



**“They said they
couldn’t take me
because I was
on drugs.”**

A report examining whether human rights are negated for women in addiction when accessing domestic violence support and refuge in Ireland.

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Glossary of terms

Binding: Signifies an obligation or duty to respect [IHREC, 2015].

Contravened: A direct violation of a particular law or rule [Vocabulary.com, 2024].

Domestic Abuse Coordinator (DAC): A Domestic Abuse Coordinator is a member of An Garda Síochána whose role involves liaising with victims of domestic abuse identified as being at high risk of further domestic abuse; liaising with suspect[s] of domestic abuse who have been identified as being at high risk of further offending, similar to case management of offenders; liaising with local and national non-governmental agencies; engaging with support services, refuges, Women's Aid, Sonas, Saoirse etc; liaising with Tusla, HSE, the Courts Service, the Probation Services and the Prison Service; and attending relevant training seminars and presentations [Minister for Justice, 2024].

Domestic violence refuge: A refuge service is a type of safe accommodation dedicated to survivors of domestic abuse that includes a specific programme of support [Seshadri, 2024].

Domestic violence support: For the purpose of this report, this term refers to the organisations, services and professionals that women in addiction seek support from both during and after domestic violence experiences. These supports range from addiction services, domestic violence-specific services, the Gardaí, the Irish judicial system, hospitals, general practitioners, addiction counsellors, psychotherapists, psychologists, social workers and social care workers.

Human rights: Human rights are the basic rights and freedoms that belong to everyone. International law, including treaties, contains provisions which give human rights legal effect [Irish Human Rights & Equality Commission, IHREC, 2015].

Human rights instruments: International binding and non-binding treaties and other agreements, including declarations, conventions, and other documents, set out and define political, civil, social, economic, cultural, and other fundamental human rights and regulate their implementation [Mayrhofer et al. 2014].

Human rights treaties: Formal international human rights agreements [IHREC, 2015].

State parties: Countries that have ratified or acceded to an international United Nations instrument [CEDAW, 1999].

Member states: One of the 26 countries that are members of the European Union [EUR-Lex, 2024].

Negated: To deny the existence or truth of something; to cause something to be ineffective or invalid [Merriam-Webster, 2024a].

Women in addiction: For the purpose of this report, the term women in addiction refers to any adult female either living with drug addiction or in recovery from their addiction.



Chapter 1

Introduction





This chapter provides background information about the SAOL Project and the decision to commission the current study.

1.1 The SAOL Project

The SAOL Project is an integrated education, rehabilitation, advocacy and childcare programme based in North Inner City Dublin. With bolstering from the local community, the project was established in October 1995 to provide support for women who were engaged in methadone treatment. In the twenty-nine years since its inception, SAOL has worked to promote the needs of female drug users and their children. The project engages with women at any point along the continuum of change, supporting those who are changing their relationship with drugs, maintaining their stability with prescribed substances and/or choosing to be drug-free [SAOL, 2024a]. Groupwork is a psychosocial educational tool that underpins the approach to working with women attending the SAOL Project. Unsurprisingly, the women engaged with the SAOL Project seek support for many issues other than their addiction, so the group work facilitated is responsive to their needs and currently includes *UChoose*, a person-centred, community-based programme for women at all stages of recovery from drug addiction; *BRIO*, a two-year education and training programme for women who have the dual issues of criminality and addiction; *SAOL Beag*, a children's centre which provides full day care places for up to 11 children aged 1–3 in a safe, trauma-informed, stimulating and caring environment; *Community Employment*, a five day per week placement where working on their recovery becomes the women's job, and the *DAVINA Project*, a groupwork initiative that centres on psychoeducation about the interplay between addiction and domestic violence [SAOL, 2024b].

1.2 The DAVINA Project

The DAVINA Project is a relatively new initiative established in 2020 in the wake of COVID-19 lockdowns. Before the establishment of the DAVINA Project, Domestic Sexual Gender Based Violence (DSGBV) was addressed at the SAOL Project through one-to-one case work intervention. Staff from the project noted the recurring difficulty for women attending who disclosed DSGBV as it became apparent that mainstream domestic violence support and refuge services were limited in what they could offer them. Frequently, women who disclosed experiences of domestic violence were limited in what they could avail of due to a requirement to provide proof of abstinence from drugs and stability before services such as counselling or refuges would offer support to them. During the first COVID-19 lockdown, which began in March 2020, SAOL remained open as a frontline service. With support from statutory, NGO and local businesses, the project remained in contact with the women and children attending. SAOL operated both an online and telephone service, a drop-by service for socially distanced one-to-one support and an outreach service where staff went to homes to deliver food, educational packs [relating to online groups] and resources for children. During the home visits, staff were struck by the level of domestic violence they observed. It was the first time that SAOL Project staff had been exposed to the prevalence of domestic violence for several women availing of support. During some home visits, staff observed domestic violence in the form of bruising from physical violence as well as direct evidence of controlling behaviours towards the women from the perpetrators. The SAOL Project staff were so aghast and concerned with the extent of domestic violence they had encountered that the project liaised with Health Service Executive (HSE) management to gain their support in maintaining frontline outreach work throughout all lockdowns. Despite support from the HSE, it became apparent that SAOL's response to DSGBV was insufficient for the level of need presented. The SAOL Project also realised that although it was providing one-to-one support to women who disclosed experiences of DSGBV, it had underestimated the prevalence and needed to respond proactively to support the women impacted.

Fortunately for the SAOL Project, this realisation coincided with Rethink Ireland's Equality Fund 2020-2023 announcement. Rethink Ireland provides funding and business support to social innovations. The organisation is motivated by the reality of Ireland not being an equal place for everyone. It, therefore, tasks itself to propel social innovations with the knowledge and expertise to address these inequalities [Rethink Ireland, 2024]. The Equality Fund 2020-2023 comprised cash grants from a three million euro fund. To be eligible for a cash grant from the fund, the premise of proposed social innovations had to tackle systemic inequality and empower marginalised communities [Rethink Ireland, 2022]. Given its knowledge and expertise in facilitating psychoeducational group work, the SAOL Project had the idea of addressing the inequality in accessing effective domestic violence support and refuge for women in addiction by developing the DAVINA Project. To ensure that the DAVINA Project could be delivered, the SAOL Project applied for the Rethink Ireland Equality Fund 2020-2023, and its application was successful.

The DAVINA Project commenced in 2020 and aims to bridge the gap between addiction and domestic violence services so that women can access support earlier and explore the impact of domestic abuse on their decisions around drugs and alcohol. A key part of the DAVINA programme is the role of the DAVINA Peers. These peers are women who have lived experience of addiction and domestic violence. The Peers inform the direction of the project and develop materials that can be used by professionals to work with women who experience dual issues of addiction and Domestic Violence [SAOL, 2024c].

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1.3 Background to the present study

In 2022, the SAOL Project successfully applied for funding for the study from the Irish Human Rights and Equality Commission (IHREC) Grants Scheme. The IHREC is an independent statutory body established in 2014 under the Irish Human Rights and Equality Commission Act 2014. Under the Act, IHREC's functions include protecting and promoting human rights and equality; encouraging the development of a culture of respect for human rights, equality and intercultural understanding in the State; promoting understanding and awareness of the importance of human rights and equality in the State; encouraging good practice in intercultural relations to promote tolerance and acceptance of diversity in the State and respect for the freedom and dignity of each person; and working towards the elimination of human rights abuses, discrimination and prohibited conduct [IHREC 2022]. The 2022-23 IHREC Grants Scheme aimed to advance greater economic equality and support compliance with the public sector equality and human rights duty. The SAOL Project submitted an application relating to the latter. The premise of the grant scheme was to build understanding and leadership; empower people, groups and communities who face the greatest barriers and are the least likely to be heard to advocate for their rights and be involved in the decisions that affect them; and to help place human rights and equality at the centre of legislation, policies, practice. The grant scheme emphasised that successful applications would demonstrate a commitment to empowering groups protected under the nine grounds of equality legislation [civil status, family status, age, gender, sexual orientation, race, religion, disability, membership of the traveller community, as well as people experiencing poverty and socioeconomic discrimination] that were less likely to have their voices heard [IHREC, 2022].



The SAOL Project was motivated to seek funding for research under the theme of supporting compliance with public sector equality and human rights because of its increased awareness of the prevalence of domestic violence and the consistent obstacles it encountered when trying to access domestic violence support and services for women availing of support. The present study aligned with this theme because the findings contribute to a greater awareness in society of the importance of ensuring human rights for women in addiction when accessing domestic violence support and refuge. Recommendations can also be drawn from the findings to demonstrate how access to and experience of public services can be improved.

1.4 Summary

This chapter outlined the background of this study. It provided insights into the work of the SAOL and the DAVINA Projects with women in addiction who are or have experienced domestic violence. It further described how the projects interest in examining human rights negation in terms of access to domestic violence support and refuge for this particular vulnerable group within society was instigated. The next chapter will provide an overview of the study methodology. Chapter 4 outlines and discusses the findings of the study. In response to the findings, the last chapter, Chapter 5, provides a conclusion and recommendations.



Chapter 2

Methodology





This chapter introduces the study's research question, aims, and objectives. It then describes how the research was conducted, outlines the research methods employed, and explains the rationale for their implementation. Lastly, the section outlines the study's ethical considerations and how these were addressed during the research process.

2.1 Research purpose

This research centred on determining if human rights are negated for women in addiction when accessing domestic violence support and refuge and was funded under the Irish Human Rights and Equality Commission (IHREC) Human Rights and Equality Grant Scheme 2022-2023. The purpose of this IHREC grant was to fund research projects that would advance economic equality or the public sector duty. After obtaining the funding for the study, the SAOL Project approached Dr Mary Kennedy, Assistant Professor in Social Work at University College Dublin (UCD), to ask for assistance in undertaking the research. The research team for the study consisted of three academic researchers [Dr Mary Kennedy, Principal Investigator (PI), Gráinne Murtagh and Dr Hannah Lucey] and three researchers from the staff team at the SAOL Project [Gary Broderick, Réidín Dunne and Rachel Fayne]. Several research aims and objectives guided the study. These included the following:

2.2 Research aims

1. What were the experiences of how basic rights and freedoms to accessing domestic violence support and refuge were facilitated for women in addiction?
2. What services and professionals, if any, did women in addiction seek domestic violence support and refuge from?
3. What influenced the decision of women in addiction about the services or professionals that they approached for domestic violence support and refuge?
4. When they approached services and professionals, did women in addiction encounter barriers to accessing domestic violence support and refuge?
5. Had women in addiction been refused domestic violence support and refuge based on their addiction?

2.3 Research objectives

- Examine what the experiences of accessing domestic violence support and refuge were for women in addiction.
- Ascertain what services and professionals women in addiction identify to seek domestic violence support and refuge from.
- Establish if women in addiction are afforded the same basic rights and freedoms as women who are not in addiction to domestic violence support and refuge.
- Identify what barriers, if any, women in addiction encounter when accessing domestic violence support and refuge.

2.4 Method

Creswell [2009] affirms that a qualitative research method is suitable for researchers who want to investigate a problem or issue at the site where it is occurring for participants, when the researcher seeks to establish the meaning that participants hold about a problem or issue in an interactive way and when researchers want to develop a complex understanding of the thoughts, feelings and attitudes that participants hold about the problem or issue



being examined. In light of these affirmations, a qualitative research method was identified as the most appropriate method for the study. Focus groups are a qualitative method that facilitates a diverse discussion between multiple participants. Interactions during focus groups also provide unique insights into the everyday similarities and differences in participants' experiences [Tausch and Menold, 2009]. Focus groups were therefore implemented to capture the views of the women in addiction attending the SAOL Project and staff members working there. Four focus groups were facilitated, two with twelve research participants comprised of women in addiction attending the SAOL Project and two with ten staff from the organisation.

2.5 Selection and recruitment of participants

Initially, as the research question centred on examining if human rights were negated for women in addiction when seeking domestic violence support and refuge, the researchers were keen to obtain the views of female drug users and staff from multiple addiction services. Due to a lack of resources, the UCD researchers could not undertake the study across numerous addiction service sites. After reviewing the literature, the researchers from UCD became aware that women in addiction often seek support from different services during their pathway to recovery [United Nations Office on Drugs and Crime, 2004; Ivers, Giulini and Gillian, 2021]. Given this information, the UCD researchers consulted with the SAOL Project researchers to ascertain if it was common for women availing of their support to report that they had previously attended other addiction services. The SAOL Project researchers confirmed that it was and further advised that most staff within the SAOL Project had previous employment experiences in other addiction services. Given this information and the fact that the research question focused on retrospective experiences of seeking domestic violence support and refuge, the UCD researchers were confident that recruiting research participants for the study from the SAOL Project exclusively would provide an overview of instances of seeking assistance from women in addiction who had attended a range of addiction services.

The recruitment process for the study was commenced by members of the research team from the SAOL Project. These research team members informed SAOL Project service users and staff of the study. They provided service users and staff with information sheets about the study and answered any questions about the research project. The role of the SAOL Project researchers ceased once information was provided to interested parties. Within the information provided, the women in addiction and staff were provided contact information for the UCD investigator and Principal Investigator [PI], Dr Mary Kennedy, and the other academic researchers, Gráinne Murtagh and researcher Dr Hannah Lucey. Interested parties were advised that they could contact these individuals with queries or concerns before, during and after participation in the study. The service users and staff were advised that they could express their interest in participating to Dr Mary Kennedy, PI, UCD. For this purpose, contact information [phone number and email address] was provided to service users and staff.

To participate in the study, the women in addiction and staff from the SAOL Project had to meet the following inclusion criteria. The women in addiction had to be female, be over the age of 18 years, availing of support from the SAOL Project, and they had to have experience seeking domestic violence support and refuge whilst in addiction. The SAOL Project staff who wished to participate in the study had to be over the age of 18 years, be employed by the SAOL Project and have experience in advocating for domestic violence support and refuge on behalf of a woman/women in addiction. Exclusion criteria for participation in the study for women in addiction included individuals who were not over the age of 18 years, those who were not availing of support from the SAOL Project and those who had no experience of seeking domestic violence support and refuge. Staff from the SAOL Project were excluded from participation if they were not over the age of 18 years, not employed by the SAOL Project and if they had no experience of advocating for domestic violence support and refuge on behalf of a woman/women in addiction.



2.6 Data collection and analysis

Data was collected via audio recordings of the discussions during the four focus groups. Once the recordings were complete, they were transcribed, and the academic researchers completed thematic analysis. Braun and Clarke (2022) define thematic analysis as developing, analysing and illustrating patterns from qualitative data. The method enables researchers to code the data to identify themes which encapsulate the lived experiences of research participants.

2.7 Ethics

Given the sensitive nature of the research topic, ensuring participants' dignity, safety and emotional well-being was paramount throughout the study. The research team developed and adhered to Protocols regarding recruitment, informed consent, confidentiality, voluntary participation, withdrawal from the study without repercussions, and access to counselling support services post-participation should participants become upset. Participants were provided with clear and accessible written information about how the researchers would respond to child protection, adult safeguarding, and disclosures of immediate potential risk of harm to self or others. All members of the research team were Garda vetted. Ethical approval for the study was obtained from the University College Dublin (UCD) Human Research Ethics Committee (HREC).

2.8 Summary

This chapter provided an overview of the research methodology employed to examine whether human rights are negated for women in addiction when seeking domestic violence support and refuge. Underpinned by human rights and a social justice perspective, the study reflects on Irish statutory support and implementation of universal human rights treaties and instruments that were created to assist women in addiction who have or are encountering domestic violence. The next chapter considers the literature relating to the research question.



Chapter 3

Literature review





This section will provide context for the study and promote understanding regarding what the current literature indicates about human rights negotiation for women in addition when accessing domestic violence support and refuge.

3.1 An understanding of human rights and domestic violence

Substance use issues should not interfere with a woman's human rights. Females who use drugs should not be discriminated against by health or social care services, nor should they encounter service responses which perpetuate stigma or prejudice [Sharvey, Keane and Duffin, 2019]. Human rights are universal rights and freedoms [Clapman, 2007]. They are agreed-upon standards outlined in international laws, which aim to ensure everyone is treated with respect and dignity. Human rights belong to all people without discrimination and are interdependent and indivisible, meaning that not protecting one human right may negatively affect the protection of others. Human rights treaties are formal international agreements that state parties agree to uphold. State parties [countries that have legally bound themselves to adhere to a particular treaty] are obligated under international law to defend human rights. A state party's government has the primary obligation to ensure that its laws and policies are conducive to protecting citizens' human rights [IHREC, 2015].

Surprisingly, many of the important United Nations [UN] human rights treaties do not directly relate to domestic violence. Indirectly, since its inception, the UN human rights bodies broadly addressed domestic violence under the premise of women's rights to life, equality, liberty and security of a person, to be free from all forms of discrimination, to equal protection under the law, to access the highest standard attainable of mental and physical health; and not to be subjected to torture, or other cruel, inhuman or degrading treatment and punishment. In 1993, the UN General Assembly, the main policy-making organisation of the UN, issued the Declaration on the Elimination of Violence Against Women [DEVAW] [McQuigg, 2017]. Although the declaration was adopted with overwhelming state party consensus, giving it weight and endorsement, it is not a legally binding instrument. The declaration asserts that state parties should develop penal sanctions, ensure redress for women who experience violence and develop preventative plans to address violence against women. The declaration further affirms that state parties '*should pursue by all appropriate means and without delay a policy of eliminating violence against women*'.

Despite state parties' overwhelming endorsement of the declaration, as it is not binding, they have the discretion to incorporate it into domestic law and policy [McQuigg, 2017]. Discretionary endorsement seems to be consistent concerning UN human rights relating to violence against women [Reilly, 2009]. Although several human rights treaties address violence against women, the UN Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW] [1979] is the only binding one to which state parties are obligated to adhere to [McQuigg, 2011]. The UN General Assembly adopted the CEDAW on 18 December 1979. It is viewed as a pivotal human rights treaty for ensuring gender equality for women. The purpose of the

“*The declaration asserts that state parties should develop penal sanctions, ensure redress for women who experience violence and develop preventative plans to address violence against women. The declaration further affirms that state parties 'should pursue by all appropriate means and without delay a policy of eliminating violence against women'.*”

CEDAW was to eradicate discrimination against women because of their gender by any organisation, company or person [Chinkin and Yoshida, 2020]. Ireland signed and ratified this treaty in 1985 [IHREC, 2024].

Interestingly, although the CEDAW [1979] was a revolutionary human rights instrument in that it obligated state parties to prohibit discrimination against women based on gender and required them to adopt measures to ensure equality for women, it did not mention domestic violence as a gender equality issue. This omission was partially addressed in 1992 when the CEDAW Committee reviewed the human rights instrument and added General Recommendation 19. This recommendation was unprecedented as it acknowledged violence against women as a form and mechanism of gender-based discrimination used to suppress and persecute females. It emphasised the need for state parties to recognise violence against women in private settings as a human rights issue [United Nations, 2024]. Recommendation 19 also asserted that state parties should report on violence against women. Complaints mechanisms were called for to enable women who exhausted all domestic remedies to file a grievance against the State concerning meeting its obligations under the Convention [Council of Europe, 2024a].

In 2017, the CEDAW Committee identified the need to update Recommendation 19 by adopting Recommendation 35. Recommendation 35 is perceived as a milestone as it is the first human rights treaty which affirms the human rights obligations of state parties for women who experience domestic violence. This recommendation emphasises the gender-based nature of violence against women. Specifically, the recommendation expands the definition of violence against women to include sexual assaults. It calls for state parties to change cultural, traditional and religious stereotypes and social norms which support violence against women. It clearly defines the liability for state parties who fail to act with due diligence to prevent violence against women by private individuals and companies. The recommendation obligates state parties to ensure that women and girls who experience violence have access to support and remedies. It resolutely calls for laws and policies that directly and indirectly facilitate violence, excuse it or condone it to be repealed by state parties. Lastly, the recommendation asserts the need for women's autonomy and decision-making to be affirmed and respected in state parties' approaches to addressing violence against women [United Nations, 2024].

In 2011, the European Union [EU] directly addressed women's human rights in terms of domestic violence in The Convention on Preventing and Combating Violence Against Women and Domestic Violence [also known as the Istanbul Convention]. The Istanbul Convention entered into force in August 2014, and Ireland ratified it in November 2015 [Council of Europe, 2019]. The Convention is pivotal in addressing domestic violence in Europe. It requires EU member states [countries who are members of the EU] to develop laws, policies and support services to eradicate violence against women and domestic violence [McQuigg, 2017]. The Convention constitutes a move by the EU to provide a comprehensive and unanimous response to ensure that women and girls across Europe are not subjected to domestic violence. The obligations covered under the Convention are separated into four pillars of action for EU member states. These pillars include preventing violence against women, protecting victims, prosecuting perpetrators, as well as implementing related comprehensive and coordinated policies. The four pillars within the Convention outline various requirements for member states, including legal and practical measures to improve responses to domestic violence [Council of Europe, 2024b].

Interestingly, the authors of this report could not locate literature specific to the research question. It appears that this study represents the first time that the question of human rights negation for women in addition when accessing domestic violence support and refuge has been considered. This realisation proves both surprising and concerning.

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The Istanbul Convention entered into force in August 2014, and Ireland ratified it in November 2015 [Council of Europe, 2019]. The Convention is pivotal in addressing domestic violence in Europe.

3.2 Defining domestic violence from a human rights perspective

Defining domestic violence in an Irish human rights context is multifaceted. As Ireland is a state party of the UN and a member state of the EU, its definition of domestic violence is drawn from both UN and EU human rights instruments. These human rights instruments include the DEVAW [1993] and The Istanbul Convention [2011]. The DEVAW [1993] does not define domestic violence specifically but rather focuses on providing an interpretation of violence against women. The Declaration states that ‘*violence against women constitutes a violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms*’ [DEVAW, 1993]. The DEVAW affirms that the origins of violence against women are the manifestation of long-standing inequality between men and women, which resulted in male domination over and discrimination against women. The DEVAW asserts that violence against women is one essential social mechanism by which women are forced into a lesser position within society [DEVAW, 1993]. Article 1 and 2 of the DEVAW [1993] defines violence against women as follows:



Article 1:

For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.



Article 2:

Violence against women shall be understood to encompass, but not be limited to, the following: [a] Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; [b] Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; [c] Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

The Council of Europe [2024] defines domestic violence as ‘including all acts of physical, sexual, psychological and economic violence that occur within the family, domestic unit, or between intimate partners. These can be former or current spouses and when they do not share the same residence. The Istanbul Convention [2011] does not provide a distinct definition of domestic violence; instead, it incorporates Article 1 of the UN DEVAW [1993] and the Council of Europe [2024] definitions to outline its interpretation.

3.3 Defining domestic violence in an Irish support and refuge service provision context

Although the human rights treaties’ definitions of domestic violence underpin Irish domestic violence support and refuge service provision, it is important to highlight that in response to evidence and direct work with women, services and professionals work under expanded versions of the definitions. This section will outline some of these extended interpretations of domestic violence.

The Irish government’s Department of Justice defines domestic violence as abuse, which includes but also extends beyond physical violence. The definition explains that the term can also refer to the perpetrator isolating the victim from their friends, family and broader social support network; the destruction of the victim’s property, the perpetrator



threatening their children or loved ones; exerting control over the victim's access to money, communication, personal belongings, food, or transportation and stalking them [Department of Justice, 2022]. The Department of Justice [2022] asserts that anyone can experience domestic violence and that it is not restricted to a particular social class, educational or ethnic group. Domestic violence is a pattern of repetitive controlling and abusive actions against the victim. Domestic violence involves the use of physical or emotional force or the threat of physical force, including sexual violence in close adult relationships. The impact of domestic violence can have profound social, emotional, physical and financial ramifications for victims and their families. Domestic violence is perpetrated within the context of a relationship. Domestically abusive relationships can be with a spouse, an intimate partner, an ex-partner, a family member or a person residing within the victim's home [Department of Justice, 2022].

In January 2024, Ireland launched its statutory Domestic, Sexual and Gender-Based Violence (DSGBV) Agency named Cuan. The main functions of the agency are to deliver excellent services to victims of DSGBV, including accessible refuge accommodation, helpline and appropriate support; develop vigorous governance protocols and national service standards to ensure that supports are appropriate and effective; conducting research to inform DSGBV Irish policy; instigating awareness-raising campaigns to inform victims of how to access supports and to reduce the occurrence of DSGBV in Ireland and lastly, coordinating all government actions outlined in the Third National Strategy on DSGBV and reporting delivery progress to the Minister for Justice [Department of Justice, 2024]. Cuan appears to still be in the planning stages and has yet to launch a website or disseminate its definition of domestic violence [Hannon, 2024]. During the interim phase of waiting for this to occur, services and professionals within Ireland obtain domestic violence support and refuge information from the umbrella agency Safe Ireland. Safe Ireland, established in 1998, is an Irish National Social Change Agency that centres on eradicating domestic abuse and coercive control [Safe Ireland, 2024a]. Coercive control is a term coined by sociologist and forensic social worker Evan Stark, who uses it to refer to abusive behaviour that is about the perpetrator dominating the victim into subordination. In this type of abuse, instead of instigating direct conflict, the perpetrator coercively controls their partner to avoid it. The perpetrator also punishes their partner for perceived slights or wrongdoings by consistently exerting their superiority over the person being abused. With coercive control, the abuse is motivated by the desire to silence the victim [Stark, 2023]. Stark [2023] asserts that sexual inequality underscores coercively controlling behaviour as gender inequalities in terms of social role expectations result in men having a social power advantage. To eradicate domestic abuse and coercive control, Safe Ireland works closely with 37 frontline domestic violence services throughout Ireland to ensure critical service provision to women and children. In addition, the agency undertakes research, informs public policy, prevention work, increases public awareness about domestic violence and coercive control, and trains professionals.

Safe Ireland [2024b] provides a detailed definition of domestic violence for victims, services and professionals. This definition asserts that Coercive control is a crime. It explains that coercive control is a central part of domestic violence, and it does not always involve physical abuse. The agency further defines domestic abuse and coercive control as a sustained and intentional pattern of abusive behaviour over a prolonged timeframe to create fear and obtain obedience from the victim. This type of abuse can incorporate stalking, intimidation, exerting control over the person, isolating them, making threats and control. It can also involve physical and sexual violence. Safe Ireland [2024b] provides a list of domestically abusive behaviours but, in doing so, emphasises that their list is not exhaustive and does not include all forms of abuse. They explain that this is because some domestically abusive behaviours can be difficult to define. The Safe Ireland website advises individuals who do not see behaviours that they suspect are abusive not to take this as them not being so. The website encourages individuals in this situation to consider whether the behaviour makes them nervous, anxious or fearful of their partner and to trust their instincts if they feel that they are encountering domestic abuse. The list provided by the Safe Ireland [2024b] website is outlined on the following page:



Physical abuse

Punching or slapping you; Using weapons, such as knives or hammers, against you, Using household items as weapons, such as throwing a phone at you, Biting you, Pinching you, Kicking you, Pulling your hair, Pushing or shoving you, Burning you, Strangling or choking you, Raping you.

Emotional and psychological abuse

Constantly putting you down and calling you names in private and/or in front of others, Not listening or responding when you talk, Restricting where you can travel to or who you can see, Monitoring the petrol or diesel you have used in your car or the distance you have travelled, Not allowing friends or family to the house or stopping you from spending time with them, Telling your family and friends lies about you, Sulking or not speaking to you when you do something they don't approve of, Lying to you or withholding information from you, Being jealous of your other relationships with family, friends or colleagues, Having other relationships, Breaking promises and shared agreements, Threatening to harm themselves, Stalking you, Monitoring your whereabouts by following you or using tracking devices on your phone, Monitoring your online activity or opening your post and emails, Making threats to hurt you, your children or others you care about including pets, Destroying or threatening to destroy your property, belongings or car.

Sexual abuse

Raping you, Using force, threats, or intimidation to make you perform sexual acts, Making you feel guilty for not having sex, Any degrading treatment based on your sexual orientation, Withholding contraception or controlling your access to it, Making you watch pornography or forcing you to participate in the making of it, Sharing, or threatening to share, intimate images online or with friends, family or colleagues.

Financial abuse

Controlling all household money and asking you to account for money spent, including showing receipts, Denying you access to your bank account or shared bank accounts, Sabotaging your work or preventing you from attending work (for example, hiding your car keys), Withholding money for food, household or personal items, Not paying bills, rent or the mortgage and allowing arrears to build up; Not paying child maintenance as agreed or at all, Running up bills in your name (creation of debt), Maxing out your line of credit.

Technology facilitated abuse

Using technology to track your whereabouts, Using tracking devices to monitor your locations and activities, Sending excessive amounts of voice calls, emails and texts,

Denying access to technology to isolate you, Sending abusive messages online to threaten you and/or your family, Sharing intimate and private pictures or messages online, Harassing you by sending insulting or threatening texts or messages, Making fake profiles to harass you, Monitoring all of your online activity, examples include who comments or likes your posts, Checking your search history, Demanding you give them your passwords to your online accounts.

3.4 Recognising women in addiction as a vulnerable population in terms of domestic violence experiences

Women with histories of addiction are particularly vulnerable to experiencing domestic violence [Ghiasi et al., 2022; Arpa, 2017]. A recent rapid review concluded that in the year 2020, at least 11,000 women in Ireland who were aged over fifteen and used illicit substances had experienced domestic violence [Banka, 2022]. Further, the review suggested that if lifetime prevalence were instead considered, this number could be significantly greater [Banka, 2022]. It is important to recognise the relationship between addiction and domestic violence as co-constituted and mutually perpetuating [Fox, 2020; Harm Reduction International, 2013]. A plethora of research demonstrates that addiction is often preceded by exposure to traumatic and violent experiences, with women who use drugs more likely to have experienced violence and trauma than either the general population or men with histories of addiction [Banka, 2022; Benoit, 2015, Harm Reduction International, 2013]. This violence often occurs throughout women's life course and can take on many gendered forms, including childhood neglect and sexual abuse, as well as domestic violence [Banka, 2022; Morton, 2023; The National Commission on Domestic and Sexual Violence and Multiple Disadvantages, 2019]. The seminal Adverse Childhood Experience [ACE] study, renowned as the most significant longitudinal public health study ever which investigated the relationship between childhood adversities and household dysfunction to the leading causes of adult mortality, determined that not only were parental substance misuse and exposure to domestic violence considered to be ACEs but children who experienced four or more ACEs during childhood were also found to be more likely to adopt maladaptive coping strategies such as drug or alcohol misuse in adulthood [Felitti et al. 1998]. Subsequent studies which implemented the ACE research measures established that children exposed to domestic violence in childhood had a higher probability of entering domestically abusive relationships [Mair, Cunradi and Todd, 2012; Taillieu, Davila and Struck, 2020].

Exposure to parental substance misuse or domestic violence in childhood is not the only contributing factor to experiences in adulthood. Further, drug use often becomes implicated in the experience of domestic violence itself [Gadd, 2019; Harm Reduction International, 2013; Morton, 2023]. Women who were not exposed to drug abuse previously or actively using drugs themselves can be coerced into initiating drug misuse. For example, women may be pressured by perpetrators to partake in certain forms of drug use [like injecting opioids], or drugs may be withheld to increase women's dependence on their perpetrators, or their perpetrator may use the threat of exposing women's previous drug use to consolidate their control further.

3.5 Domestic violence and homelessness

Domestic violence and addiction are, therefore, not experientially or analytically distinct social phenomena. Rather, the intersectional nature of these issues must be recognised if they are to be adequately addressed [Morton, 2023]. Moreover, understanding this intersectionality extends further to recognising the linkages between other all-too-common aspects of women's experiences of domestic violence and substance use, including mental ill-health [Hampshire County Council, 2015], poverty, and homelessness [The National Commission on Domestic and

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Sexual Violence and Multiple Disadvantage, 2019]. A recent review of the European evidence found an emphatic and consistent association between women's experiences of homelessness and domestic violence, greater than what exists for men [Bretherton and Mayock, 2021]. Again, this represents a mutually reinforcing relationship, as women's exposure to domestic violence can trigger their entry into homelessness, just as the risk of becoming homeless exacerbates the challenge of leaving an abusive situation. In contrast, the experience of homelessness itself heightens women's risk of experiencing intimate abuse [Mayock, 2021; Safe Ireland, 2022]. Treating each of these as separate issues and siloing services, not to mention chronic issues of underfunding, therefore disproportionately injures women, who tend to be more heavily impacted by the nexus between substance use, domestic violence and homelessness [Bretherton and Mayock, 2021; Harm Reduction International, 2013; Safe Ireland, 2022; Savage, 2016; The National Commission on Domestic and Sexual Violence and Multiple Disadvantage, 2019].

3.6 The societal perception of women in addiction

Compounding these issues further is the double stigma faced by women who use drugs versus their male counterparts. Mounting evidence from across Europe and America suggests that women are judged more harshly for using drugs because of their perceived failure to uphold normative standards of submissive, contained femininity, and societal concerns around the implications for their maternal, nurturing capacities [Buxton, 2021; Campbell, 2000; European Monitoring Centre for Drugs and Drug Addiction, 2022; Savage, 2016; The National Commission on Domestic and Sexual Violence and Multiple Disadvantage, 2019]. Widespread associations between drug use, mendacity, criminality, and violence contribute to this stigmatisation, as well as the experience of multiple stigmas which befalls many women by dint of their race or ethnicity, socio-economic status, and experience of disability or HIV combined [Llyod, 2010; Page, 2024; UK Drug Policy Commission, 2010]. Several anthropological studies have suggested that in the United States, public fear around the figure of the female drug user was intentionally exploited by those in power to justify a racialised war on drugs [Knight, 2015; Singer, 2014]. This experience of multiple and gendered stigmatisation ultimately exacerbates the challenge of accessing services for women while simultaneously dissuading them from reaching out for help [Ivers, 2021; Page, 2024; Morton, 2020].

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Several anthropological studies have suggested that in the United States, public fear around the figure of the female drug user was intentionally exploited by those in power to justify a racialised war on drugs [Knight, 2015; Singer, 2014].

3.7 Where can women seek domestic violence support and refuge in Ireland?

Domestic violence within Ireland is largely perceived as a 'private problem', rather than a 'public wrong' [Leahy, 2023: 1]. The recognition of the noxious ability of domestic violence to inflict pain and trauma upon countless individuals and families reinforces the unequivocal need for a proactive State response. In the aftermath of systematic or sustained violence, a survivor's informal support network is often reduced seismically, underlining the need for formal support. Furthermore, women often lack resources along a multitude of variables and dimensions, including economically, to the extent that they form a 'distinct socially excluded group' [Wilcox, 2000: 35]. According to the Irish Courts Service [2023], there were 23,536 applications in 2022 to the District Courts for interim barring orders. These applications must be contextualised within the 'public-private dichotomy' [Leahy, 2023: 1] of the Irish system; securing an order under the Domestic Violence Act 2018 remains a civil matter.

As mentioned previously within this chapter, there are thirty-seven domestic violence and abuse services located throughout the Republic of Ireland. These services offer free, confidential support, advice and counselling to women who experience domestic violence and abuse [Safe Ireland, 2024]. For women in addiction, however, support and

refuge from domestic violence are sought initially and primarily from addiction services [Armstrong et al., 2019]. A Tusla [2022] commissioned report outlined that in 2020, there were 155 units of emergency domestic violence accommodation in Ireland. One hundred forty-five of these units were in refuges, whilst 10 were in designated safe homes. Data returned to Tusla by funded services exposed that, in 2018, 4,381 enquiries about access to refuges did not result in access. Almost two-thirds of these requests were not honoured due to insufficient space. In very basic terms, this lack of refuge spaces falls alarmingly short of commitments made under the Istanbul Convention. The provision of refuge spaces remains geographically inequitable, with larger towns and cities better serviced than rural counties, most notably, areas of the Midlands and North-West.

Within the remit of *Zero Tolerance*, a statutory plan to create an Ireland where gender-based violence is not tolerated, the Irish government has ambitiously pledged to double refuge places in the State [Government of Ireland, 2022]. The Irish Observatory on Violence against Women [2023] conveyed several remaining challenges for the implication of this ambitious plan of action. A myriad of challenges remain for the support and refuge needs of the most vulnerable members of society, including the nine groups [Children and young people; members of the LGBTI+ community; migrants; undocumented migrants; people with disabilities; travellers and Roma, victims of trafficking and a person who identifies with more than one of these groups], identified by *Zero Tolerance*. Women in addiction are unacknowledged as a vulnerable group within this strategy. This lack of acknowledgement is unexpected given that women in addiction are renowned in literature as being particularly vulnerable to experiencing domestic violence. Unquestionably, as a society, we must forge ahead to deliver protection, support and justice to the highest standards to all those affected by domestic violence whilst addressing the needs of our most vulnerable individuals [Walsh and Dixon, 2024].

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Within the remit of *Zero Tolerance*, a statutory plan to create an Ireland where gender-based violence is not tolerated, the Irish government has ambitiously pledged to double refuge places in the State [Government of Ireland, 2022].

3.8 Training for professionals in addiction and domestic violence

The need for dual training for all professionals and stakeholders who provide services to individuals and families affected by substance use and domestic violence cannot be overstated. Stigmatisation and fear of judgement comprise the most imposing impediments [Banka et al., 2022] for women in addiction from seeking support and refuge. Improved understanding through training emerges throughout the literature as a key tenet to ameliorate service interventions, thus improving service users' outcomes [Benoit and Jauffret-Roustide, 2016].

The Irish State criminalised coercive control under the auspices of the Domestic Violence Act 2018 and, in the process, upheld Ireland's commitments under the Istanbul Convention [Leahy, 2023]. However, such legislative developments only further emphasise the continuing need for the training of stakeholders to fully comprehend the dynamics of the co-occurrence of coercive control and domestic violence with substance use. The dual training of members of An Garda Síochána and all criminal justice stakeholders involved in prosecuting these offences is paramount for personnel to comprehend the intersecting dynamics involved. Leahy [2023: 9] maintains that members of An Garda Síochána are the 'gatekeepers' to justice for women in domestically violent situations; their compassion and insight are key to women accessing justice mechanisms.

In a similar vein, dual training is implored for healthcare providers, accident and emergency personnel, social workers and other allied health professionals [Torchalla et al., 2015; Banka et al., 2022]. Whilst there have been repeated calls for dual training for professionals to address the intersections of domestic violence and substance use, there is no documented evidence of this training being undertaken in Ireland. As women in addiction are not

listed within the nine vulnerable groups outlined in Zero Tolerance [Department of the Taoiseach, 2022], it may well be the case that the dual training to comprehend the intersections of addiction and violence will not be prioritised politically, until the State specifically recognises women in addiction for their vulnerability to domestic violence.

3.9 Domestic violence and addiction as child protection concerns.

Domestic violence significantly influences women in addiction's interactions with child protection and welfare services. Research shows that women are less likely to seek specialised services than men and are more likely to attribute their issues to mental or physical ill health [Arpa, 2017]. Women face additional, gender-specific barriers to seeking support and refuge, and children assume a central role regarding women's help-seeking behaviour or, indeed, their concealment of need [Grella, 2015]. Additional vulnerabilities occur at times of pregnancy, breastfeeding, and postpartum stages. These points represent critical junctures of the family life cycle in preventing or escalating adversity [Johnsen and Blenkinsopp, 2024]. This means that the duration and severity of women's experiences of domestic violence and substance use are likely to remain undetected for considerable periods and have escalated in precarity at the point of detection [Giacomello, 2023]. Whilst the daily realities of violence and substance use are shrouded in secrecy, it is often the occurrence of a crisis that initiates contact with child welfare services. This chimes with Evans and Feder's [2016] UK-based study, which reiterates that exposure emanating from crisis points of assaults and violence triggers referrals to services.

Women who use drugs are deemed to have contravened narrowly ascribed gender and caregiving roles [Mutatayi et al., 2022; Morton et al., 2023] and are trapped by the confines of social stigma, labelling them as chaotic, damaged or problematic [Johnsen and Blenkinsopp, 2024]. Woods [2007: 288] insists that mothers in addiction imbue an *'identity which is ambiguous and precarious, and is largely determined by their interactions with others, particularly service providers and by their efforts to perform, justify, defend and preserve their mothering role'*. The combination of societal and often self-imposed stigma compounds how the women have been treated by their abusers [Giacomello, 2023]. Societal failure to recognise the impact of violence and abuse pathologises their reactions to violence rather than recognising the underlying traumas that have been experienced. Women report that one of the most devastating implications of their substance use is the impact on their parenting, often resulting in referral to child protection and welfare agencies. Tragically, the loss of child custody is inextricably linked to the relinquishment of motivation for recovery and an entrenched sense of hopelessness [Tweed et al., 2018].

Given the 'gendered' nature of parenting within the child welfare and protection realm, it is not surprising that women in addiction feel severely stigmatised and under surveillance when a referral is made. Fathers are much less likely to engage with child and family services than mothers. The exclusion of men as 'complicated figures' [Giacomello, 2023: 53] from this process has consistently been highlighted as a primary area of concern within serious case reviews in the UK [Smith et al., 2012], and more recently within the Roscommon case here in Ireland [Roscommon Child Care Enquiry, 2010]. Fathers can contribute to the welfare of children in both negative and positive ways [Daniel and Taylor, 2005]; this is no more apparent than in cases of male-perpetrated domestic violence within the home.

Women with substance use issues who experience domestic violence view the imposition of child protection services and their care/control mandate as an additional source of tension in their already complex lives [Giacomello, 2023]. The secrecy that envelopes women in an effort to protect their family unit and their children means that preventative services are not sought. This 'duality of secrecy' [Banka et al., 2022: 5] further allows perpetrators a large degree of impunity, perpetuating high levels of domestic violence among women in addiction. Warshaw et al.'s [2014] research study highlighted the commonality wherein the threat of reporting a woman's substance use to child protection and welfare services is utilised against her to guarantee compliance and silence. Heward-Belle [2023] locates these coercive actions under the umbrella term 'substance use coercion'. Therefore, the threat of initiating engagement with child protection and welfare services is often held against women by the very perpetrators of their violence and abuse. Perpetrators weaponise the potential involvement of child protection and welfare services to ensure continued silence, concealment and control.

Women's dual experiences of domestic violence and substance misuse must be further contextualised within an intergenerational cycle of trauma and adversity [Torchalla et al., 2015]. Women may have care experiences or have been involved with child protection and welfare services as children. This undoubtedly informs their engagement, or lack thereof, with child protection and welfare services concerning their own children. Following the publishing of the seminal report of the UK Advisory Council on Misuse of Drugs [2003], the experience of children living with and affected by problematic parental alcohol and/or other drug use has become widely known as Hidden Harm. The term Hidden Harm encapsulates the two key features of that experience. These children are often not known to services, and they experience harm in several ways as a result of compromised parenting [HSE and Tusla, 2019], which can impede the child's social, physical and emotional development. Researchers note the restrictions of the Covid-19 pandemic facilitated the perfect storm, or indeed an 'incubator' for the proliferation of domestic violence and abuse in recent years [Holt et al., 2023: 3]. In terms of hidden harm, Donagh [2020: 387] proffered those children living in domestically abusive situations, were diminished further from 'unnoticed to invisible'.

“*Whilst seeking the input and voice of the child within child protection and welfare work forms a core principle within the work, this remains difficult for social workers to achieve. Secrecy and fear are often perpetuated by the child's involvement with Tusla [Holt et al., 2023].*

Whilst seeking the input and voice of the child within child protection and welfare work forms a core principle within the work, this remains difficult for social workers to achieve. Secrecy and fear are often perpetuated by the child's involvement with Tusla [Holt et al., 2023]. Children collude in this secrecy and do not disclose the realities of their home lives, rooted in loyalty to their parents and out of fear of separation. The intersections of domestic violence and substance use are challenging for child and welfare protection services to address [Morton et al., 2022]. Co-ordinated and integrated services, adhering to trauma-informed and gender-informed approaches, to address issues beyond presenting drug use can begin to unpick compartmentalised and siloed approaches [Arpa, 2017].

3.10 Compounding factors for women in addiction who experience domestic violence

Domestic violence experiences differ for every individual. Chronicity and typology of abuse can vary significantly regardless of socioeconomic, ethnic or racial background [Johnson, 2008; Allen, 2013]. Despite the differences acknowledged for all victims of domestic violence, women in addiction often encounter more complicating factors that make their experiences of abuse more difficult or complex to understand and resolve [UN Task Force on Transnational Organized Crime and Drug Trafficking, 2014; Stark, 2023; Thiara and Radford, 2021]. Co-dependency in relationships is a significant factor for women in addiction. Co-dependency is common in relationships where both individuals are addicted to substances. Co-dependency is defined as a 'psychological condition or a relationship in which one or both persons manifest low self-esteem and a strong desire for approval as well as an unhealthy attachment to the other, often controlling or manipulative person [such as a person with an addiction to alcohol or drugs]' [Merriam-Webster, 2024b]. Domestic violence in the context of a codependent relationship results in women in addiction often feeling stuck or backed into a corner with few options for escaping the abusive situation. Within codependent addicted relationships, domestic violence can be implemented to coerce women in addiction into criminal behaviour, such as, for example, shoplifting or sex work, to finance both the perpetrators and their drug addiction [Radcliffe et al., 2021; McDonnell and Costello, 2024; Thiara and Radford, 2021]. Women in addiction who engage in this offending behaviour regularly encounter stigma and societal judgement [Cockersell, 2018], which can make them reluctant to approach professionals and services for support [Wogen and Restrepo, 2020; Batchelor and Gormley, 2023]. The nature of domestic violence in co-dependent, addicted relationships can impact women in addictions access to substances. For example, it can include the perpetrator making them 'earn' their right to access the drugs they raised the funds to pay for or controlling the type of substances used and how they use them [Radcliffe et al., 2021].

Perpetrators of domestic violence towards women in addiction often have a criminal background or are actively engaged in crime [Morgan and Gannoni, 2020]. The reality of seeking domestic violence support and refuge for women in addiction engaging in relationships with perpetrators who have a preexisting criminal background can result in fear of violent reprisal or intimidation from not just the perpetrator but their criminal associates [UN Task Force on Transnational Organized Crime and Drug Trafficking, 2014]. Although the literature touches upon the compounding factors for women in addiction who encounter domestic violence, it does not effectively explore the topic. This lack of literature begs the question of whether professionals and services may be unaware of the unique complicating factors that women in addiction encounter when trying to access domestic violence support and refuge.

3.11 Systemic barriers for women in addiction accessing domestic violence services

Although support for all women who experience domestic violence should be person-centred and trauma-informed [Wathen and Mantler, 2022], the need to encompass both is particularly incumbent for women in addiction [Harm Reduction International, 2013]. This service user group represents one of the most socially marginalised and stigmatised groups within society. Unfortunately, specific approaches for responding to the needs of women in addiction who have experienced or are continuing to experience domestic violence are far from being universally or systematically adopted. This lack of approach development and integration has been linked to the absence of political motivation and support [Benoit and Jauffrat-Roustide, 2015]. A review of the Safe Ireland website suggests that of the 37 services that encompass the Irish umbrella domestic violence agency, none are specifically tailored for women in addiction [Safe Ireland, 2024a]. The literature suggests that where there are no tailored services available for women in addiction, this results in them having reduced or no access to domestic violence support and refuge services that other women do.

Shockingly, the literature further indicates that it is virtually impossible for women who are actively using substances to access beds in domestic violence shelters. This inability to obtain refuge beds is linked to concerns by service providers about the impact of individual substance misuse on other service users and the need for women in addiction to maintain a period of abstinence from drug use [Department for Levelling Up Housing & Communities, 2024; Benoit and Jauffrat-Roustide, 2015]. Abstinence is often more difficult for women in addiction during periods of domestic violence, as substances are frequently used as a coping mechanism [Stark, 2023]. Concerns about the effect of drug misuse on service users within domestic violence refuges who do not misuse substances result in women in addiction often being referred immediately to addiction services for support. These referrals are mostly ineffective in providing support because although the professionals working within them are trained to respond to addiction issues, they do not have sufficient education about how to offer support or intervene in domestic violence for women in addiction. Similarly, women in addiction who are accepted and provided support from generic domestic violence services often encounter barriers in service provision because the professionals working there do not have sufficient education about drug addiction and how it can exacerbate their domestic violence experiences [Harm Reduction International, 2013; Benoit and Jauffrat-Roustide, 2015].

Although financial barriers have been identified for women trying to leave domestically abusive relationships [DuMonthier and Dusenbery, 2016; Davidge and Magnusson, 2019], the literature does not extend to examine how a lack of finances impacts women in addiction seeking domestic violence support and refuge. Like all females who experience domestic abuse, women in addiction also have financial responsibilities that they must maintain whilst seeking domestic violence support and refuge. Everyday obligations such as maintaining housing and supporting families are responsibilities that women in addiction must continue to meet. In addition to these financial responsibilities, women in addiction may also encounter additional costs relating to engaging in drug dependence treatment. For example, women with opioid dependence may have to travel back and forth to methadone treatment services. According to the Department of Social Welfare website, there is no additional financial support for individuals engaging with addiction support who encounter domestic violence [Department of Social Protection, 2024]. Although it is virtually impossible for women who are actively using drugs to access refuge beds [Benoit and Jauffret-Roustide, 2015], financial support for women in addiction who are not using substances and obtain a bed is



non-existent. As domestic violence refuges are not widely available, women in addiction can find themselves offered a bed in a refuge that is far from their home, social support network, children's schools and addiction services (Women Against Violence Europe, 2015). In these instances, women in addiction may choose not to avail of much-needed domestic violence refuge because they cannot afford to. Being unable to access methadone treatment or support from addiction services could be a significant barrier for women in addiction.

3.12 Summary

This chapter suggests that although human rights instruments are intended to be universal, women in addiction may not be afforded the same levels of domestic violence support and refuge as other females because of their complex needs and a lack of specialist knowledge among professionals and services. Although the literature indicates that women in addiction are more susceptible to experiencing domestic violence, it seems that they are not consistently identified as a vulnerable group deserving additional and tailored support. The literature further emphasises that women in addictions experience of domestic violence can be exacerbated by intersectionality in terms of them also having a higher probability of experiencing abuse, which coincides with a history of background trauma. Exposure to parental/familial domestic violence during childhood, adult experiences of poverty, homelessness and stigmatisation associated with their drug-taking behaviours. Despite these sections of literature indicating that women in addiction may have their human rights contravened in terms of access to domestic violence support and refuge, the literature does not extend to previous studies that have examined this research topic. The next chapter will outline the study's findings and discuss their implications.



Chapter 4

Findings and discussion





This section outlines the findings of the study and further discusses how they indicate the negation of specific human rights under UN and EU treaties for women in addiction when accessing domestic violence support and refuge. The outline and discussion of the findings are structured under four separate headings as follows:



Heading 1:

How human rights were negated for women in addiction when seeking domestic violence support and refuge.



Heading 2:

How the denial or contravention of human rights impacted the services and professionals that women in addiction sought domestic violence support and refuge from.



Heading 3:

Women in addiction were not afforded the same basic rights and freedoms as other females to domestic violence support and refuge.



Heading 4:

Women in addiction encountered several barriers when accessing domestic violence support and refuge, which denied and contravened their human rights.

4.1 How human rights were negated for women in addiction when seeking domestic violence support and refuge

4.1.1 Service providers' lack of awareness

Study participants reported having to navigate the domestic violence support and refuge system alone. In many cases, participants could not rely on the assistance of family members, having been estranged as a result of their drug use. However, this experience of isolation was exacerbated by the lack of knowledge displayed by service providers about the intersection between domestic violence and addiction. Staff members reported that their awareness of domestic violence and the need for a targeted programme for women experiencing addiction was heightened by the COVID-19 lockdowns.

"We weren't asking that question four years ago, do you know? Or we thought we were. It was only with Covid that we got much more out there with it... Because we went out to people's homes and we saw the physical damage ..."

Participant, Staff focus groups

The study participants explained that women are not routinely asked about their experiences of domestic violence when they present to addiction services and that providers in addiction services do not always appear sufficiently educated about the available domestic violence supports and refuges. Instead, study participants reported that the issue of addiction is often treated as isolated from other facets of women's experience, including domestic violence.

"Everybody wants to focus on the addiction, but it's like, 'Let's not talk about the abuse whatsoever because that's very painful...'"

Participant, Staff focus groups

This lack of understanding around the intersections between domestic violence and substance use extended to the Gardaí, health service professionals and staff in domestic violence support services and refuges and included how women can become embroiled in illegal activities as a result of their combined experiences of abuse and addiction, and the fear and shame that reaching out to service providers inspires.

"Maybe you had to do things in your addiction, like going out shoplifting or whatever, so the police didn't know you away from that. So, it'd be like, well your choice – mental health wouldn't be brought into it."

Participant - Women in addiction focus groups

Participants thus felt that many service providers are not sufficiently educated about the complex intersections between domestic violence and addiction, not to mention other social issues and, therefore, the harsh realities faced by women in their positions.



How does this finding suggest the negation of human rights for women in addiction?

DEVAW [1993], Article 4 [1] mandates that parties should 'Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitise them to the needs of women'. The Prevention Pillar of the Istanbul Convention [2011] also advocates training for professionals: 'Train professionals working with victims or perpetrators to recognise and respond to violence and make appropriate referrals'. On the other hand, the experience of staff members and participants suggests that, at present, many service providers do not have an adequate understanding of domestic violence and its linkages with addiction, making it difficult for women to access the support they need to actualise their human rights.

4.1.2 Stigmatisation

Women in the focus groups reported feeling that they were often judged by professionals when seeking support for domestic violence because of their addiction. They attributed this sense of judgement to professionals' misperception of drug use as a purely causative and sustaining factor for their experiences of abuse.

"I think if they know you have an addiction, they almost judge you – it's like, you don't deserve help. You got yourself in this mess, so lie in it – get yourself out of it. That's the vibe you get – that's why you won't go for help..."

Participant - Women in addiction focus groups

➡ How does this finding suggest the negation of human rights for women in addiction?

Arguably, this experience of stigmatisation, perceived or otherwise, contravenes women's right to live a life free from discrimination, as laid out in the DEVAW, Article 3 [e] 'Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. They are entitled to be free from all forms of discrimination'.

4.1.3 Progress

Arguably, some progress has been made in providing services for women who use drugs and have experienced domestic violence in recent years. Several participants were able to mention at least one service, the DAVINA Project at the SAOL Project addiction service for women, that offered dual education about domestic violence and addiction. Women noted that attending this programme had helped them significantly.

"Everybody else is putting you down, down, down and so for me, I just want to scream and shout about [a project offering dual education about addiction and domestic violence] because the importance of [a dual education project] in how I'm after getting through this stage of my life is like – immense isn't the word, because it educated me..."

Participant - Women in addiction focus groups

Other participants were complimentary about the support they had received from specific domestic violence and refuge services. They noted that although it was apparent that many of the professionals they had engaged with lacked education on the linkages between addiction and domestic violence and were not sufficiently equipped to meet their needs, they appreciated their approach and willingness to help.

"I didn't have any bad experiences; everybody was fucking lovely. I didn't get helped, [but] you are all lovely when I walked through the door and have a smile on your face."

Participant - Women in addiction focus groups

How does this finding suggest the negation of human rights for women in addiction?

Although participants noted progress, the fact that they only identified one service suggests that their human rights are being negated. All of the above relates to the need for targeted services to support women in situations of combined addiction and domestic violence. DEVAW [1993], Article 4[g] sets out that parties should:

"Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialised assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation."

Similarly, several articles of the Protection and Support Pillar of the Istanbul Convention [2011] affirm specific rights that are not being afforded to women in addiction; these include Article 20 [1], 'State parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment'. Additionally, Article 22 [1], 'State parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of the Convention', and Article 22 [2], 'State parties shall provide or arrange for specialist women's support services to all women victims of violence and their children'. While incremental progress is being made, the findings from the focus groups suggest that the lack of understanding demonstrated by service providers into the intersections between domestic violence and addiction, compounded by the lack of targeted services, contributes to the negation of human rights which women who are facing both issues often experience.

4.2 How the denial or contravention of human rights impacted the services and professionals that women in addiction sought domestic violence support and refuge from.

4.2.1 Women in addiction first seek support from addiction services

The study participants advised that they initially sought support from addiction services. This finding indicates that for women in addiction, their drug use can overshadow the severity of their domestic violence experiences. Research participants outlined that they had been through a plethora of services in an attempt to address their drug use first.

"I went through homelessness, and I went through many services. Will I name the services? And I started with getting care for my addiction first...I've went key worker to key worker."

Participant- Women in addiction focus groups

The study participants spoke about their experience of attending multiple services. They found that each failed attempt to secure appropriate and adequate support chipped away at their hope and proved disheartening and demeaning. This continuous engagement and re-engagement with multiple services represents the pathway that many women in addiction who experience domestic violence face. Arguably, the presentation of women experiencing these dual issues presents considerable challenges for addiction services in terms of their lack of dual training. Whilst the participants were complimentary regarding support services, they continually pointed out that services focus on their addiction rather than their experiences of domestic violence.

"Everything was, you're on drugs and if you weren't on drugs and you weren't..."

Participant- Women in addiction focus groups

The struggle for service providers to recognise and address the intersections of domestic violence and substance use resonated in practice. One participant felt services pushed her away, because they were unable to deal with the complexity of her situation, while another advised that the reaction of professionals to her narrative created an additional barrier for her to seek support,

"It made it very difficult for me to try and speak to anybody about what I was going through because they were so shocked by it."

Participant- Women in addiction focus groups

➔ How does this finding suggest the negation of human rights for women in addiction?

DEVAW [1993], Article 3 articulates that ‘Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field’. These rights include ‘[a] the right to equality, [c] the right to liberty and security of person, and [e] the right to be free from all forms of discrimination’. The findings of this study indicate that professionals across a range of settings are ill-equipped to recognise and address the dual impact of domestic violence and addiction. This lack of knowledge leads to discrimination and judgment for those women presenting for support and refuge. Therefore, the women approach addiction services primarily where they do not feel judged but subsequently encounter professionals who are unable to support them effectively with their domestic violence experiences. The negation of human rights in this regard relates to the concern that this lack of training and resultant practice approaches may extinguish women’s agency in navigating multiple services of support or refuge, thus impacting the women’s rights to security of person.

4.2.2 Trusting relationships with professionals are key

Establishing rapport and trust with professionals is integral for those seeking support and refuge. Study participants extolled service provision that is predicated upon safety (both psychological and physical safety) and upon the power of the relationship,

“When you go into a service first, you’re like meh, am I safe, am I not safe, is my ex outside, is there anybody in here that’s going to see now and tell, that’s what you’re going in on.”

Participant- Women in addiction focus groups

Regarding building trust, study participants identified the centrality of dedicated key workers to support the individual and valued the involvement of service providers with lived experience. The consistency of staff was highlighted, as well as the impact of staff turnover thereafter upon the therapeutic process. Study participants evoked all professionals to view the person in front of them as a whole person and to adopt a non-judgmental approach,

“I’d probably say, don’t be so quick to scrutinise. Like, look at the problem in front of you, and pay a bit more attention. I’m sure they wouldn’t like it happen to their own sister or their own mother or their own family’.

Participant- Women in addiction focus groups

Women reported not feeling deserving of the help and support of services and expressed associated feelings of guilt, shame and embarrassment. Fear of judgement actively prevents women from seeking support with their addiction and domestic violence,

"What am I doing here like? Yeah, I felt guilty being there wanting help and embarrassed. Because some people do make you feel that way, you know."

Participant- Women in addiction focus groups

"Unfortunately, when a woman starts going, obviously going for help and trying to better herself, everybody has a fucking opinion, everybody, everybody. So, they're not just dealing with trying to get out of the addiction, trying to get away from the domestic abuse, then they're actually dealing with whatever society they're living in, pulling at them."

Participant- Women in addiction focus groups

Stigma, fear, and embarrassment construct a wall of silence around the victim. This fear of disclosure extends to friends, family and services. This sense of fear was particularly poignant for one participant, who had experienced more than one abusive relationship, and the embarrassment and shame that this created was cumulative in its impact. Ultimately, the study participants did commend the transformative power of peer and professional support in their lives,

"The tablets have been replaced with people and that's what we didn't have, we had no healthy people in our lives."

Participant- Women in addiction focus groups

How does this finding suggest the negation of human rights for women in addiction?

DEVAW [1993], Article 4 (e) mandates that 'States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should: Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by nongovernmental organisations, particularly those concerned with the issue of violence against women'. It would seem from the study participants' accounts that their experiences with addiction and domestic violence services remain fraught. As they are, at times, rejected and excluded from services, they do not have the opportunity or safe space to build relationships with key domestic violence support and refuge professionals. A plan of action to address the dual experiences of substance use and domestic violence, to deliver dual training for all service providers and to facilitate relationship-building opportunities would improve the experiences of service interventions, thus addressing the negation of women's human rights in these circumstances.

4.2.3 Women reported mixed experiences of interactions with Gardaí

Study participants were complimentary about interactions with Gardaí, who were known to them and with whom they had a positive relationship. This positive perception may be due to the recent establishment of Domestic Abuse Coordinators [DACs] within the force, who are engaged directly with addiction services, including the SAOL project. Positive interventions of members of An Garda Síochána were reported,

“The Garda was very good – but I had to go to Dolphin House myself. But I didn’t mind doing that, because just anything to stop the mental torture, yeah, abuse on the body.”

Participant- Women in addiction focus groups

Study participants reported that whilst they had made contact with Gardaí in emergency situations, some remained reluctant to report based on past negative interactions. Despondency remained regarding the likelihood of prosecution of their experiences of violence. Negative experiences with members of An Garda Síochána were also reported. Notably, women described punitive experiences of signing on at a Garda station as a core component of their bail conditions,

“I have a warrant, because when I went around to sign on, I’d no pen with me. ‘Come back with your pen’. And I was like, just.. there was a pen right beside him. And I was like, just give us a pen, I live over [names location]. And he was like, ‘well then don’t forget – you should have thought of that. You knew you were coming to sign on, you should have brought your pen’. So, now I’ve to sort out a warrant because of that.”

Participant- Women in addiction focus groups

Withholding a pen for women to sign on in a garda station represents much more than a petty, singular act. Rather, it depicts the manifestation of structural violence [Lee, 2019], emphasising the unequal power relations between the Garda and the individual subject to bail conditions and the inordinate structural oppression of the woman in addiction. Everyday interactions like this reduce the willingness of women in addiction to approach An Garda Síochána for support during domestically abusive periods. Findings suggest that during periods of acute vulnerability, the women are afraid of rejection or humiliation.



How does this finding suggest the negation of human rights for women in addiction?

Article 49 [1] of the Istanbul Convention articulates that Parties ‘*Shall take the necessary legislative or other measures to ensure that investigations and judicial proceedings in relation to all forms of violence covered by the scope of this Convention are carried out without undue delay while taking into consideration the rights of the victim during all stages of the criminal proceedings*’. Participants in this study voiced their experiences of stigmatisation and judgement when involved with State agencies, notably healthcare providers within accident and emergency settings, and in interactions with An Garda Síochána. After a violent incident, individuals’ human rights are negated when procedures and investigations are not performed with due diligence and to best practice standards.

Furthermore, 50 [1] of the Istanbul Convention insists that *‘Parties shall take the necessary legislative or other measures to ensure that the responsible law enforcement agencies respond to all forms of violence covered by the scope of this Convention promptly and appropriately by offering adequate and immediate protection to victims’*. It does not appear that the State is currently assuming a proactive role in the review of State bodies’ responses to all incidents of domestic violence. Due to this, the concern remains that individuals’ human rights have been negated, and this negation may continue in the intervening period.

DEVAW [1993], Article 3 [b], [c] & [e] of DEVAW [1993] sets out that *‘Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field, including the [b] right to equality; [c] the right to liberty and security of person, and [d] the right to be free from all forms of discrimination’*. From both the study participants’ and the staff members’ disclosures, it is questionable if the presenting women in need would have been treated differently by representatives of State agencies if they were not struggling with addiction, amongst other adversities.

4.2.4 Women attend accident and emergency departments or their GP for physical injuries

The study participants advised that at points of crisis, women in addiction attend accident and emergency departments and/or their GP to seek medical attention for physical injuries but that their experiences of doing so were not consistently positive.

“I’ve definitely had women report negative experiences in A&E where like things weren’t really examined or looked at or, do you know, it was kind of like ‘We’ll stitch you up and get you out’ rather than ‘Do an assessment of what’s going on, get you to talk to a Social Worker’, do you know that kind of thing? But then on... conversely, I’ve also had experiences where A&E staff were great, and they made sure the woman spoke to a social worker or social workers referred [to support services].”

Participant, Saol Project staff focus groups



How does this finding suggest the negation of human rights for women in addiction?

Based on the research participants’ accounts, the experience of women in addiction presenting for medical attention in the aftermath of a violent incident is dependent on the service provider whom they meet. The absence of a comprehensive multi-agency approach or oversight of support offered to women in addiction during and after periods of domestic violence looms prevalently within these accounts. DEVAW [1993], Article 4 [e] calls on the State *‘To consider the possibility of developing national plans of action to promote the protection of women against any form of violence or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organisations, particularly those concerned with the issue of violence against women’*. From the accounts within this study, it seems that considerable work has yet to be done to prevent the contravention of women’s human rights.

4.3 Women in addiction were not afforded the same basic rights and freedoms as other females to domestic violence support and refuge.

4.3.1 “Is she telling the truth?” is a concern expressed by professionals.

Study participants reported that the credibility of domestic violence disclosures by women in addiction was an issue they encountered when engaging with professionals and trying to access refuges. Participants from the women in addiction focus groups described how they perceived some professionals as questioning the validity of their domestic violence disclosures. Participants attributed this disbelief to the stigma associated with addiction. They perceived the professionals as viewing them as ‘bad’ and ‘to blame’ for their abusive experiences.

Researcher: *“Can you talk a bit more about what is the vibe you get in terms of the addiction and the domestic violence?”*

Participant A: *“Stigmatised.”*

Participant B: *“That you’re bringing it on yourself. You’ve a part to play in it. If you weren’t taking drugs... but no offer of getting recovery.”*

Participant C: *“Like you almost deserved it.”*

Women in addiction focus group

Disclosure credibility was also an issue for participants from the staff focus groups who recounted experiences of professionals from domestic violence refuges questioning them about whether it was a possibility that the women in addiction were being untruthful about their domestic violence experiences or misrepresenting them to secure accommodation in the refuge rather than a homeless hostel.

“With so many women that I’ve worked with it just, it was full, it’s not happening, ‘Is she homeless? Are you sure she’s not lying to get a bed? Does she actually have any bruises on her? How serious is it really? Is she on methadone? What’s she going to do for her methadone?’ all of those kind of questions, and it’s just an extra... it becomes an extra barrier I think.”

Participant, SAOL Project staff focus group.

How does this finding suggest the negation of human rights for women in addiction?

Given that study participants reported issues with domestic violence disclosure credibility within services and amongst professionals, this finding suggests that the women’s human rights are being contravened in terms of articles outlined within the DEVAW [1993]. Despite Article 3 [e] stipulating that all women have the right to be free from all forms of discrimination, it appears that women in addiction in Ireland have their credibility questioned because of their substance use and that; as a result, they experience discrimination. Article 4 [k] of the declaration affirms the need for ‘State parties to promote research, collect data and collate statistics relating to the prevalence

of domestic violence for women and encourage research on the causes, nature, seriousness and consequences of this violence'. State parties are also expected to 'examine the effectiveness of the measures they implement to prevent and respond to violence against women and to make the research available to the public'. Given the participants' experiences with professionals and services questioning disclosure validity, it appears the Irish state is not meeting its expectations. If the state were meeting this expectation, then the dissemination of research would reduce the stigma and subsequent discrimination experienced by women in addiction accessing domestic violence services.

4.3.2 "It's okay; I understand why."

The findings indicate that women in addiction are accepting and understanding of their experiences of not being able to access domestic violence support and refuge. They largely do not feel aggrieved by the rejection. Surprisingly, participants in the women in addiction focus groups expressed empathy for the professionals who turned them away.

"And getting turned away was actually quite, getting turned away, it was quite hard because it took a lot to go do you know what I mean, so as I say, through no fault, I'm not putting blame on any services or anything in fairness because it's obviously so difficult, then I rang [names domestic violence support service] a couple of times, again, it was great to talk to someone but there was no point, they couldn't understand."

Participant, women in addiction focus group.

This reaction is most likely related to the consistent stigmatisation and oppression that this group of women experience within Irish society. Unlike other females who experience domestic violence, women in addiction perceive that discrimination against them by professionals and services is deserved and should be expected.



How does this finding suggest the negation of human rights for women in addiction?

Article 4, [f] of the DEVAW [1993] calls for 'State parties to develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions'. This finding indicates that Ireland is not meeting this call as women in addiction are being re-victimised by subpar service responses and insensitive practices concerning their domestic violence experiences. Similarly, Ireland is also not meeting its obligations under Article 4 [l] of the DEVAW [1993], which requires it to 'Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence'. Despite women in addiction being particularly vulnerable to domestic violence, their acceptance and expectation of rejection and exclusion from accessing domestic violence support and refuge highlights Ireland's human rights failures in introducing targeted measures to protect them from domestic violence.

4.3.3 Services are not equipped to tailor advice to meet the women's needs.

The study findings indicate that women in addiction are often provided ineffective domestic violence advice and support from professionals. Participants from both the women in addiction and staff focus groups reported that services are structured to provide generic advice to females experiencing domestic violence. Although there was an acknowledgement by participants that domestic violence experiences differ in severity and duration for all women. They recognised that domestic violence services tailor support accordingly to meet individual needs. The findings suggest that they perceived that services did not meet their need for support and advice because they were not knowledgeable about the complexities that coincide with women in addiction who experience domestic violence.

"It was great to talk to someone, but there was no point, then my next port of call would have been my doctor, I actually explained to him what was going on and then when he heard criminals, it was like I've just never been treated the same since in my doctors unfortunately so then I also went to the [names another domestic violence service] and just when I was speaking to them about my situation, which I'm obviously not going to get into, there was just, I couldn't deal with the reactions that I was getting, I understand more now but that, ooh and aah and so it made it very difficult for me to try and speak to anybody about what I was going through because they were so shocked by it."

Participant - Women in addiction focus groups.

Findings indicate that the lack of dual education in addiction and domestic violence services results in professionals being ill-equipped to provide effective support because they do not understand the nature of abuse and fear of reprisal experienced by women in addiction. Participants from both groups noted that domestic violence perpetrators who abuse women in addiction can use their drug addiction as a mechanism to intensify and sustain their abuse of them.

"A woman who I worked with had spent two years in a domestic violence service, and she had done her little bit of work with the Keyworkers there around understanding domestic abuse, but there was certain behaviours that she was... certain abuses that she was subjected to. So she described that he wanted to use a needle when she was taking her drugs, rather than smoking, so he manipulated her 'til she was sick and then gave her first injecting drug, and she didn't realise until speaking with me, not that I'm brilliant or anything, but it was only that ten-minute conversation with that new lens, that she was able to see 'Oh that was abuse' because if you go with the traditional lens of abuse, sometimes you can get like a list of behaviours, and the list... the experience of our women don't necessarily be on that list, and it kind of goes back a little bit to what you were saying about the criminality, the trafficking, coercion into... you know, sometimes it's women having to because they have no money, but sometimes it is the abuser kind of saying 'Would you ever go do that?' and actually not feeling able to say 'No' and that's not... that doesn't come up in if you Google coercive control, you'd never find 'Your partner encouraging you to shoplift against your wishes'."

Participant - Staff focus groups

Participants further reported that women in addiction often encounter perpetrators who engage in criminal activities or who are part of criminal gangs. Due to this, participants emphasised that when they decide to seek domestic violence support or refuge, there is the added risk of them being harmed by the perpetrator or their criminal associates.

"And the other thing is, you have to remember usually if you're in the situation you're dealing with very dangerous men, you're not dealing with your average man, you're dealing with very dangerous men and those very dangerous men have very dangerous friends, and they all click together in the criminal world."

Participant - Women in addiction focus group.

"Maybe the partner ends up in prison, and then she has to do a lot of running around and... and there's a lot of control in that as well because then there's the external family. He might be in prison, but then there's the threat of his family and the threat of the external family, like threatening her or threatening her with the other family, and there is a sense of... that 'Just do it' do you know, it's part of it."

Participant - Staff focus groups



How does this finding suggest the negation of human rights for women in addiction?

The CEDAW Recommendation 35 [2017] provides comprehensive guidance to expedite the elimination of gender-based violence against women and girls. A number of the recommendations under Part B, Prevention section appear to have been contravened in service provision to women in addiction accessing domestic violence support and refuge in Ireland. These include:

Recommendation 30 [e] of this instrument, state parties must adopt the following preventative measure: *'Provide mandatory, recurrent and effective capacity-building, education and training for members of the judiciary, lawyers and law enforcement officers, including forensic medical personnel, legislators and health-care professionals. Including in the area of sexual and reproductive health, in particular, sexually transmitted infections and HIV prevention and treatment services, and all education, social and welfare personnel, including those working with women in institutions such as residential care homes, asylum centres and prisons, to equip them to adequately prevent and address gender-based violence against women'*. Additionally, recommendation 30 [e] [ii] stipulates that the education provided should *'Promote understanding of the following: Trauma and its effects, the power dynamics that characterise intimate partner violence and the varying situations of women experiencing diverse forms of gender-based violence, which should include the intersecting forms of discrimination affecting specific groups of women and adequate ways of interacting with women in the context of their work and eliminating factors that lead to their re-victimisation and weaken their confidence in State institutions and agents.'*

The findings of this study indicate that professionals and service providers are not educated about the complexities which compound experiences of domestic violence for women in addiction when trying to access support and refuge. Due to this lack of education, the service provided to women in addiction does not meet their specialised needs.

4.3.4 Addressing women's addiction can take precedence over domestic violence.

Study participants from the women in addiction focus groups reported that when they sought support for domestic violence, addiction services, as well as other services and professionals, often focused primarily on reducing their drug abuse before engaging with them to provide support surrounding their abusive experiences. Participants explained that this left them feeling as though their experiences were invalid and that they were being dismissed.

"And even in the clinic, the counsellor over there took a long, long time to see me, because you had to kind of have a bit of stability. You had to be stable – how can you be stable with all this guilt and shame on your head?"

Participant - Women in addiction focus groups.



How does this finding suggest the negation of human rights for women in addiction?

This finding suggests that services or professionals who prioritise women in addiction being abstinent before engaging with them about their domestic violence experiences are negating their human rights under two treaties. These include CEDAW [1979], Article 5 (a): *'Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and stereotyped roles for men and women'*. Professionals and services should be educated about the social impact that domestic violence has on instigating and sustaining drug misuse for women in addiction. There should be an understanding that the women often use substances as a coping mechanism during periods of domestic abuse, and requiring abstinence as a condition of engagement can present as a significant barrier to them accessing support and refuge in times of acute need. Article 4 (1) of the DEVAW [1993] affirms that state parties should *'Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence.'* Given that study participants report the need for women in addiction to be stable and abstinent to engage with some services, and the literature indicates that women in addiction are considerably more vulnerable to experiences of domestic violence than other females [Ghiasi et al. 2022; Arpa, 2017], this finding suggests that Ireland is not meeting its human rights obligation to one of the most vulnerable female groups within society.

4.3.5 Perceived injustice in terms of prosecuting the perpetrator is common.

Injustice surrounding a perceived lack of prosecution for perpetrators emerged as a finding in the women in addiction focus groups. Participants who made statements to the Gardaí about their experiences of domestic violence reported feeling failed by the court system. They noted that despite making detailed statements about their domestic abuse frequently, the Director of Public Prosecutions (DPP) often chose not to proceed with a court case because they would cite insufficient evidence.

"I went through something very, very bad, and I got the reasons back from the DPP; I didn't get justice for what happened to me."

Participant - Women in addiction focus groups.

➔ How does this finding suggest the negation of human rights for women in addiction?

Given the individual and circumstantial factors that the DPP must consider before proceeding with prosecution, the study cannot confidently state that the women in addiction human rights are being negated in this regard. This finding, however, is stark as it suggests that despite seeking justice, even when faced with the risk posed by perpetrators and their associates, participants felt that their actions in pursuing prosecution were futile. Perceiving the criminal justice system as ineffective or worthless in terms of domestic violence support suggests that Article 4 (d) of the DEVAW [1993] is possibly being contravened, *‘State parties should develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; state parties should also inform women of their rights in seeking redress through such mechanisms.*

4.3.6 The criminality associated with perpetrators is not recognised or accounted for

Participants from both focus group cohorts reported that domestic violence orders are often not enough of a deterrent for the men who abuse women in addiction. Participants noted that often, the perpetrators of their abuse are criminals and do not fear being imprisoned. As a result, they frequently ignore safety, protection and barring orders and return to the home to continue the domestic violence.

- Participant A:** *“I was in court – I went to court for a safety order, thinking that would stop the hitting part. Which it did, but it didn’t turn from hitting – it went to mind games. But it was all...”*
- Participant B:** *“That’s even worse.”*
- Participant A:** *“But it went worse – it went to a different level.”*
- Researcher:** *“So, did you feel the court was helpful?”*
- Participant A:** *“The court was helpful – because I knew he couldn’t put his hands on me. So, instead of putting his hands on me, he got me through his mouth – the head”.*

Participants - Women in addiction focus groups

“I don’t think it would be safe to do that. So I think in some ways it’s difficult for us to separate out, because there is specific domestic abuse services and specific protections for women who are experiencing domestic abuse in terms of they can get a safety order or a barring order or whatever, but we have women that because maybe their partner is involved in gangland crime, they can get a barring order against their partner, they can’t stop, there’s no remedy for that. The only remedy is legal services the Police and stuff like that, so that could be a real barrier as well.”

Participant - Staff focus groups

➔ How does this finding suggest the negation of human rights for women in addiction?

This finding suggests that Article 46, consideration of aggravating circumstances subsections A to H of the Istanbul Convention [2011], is not being extended to women in addiction seeking domestic violence support and refuge. This finding is surprising as each of the subsections appears to coincide with domestic abuse experiences of women in addiction. Article 46, subsections A to H is outlined as follows:

'State parties shall take the necessary legislative or other measures to ensure that the following circumstances, insofar as they do not already form part of the constituent elements of the offence, may, in conformity with the relevant provisions of internal law, be taken into consideration as aggravating circumstances in the determination of the sentence in relation to the offences established in accordance with this Convention:

- A.** *The offence was committed against a former or current spouse or partner as recognised by internal law, by a member of the family, a person cohabiting with the victim or a person having abused her or his authority;*
- B.** *The offence, or related offences, were committed repeatedly;*
- C.** *The offence was committed against a person made vulnerable by particular circumstances;*
- D.** *The offence was committed against or in the presence of a child;*
- E.** *The offence was committed by two or more people acting together;*
- F.** *The offence was preceded or accompanied by extreme levels of violence;*
- G.** *The offence was committed with the use or threat of a weapon;*
- H.** *The offence resulted in severe physical or psychological harm for the victim.'*

4.4 Women in addiction encountered several barriers when accessing domestic violence support and refuge, which denied and contravened their human rights.

4.4.1 Women's lack of insight

Many of the study participants revealed that a major barrier to accessing support around domestic violence was that they did not recognise themselves as victims. Several suggested that lifelong exposure to family and relationship violence had inured them to the experience, such that they had come to see domestic abuse as something of a social norm.

"A lot of it stems from when we were kids, we grew up with our parents alcoholics, which is like... it's acceptable because it's drink... So, your self-worth is already on the floor by the time you even get to puberty. So, of course you're going to go for a fella that's like... You're familiar with it, you're comfortable with it – because that's what you're used to.

Participant - Women in addiction focus groups

"I was watching it all me life, so that's how I learnt. Me da hit me ma, us grabbing him back and throwing him on the floor – he used to be locked coming in and taking it out on me ma."

Participant - Women in addiction focus groups

Participants explained that at various points in their lives, their lack of insight into their own lived experiences of abuse meant that they were willing to accept the domestic violence to which they were subjected as normal, seriously impeding their ability to make disclosures.



How does this finding suggest the negation of human rights for women in addiction?

Lack of information and awareness impeded women's ability to reach out for help and left them particularly vulnerable to an abusive relationship. The negation of human rights for women in addiction relates to Article 14 of the Prevention Pillar of the Istanbul Convention [2011], which directs that *'Parties shall promote or conduct, on a regular basis and at all levels, awareness-raising campaigns or programmes, including in co-operation with national human rights institutions and equality bodies, civil society and non-governmental organisations, especially women's organisations, where appropriate, to increase awareness and understanding among the general public of the different manifestations of all forms of violence covered by the scope of the Convention, their consequences on children and the need to prevent such violence.'* DEVAW [1993], Article 4 [I] also specifically requires that state parties *'Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence'*. This finding is unsurprising regarding the present study as the existing research covered within the literature review chapter indicated that women who experience childhood and multiple traumas are particularly vulnerable to experiencing both addiction and domestic violence.

4.4.2 Lack of infrastructure

Most domestic violence refuges in Ireland require women to be drug-free to secure a place, a stipulation which participants characterised as a major barrier to their accessing support. Participants argued that this condition reflected service providers' fundamental misunderstanding of the relationship between domestic violence and addiction, particularly the challenges around achieving abstinence while enduring an abusive and dangerous relationship.

"[Names addiction service] rang up to try and get me a bed to get me in – but they said they couldn't take me in because I was on drugs. They don't deal with mothers that have addictions – they couldn't take me in."

Participant - Women in addiction focus groups

"And even in the clinic, the counsellor over there took a long, long time for to [sic] see me getting over here, because you had to kind of have a bit of stability. You had to be stable – how can you be stable with all this guilt and shame on your head?"

Participant - Women in addiction focus groups

Women in the focus groups also reported that the current limited resourcing of domestic violence services and siloing of affiliated agencies, such as addiction services, means that they frequently experienced multiple rejections and traumatic interactions with service providers when reaching out for help, exacerbating their reluctance to pursue external support around domestic violence. Participants also reported significant logistical barriers to accessing domestic violence support, including financial impediments around travel, difficulties in accessing opioid agonist therapy [methadone], and challenges in coordinating and providing childcare.

“A big thing for the women is where the refuge is, because, like, if someone has to be at a clinic every morning for their methadone and you’re out in Bray and you’ve no way... there’s nobody giving a LEAP card or there’s nothing for extra, so it’s a financial thing. So sometimes it’s easier to put up and shut up than they go and try and go, because they’ll say they can’t get out for your clinic on time and you’ve children with you, and you have children, or they’re in a school in a certain area, and you’ve two and three busses to get them, so I think a lot of the time, there’s external factors that make somebody stay [in a relationship].”

Participant – Staff focus groups



How does this finding suggest the negation of human rights for women in addiction?

Barring women from seeking refuge from domestic violence on the grounds of using drugs arguably amounts to discrimination, contravening Article 3 [e] & [h] of the Declaration on the Elimination of Violence Against Women [1993], which state that women have ‘*The right to be free from all forms of discrimination; and The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.*’ Article 4 [g] also specifically calls for tailored assistance for women who have been subjected to violence and require treatment and rehabilitation:

‘Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialised assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation; Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence.’

Section C, subsection 31, part a [iii] of the CEDAW Recommendation 35 [2017] also urges for the provision of financial assistance and legal aid to aid women impacted by domestic violence. Meanwhile, Article 23 of the Istanbul Convention [2011] also affirms that ‘*Victims must have access to a local, easily accessible shelter for women and children*’.

4.4.3 Fears surrounding losing custody

A significant barrier around accessing domestic violence support discussed by study participants was their fear that, having disclosed an abusive relationship, they could lose custody of their children. Participants reported that in many cases, the Child and Family Agency, Tusla [the statutory agency responsible for child protection and welfare in Ireland] often strongly advises the mother to leave the violent relationship and seek shelter in a domestic violence refuge, even though this doing so is incredibly challenging for women to achieve because of their drug use. The women in addiction reported that child protection and welfare social workers appeared not to understand the systemic barriers that they encountered when trying to access domestic violence refuge when in active addiction.

"So in places, people have duty of care, you know, to children. So, like, you're kind of a bit fearful of, like, what they're going to share about their children within that duty of care from the staff that help us, which [sic] they're brilliant... it's understandable. It's like being a doctor like they have a duty of care for certain things, so. And it's just your fear, like my fear would be like, like, you know, the children being taken off you, you know, put into foster care. So, like, it's just so helpful to know that like what services are for and what you can use it for, you know what you can't get out of it or what you can get out of it."

Participant - Women in addiction focus groups

"That was one of the reasons why I wouldn't have went to get help, this is going back years' ago, it would have been mental and physical abuse, I would have been afraid my kids would have been taken off me, you know, and I hid it an awful lot from my family, they had no, they knew I was in addiction but they hadn't got a clue what was really going on in the background do you know what I mean? And only when now, when I look back and say, Jesus how did I get through that, how did I do it..."

Participant - Women in addiction focus groups

Participants from the women in addiction focus group conveyed insight regarding the insidious impact of domestic violence in their childhoods. One participant described how her time in school was blighted by a constant niggling worry regarding the safety of her mother.

"I'd hate to see another kid going to school the way I felt; full of anxiety, the fear, the worry... in school, all the way home, you get through the door, is my mam alright?"

Participant- Women in addiction focus groups

However, the participants resoundingly voiced their reluctance and abject fear of engaging with child protection and welfare services, predicated upon concerns regarding the implications for the care of their children. This fear was reiterated within Saol staff members' focus groups,

"The women are so terrified of Tusla..that's their biggest... that's the biggest barrier."

Participant- Saol Project staff focus groups

Therefore, the involvement of child protection and welfare services was equated with interference and the surveillance of the women's parenting, accompanied by unknown implications for child custody.

➔ How does this finding suggest the negation of human rights for women in addiction?

According to Article 18 [3] of the Protection Pillar of The Istanbul Convention (2011), State parties shall ‘Ensure that measures taken shall be based on a gendered understanding of violence against women and domestic violence and shall focus on the human rights and safety of the victim; be based on an integrated approach which takes into account the relationship between victims, perpetrators, children and their wider social environment; avoiding secondary victimisation and address the specific needs of vulnerable persons, including child victims, and be made available to them’. Additionally, Article 23 requires state parties to ‘Take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children’... Similarly, the Charter of Fundamental Rights of the European Union lays out the right to found a family. Finally, DEVAW [1993], Article 4[g] advocates that state parties:

‘Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialised assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation.’

Arguably, the barriers to domestic violence and addiction support created by women’s fears around losing child custody contravene not only their right to be able to access treatment and rehabilitation services but also their right to family life, as laid out in various charters of human rights to which Ireland is a signatory.

4.4.4 Reliance on perpetrators for survival

Participants in both participant groups mentioned women’s potential material, emotional and financial dependency on their perpetrators as a barrier to accessing support. Participants pointed out that victims of domestic violence who use drugs often find themselves isolated from their family members and treated as outcasts by wider society. In these situations, women’s reliance on their perpetrators for physical protection, emotional solace, and financial support is heightened, while perpetrators may also provide improved access to drugs. This multi-layered state of dependency complicates women’s ability to reach out to domestic violence services for support and refuge.

“So I’m homeless and I hook up with the hardest man, who’s going to protect me...”

Participant - Women in addiction focus groups

“I guess a big barrier is that, like, not acknowledging the fact that you’re quite trapped when you’re in it [an abusive relationship], especially if it’s like a situation you were saying in the homeless accommodation where you’re literally trapped, you know, but it’s down so much further than that. Like it might be the bringing in the drugs, the injecting you or money and stuff like that and that [sic], not acknowledging that trapped, just, nature of it is such a barrier for women, you know...”

Participant - Staff focus groups



How does this finding suggest the negation of human rights for women in addiction?

The lack of alternative forms of interpersonal and structural support impedes women's attempts to leave situations of domestic violence. This finding relates to DEVAW [1993], Article 4 [g], *'Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialised assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation'*.

4.5 Summary

This chapter outlined the findings of the study. The findings overwhelmingly indicated that specific human rights are negated for women in addiction when trying to access domestic violence support and refuge within Ireland. Shockingly, the findings indicated that women in addiction were not treated the same as other females when seeking support and refuge as they encountered multiple intersecting barriers. Unfortunately, findings established that the implications of human rights negation for women in addiction led to them seeking support from addiction services primarily rather than dedicated domestic violence services. Although the findings determined that the women in addiction were complimentary of the support that they had obtained, whether, from addiction or domestic violence services, it largely became apparent that neither sectors were perceived as being sufficiently knowledgeable to adequately support women in addiction either during or after domestic violence experiences. The next chapter of this report will provide a conclusion and outline the recommendations.



Chapter 5

Conclusion and recommendations





This section of the report summarises the implications of the findings. It also outlines recommendations that would reduce the negation of human rights for women in addiction seeking domestic violence support and refuge.

5.1 Conclusion

This study determined that specific human rights are negated for women in addiction when seeking domestic violence support and refuge in Ireland. Both participant groups, the women in addiction and staff from the SAOL Project, recounted experiences of human rights being denied or contravened when attempts were made to access assistance during and after periods of domestic violence. Women in addiction are not consistently treated the same as other females when they seek domestic violence support and refuge. Their addiction often acts as a barrier to them accessing services and assistance that they should be entitled to under several human rights instruments. The findings indicate that although there is contravention, service providers and professionals do not purposefully negate human rights for women in addiction experiencing domestic violence. Study participants repeatedly affirmed that they observed professionals as trying to help but ultimately being unable to do so because they lacked the knowledge and understanding of the complexities associated with their lived experience of domestic violence as a person who engages in substance use or because the services they required did not exist. The most poignant finding of this study relates to the fact that women in addiction are so accustomed to rejection, oppression and discrimination arising from the stigmatisation associated with female substance misusers that some accept the exclusion they encounter. This finding illustrates the stark reality of how the state is failing this particular group of vulnerable Irish women as it suggests that their rights are negated so often that they do not understand that they are as entitled as any other woman within Ireland to domestic violence support and refuge.

Ultimately, the study determined that the negation of human rights relates to a systemic statutory failure to recognise the need for dual education about domestic violence and addiction in service provision across a range of services and settings and the absence of targeted domestic violence support and refuge services for women in addiction. This study emphasises that even when willing and committed to doing so, professionals and services cannot fulfil human rights obligations to women in addiction who have or are experiencing domestic violence when the Irish system is not structured to facilitate their doing so.

5.2 Recommendations

The findings of this study raise several recommendations for the Irish government, service providers and professionals who are obligated under international human rights instruments to provide domestic violence support and refuge to women in addiction. In particular, the findings emphasise the need for the newly established statutory DSGBV, Cuan, to take primary responsibility for overseeing:

— “ —
Ultimately, the study determined that the negation of human rights relates to a systemic statutory failure to recognise the need for dual education about domestic violence and addiction in service provision across a range of services and settings and the absence of targeted domestic violence support and refuge services for women in addiction.

Education about human rights obligations.

Professionals and services that offer support to women in addiction who have or are experiencing domestic violence should be educated about their human rights obligations. By pursuing the implementation of this education, Cuan would ensure that professionals and services are familiar with what is expected of them and remain focused on meeting their human rights responsibilities in service provision and engaging effectively with women in addiction who approach them for support.

Combat stigma.

The stigmatisation of women in addiction negatively impacts all elements of their journeys through services. Anti-stigma training should be acknowledged as a core element of professional education to ensure equitable treatment and responses from services.

Ensure dual training in the complexities associated with addiction and domestic violence.

Service providers and professionals who encounter women in addiction who have or are experiencing abuse should be educated about the complexities associated with addiction and domestic violence. Cuan should emphasise that training should no longer be separated into ‘*addiction*’ or ‘*domestic violence*’; instead, it should be developed to educate individuals about the lived experiences, complicating factors and needs of women in addiction who seek support and refuge.

Liaison with professional regulators.

Cuan should liaise with professional regulators, including Ireland’s multi-profession health regulator CORU, the Garda Síochána Ombudsman Commission (GSOC), the Medical Council and the Nursing and Midwifery Board of Ireland. The purpose of this liaison would be to stress the need for professional regulators in Ireland to emphasise the human rights obligations to women in addiction who experience domestic violence and to oversee the integration of dual training in the complexities associated with addiction and domestic violence into both pre-qualification and continuous professional development education and training for professionals.

Commitment to working collaboratively with affiliated organisations.

Cuan should commit to working closely and collaboratively with affiliated organisations and charities, including but not limited to addiction and homeless services, probation services, and health agencies, understanding the complex intersections which exist between issues such as addiction and domestic violence, but also homelessness, criminality, and poverty, and in the interest of preventing a siloed approach to multifaceted social problems. Solutions to these exacerbating issues will only develop once collaborative channels have been established.

The provision of specific domestic violence supports and refuges for women in addiction.

To ensure that women in addiction are no longer excluded from domestic violence support services and refuges because of their drug use, Cuan should develop and provide funding for dedicated refuge accommodation for this vulnerable service user group.

Consultation with women in addiction.

Cuan should instigate and maintain a consultation process with women in addiction. Doing so would ensure that Ireland’s national DSGBV agency integrates their ‘*expert by experience*’ insights into service provision to meet the complex needs of this particularly vulnerable domestic violence support and refuge service user group.

Review of social welfare supports for women in addiction experiencing domestic violence.

Cuan should liaise with the Department of Social Protection about the need for it to review its social welfare supports for women in addiction experiencing domestic violence.

Audit of judicial responses to domestic violence complaints.

Given that women in addiction reported a significant sense of injustice when it comes to prosecuting their perpetrators of domestic violence, Cuan should advocate for the Office of the Director of Public Prosecutions to complete an audit of their responses to domestic violence prosecutions relating to the complaints by women in addiction. This type of audit would enable the statutory body to reflect on whether they are consistently and indiscriminately meeting their human rights obligations to prosecute perpetrators of domestic abuse.

Increased relationship building with DACs and community Gardaí.

The findings of this study determined that while some women in addiction find it difficult to seek help from An Garda Síochána, those who felt comfortable did so because they had pre-existing and trusting relationships with the Gardaí. To integrate this finding, Cuan should work collaboratively with An Garda Síochána and addiction services to increase the availability of DACs and community Gardaí so that women in addiction are facilitated with opportunities to build trusting relationships with them.

DSGBV education for women in addiction.

Given that the report determined that women in addiction often find it difficult to identify that they are experiencing domestic violence, education about DSGBV should be readily available to them. Unfortunately, women in addiction differ from the general female population in the provision of this type of education because they are more likely to be early school leavers and have limited participation in third-level education. DSGBV education for women in addiction should be rolled out in addiction services, Education and Training Board locations and Aontas specialist institutions and programmes where they are likely to avail support or training.

A commitment to research.

Cuan should take the lead in research relating to whether human rights will continue to be negated for women in addiction seeking domestic violence support and refuge going forward.

Amplify the negative impact of human rights negation on children.

Exposure to domestic violence has the potential to negatively impact the growth, development and safety of children. This report determined that women in addiction often fear seeking support from Tusla, Child and Family Agency social workers because they are unable to secure what they recommend in terms of securing accommodation for themselves and their children in domestic violence refuges. When unsuccessful in obtaining accommodation, the children are sometimes removed from their care. Tusla social workers should be supported by Cuan and the Child and Family Agency to broadly share their experiences of having to make difficult decisions about removing children from homes when women in addiction are refused access to domestic violence support and refuge. Their experiences, in tandem with those of the women in addiction, would instigate a much-needed discourse about how Ireland is contravening the human rights of not just women in addiction but also, potentially, their children.

Media campaign to address societal ignorance.

This report established that stigma and ignorance are maintaining factors which lead to the negation of human rights for women in addiction when accessing domestic violence support and refuge. To counteract this, Cuan should develop a media campaign which educates Irish society about the plight of women in addiction who experience domestic violence. Women in addiction should be the core advisors in developing this type of campaign.



Cultivate the DAVINA Project's work for widespread service implementation.

Research participants from the women in addiction focus groups were consistently complimentary about participating in the DAVINA Project. For most, their participation was a revelation as it was the first time that they were educated about addiction and domestic violence. It was also the first time they encountered professionals who were knowledgeable about the dual implications and who were accustomed to working with women in addiction who had or were encountering domestic violence in a collaborative, confident and non-discriminatory manner. The DAVINA Project offers CUAN a unique opportunity to monopolise its success and cultivate its approach and learning for other services. CUAN should work with the SAOL Project and academic researchers to ascertain if the outcomes for women in addiction who avail of the DAVINA Project warrant replicating the approach for Irish domestic violence and addiction service providers.



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