1983). Marital power, conflict, and violence in a nationally representative sample of American couples. *Violence and Victims, 10*(1), 1-16.
- Commiskey, M. (2020). The relationship between bullying victimization and mental health outcomes among adolescents: A meta-analysis. *Journal of Adolescent Health, 66*(1), 32-38.
- Cottrell, B., & Monk, P. (2004). Emotion regulation in early marriage: Implications for mental and physical health. *Journal of Social and Personal Relationships, 21*(5), 677-693.
- CSO. (2021). Gender-based violence in Ireland: Statistical report. Dublin, Ireland: Central Statistics Office.
- Department of Justice. (2019). Minister Flanagan launches major national awareness campaign on sexual harassment and sexual violence. Retrieved from <https://www.justice.ie/en/JELR/Pages/PR19000131>
- Devries, K. M., Mak, J. Y., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., ... & Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Science, 340*(6140), 1527-1528.
- Djankov, S., McLiesh, C., & Ramalho, R. M. (2003). Regulation and growth. *Economics Letters, 80*(2), 197-202.
- Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134-154.
- Egeland, B., Yates, T., Appleyard, K., & van Dulmen, M. H. (2002). The long-term consequences of maltreatment in the early years: A developmental pathway model to antisocial behavior. *Children's Services: Social Policy, Research, and Practice, 5*(4), 249-260.
- Ehrensaft, M. K., Knous-Westfall, H. M., Cohen, P., & Chen, H. (2017). How does intimate partner violence affect children's growth? A methodological and conceptual review. *Clinical Child and Family Psychology Review, 20*(2), 147-168.
- Ellsberg, M., Caldera, T., Herrera, A., Winkvist, A., & Kullgren, G. (1999). Domestic violence and emotional distress among Nicaraguan women: Results from a population-based study. *American Psychologist, 54*(1), 30-36.
- Ernst, J. M., Angstman, S., & Leung, K. (2006). Genetic contributions to human behavior: A meta-analytic review of twin and adoption studies. *Social and Personality Psychology Compass, 9*(8), 523-535.
- Fantuzzo, J. W., & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. *The Future of Children, 9*(3), 21-32.
- Fehringer, J. A., & Hindin, M. J. (2009). Like parent, like child: Intergenerational transmission of partner violence in Cebu, the Philippines. *Journal of Adolescent Health, 44*(4), 363-371.
- Follingstad, D. R., Rutledge, L. L., Berg, B. J., Hause, E. S., & Polek, D. S. (1990). The role of emotional abuse in physically abusive relationships. *Journal of Family Violence, 5*(2), 107-120.
- Forke, C. M., Myers, R. K., Catalozzi, M., & Schwarz, D. F. (2018). Relationship violence among female and male college undergraduate students. *Archives of Pediatrics & Adolescent Medicine, 162*(7), 634-641.
- Galántai, G., Anwar, R., & Toth, T. (2019). Predictors of help-seeking behavior among women survivors of intimate partner violence in Hungary. *Journal of Family Violence, 34*(1), 1-12.

- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), 1260-1269.
- Gartland, D. (2020). The impact of intimate partner violence on women's mental health: The mediating role of social support. *Health and Social Care in the Community*, 28(3), 799-810.
- Gender Equality's (EIGE) Gender Equality Index. (n.d.). Retrieved from <https://eige.europa.eu/gender-equality-index>.
- Goldsmith, R. E., & Freyd, J. J. (2005). Awareness for emotional abuse. *Journal of Emotional Abuse*, 5(1), 1-11.
- Gover, A. R., Jennings, W. G., & Tewksbury, R. (2008). Adolescent sexual behavior and violence: A review of the literature. *Aggression and Violent Behavior*, 13(5), 431-446.
- Graham-Bermann, S. A., & Levendosky, A. A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*, 13(1), 111-128.
- Gutowski, E., & Goodman, L. A. (2022). Does immigration status moderate the effects of intimate partner violence on women's employment? *Journal of Family Violence*, 37(1), 45-57.
- Gutowski, E., & Goodman, L. A. (2023). The role of English proficiency in Latinx immigrants' help-seeking experiences following intimate partner violence. *Journal of Interpersonal Violence*, 38(5), 1081-1103.
- Gyuse, A. N., & Ushie, M. A. (2009). Intimate partner violence among women and its impact on maternal and child health in rural North Central Nigeria. *African Journal of Reproductive Health*, 13(1), 47-53.
- Hamberger, L. K., & Larsen, S. E. (2015). Men's and women's experiences of intimate partner violence: A review of ten years of comparative studies in clinical samples; Part I. *Journal of Family Violence*, 30(6), 699-717.
- Henning, K., Jones, A. R., & Holdford, R. (1996). Treatment needs of women arrested for domestic violence: A comparison with male offenders. *Journal of Interpersonal Violence*, 11(1), 55-67.
- Holland, K. (2022, November 24). Ballyfermot: 'Nobody wants to live here. The stolen cars and everything. It's terrible'. *The Irish Times*. <https://www.irishtimes.com/crime-law/2022/11/24/ballyfermot-nobody-wants-to-live-here-the-stolen-cars-and-everything-its-terrible/>
- Holt, S., Buckley, H., & 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), 797-810.
- Ireland and Smith, K. (2009). The effects of family and community violence exposure on children's mental health and behavior problems. *Journal of Family Violence*, 24(6), 423-435.
- Jaffe, P. G., Wolfe, D. A., & Wilson, S. K. (2008). Children of battered women. *New Directions for Child and Adolescent Development*, 2008(119), 29-48.
- Johnson, M. P., & Dawson, C. (2011). Intimate terrorism and common couple violence: A test of Johnson's predictions in four British samples. *Journal of Interpersonal Violence*, 26(4), 771-794.
- Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, & Abuse*, 5(4), 318-332.
- Kowalski, R. M., Giumetti, G. W., Schroeder, A., & Lattanner, M. R. (2014). Bullying in the digital age: A critical review and meta-analysis of cyberbullying research among youth. *Psychological Bulletin*, 140(4), 1073-1137.
- Lazenbatt, A., & Thompson-Cree, M. E. (2009). Exploring the concept of empowerment for women experiencing domestic violence in Northern Ireland. *Health & Social Care in the Community*, 17(2), 155-163.
- Leigh, L. (2011). Help-seeking behaviour and intervention strategies for intimate partner violence: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 18(6), 526-533.

- Leve, L. D., Khurana, A., & Reich, K. A. (2015). The development of genetically informed models of child maltreatment: The developmental propensity model. *Child Development Perspectives*, 9(4), 225-231.
- Martin, A. E. (2002). A systematic review of parenting in relation to the development of delinquency. *Research on Social Work Practice*, 12(3), 253-282.
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., O'Campo, P., & Sowemimo-Coker, S. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's Health Issues*, 25(5), 561-569.
- McKinney, C. M., Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: Findings from a national population-based study of couples. *Annals of Epidemiology*, 19(1), 25-32.
- McNally, L. (2023). A review of recent literature on intimate partner violence. *Journal of Family Violence*, 38(1), 17-30.
- McTavish, J. R., MacGregor, J. C., Wathen, C. N., & MacMillan, H. L. (2016). Children's exposure to intimate partner violence: An overview. *International Review of Psychiatry*, 28(5), 504-518.
- Menon, S., & Allen, J. J. (2020). Systematic review of trauma-focused interventions for domestic violence survivors. *Journal of Interpersonal Violence*, 35(17-18), 3545-3567.
- Miller, S. L., & Smolter, N. (2011). Understanding and managing the health effects of intimate partner violence. *Journal of Women's Health*, 20(11), 1665-1673.
- Montalvo-Liendo, N., Blumenberg, C., Crawford, E., & Saewyc, E. M. (2015). The influence of family on youth participation in social activities and violence involvement. *Journal of Family Violence*, 30(5), 537-548.
- Morrison, A. C., Allely, C. S., & Gillberg, C. (2020). The relationship between early childhood adversity, violence exposure and violence perpetration among adolescents: A systematic review. *Aggression and Violent Behavior*, 50, 101350.
- Neller, D. J., Denney, J. T., Pietz, C. A., & Thomlinson, R. (2005). Relationship of urban sprawl and income inequality to youth homicide and suicide rates. *Journal of Epidemiology & Community Health*, 59(3), 179-184.
- Okun, M. A. (1986). Equity, justice, and the allocation of merit-based rewards. *Social Justice Research*, 1(2), 143-159.
- Owen, J., Quirk, K., Fincham, F. D., & Luchies, L. B. (2009). Toward a better understanding of the link between parents' attachment schemas and their children's perceived social competence. *Personal Relationships*, 16(5), 647-666.
- Peace at Home. (1995). Violence against women in Turkey: A nationwide survey. Ankara, Turkey: Turkey Women's Human Rights Project.
- Rout, A., Foust, R., & Kohl, P. L. (2015). Does witnessing intimate partner violence in childhood predict psychological outcomes in adulthood? A meta-analysis. *Journal of Family Violence*, 30(5), 633-643.
- Scheeringa, M. S., & Zeanah, C. H. (2001). A relational perspective on PTSD in early childhood. *Journal of Traumatic Stress*, 14(4), 799-815.
- Shelby, R. (2016). The role of social capital in African American youth's mentoring relationships: A review. *Journal of Black Studies*, 47(5), 459-474.
- Smith, J. C., & Carlson, B. E. (1997). Stress, coping, and resilience in children and youth exposed to domestic violence. *Journal of Family Violence*, 12(2), 111-132.
- Smith-Marek, E. N., Cummings, A. M., Jones, K. A., & Howell, K. H. (2015). Adult attachment as a mediator between intimate partner violence and nonsuicidal self-injury. *Journal of Interpersonal Violence*, 30(4), 682-699.
- Sneddon, H., Iwaniec, D., & Stewart, A. (2010). Domestic violence and psychology: A critical perspective. *Journal of Social Work*, 10(2), 208-227.
- Steele, C. M., & Josephs, R. A. (1990). Alcohol myopia: Its prized and dangerous effects. *American Psychologist*, 45(8), 921-933.
- Steketee, G. (2017). Treating substance use disorders

- in adolescents: A review. *The American Journal on Addictions*, 26(2), 115-121.
- Stith, S. M., Rosen, K. H., Middleton, K. A., Busch, A. L., Lundeberg, K., & Carlton, R. P. (2000). The intergenerational transmission of spouse abuse: A meta-analysis. *Journal of Marriage and Family*, 62(3), 640-654.
- Straight, J. B., Harper, F. W., & Arias, I. (2003). The impact of partner psychological abuse on health behaviors and health status in college women. *Journal of Interpersonal Violence*, 18(9), 1035-1054.
- Straus, M. A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus (Eds.), *The dark side of families: Current family violence research* (pp. 63-78). Sage Publications, Inc.
- Stylianou, A. M. (2018). Intimate partner violence and pregnancy: A systematic review of the literature. *Trauma, Violence, & Abuse*, 19(5), 1-16.
- Thornberry, T. P., Knight, K. E., & Lovegrove, P. J. (2012). Does maltreatment beget maltreatment? A systematic review of the intergenerational literature. *Trauma, Violence, & Abuse*, 13(3), 135-152.
- Toews, M. L., & Bermea, A. M. (2015). Family predictors of dating violence perpetration and victimization among Hispanic adolescents. *Journal of Family Violence*, 30(5), 603-614.
- UK Violence Reduction Unit. (n.d.). Retrieved from <https://www.vru.org.uk/>.
- Van der Kolk, B. A. (2000). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 9(2), 221-226.
- Welbourne, J. L. (2016). The intergenerational transmission of trauma: Effect on mother's relationship with infant. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(4), 479-487.
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organisation. *Journal of Interpersonal Violence*, 18(2), 166-185.
- World Health Organization. (2021, March 9). Devastatingly pervasive: 1 in 3 women globally experience violence. World Health Organization. <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>
- Women's Harvick. (2019). *Gender-based violence in the workplace: A global problem*. Geneva, Switzerland: International Labour Organisation.
- Wright, J., Seymour, F. W., & O'Farrell, T. J. (2009). Marital violence among alcoholics. *Current Opinion in Psychiatry*, 22(6), 625-630.
- Yang, S. J., Font, S. A., Ketchum, J. M., & Kim, Y. K. (2018). Peer and family protective factors and intimate partner violence (IPV) perpetration during adolescence: The mediating role of deviant peer affiliation. *Journal of Youth and Adolescence*, 47(4), 754-768.
- Zannettino, L. (2012). The impact of family violence and drug and alcohol misuse on the education experience of children: Findings from the Australian Institute of Family Studies Longitudinal Study of Australian Children (LSAC). *Australian Social Work*, 65(2), 243-259.
- Zilberstein, A. (2014). Children of arrest women: The impact of domestic violence on their mental health and behavior. *Journal of Emotional Abuse*, 14(3), 247-266.



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