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Spotlight

# Addressing domestic, sexual and gender-based violence

## Part Two: Interventions

No. 5 of 2021

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### Abstract

This L&RS *Spotlight* is Part Two of a three-part L&RS research paper series on addressing gender-based violence (GBV). It presents analysis examining interventions to address GBV across the following five intervention categories: (1) criminal justice interventions; (2) interventions in a healthcare setting; (3) education interventions; (4) economic interventions; and (5) community-level interventions. Part One of the three-part series provides background information on GBV - its prevalence, impact, and causes - and can be found here.

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## Legal Disclaimer

# Key messages

- There is a shortage of rigorous research on interventions to address gender-based (GBV), and most studies focus only on male-to-female perpetrated intimate partner violence (IPV). There are major gaps in evaluations of interventions with male survivors of GBV, LGBTQ survivors of GBV, and survivors of GBV from marginalised groups.
- Mixed findings have emerged from evaluations of many interventions to prevent/address GBV whereby some evaluations have reported positive findings while other evaluations have reported neutral or negative findings.
- There is, however, reasonable evidence to support the effectiveness of the following interventions, where these interventions are well-designed and implemented:
  - Protection orders (where adequately reinforced and applied)
  - Multi-agency interventions to address GBV
  - Healthcare professionals trained in identifying and referring victims of GBV
  - Group-training on GBV in schools
  - Self-defence training in third-level institutions to prevent sexual violence
  - Providing access to safe and secure housing
  - Community mobilisation approaches which engage the community to change community-level factors that contribute to GBV

# Glossary and abbreviations

### Table 1: Glossary of terms

| Acronym | Meaning | Explanation |
|---|---|---|
| DHRs | Domestic Homicide Reviews | Multi-agency reviews of deaths which appear to involve an intimate partner or family member, with a view to gathering information, identifying risk factors, potential interventions and missed opportunities |
| DV / DVA | Domestic Violence / Domestic Violence and Abuse | Domestic violence, also referred to as domestic abuse, refers to all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim[1] |
| DVPPs | Domestic Violence Perpetrator Programmes | Programmes which seek to re-educate perpetrators of domestic (mainly intimate partner) violence and teach coping skills, with a view to preventing future violence |
| EM | Electronic Monitoring | Use of electronic devices to monitor perpetrator compliance with court-mandated protective/barring orders and/or protect survivors of GBV by monitoring a perpetrator's movements in relation to them |
| GBV | Gender Based Violence | Violence which is directed against a person because of their gender. GBV is rooted in gender inequality, the abuse of power and harmful norms |
| IDVA | Independent Domestic Violence Advisors | The main purpose of IDVAs is to address the safety of victims at high risk of harm from intimate partners, ex-partners or |

| | | |
|---|---|---|
| | | family members to secure their safety and the safety of their children |
| IPV | Intimate Partner Violence | IPV refers to physical, sexual, psychological or economic violence between current or former partners or spouses[2] |
| IRIS | Identification and Referral to Improve Safety | A general practice based domestic abuse and sexual violence training and referral programme |
| MARACs | Multi-Agency Risk Assessment Conferences | Multi-agency meetings ran across the UK where statutory and voluntary agency representatives share information about high-risk survivors of domestic and family violence to produce a coordinated action plan to increase the safety of GBV survivors and their children |
| RCT | Randomised Controlled Trial | Trials in which subjects are randomly assigned to one of two groups: one receiving the intervention that is being tested (the treatment group) and the other receiving an alternative, conventional treatment (the control group). The groups are then compared to see if there are any differences in their outcomes[3] |
| SORAM | Sex Offender Risk Assessment and Management | Multi-agency meetings ran across Ireland with a view to managing the risk posed to the community by convicted sex offenders |
| SV | Sexual Violence | Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting[4] |
| VAW / VAWG | Violence against Women / Violence against Women and Girls | Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women (and/or girls), including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life[5] |

# Introduction

This three-part L&RS research paper series seeks to provide the reader with an understanding of Gender Based Violence (GBV), evidence-based interventions to address GBV, and interventions adopted across Europe. More specifically, the research papers seek to answer the following key questions:

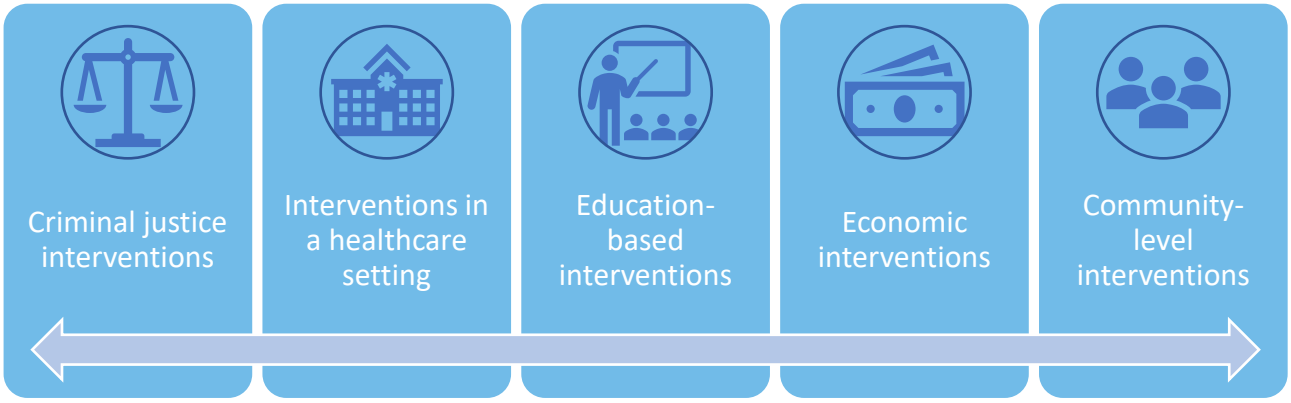
1. **How common is GBV in Ireland?**
2. **What are the main consequences of GBV?**
3. **What are the causes and risk factors for GBV?**
4. **What are some intervention approaches for addressing GBV according to research?**
5. **What are other European nations doing to address GBV?**

Part One of the series addresses questions 1-3 (above) about the prevalence, consequences, and causes of GBV.

Part Two of the series (this *Spotlight*) addresses question 4 by providing an overview of interventions to prevent and address GBV across the five areas set out in Figure 1 (below) and discussed in turn in the sections that follow.

Part Three of the series (publication to follow) addresses question 5 above, by presenting an overview of national strategies/action plans (NAPs) to address gender-based violence (GBV) from across Europe.

**Figure 1: Intervention categories for GBV interventions discussed in this L&RS *Spotlight***




It should be noted at the outset that evidence on interventions to address GBV is frequently mixed - some studies report positive findings while others report neutral or negative findings - and that the evidence is rapidly evolving. This *Spotlight* is therefore intended only to provide a snapshot of the evidence-base and is not a complete guide to all interventions and evidence. Only interventions which have been evaluated are included in this *Spotlight*.

The reader should also be aware that most evaluations of interventions focus on male-to-female perpetrated IPV and there are major gaps in evaluations of interventions which seek to address other forms of GBV (e.g., female-genital mutilation (FGM), so-called 'honour crimes'), include male survivors of GBV, LGBTQ survivors of GBV, and/or survivors of GBV from marginalised groups (e.g., Traveller and Roma communities, people with disabilities).

In terms of structure, interventions which seek to support survivors of GBV are discussed first in the *Spotlight*, followed by interventions which seek to prevent GBV, although there is a degree of overlap between these groupings. The reason that response rather than preventative measures

are discussed first is that a strong focus on response measures (particularly in the global north) has meant that more rigorous evaluations have been done on response measures.

## What is GBV?

The European Commission[6] and United Nations[7] define GBV as violence which is directed against a person because of their gender. They further state that GBV is rooted in gender inequality, the abuse of power and harmful norms and that while both women and men experience GBV, most survivors of GBV are women and girls.

GBV is violence which is directed against a person because of their gender. It is rooted in gender inequality, the abuse of power and harmful norms

GBV can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. GBV can take many forms including domestic violence, sexual violence, child marriage, FGM and so-called 'honour crimes'.

## Methodology

To identify relevant studies, a literature search was conducted using leading research databases, namely EBSCO, SCOPUS, ScienceDirect and JSTOR. To maintain objectivity and rigour, the authors mainly focused on studies which have been peer-reviewed and have strong methodological underpinnings. Here, precedence was given to findings of large-scale randomised controlled trial (RCT) studies and meta-analytic studies. The authors also focused on research published in the last decade to ensure that evidence presented is up to date, although some older studies were included where recent information was not available and/or the studies were considered particularly relevant to the topic. Information gathered through databases was supplemented by evidence from leading intergovernmental organisations and research institutes where this evidence was methodologically rigorous. Finally, information on measures in Ireland to address GBV was sought from government departments and, where they did not respond, from various online sources including media and department websites.

**Randomised controlled trials (RCT)** are trials in which subjects are randomly assigned to one of two groups: one receiving the intervention that is being tested (the treatment group) and the other (the control group) receiving an alternative, conventional treatment. The groups are then compared to see if there are any differences in their outcomes.

**Meta-analysis** is a statistical technique for combining data from multiple studies on a particular topic.

## Criminal justice interventions for GBV

This section provides an overview of interventions to respond to GBV from within the criminal justice system. The emphasis is given to interventions with a preventative element, that is interventions for which there is some evidence to suggest that they prevent further/future violence.

It is perhaps worth highlighting at the outset that while holding perpetrators to account through the criminal justice system has often been the preferred route to addressing GBV in much of the global

north, most survivors of GBV do not report violence to the police and where reports are made very few result in criminal justice sanctions (Kelly and Westmarland, 2015)[8].

**Table 2: Criminal justice measures for GBV**

| Measure | Description | Evidence |
|---|---|---|
| Domestic violence perpetrator programmes (DVPPs) | Programmes which seek to re-educate perpetrators of domestic (mainly intimate partner) violence and teach coping skills, with a view to preventing future violence. Most target male-to-female IPV. Can be court mandated or voluntary | Evidence is very conflicting. Meta-analytic studies show a small reduction in repeated violence among those who attend DVPPs for a longer duration |
| Protective orders | Injunctions designed to protect survivors of domestic violence in the aftermath of an incident. Penalties (e.g., arrest) for violation are a common feature | Overall, good evidence to recommend but only when adequately reinforced and applied |
| Domestic Homicide Reviews (DHRs) | Multi-agency reviews of deaths which appear to involve an intimate partner or family member, with a view to gathering information, identifying risk factors, potential interventions and missed opportunities | No strong evidence to suggest DHRs lower domestic homicide rates, but some evidence of DHRs resulting in policy change/service improvements. Analyses of DHRs can also provide potentially valuable information on risk factors for domestic homicide |
| Specialist courts | Specialist courts focus on one key area (e.g., domestic violence, sexual offences) and seek to fast track these cases, and to improve survivors' experience in courts (among other factors) | Few comprehensive evaluations of the impact of specialist courts. Findings from studies are mixed |
| Multi-agency interventions | Many different contexts and configurations for multi-agency working. Most require one or more of the following: (1) information sharing between agencies, (2) coordination of service provision, (3) joint assessment of needs or risks of GBV survivors and their children | Depends on the intervention, but overall moderate evidence to recommend |
| Electronic monitoring (EM) | Use of electronic devices to monitor perpetrator compliance with court-mandated protective/barring orders and/or protect survivors of GBV by monitoring perpetrator's movements in relation to them | Too few comprehensive evaluations of the impact of EM to be conclusive |

Source: Compiled by L&RS using various sources, see text.

## Perpetrator programmes

Research on the effectiveness of Domestic Violence Perpetrator Programmes (DVPPs) has produced very mixed results (some positive, some neutral or negative), owing in part to methodological inconsistencies between studies. Most meta-analytic studies show a small, although usually not statistically significant effect of programmes in terms of reducing future domestic violence[9]. However, studies still record high levels of reoffending by perpetrators after engaging in DVPPs. There is some evidence that DVPPs are more effective when they are tailored to participants (e.g., personality styles, patterns of abuse etc.), when they target other risk factors for violence (e.g., alcohol abuse), and that positive outcomes are linked to programme attendance and completion (dropout rates for programmes are usually high)[10].

One study examining the effectiveness of DVPPs in the UK noted that most analyses of DVPPs focus only on repeated violence as a measure of success, but that when other measures are considered, DVPPs can "play an important part in the quest to end domestic violence" (Kelly and Westmarland, 2015)[11]. Specifically, this study found that following DVPPs women's perceived levels of safety and freedom were higher, reports of physical and sexual violence significantly decreased (harassment and abuse less so), children reported feeling safer, and perpetrators displayed higher levels accountability for and self-awareness of violence. However, it should be noted that this study was not a randomised controlled trial and had a relatively small number of participants (compared to most RCTs).

DVPPs are in place in many countries, including Ireland. According to a 2017 article there were thirteen intervention programmes for male perpetrators of domestic violence in operation in Ireland, with three organisations responsible for their delivery (the South East Men's Network, the North East Men's Network and MOVE Ireland) (Crowley, 2017).[12] However, the author notes that the capacity of these programmes is limited, and their geographical spread restrictive.

Since 2017, the Department of Justice has been supporting and overseeing the implementation of a uniform national domestic violence intervention programme under the Second National Strategy for the Prevention of Domestic, Sexual and Gender-Based Violence 2016-2021, entitled the Choices Programme[13].

## Protective orders

Protective orders are one of the most widely used criminal justice measures for survivors of domestic violence. Research findings suggest that protective orders that are well executed and reinforced are connected to a reduction in domestic violence re-victimisation for some survivors. Studies have also recorded greater feelings of safety for survivors following the introduction of protective orders, greater feelings of time and space for survivors to consider their options, and in certain cases, improved psychological outcomes (e.g., improvements in mental health) for both survivors of violence and their children (Jewkes et al., 2015; Kelly et al., 2013).[14]

In January 2021, An Garda Síochána highlighted that there were more than 4,000 criminal charges preferred for breaches of Domestic Abuse Court Orders in 2020 (up 25% on 2019)

Source: Researcher correspondence with An Garda Síochána

However, studies also note that levels of violence post-protection order remain high and, most significantly, that protection orders are very frequently violated and penalties for their violation are often weak (i.e., very short prison stays, fines) and/or not implemented (Heise, 2011)[15]. Where this is the case, survivors of domestic violence still fear for their safety and the impact of orders is

limited. In January 2021, An Garda Síochána highlighted an increase in prosecutions for domestic violence related incidents during 2020 including more than 4,000 criminal charges preferred for breaches of Domestic Abuse Orders (up 25% on 2019).[16] In September 2021 Minister of State at the Department of Justice (Deputy Hildegarde Naughton) outlined that there were 3,188 breaches of Domestic Abuse Orders (2,657 incidents with charges) up to 9 September 2020[17]. Similarly, high levels of violations of protection order have also been observed in other jurisdictions (see for example Spitzberg, 2002 referenced in Heise, 2011).[18] An overview of the type of protective orders available through courts for survivors of domestic violence in Ireland is available from the Courts Service.[19]

## Domestic Homicide Reviews

While there is no strong evidence to suggest that Domestic Homicide Reviews (DHRs) result in lower rates of domestic homicide, collated information from DHRs can provide information on trends in and common risk factors for domestic homicide and identify points of intervention to prevent domestic homicides (Chantler et al., 2020).[20] In some cases, information from DHRs has resulted in direct policy change and/or improved domestic violence services; one international comparison of DHRs across five countries[21] found that almost one third of the DHR reports indicated that policy changes were made as a direct result of their reviews (Bugeja et al., 2015)[22]. However, learning from DHRs is not always acted upon or applied 'on the ground' (Dawson, 2017; Robinson, Rees and Dehaghani. 2018).[23]

> Analyses of DHRs show that a common set of risk factors often exist prior to the occurrence of a domestic homicide
>
> Source: Chantler, et al. 2020; Dawson, 2017

Scholars have also provided valuable (if applied) information on domestic homicide trends through the analysis of multiple DHRs across a country/region. For example, an analysis of DHRs in England and Wales found that a high number of those committing DHRs had previously engaged with mental health services and therefore identified mental health settings as a valuable point of intervention to prevent domestic homicides (Chantler, et al. 2020).[24] Separately, a study of DHRs in Canada found that most domestic homicides exhibited a specific set of risk factors prior to the homicide occurring which again can be useful in identifying high risk cases and points of intervention (Dawson, 2017; Ontario Ministry of the Solicitor General, 2019).[25]

DHRs operate in number of jurisdictions including the United States, Canada, Australia, New Zealand, Portugal and England and Wales (Bugeja et al., 2015).[26] DHRs are not in operation in Ireland, although the current Programme for Government does specify a commitment to legislate for DHRs.[27]

## Specialist courts

Few methodologically rigorous studies on the impact of specialist courts on GBV exist, and where studies have been done, findings are mixed with some studies linking specialist domestic violence courts to reduced re-offence rates for offenders and higher conviction rates and other studies reporting no difference in these rates compared to regular court processes (Jewkes et al., 2015).[28] However, a 2004 mixed-methods study of five specialist courts/fast-track systems in England and Wales did find several benefits of specialist domestic violence courts beyond re-offence and conviction rates, including more effective court and support services for survivors, improved advocacy and information-sharing, and increased levels of survivor participation and satisfaction

with the criminal justice system (Cook et al., 2004).[29] Whether in a specialist GBV court or not, research has highlighted the importance of court policies specifically designed to increase survivor safety, hold offenders accountable, and reduce re-offence rates (through deterrence or rehabilitation) in preventing repeat violence (Cissner, Labriola, Rempel, 2015).[30]

> Research has highlighted the importance of court policies specifically designed to:
>
> 1. Increase the safety of survivors of GBV
> 2. Hold offenders accountable
> 3. Reduce re-offence rates (through deterrence or rehabilitation) in preventing repeat violence
>
> Source: Cissner, Labriola, Rempel, 2015

Specialist family violence courts have existed in parts of Canada and the USA since the 1980s, and there is now a wide network of domestic violence courts in the UK. Sexual offences courts are less widespread, but some examples can be found in Florida, the United States and Kenya[31]. There are no specialist courts to deal with GBV issues in Ireland. The Law Reform Commission has long recommended a specialised court structure for family law matters[32] and the Programme for Government commits to bringing forward a Family Court Bill[33] to create a new dedicated Family Court within the existing court structure and to build a Family Law Court in Dublin and ensure that court facilities across the country are suitable for family law hearings, so that these hearings can be held separately from other cases (Department of Taoiseach, 2020).[34]

## Multi-agency interventions

There are many different forms of multi-agency interventions to address GBV; indeed a 2013 evidence review of multi-agency approaches reported that there is no single model consistent across approaches (British Columbia Centre of Excellence for Women's Health, 2013).[35] Overall, however, this review found "moderate evidence" that multi-agency co-operation to address domestic and GBV is effective at: increasing referrals, reducing further violence, and/or supporting survivors of violence. It is important to emphasise that several of the studies included in this review are not particularly methodologically rigorous and this may limit the reliability of findings.

One well-known example of a multi-agency intervention to protect survivors of GBV are Multi-Agency Risk Assessment Conferences (MARACs) in the UK. MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk survivors of domestic and family violence (including so-called honour-based violence) to produce a coordinated action plan to increase the safety of GBV survivors and their children. There are approximately 290 MARACs across the UK (2020/2021 data) (Safe Lives)[36]. They are typically police-led and meet monthly. A 2007 study by Robinson and Tregidga[37] found that 40% of women with cases referred to MARACs reported no further violence one year later, although worth noting is that police records were used to identify repeat violence and survey findings suggest that most incidents of GBV are not reported to police (See European Union Agency for Fundamental Rights, 2014)[38].

> MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk survivors of GBV with a view to producing co-ordinated safety action plans. There are approximately 290 MARACs across the UK
>
> Source: Safe Lives

Finally, while there is positive evidence on multi-agency interventions for GBV, research also shows that they face a series of challenges which can limit their effectiveness. The most significant

of these include a lack of sustained multiagency participation (they are generally not on a statutory footing and attendance is optional) and a lack of sufficient economic and administrative resources (Home Office Violent and Youth Crime Prevention Unit and Research and Analysis Unit. 2011).[39] Interestingly, one recent study found that use of virtual platforms for MARAC meetings during the pandemic may increase stakeholder participation at meetings by removing the requirement to attend in person (Walklate, Godfrey and Richardson, 2021).[40]

For Ireland, a multi-agency approach to sex offender risk assessment and management (SORAM) was established in 2010. According to information from An Garda Síochána and the Department of Justice[41] SORAM is led jointly by An Garda Síochána and the Probation Service, with active support from Child and Family Agency (Tusla), Local Authority Housing, the Irish Prison Service and Victims representatives. The SORAM model is designed to operate on a national governance and guidance level, the National SORAM Steering Group (NSSG); and at a local operational level, Local SORAM Team (LST). National SORAM Office (NSO) acts as support to the LSTs and implements the SORAM model as set out by the NSSG. There are 28 Local SORAM Teams across the country and Teams meet every 6-8 weeks (mostly remotely since March 2020) to discuss the offenders who are under SORAM management and to agree risk management plans for offenders.

Agencies approached were not aware of any equivalent approach for domestic violence or other GBV offenders/survivors (e.g., similar to MARACs).

## Electronic monitoring

There have been few comprehensive evaluations on the use of electronic monitoring (EM) in cases of domestic violence, and it is therefore too early to draw conclusions on its effectiveness.

However, some early empirical studies do show some promising results. For example, one US-based study examining the impact of GPS monitoring on domestic violence defendants' order violations and re-arrests during both the short term (pretrial period) and long term (one-year follow-up period after case disposition) found that GPS monitoring reduced perpetrator violation of orders in all three locations studied and reduced perpetrator reoffending and rearrest in two of three locations studied (Erez et al., 2012).[42] A second US-based study which evaluated the impact of a GPS program for high-risk sex offenders (employing a quasi-experimental design) found that rates of rearrest and parole violations were significantly lower among offenders who were GPS monitored than those who were not (Gies, Gainey and Healy, 2016).[43]

GPS monitoring for sex offenders is included in the *Sex Offenders (Amendment) Bill 2021* published on 12 November 2021, and scheduled for Second Stage Debate in Dáil Éireann on 16 and 17 November 2021

Yet, other review studies have found that EM was not associated with a significant reduction in re-offending rates, and criticisms and challenges have been raised regarding the use of EM in GBV. Many of these are raised in a 2019 Scottish Government report *Electronic Monitoring: Uses, Challenges and Successes*. They include (among other aspects) ethical issues concerning the intrusiveness of the technology, its impact upon the offender and their family, and how it may adversely affect minority ethnic groups, technological problems, issues around the commercialisation of EM due to subcontracting, and potentially high costs associated with EM technology.[44]

Electronic monitoring is widely used across Europe, although not all countries use it for GBV offences and often the numbers monitored are small. Several countries (including the UK and France) have recently undertaken pilot programmes using EM in domestic violence cases[45].

GPS monitoring for sex offenders is included in the Sex Offenders (Amendment) Bill 2021 which was published on 12 November 2021, and scheduled for Second Stage Debate in Dáil Éireann on 16 and 17 November, 2021. The L&RS Bill Digest accompanying this Bill notes that sections 14, 15, and 25 of the Bill provide for electronic monitoring of sex offenders under specified circumstances[46]. We could find no evidence of the use of EM in domestic violence cases in Ireland, and neither An Garda Síochána nor the Department of Justice[47] were aware of any regular use of EM in domestic violence cases in Ireland. A 2018 report 'Unheard and Uncounted: Women, Domestic Abuse and the Irish Criminal Justice System' led by Women's Aid found that one suggestion given by women interviewed as to how to improve the Courts response to domestic violence was the use of electronic monitoring of offenders when they were released from custody[48].

## Interventions in a healthcare setting

Healthcare interventions use a variety of methods to support both patients and healthcare professionals in responding to GBV. From a healthcare professional point of view, there are various training programmes available, as well as innovative methods for identifying those who may be experiencing violence. From a patient point of view, there are various measures that can be used to support patients (e.g., psychotherapy sessions) and their referral to other specialist agencies.

**Table 3: Healthcare measures to address GBV**

| Measure | Description | Evidence |
|---|---|---|
| Identification and Referral to Improve Safety (IRIS) | A training and support programme used in general practice across the UK which seeks to improve the identification and referral of patients experiencing domestic violence | Strong evidence to show IRIS significantly increased both the identification and referral of female patients. Mixed evidence of its effectiveness for men and children |
| mHealth Interventions | Physicians and other health care providers may have more success identifying individuals in need of domestic violence services when waiting room screenings are completed on a computer or tablet rather than using paper form | Evidence is in its infancy, but some positive initial findings have been found |
| Independent Domestic Violence Advisors (IDVAs) | Situated in hospital and community settings, the role of an IDVA is to provide immediate support and advice, link individuals and families to longer-term community-based support, and to train staff to increase confidence in asking about domestic violence | Some evidence that IDVAs improve various aspects of training, support and knowledge for both healthcare workers and those experiencing domestic violence |

| | | |
|---|---|---|
| Short-term psychological interventions | Examines the effectiveness of various short-term (i.e., 8 sessions or less) psychotherapy sessions including cognitive behavioural therapy (CBT) and interpersonal therapy | Strong evidence to show that certain psychological interventions are effective. CBT interventions tailored to IPV survivors saw the greatest impact |

Source: Compiled by L&RS using various sources, see text.

## Identification and Referral to Improve Safety (IRIS)

Identification and Referral to Improve Safety (IRIS) is a training and support programme used in general practice. Its role is to improve the identification of patients experiencing domestic violence and abuse (DVA) and their referral to specialist agencies (Lewis et al., 2019)[49]. In randomised controlled trials, it was found that IRIS resulted in a three-fold difference in the identification of female patients experiencing DVA and a seven-fold difference in referrals to specialist support agencies between control and IRIS practices respectively (Feder et al., 2011; Sohal et al., 2018; Akbari et al., 2021)[50]. In addition, the programme demonstrated NHS and societal cost savings of £1 and £37 respectively per female patient aged 16 and over, per practice, per year (Devine et al., 2012)[51]. It has been commissioned in over 800 GP practices across the UK (Barbosa et al., 2018)[52]. The IRIS system is not currently in operation in Ireland[53].

> A 2020 review of IRIS in England, Wales and Northern Ireland showed that between April 2019 and March 2020, 4,943 referrals were received. In total, 20,544 referrals have been made since the first IRIS site was commissioned in 2011.
>
> Source: IRISi Interventions (2020)

Various studies have explored the benefits of IRIS to individual female survivors (Malpass et al., 2014; Feder et al., 2011, Szilassy et al., 2021)[54]. They benefit from being (i) identified by general practice professionals; (ii) referred to DVA specialist agencies; (iii) being contacted by an advocate shortly after referral; (iv) and being offered ongoing support during subsequent GP consultations.

Studies have shown that clinicians often do not recognise men as victims and there is little evidence on the effectiveness of DVA interventions for men in healthcare settings (Huntley et al., 2019; Gondolf, 2012; Akoensi et al., 2013)[55]. Research also shows some uncertainty about the healthcare response to DVA when children are affected (Larkins et al., 201; Drinkwater et al., 2017)[56]. To this end, the Enhanced Identification and Referral to Improve Safety (IRIS+) primary care intervention was introduced to increase the scope of the original IRIS model beyond women to address the needs of men and children.

Evidence regarding the effectiveness of IRIS+ are mixed at present. Szilassy et al. (2021)[57] undertook a mixed-methods analysis on the feasibility of IRIS+ in primary care settings. They found that while clinicians and service providers believe IRIS+ has filled a service gap and acts as a valuable resource in identifying and referring men and children, certain referral barriers for men exist. These include a relatively low prevalence of male survivors reporting GBV in the general population, less contact with men due to infrequent GP visits, and confidentiality disclosure concerns. The authors report that specific adaptions of the intervention (e.g., changes in identifying men, directly engaging children and guidance on responding to information received from other agencies) could potentially allow it to progress as a viable model but further work is required.

## mHealth Interventions

The World Health Organisation (WHO) defines mHealth as the use of mobile and wireless technologies to support the achievement of health objectives[58]. As reported by Anderson et al. (2019)[59], mHealth is increasingly being used across various health programmes, including IPV, to optimise screening, educational outreach and linkages to further care. Klevens et al. (2012) [60] report that physicians and other providers may have more success identifying individuals in need of IPV services when waiting room screenings are completed on a computer or tablet rather than using paper form. Additionally, Glass et al. (2010)[61] note that the cost of individually tailored prevention interventions may be reduced when mHealth interventions are employed.

While interest in the use of mHealth in IPV interventions remains strong, the emerging evidence is mixed. El Morr and Layal (2020)[62] undertook a systematic review of the evidence on its effectiveness. Of the 25 studies they identified, only two focused on IPV prevention. One study which used a computerised group-based HIV and IPV intervention called WORTH (Computerised Women on the Road to Health) found that participants reported a significantly lower risk of physical IPV victimisation, severe IPV injuries, and severe sexual IPV victimisation at a 12-month follow up when compared to control participants (Gilbert et al., 2016)[63]. Another study examined the impact of a computer-based preventive intervention (ePREP) on IPV in a sample of married couples. They found that ePREP reduced physical and psychological aggression among married couples and that these gains were maintained at a 1-year follow up assessment (Braithwaite and Fincham, 2014)[64].

While El Morr and Layal (2020) included 25 studies in their analysis, they reported that most of them used ICT to enhance screening and increase disclosure rather than targeting IPV prevention. Additionally, they report that the suitability of ICT was not regularly formally assessed. They therefore summarise that mHealth interventions have the *potential* to be effective in spreading awareness about and screening for IPV, but robust evidence using this intervention is still in its infancy. Anderson et al. (2019)[65] report similar findings and concluded that despite enthusiasm in pilot projects, evidence for efficacy compared to conventional IPV prevention approaches is limited at present.

In Ireland, mHealth interventions are not currently used by the Health Service Executive[66], however, Women's Aid provide an instance messaging service.

## Independent Domestic Violence Advisors

Independent Domestic Violence Advisors (IDVAs) are situated in various settings within the UK. Their main purpose is to address the safety of individuals at high risk of harm from partners, ex-partners or family members (Howarth et al., 2009)[67]. They provide immediate support and advice; link individuals and families to longer-term community-based support; and train staff to increase confidence in asking about domestic violence and abuse (Dheensa et al., 2020)[68].

Only a few studies have provided empirical evaluations of IDVAs (Taylor-Dunn and Erol, 2020)[69] which makes it difficult to assess them as an effective intervention. However, there are some studies available which show

According to SafeLives, there were 980 full-time equivalent IDVAs working in England and Wales in 2019. Of those accessing IDVA services for the year ending March 2020, 93% were women, 62% had children and 46% were unemployed.

Source: Office of National Statistics, Domestic abuse victim service, England and Wales, November 2020.

their positive impact. Howarth et al. (2009) [70] provided the first large scale, multi-site evaluation of IDVA services across England and Wales. The analysis was conducted over a 27-month period across seven IDVA services and included over 2,500 women. They reported that overall, the IDVA service had a positive effect on reducing re-victimisation: 57% of all survivors reported complete or near cessation of abuse three to four months after contact with the IDVA. Where abuse did continue, 43% reported it was less severe. They also reported that survivors felt safer when multiple services were offered: 37% of survivors felt safer when accessing one form of support in comparison to 77% of those receiving up to five forms of support.

Dheensa et al. (2020) undertook a qualitative evaluation of IDVAs in five hospitals across the UK. The authors reported that the IDVA enhanced healthcare professionals' skills, knowledge, and confidence. It allowed them to reach survivors with complex needs and multiple disadvantages as well as other 'hidden' survivors (e.g., older people, men). They also identified several structural factors that are required for the successful implementation of IDVAs in practice. Specifically, that there is a need for ongoing training, the importance of a private and dedicated space, and need for embedded infrastructure (e.g., strategic planning to ensure the service was used).

Finally, Halliwell et al. (2019)[71] undertook a quantitative evaluation of IDVAs in two settings (hospitals and the community) in the UK. They found that hospital IDVAs worked with less visible survivors (for example, Black, Asian and Minority Ethnicity (BAME), LGBT, and men) when compared to community IDVA services and facilitated intervention at an earlier point. Their findings also showed that hospital IDVAs received more referrals from health services, and enabled access to a great number of health resources. Hospital survivors were also more likely to report greater reductions in their abuse than those based in community settings. Further, the odds of safety were found to increase two-fold if hospital survivors received over five contacts with an IDVA or had access to six or more resources/programmes over a longer period of time, which mirrors the results of the earlier evaluation by Howarth et al. (2009).

IDVAs are not currently in operation in acute hospital settings in Ireland[72]. However, Women's Aid is currently establishing a pilot Maternity Project which is a specialist DVA training, awareness and referral programme in the three Dublin Maternity hospitals and Cork University Maternity Hospital[73].

## Short-term psychological interventions

Various studies have examined the impact of brief psychological interventions on survivors of domestic violence across a range of countries and settings (see for example, Cort et al., 2014; Hamdan-Mansour et al., 2011; Hegarty et al., 2013)[74]. To synthesis the findings from these studies, Arroyo et al. (2017)[75] undertook a meta-analysis[76] in mostly high-income countries[77] to establish the effectiveness of interventions across a range of outcomes such as the prevention of IPV, post-traumatic stress disorder (PTSD), self-esteem, etc. This analysis found that multiple interventions have been implemented in practice including CBT, interpersonal psychotherapy (IPT), relapse prevention and relationship safety (RPRS) group therapy, amongst other more specific treatments.

To assess the impact of these interventions, the author calculated effect sizes on the range of targeted outcomes. Effect sizes are usually estimated in RCTs. They compare the outcomes of the treatment group (i.e., those receiving the intervention) with a control group (i.e., those not receiving the treatment). Overall, the meta-analysis found that those receiving brief psychological interventions were 34% better off across a range of outcomes (e.g., IPV, PTSD, depression, substance abuse, etc.) than those who did not.

In terms of the interventions used, CBT and interpersonal therapies that were specifically tailored to those who had experienced IPV were found to be most effective. Additionally, the meta-analysis found that the interventions delivered individually, rather than in a group setting, were found to be more effective and that more treatment sessions and more overall time spent in counselling resulted in better outcomes. It also found that the location of the intervention (e.g., delivered within a shelter or in the community) did not impact on its effectiveness.

In Ireland, patients with additional psychological support needs are discharged back to their GP with a treatment plan. Where there is a requirement for follow up psychological support, the GP is responsible for the referral to the appropriate service. In some hospitals, a Liaison Psychiatry Service is available for emergency department or in-hospital consultations[78].

## Education-based interventions for GBV

Education-based interventions use schools/colleges/universities as a platform for preventing intimate-partner (dating) violence, non-partner sexual violence, peer violence and/or corporal punishment. They can take the form of stand-alone sessions delivered by teaching staff or trained professionals or a whole of school approach which seeks to engage the wider school community to address all forms of violence and create a positive learning environment.

**Table 4: Education- based GBV interventions**

| Measure | Description | Evidence |
|---|---|---|
| Group training interventions in schools/colleges /universities to prevent GBV | Information sessions delivered by teaching staff or a trained professional, often as part of the curriculum | Evidence is mixed but some examples of good evidence to recommend |
| Whole school approaches to prevent GBV | Engage a wide range of stakeholders (parents, teaching staff, pupils, local government) in an inclusive commitment to address all forms of school-based violence | Few comprehensive evaluations, but some studies have shown positive results |
| Self-defence training in schools/colleges/universities to prevent sexual violence | Training, usually for women and/or girls, with a view to reducing sexual violence from any perpetrator (partner or non-partner). Typically includes training on one or more of following: physical self-defence, non-physical strategies to reduce risk, issues of consent and pressure, and how to assess risk | Few comprehensive evaluations. Some studies with third level students have shown positive results. Studies with school-aged children have produced mixed findings |

Source: Compiled by L&RS using various sources, see text.

## Group training interventions in schools

Studies on the impact of group-training interventions in schools/colleges/universities to address GBV have been quite mixed, with an analysis of 13 evaluations finding that five evaluations reported positive impact in terms of a reduction in GBV, two reported mixed impact (impact in some areas/groups, but not others) and six programmes reported no impact (Kerr-Wilson et al., 2020)[79]. Most of the evaluated interventions engaged mixed sex groups and were delivered in class.

> "For most students their experience of relationship and sexuality education (RSE) [in Ireland] can be summed up as too little, too late and too biological"
>
> -Report on the Review of RSE in primary and post-primary schools

One well-known programme which did record impact is the Green Dot programme, run mainly in schools and universities in the United States. This programme engaged mixed sex groups over multiple years, with a whole of campus (or school) presentation delivered alongside training to selected peer leaders on how bystanders can intervene to prevent GBV. An evaluation of the programme in high schools in Kentucky found a significant reduction in the perpetration of both sexual violence and other forms of violence (harassment, stalking and IPV) and victimisation (Coker et al., 2017)[80]. An evaluation of the programme on college campuses in the United States also found that rates of unwanted sexual victimisation, sexual harassment, stalking, and psychological IPV victimisation and perpetration were lower among intervention groups (Coker et al., 2016)[81].

A rigorous global evidence review (by the What Works to Prevent Violence Against Women and Girls Global Programme) reported that more effective group training intervention programmes in schools shared the following characteristics:

1) They were longer in duration
2) Delivered by highly trained facilitators/teachers
3) Used participatory learning approaches
4) Are based on theories of gender and power (Kerr-Wilson et al., 2020)[82].

For Ireland, according to the Minister for Education Norma Foley (21 April 2021)[83], two programmes are currently taught as part of the Relationships and Sexuality Education (RSE)/Social, Personal and Health Education (SPHE) curriculum at post primary level - one at junior cycle (see here for curriculum) and one at senior cycle (see here for curriculum) - which include some information on healthy relationships, consent and domestic violence and sexual violence.

However, findings from 2019 Review of the RSE curriculum in primary and post primary schools[84]:

> [S]uggest that there is considerable variation in the provision of RSE across schools in terms of what is being taught, how it is taught, who teaches it and the time allocated to it. For most students their experience of RSE can be summed up as too little, too late and too biological.

It concluded that the "need to review the curriculum and bring it up-to-date is clear".

The current Programme for Government (2020)[85] commits to the development of:

> Inclusive and age-appropriate RSE and SPHE curricula across primary and post-primary levels, including an inclusive programme on LGBTI+ relationships

It is not yet clear to what extent changes to the curriculum will address issues of GBV.

The Citizen's Assembly on Gender Equality has recommended as a priority that the revised RSE curriculum should cover gender power dynamics, consent and domestic, sexual and gender-based violence[86].

Several Universities in Ireland have recently introduced short mandatory training sessions on how bystanders can intervene to prevent sexual violence/harassment for all new students (Irish Examiner, 2020; University College Dublin, 2020)[87].

## Whole-school approaches

There have been very few analyses of whole-school approaches and the multi-pronged nature of these approaches make it difficult to clearly establish causality. However, some studies have shown positive results. For example, a 2009 analysis of Fourth R whole-school programme with 1722 students aged 14-15 from 20 public schools (52.8% girls) in Canada reported a reduction in physical IPV and increased condom use among the intervention group (Wolfe et al., 2009)[88]. A more recent evaluation of a whole-school intervention with South African students (aged 12-15) found that, although there were no statistically significant differences in the incidence of physical and/or sexual IPV or non-partner rape following the intervention, there was other evidence to suggest a positive impact from the intervention in the form of a reduction in bullying, depression and childhood trauma, higher condom and contraceptive use (reflected in reduced teenage pregnancies), and more equitable gender attitudes (Jewkes et al., 2019)[89]. Finally, findings from a 2021 cluster randomised trial[90] evaluation of the Keeping Safe whole-school programme for abuse (including neglect, domestic, physical and sexual violence) and bullying in Northern Ireland found (among other things) that:

- Children in intervention schools reported significantly higher levels of knowledge and understanding of abuse concepts than children not taught the programme after two academic years.
- Children aged 6–9 years at Baseline who were taught the programme reported significantly higher levels of knowledge and understanding of appropriate and inappropriate touch, and domestic abuse.
- Children aged 8–9 years at Baseline also reported significantly higher levels of self-efficacy in situations of abuse and knowledge and understanding of neglect.
- Small effect sizes were observed indicating that not all children experienced improved outcomes.[91]

The trial collected outcome data from 3,551 children, 6,385 parents and 485 teachers across 64 schools in Northern Ireland between June 2016 and 2018.

The World Health Organisation (WHO, 2019)[92] have produced a handbook on school-based violence prevention with a focus on whole-school approaches which may be of interest, while the United Nations Girls' Education Initiative Global Working Group to End School-related gender-based violence (2018)[93] have developed Minimum Standards to guide the whole-school approach.

## Self-defence interventions in schools/colleges/universities to prevent sexual violence

Very few studies have evaluated the effectiveness of self-defence interventions in educational institutions and several of those studies have presented methodological weaknesses[94]. However, one programme which did show promising results is the Enhanced Assess, Acknowledge, Act (EAAA) Sexual Assault Resistance Program in Canadian Universities. An evaluation of this programme found that one year after completion participants reported significantly lower rates of completed rape, attempted rape, and non-consensual sexual contact than non-participants (Senn

et al., 2015)[95]. At an 18 and 24-month follow up differences were no longer statistically significant, but participants still reported lower overall rates of completed rape than non-participants. A second evaluation of 10-week, feminist self-defence class in a US university also recorded significantly lower rates of sexual assault among participants in the year after the programme (Hollander, 2014)[96]. However, participants in this study self-selected to participate in self-defence courses and it is possible that findings are biased by this and results should be interpreted with caution. In general, findings from assessments of self-defence interventions with college/university students are more promising than those with school-age students.

A 2016 European Parliament commissioned[97] study by Kelly and Sharp-Jeffs (2016)[98] examining research on the effectiveness of self-defence and its place in policies at both an EU and Member State level concluded that:

- Self-defence is a promising practice, with an implicit theory of change, in terms of preventing violence against women
- It is, however, marginalised and poorly supported at EU and Member State levels (including in Ireland, see Seith and Kelly, 2003[99]).
- More space should be made for it in policy, financing and research.

We could find no evidence of formalised self-defence interventions for GBV in educational settings in Ireland.

# Economic interventions for GBV

Most peer-reviewed evidence on economic interventions for GBV are from low- and middle-income settings. These interventions typically include cash transfers (both conditional and social protection), education around financial literacy, and microfinance. In advanced economy settings, the empirical evidence points to the provision of housing (e.g., shelters or flexible funding options), workplace supports (such as paid leave for survivors of domestic violence) and paid parental leave for women and men.

**Table 5: Overview of economic interventions**

| Measure | Description | Evidence |
|---|---|---|
| Provision of housing | Providing survivors with access to shelters, flexible funding options to access housing and additional services on-site in shelters | Few studies have examined the effectiveness of housing interventions. However, the studies that do exist suggest positive outcomes in terms of reduced revictimisation, improved housing stability and increased access to services |
| Paid employment leave and other workplace measures | Providing employees with a range of workplace measures, including paid and unpaid leave and flexible work arrangements as adopted by the International Labour Organisation (ILO) Convention on eliminating violence and harassment in work (C.190) | Various measures have been introduced by countries (e.g., New Zealand, Canada, Italy). As this is a relatively new intervention, empirical evidence on its effectiveness is currently limited, but given the relationship between violence and |

| | | |
|---|---|---|
| | | employment instability, the theoretical rationale for paid leave is strong |
| Paid parental leave | Paid parental leave can reduce financial stress in families and promote gender equality. It therefore has the potential to impact IPV rates | Little empirical evidence to support this intervention, but theoretically, the rationale is strong |

Source: Compiled by L&RS using various sources, see text.

## Provision of housing

Research shows that survivors of domestic violence are more likely to experience housing insecurity or homelessness than those who have not (Baker et al., 2010; Adams et al., 2021; Rollins et al., 2012)[100]. In the US, women who experienced domestic violence in the last year were four times more likely to report housing insecurity than women who had not (Pavao et al., 2007).[101]

> A 2012 study in Ireland found that domestic violence featured as a predominant reason for women moving into homelessness or a refuge.
>
> Source: Maycock and Sheridan (2012)

Few studies have examined the effectiveness of housing interventions for domestic violence survivors and there are considerable differences in terms of the design and outcomes of the studies that do exist (Klein et al., 2021).[102] As such, it is difficult to make concrete statements about the effectiveness of these interventions. Despite this, there is a small body of evidence which suggests that the use of shelter services can reduce revictimisation, improve housing stability and aid access to services for those experiencing domestic violence. For instance, one study showed that women who had used shelter services were 88% less likely to report having experienced moderate domestic violence and 64% less likely to report having experienced severe domestic violence after leaving the shelter about 8 months post intervention (Messing et al., 2017)[103]. In terms of improving housing stability, a study utilising flexible funding (that is, giving funds directly to people in need and without restriction[104]) found that at a 6-month follow up, 94% of participants were housed (Sullivan et al., 2019) [105].

Finally, some studies have examined how housing interventions impacted use of and satisfaction with addition services (e.g., medical care, legal support, job training) (Sullivan et al., 2017; Grossman et al., 2010; D'Amico et al., 2008)[106]. One study found that when survivors had access to clinic services provided on-site in the shelter, they were more likely to use medical and mental health services after they left the shelter (D'Amico et al., 2008)[107]. Another study which collected data from over 3,000 residents of 215 domestic violence shelters in the US found that survivors reported upon exit that they had received services to address many of their needs, at least to some extent, and that without help from the shelter, they would likely have experienced severe consequences including homelessness, death, or the loss of their children (Lyon et al., 2008)[108].

In the US, the DV Housing First model (DVHF) has been presented as an effective means of providing stable housing to support survivors of domestic violence (Sullivan and Olsen, 2007)[109]. The model has three central principles to help survivors obtain safe, stable housing: (1) survivor-driven, trauma-informed, mobile advocacy; (2) flexible financial assistance; and (3) community engagement (Sullivan, 2020)[110]. A 2019 evaluation of the DV Housing First model[111] reported that most survivors were able to find or remain in safe housing using flexible financial assistance. A longitudinal study[112] is currently being undertaken to determine if participation in the DVHF model is linked to better outcomes than those receiving "standard services"[113]. It is expected to be completed in September 2022.

On 8 March 2019, Ireland ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention)[114]. It entered into force in Ireland on 1 July 2019[115]. The policy document accompanying the Istanbul Convention sets out the minimum standards for support services[116], within which it sets out its recommendations on the number of shelter spaces that should be provided. Under basic provisions for shelters, its states:

> "In member states where shelters are the predominant/only form of service provision, there should be one place per 10,000 population. In member states where shelters form part of a community strategy with intervention projects, there should be one family place[117] per 10,000 women. There should be at least one specialist violence against women shelter in every province/region."

In Ireland, the basic provision standard applied is one family place per 10,000 women.

During Parliamentary Questioning on 8 September 2020[118], it was reported that Tusla currently provides financial support for the provision of 158 family units of domestic violence accommodation (148 family units in emergency refuge accommodation and 10 family units in emergency non-refuge accommodation). Further, it is reported that to reach the target of one family place per 10,000 women, 193 refuge spaces are required – thus, Ireland has a shortage of 45 emergency refuge accommodation spaces.

> Between September – December 2020, 808 requests for refuge could not be met [in Ireland] as there was no available space [in refuges]. This amounts to an average of 7 requests per day
>
> Source: Safe Ireland

If the basic standard of one place per 10,000 population were adopted, then 498 refuge spaces would be required which implies Ireland would require an additional 350 spaces above the current provision. It is estimated that the annual cost of providing one additional family refuge space is approximately €100,000[119].

Safe Ireland[120] reported that between September – December 2020, 808 requests for refuge could not be met as there was no available space. This amounts to an average of 7 requests per day.

## Paid employment leave and other workplace measures

Research shows that those experiencing violence have increased employment instability (Borchers et al., 2016; Showalter, 2016; MacGregor et al., 2019)[121]. GBV is associated with increased absenteeism in the long run, presenteeism (e.g., use of sick days, concentration issues, job performance, etc.) in the short run and reduced productivity (Duvvury et al., 2013)[122]. A systematic review of the evidence on employment and domestic violence found that domestic violence survivors experience high rates of job loss and turnover and in some instances are forced to quit or are let go (Showalter 2016)[123]. In addition, evidence shows that the impact of violence on survivors' wages are significant: for example, in the US, survivors of sexual violence lose over $52,000 in wages over their lifetime (Institute for Women's Policy Research, 2017)[124].

In June 2019, the new International Labour Organisation (ILO) Convention on eliminating violence and harassment in the work of work (C.190), to which Ireland is a signatory, was adopted alongside the accompanying Recommendation (R.206) which places responsibilities on government and employers to implement and address domestic violence when it affects the workplace. Some countries have state-level legislation in place. As reported by The Kering Foundation (2020) [125], these measures include:

1) Paid (Canada, New Zealand, Italy) and unpaid (Australia) leave.

2) Flexible working arrangements for workers experiencing domestic and family violence (Canada, New Zealand)
3) Ensuring employees who have experienced domestic violence are protected against discrimination (New Zealand)
4) Obligation on employers to take reasonable precautions to protect employees from physical and mental harm (Canada)

In Ireland, the Organisation of Working Time (Domestic Violence Leave) Bill 2020 seeks to provide for a period of paid leave due to domestic violence. As of the Autumn 2021 legislative programme, this Bill is not currently listed as priority legislation. In May 2021, NUI Galway announced that it would launch a Domestic Violence Leave Policy to provide for a period of paid time away from work for staff who have suffered or are suffering from DVA.

### Paid parental leave

Research has shown that policies that reduce financial stress in families and increase gender equality may be effective in preventing IPV (D'Inverno et al., 2016; Niolon et al., 2017)[126]. Paid parental leave is one policy-based approach that has been recognised as having the potential to impact rates of IPV by providing new parents with job-protected paid time off after having a child and therefore not interrupting household income (Basile et al. 2016)[127]. However, from the offset, it should be stated that this intervention is quite narrow in focus as it represents only a small cohort of the population (parents) experiencing IPV.

As reported by D'Inverno et al. (2018) [128], the literature in this area identifies three pathways through which paid parental leave should theoretically impact rates of IPV:

1) Paid leave maintains household income thereby preventing financial stressors
2) Increases equal parenting practices and increases gender equity
3) Facilitates IPV protective factors by providing time to bond with child

In Australia, research during and after pregnancy found that women who worked during pregnancy and qualified for paid maternity leave reported 58% lower odds of IPV in the first twelve months postpartum compared to women who did not have access to paid maternity leave (Gartland et al., 2011)[129]. Evidence also suggests that even partial wage replacement may be effective in reducing the frequency of violent events in relationships (D'Inverno et al., 2018)[130].

In Ireland, there are several types of statutory leave entitlements[131] available to parents (both paid and unpaid). One example is parent's leave which allows for each parent to take 5 weeks (increasing to 7 weeks from July 2022 under Budget 2022) leave for a child born or adopted on or after 1 November 2019. These parents may be eligible for Parent's Benefit which is paid at a standard weekly rate of €245. This will increase by €5 from January 2022.

## Community-level interventions for GBV

Community level interventions seek to work across the entire community and engage a mass of the population in efforts to address GBV. They also often seek to address the community level factors that lay the groundwork for GBV, such as traditional (conservative) gender norms and societal attitudes which normalise, support and/or stigmatise GBV.

**Table 6: Community-level GBV interventions**

| Measure | Description | Evidence |
|---|---|---|
| Communications and social marketing campaigns | Use a variety of media and popular entertainment channels with a view to increasing awareness of GBV, increasing awareness of services, and producing positive change in attitudes towards and behaviours associated with GBV | No strong evidence to show impact as a stand-alone measure |
| Community mobilisation programmes | Usually take a multicomponent approach to engage a broad range of actors/stakeholders across communities to promote a collective community stand against GBV and change harmful gender attitudes and social norms. These approaches may include community workshops, peer training, and identification of influential persons (e.g., religious leaders) within communities who are tasked with organising events and carrying forward the anti-violence mandate | Overall good evidence to recommend when programmes are well designed and implemented. However, most evaluations have focused on programmes in low- or middle-income countries. |

Source: Compiled by L&RS using various sources, see text.

## Communications and social marketing campaigns

While communications and social marketing campaigns are one of most widely used tools with a view to preventing/reducing GBV, their impact is often not evaluated, particularly with respect to the question of whether they result in reduced GBV perpetration. Overall, while some studies on communications and social marketing campaigns do record a positive change in attitudes and behaviours associated with (usually men's) perpetration of GBV (see Mennicke et al., 2021; 2018; and Usdin et al., 2005)[132], a 2015 systematic review concluded that the evidence suggests that one-off awareness-raising campaigns are ineffective in reducing VAWG. This systematic review also reported that there is insufficient evidence to determine the effectiveness of longer-term social marketing campaigns (combined with group education) in reducing VAWG (Ellsberg et al., 2015)[133]. However, organisations working on domestic and sexual violence have frequently reported an increase in calls to their services immediately following social media campaigns, which possibly suggests that these campaigns increase public knowledge on GBV and GBV services and encourage survivors to seek help.

Several high-profile media campaigns have been run in Ireland in recent years including the three year 'No Excuses' awareness campaign on sexual violence and the 'Still Here' campaign on domestic violence in relation to COVID-19. Nationally representative online surveys were carried out by Coyne Research for the Department of Justice to evaluate the effectives of the No Excuses and Still here campaigns (2020; results unpublished)[134]. These surveys found that most of the

1,000 Irish adults (aged 18+ years) surveyed were aware of both campaigns, and that most adults who had seen the campaigns considered them to be effective or very effective at conveying the core messages[135], although this varied by age group and gender.

### Community mobilisation programmes

Most evaluations of community mobilisation programmes have focused on programmes in low or middle-income countries rather than high-income countries. While the multi-pronged nature of these approaches makes it difficult to clearly establish causality, robust analyses of several community mobilisation programmes have shown positive outcomes in terms of reducing GBV. However, only very strongly designed and implemented programmes achieve this (Kerr-Wilson et al., 2020)[136]. Two examples of interventions evaluated as having a positive impact on the perpetuation of GBV are:

Analyses of several community mobilisation programmes have shown positive outcomes in terms of reducing GBV. However, only very strongly designed and implemented programmes achieve this

Source: Kerr-Wilson et al., 2020

1) **Safe Homes and Respect for Everyone (SHARE) Project (Uganda):** This project used community-based mobilisation and HIV screening with a brief intervention to reduce physical and sexual IPV and HIV incidence. Compared with control groups, individuals in the SHARE intervention groups had fewer self-reports of past-year physical and sexual IPV, although incidence of emotional IPV did not differ. After 35 months the intervention was also associated with a reduction in HIV incidence (Wagman et al.2016)[137].
2) **SASA! (Uganda):** A Community mobilisation intervention involving a broad range of stakeholders within the community with the objective of changing community attitudes, norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women. The intervention was associated with significantly lower social acceptance of IPV among women and men, significantly greater acceptance that a woman can refuse sex among women and men, and lower past year experience of physical and sexual IPV among women (Abramsky, 2014)[138].

As mentioned, most evaluations of community programmes have been in low or middle-income countries.

## Conclusion

In summarising the literature on interventions to address GBV, it is clear that there is a shortage of rigorous evaluations of GBV interventions – indeed many interventions are not evaluated for effectiveness at all. It is also clear that there is a shortage of evaluations which include men/boys, and populations from minority backgrounds (who often experience disproportionately high rates of violence). Researchers have highlighted these as gaps in research and policy.

Also identifiable from the research on interventions to address GBV, is that certain key elements are usually present in effective evidence-based interventions. These include:

- That they are evidence informed, with a comprehensive description/illustration of why a particular intervention should work (theory of change)
- That they are carefully designed and implemented
- That they address at least one recognised risk factor for GBV; many of the most effective interventions address multiple risk factors together (e.g., low household socio-economic status and gender equalities that lay the groundwork for GBV). An overview of risk factors for GBV is provided in Part One[139] of the GBV research paper series.

# Suggested further reading

### Ireland


- Oireachtas Library & Research Service, 2021, L&RS Note: Addressing domestic, sexual and gender-based violence. Part One: Overview [online]. [Accessed 16 November 2021].
- Oireachtas Library & Research Service, 2020, L&RS Note: Domestic violence and COVID-19 in Ireland [online]. [Accessed 08 November 2021].
- Department of Justice (2021). Domestic, Sexual and Gender Based Violence: An Audit of Structures. [online]. [Accessed 08 November 2021].
- Safe Ireland (2021). Tracking the Shadow Pandemic – Lockdown 2. A report on women and children seeking support from Domestic Violence Services September 2020 – December 2020 [online]. [Accessed 08 November 2021].
- Department of Justice (2020). Supporting a Victim's Journey: A plan to help victims and vulnerable witnesses in sexual violence cases [online]. [Accessed 08 November 2021]
- Women's Aid and Mazzone, M (2019). Unheard and Uncounted Women, Domestic Abuse and the Irish Criminal Justice System [online]. [Accessed 08 November 2021].
- The Courts Service (n.d.). Domestic abuse [online]. Available from: https://www.courts.ie/domestic-abuse [Accessed 02 November 2021].


### International


- European Union Institute for Gender Equality (EIGE) (2021). The costs of gender-based violence in the European Union [online]. [Accessed 08 November 2021]
- Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa
- EIGE (2019). Risk assessment and management of intimate partner violence in the EU [online]. [Accessed 08 November 2021]
- EIGE (2018). Gender-specific measures in anti-trafficking actions: report [online]. [Accessed 08 November 2021]
- EIGE (2015). Preventing domestic violence - Good practices [online]. [Accessed 08 November 2021]
- Ellsberg, M., Arango, D.J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015) Prevention of violence against women and girls: what does the evidence say? Lancet, 18;385(9977):1555-66
- World Health Organisation (2002), Violence: a global public health problem [online] [Accessed 08 November 2021].

**Where can I get help for domestic, sexual and gender-based violence?**

Women Aid Ireland have a 24/7 helpline for people experiencing domestic violence which can be contacted on 1800 341 900.

Men's Aid Ireland have a helpline for men experiencing domestic violence. It is open Monday-Friday from 9am to 5pm and can be contacted on 01 554 3811

Immigrant Council of Ireland give advice on migrant women's rights and GBV

The Rape Crisis Centre have a 24/7 helpline for people who have experienced sexual violence or harassment. It can be contacted on 1800 77 8888

Irish Family Planning Association (IFPA) provide a specialised clinic for women and girls affected by female genital mutilation. It can be contacted between 9am and 5pm on 01 872 7088

Citizens information provide information on where to report and receive support for human trafficking on their webpage which is available here

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[1] Council of Europe (2011). Council of Europe Convention on preventing and combating violence against women and domestic violence [Accessed 04 November 2021]

[2] European Institute for Gender Equality (EIGE), Intimate Partner Violence. [Accessed 15 October 2021]

[3] Kendall, J.M. (2003), Designing a research project: randomised controlled trials and their principles. Emergency Medicine Journal, 20:164-168.

[4] World Health Organisation, Violence against women. [Accessed 15 October 2021]

[5] World Health Organisation, Violence against women. [Accessed 15 October 2021]

[6] European Commission (n.d.) What is gender-based violence?

[7] United Nations High Commissioner for Refugees (UNHCR) (n.d.). Gender-based Violence.

[8] Kelly, L. and Westmarland, N. (2015). Domestic violence perpetrator programmes: Steps towards change. Project Mirabal final report [online]. Available from: https://projectmirabal.co.uk/wp-content/uploads/2020/06/ProjectMirabalfinalreport.pdf [Accessed October 13 2021].

[9] See for example Arias, E., Arce, R. and Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. Psychosocial intervention, 22(2), pp.153-160.

[10] See Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., Cantos, A., Hamel, J., Kelly, D., Jordan, C. and Lehmann, P. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. Partner abuse, 7(4), pp.355-460. Jewkes, R., McLean Hilker, L., Khan, S., Fulu, E., Busiello F., and Fraser, E. (2015).What works to prevent violence against women and girls - Evidence Reviews Paper 3: Response mechanisms to prevent violence against women and girls [online]. Available from: file (whatworks.co.za) [Accessed 13 October 2021]

[11] Kelly, L. and Westmarland, N. (2015). Domestic violence perpetrator programmes: Steps towards change. Project Mirabal final report [online]. Available from: https://projectmirabal.co.uk/wp-content/uploads/2020/06/ProjectMirabalfinalreport.pdf [Accessed October 13 2021].

[12] Crowley, L. (2017). Domestic Violence Perpetrator Programmes in Ireland–Intervention Required!. International Journal of Law, Policy and the Family, 31(3), pp.291-310.

[13] Source of information is Researcher correspondence with the Department of Justice [November 2021], and Move Ireland (n.d.). The Choice Programme [online]. Available from: https://www.moveireland.ie/the-choices-programme-for-professionals/ [Accessed 02 November 2021].

[14] Jewkes, R., McLean Hilker, L., Khan, S., Fulu, E., Busiello F., and Fraser, E. (2015).What works to prevent violence against women and girls - Evidence Reviews Paper 3: Response mechanisms to prevent violence against women and girls [online]. Available from: file (whatworks.co.za) [Accessed 13 October 2021]; Kelly, L., Adler, J.R., Horvath, M.A., Lovett, J., Coulson, M., Kernohan, D. and Gray, M., 2013. Evaluation of the pilot of domestic violence protection orders.

[15] Heise, L. (2011). What works to prevent partner violence? An evidence overview.

[16] Researcher correspondence. Provided by An Garda Síochána [October 2021].

[17] Domestic Violence – Wednesday, 15 Sep 2021 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas

[18] Heise, L. (2011). What works to prevent partner violence? An evidence overview.

[19] The Courts Service (n.d.). Domestic abuse [online]. Available from: https://www.courts.ie/domestic-abuse [Accessed 02 November 2021].

[20] Chantler, K., Robbins, R., Baker, V. and Stanley, N. (2020). Learning from domestic homicide reviews in England and Wales. Health & social care in the community, 28(2), pp.485-493.

[21] Specifically the United Kingdom, United States, New Zealand, Canada and Australia.

[22] Bugeja, L., Dawson, M., McIntyre, S.J. and Walsh, C. (2015). Domestic/family violence death reviews: An international comparison. Trauma, Violence, & Abuse, 16(2), pp.179-187.

[23] Dawson, M. ed (2017). Domestic homicides and death reviews: An international perspective. Springer; Robinson, A., Rees, A. and Dehaghani, R. (2018). Findings from a thematic analysis of reviews into adult deaths in Wales: Domestic Homicide Reviews, Adult Practice Reviews and Mental Health Homicide Reviews.

[24] Chantler, K., Robbins, R., Baker, V. and Stanley, N. (2020). Learning from domestic homicide reviews in England and Wales. Health & social care in the community, 28(2), pp.485-493.

[25] These risk factors include a history of domestic violence with the couple, an actual or pending separation, the perpetrator was depressed, the perpetrator displayed obsessive behaviour (e.g., stalking), and an escalation of violence (see Dawson, M. ed., 2017. Domestic homicides and death reviews: An international perspective. Springer; Ontario Ministry of the Solicitor General (2019), Office of the Chief Coroner Domestic Violence Death Review Committee 2018 Annual Report: Appendix B [online]. Available from: https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/OfficeChiefCoroner/Publicationsandreports/DVDRC2018Report.html#appendixb [Accessed 13 October 2021].

[26] Bugeja, L., Dawson, M., McIntyre, S.J. and Walsh, C., 2015. Domestic/family violence death reviews: An international comparison. Trauma, Violence, & Abuse, 16(2), pp.179-187.

[27] Department of Taoiseach (2020). Programme for Government Our Shared Future [online]. Available from: gov.ie - Programme for Government: Our Shared Future (www.gov.ie) [Accessed 13 October 2021].

[28] Jewkes, R., McLean Hilker, L., Khan, S., Fulu, E., Busiello F., and Fraser, E. (2015).What works to prevent violence against women and girls - Evidence Reviews Paper 3: Response mechanisms to prevent violence against women and girls [online]. Available from: file (whatworks.co.za) [Accessed 13 October 2021]

[29] Cook, D., Burton, M., Robinson, A. and Vallely, C., 2004. Evaluation of specialist domestic violence courts/fast track systems.

[30] Cissner, A.B., Labriola, M. and Rempel, M., 2015. Domestic violence courts: A multisite test of whether and how they change offender outcomes. Violence against women, 21(9), pp.1102-1122.

[31] See United Nations Women (2019). Specialist courts [online]. Available from: https://www.endvawnow.org/en/articles/1794-specialist-courts.html?next=1793 [Accessed 13 October 2021].

[32] Reinforced by the Houses of the Oireachtas Joint Committee on Justice and Equality (2019). Report on Reform of the Family Law System October 2019 [online]. Available from: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/reports/2019/2019-10-24_report-on-reform-of-the-family-law-system_en.pdf [Accessed 13 October 2021].

[33] According to the Law Society Gazette, the general scheme of the *Family Court Bill 2020* proposes the establishment of a District Family Court, a Circuit Family Court, and a Family High Court as divisions within the existing court structures. They report that specialist judges will sit in these court which will have their own special rules. Available from: Family Court Bill 2020 (lawsociety.ie). [Accessed 16 November 2021].

[34] Department of Taoiseach (2020). Programme for Government Our Shared Future [online]. Available from: gov.ie - Programme for Government: Our Shared Future (www.gov.ie) [Accessed 13 October 2021].

[35] British Columbia Centre of Excellence for Women's Health (2013). Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence [online]. Available from: https://www.nice.org.uk/guidance/ph50/resources/review-of-interventions-to-identify-prevent-reduce-and-respond-to-domestic-violence2 [Accessed 13 October 2021].

[36] Safe Lives: Ending Domestic Abuse. Latest Marac National Dataset [online]. Available from: https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data [Accessed 13 October 2021].

[37] Robinson, A.L. and Tregidga, J. (2007). The perceptions of high-risk victims of domestic violence to a coordinated community response in Cardiff, Wales. Violence Against Women, 13(11), pp.1130-1148.

[38] EU FRA (2014). Violence against women: an EU-wide survey. Luxembourg: Publications Office of the European Union, page 59.

[39] Home Office Violent and Youth Crime Prevention Unit and Research and Analysis Unit (2011). Research into Multi-Agency Risk Assessment Conferences (MARACs) [online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/116538/horr55-technical-annex.pdf [Accessed 13 October 2021].

[40] Walklate, S., Godfrey, B. and Richardson, J. (2021). Innovating during the pandemic? Policing, domestic abuse and multi-agency risk assessment conferencing (MARACs). The Journal of Adult Protection.

[41] Researcher correspondence with An Garda Síochána and the Department of Justice [October/November 2021].

[42] This was not a RCT. Erez, E., Ibarra, P., Bales, W. and Gur, O. (2012). GPS monitoring technologies and domestic violence: An evaluation study.

[43] Gies, S., Gainey, R. and Healy, E. (2016). Monitoring high-risk sex offenders with GPS. Criminal justice studies, 29(1), pp.1-20.

*[44]* Scottish Government (2019). GPS Monitoring Technologies and Domestic Violence: An Evaluation Study [online]. Available from: *https://www.gov.scot/publications/electronic-monitoring-uses-challenges-successes/documents/* [Accessed 13 October 2021).

[45] See Reuters (October 2020). Can GPS tags stop domestic abusers? France turns to trackers to fight violence [online]. Available from: https://www.reuters.com/article/us-france-women-crime-feature-trfn-idUSKBN27C1ZK [Accessed 13 October 2021] and Mayor of London (March 2021). Mayor launches first programme to 'tag' domestic abuse offenders [online]. Available from: https://www.london.gov.uk/press-releases/mayoral/mayors-scheme-to-tag-domestic-abuse-offenders [Accessed 13 October 2021].

[46] Oireachtas Library & Research Service, 2021, L&RS Bill Digest: Sex Offenders (Amendment) Bill 2021. Bill No. 144 of 2021 [online]. Available from: Sex Offenders (Amendment) Bill 2021 (oireachtas.ie) [Accessed 17 November 2021].

[47] Researcher correspondence with An Garda Síochána and the Department of Justice [October/November 2021]

[48] Women's Aid and Mazzone, M (2018). 'Unheard and Uncounted: Women, Domestic Abuse and the Irish Criminal Justice System' [online]. Available from: unheard_and_uncounted_-

_women_domestic_abuse_and_the_irish_criminal_justice_system_full_report.pdf (womensaid.ie) [Accessed 17 November 2021].

[49] Lewis, N.V., Dowrick, A., Sohal, A, Feder, G., and Griffiths, C. (2019). Implementation of the Identification and Referral to Improve Safety programme for patients with experience of domestic violence and abuse: A theory-based mixed-method process evaluation, Health & Social Care in the Community, Vol. (27), Issue 4, p298-312. https://doi.org/10.1111/hsc.12733

[50] Sohal, A. H., Feder, G., Barbosa, E., Beresford, L., Dowrick, A., El-Shogri, F., … Griffiths, C. (2018). Improving the healthcare response to domestic violence and abuse in primary care: Protocol for a mixed method evaluation of the implementation of a complex intervention. BMC Public Health, 18, 971. https://doi.org/10.1186/s12889-018-5865-z

Akbari, A.R., Alam, B., Ageed, A., Tse, C.Y., and Henry, A. (2021). The Identification and Referral to Improve Safety Programme and the Prevention of Intimate Partner Violence, International Journal of Environmental Research and Public Health. 18(11): 5653. doi: 10.3390/ijerph18115653

[51] Devine, A., Spencer, A., Eldridge, S., Norman, R., and Feder, G. (2012). Cost-effectiveness of Identification and Referral to Improve Safety (IRIS), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial. BMJ Open 2012:2. http://dx.doi.org/10.1136/bmjopen-2012-001008

[52] Barbosa EC. Verhoef, T.L., Morris, S., et al. (2018). Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: updated modelling based on an MRC phase IV observational pragmatic implementation study, BMJ Open, 2018; 8(8): e021256. doi: 10.1136/bmjopen-2017-021256

[53] Researcher correspondence with the Department of Health. [October 2021].

[54] Malpass, A., Sales, K., Johnson, M., Howell, A., Agnew-Daview, R., and Feder, G. (2014). Women's experiences of referral to a domestic violence advocate in UK primary care settings: a service-user collaborative study, British Journal of General Practice, 64(620): e151-e158. doi: 10.3399/bjgp14X677527

Feder, G., Agnew-Davies, R., Baird, K., Dunne, D., et al. (2011). Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. The Lancet, Volume 378, Issue 9805, P1788-1795. https://doi.org/10.1016/S0140-6736(11)61179-3

Szilassy, E., Roy, J., Williamson, E., Pitt, K., Man, M.S., and Feder, G. (2021). Reaching everyone in general practice? Feasibility of an integrated domestic violence training and support intervention in primary care, BMC Family Practice, 22:19. https://doi.org/10.1186/s12875-020-01297-5

[55] Huntley AL, Potter L, Williamson E, Malpass A, Szilassy E, and Feder G. (2019). Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis. BMJ Open. 9(6):e021960.

Gondolf E.W. (2012). The future of batterer programs: reassessing evidence-based practice. Boston: UPNE

Akoensi, T.D., Koehler, J.A., Lösel, F., and Humphreys, D.K. (2013). Domestic violence perpetrator programs in Europe, part II: a systematic review of the state of evidence. Int J Offender Ther Comp Criminol. 57(10):1206–25.

[56] Larkins, C., Drinkwater, J., Hester, M., Stanley, N., Szilassy E., and Feder G. (2015). General practice clinicians' perspectives on involving and supporting children and adult perpetrators in families experiencing domestic violence and abuse. Fam Pract. 32(6):701–5.

Drinkwater, J., Stanley, N., Szilassy, E., Larkins, C., Hester, M., and Feder G. (2017). Juggling confidentiality and safety: a qualitative study of how general practice clinicians document domestic violence in families with children. Br J Gen Pract. 67(659):437–44.

[57] Szilassy, E., Roy, J., Williamson, E., Pitt, K., Man, M.S., and Feder, G. (2021). Reaching everyone in general practice? Feasibility of an integrated domestic violence training and support intervention in primary care, BMC Family Practice, 22:19. https://doi.org/10.1186/s12875-020-01297-5

[58] World Health Organisation (2018), mHealth: Use of appropriate digital technologies for public health. Seventy-first world health assembly. Provisional agenda item 12.4. [Accessed 15 October 2021]

[59] Anderson, E.J., Krause, K.C., Meyer Krause C., et al. (2019). Web-Based and mHealth Interventions for Intimate Partner Violence Victimization Prevention: A Systematic Review. Trauma, Violence, & Abuse. 22(4):870-884. doi:10.1177/1524838019888889

[60] Klevens L., Sadowski, L.S., Kee, R., Trick, W., and Garcia, D. (2012). Comparison of screening and referral strategies for exposure to partner violence. Women's Health Issues. 22, e45-52

[61] Glass, N., Eden, K.B., Bloom, T., Perrin, N. (2010). Computerised aid improves safety decisions process for survivors of intimate partner violence. Journal of Interpersonal Violence, 25, 1947-1964.

[62] El Morr, C., Layal, M. (2020). Effectiveness of ICT-based intimate partner violence interventions: a systematic review. BMC Public Health 20**,** 1372. https://doi.org/10.1186/s12889-020-09408-8

[63] Gilbert, L., Goddard-Eckrich, D., Hunt, T., Ma, X., Chang, M., Rowe, J., McCrimmon, T., Johnson, K., Goodwin, S., Almonte, M., & Shaw, S. A. (2016). Efficacy of a Computerized Intervention on HIV and Intimate Partner Violence Among Substance-Using Women in Community Corrections: A Randomized Controlled Trial. American journal of public health, 106(7), 1278–1286. https://doi.org/10.2105/AJPH.2016.303119

[64] Braithwaite, S. R., & Fincham, F. D. (2014). Computer-based prevention of intimate partner violence in marriage. *Behaviour Research and Therapy, 54,* 12 21. https://doi.org/10.1016/j.brat.2013.12.006

[65] Anderson, E.J., Krause, K.C., Meyer Krause C., et al. (2019). Web-Based and mHealth Interventions for Intimate Partner Violence Victimization Prevention: A Systematic Review. Trauma, Violence, & Abuse. 22(4):870-884. doi:10.1177/1524838019888889

[66] Researcher correspondence with the Department of Health. [October 2021].

[67] Howarth, E., Stimpson, L. Barran, D. and Robinson, A. (2009). Safety in Numbers: A Multi-Site Evaluation of Independent Domestic Violence Advisor Services. Social Care Institute for Excellence. Available here. [Accessed 14 October 2021.]

[68] Dheensa, S., Halliwell, G., Daw, J. et al. (2020). "From taboo to routine": a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. BMC Health Serv Res 20, 129. https://doi.org/10.1186/s12913-020-4924-1

[69] Taylor-Dunn, H., and Erol, R. (2021). Improving the safety and well-being of domestic abuse survivors: the role of a specialist organisation in supporting the work of Independent Domestic Violence Advisors. Crime Prev Community Saf 23**,** 115–136 https://doi.org/10.1057/s41300-021-00115-z

[70] Howarth, E., Stimpson, L. Barran, D. and Robinson, A. (2009). Safety in Numbers: A Multi-Site Evaluation of Independent Domestic Violence Advisor Services. Social Care Institute for Excellence. Available here. [Accessed 14 October 2021.]

[71] Halliwell, G., Dheensa, S., Fenu, E., Jones, S.K., Asato, J., Jacob, S, and Feder, G. (2019). Cry for health: a quantitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. BMC Health Services Research. 19, Article number: 718 (2019). https://doi.org/10.1186/s12913-019-4621-0

[72] Researcher correspondence with the Department of Health. [October 2021].

[73] More information on the pilot maternity project is available by request from Women's Aid (email: info@womensaid.ie)

[74]Cort, N. A., Cerulli,, C., Poleshuck, E. L., Bellenger, K. M., Xia, Y., Tu, X., Mazzotta, C. M., and Talbot, N. L. (2014). Interpersonal psychotherapy for depressed women with histories of intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy, 6(6),* 700–707. https://doi.org/10.1037/a0037361

Hamdan-Mansour, A. M., Constantino, R. E., Farrell, M., Doswell, W., Gallagher, M. E., Safadi, R., Shishani, K. R., and Banimustafa, R. (2011). Evaluating the mental health of Jordanian women in relationships with

intimate partner abuse. Issues in mental health nursing, *32*(10), 614–623. https://doi.org/10.3109/01612840.2011.580494

Hegarty, K., O'Doherty, L., Taft, A., Chondros, P., Brown, S., Valpied, J., Astbury, J., Taket, A., Gold, L., Feder, G., and Gunn, J. (2013). Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. Lancet (London, England), 382(9888), 249–258. https://doi.org/10.1016/S0140-6736(13)60052-5

[75] Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M., (2017). Short-Term Interventions for Survivors of Intimate Partner Violence: A Systematic Review and Meta-Analysis. Trauma, Violence and Abuse Vol.18(2),155-171. https://doi.org/10.1177/1524838015602736

[76] 21 studies met the criteria for inclusion in this study. The authors used Comprehensive Meta-Analysis software to calculate the effect size, summary and descriptive statistics, and conduct moderator analyses.

[77] The countries included in the meta-analysis were the United States, Australia, Spain, Jordan, Korea and Mexico.

[78] Researcher correspondence with the Department of Health. [October 2021].

[79] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa

[80] Coker, A.L., Bush, H.M., Cook-Craig, P.G., DeGue, S.A., Clear, E.R., Brancato, C.J., Fisher, B.S. and Recktenwald, E.A. (2017). RCT testing bystander effectiveness to reduce violence. American journal of preventive medicine, 52(5), pp.566-578.

[81] Coker, A.L., Bush, H.M., Fisher, B.S., Swan, S.C., Williams, C.M., Clear, E.R. and DeGue, S. (2016). Multi-college bystander intervention evaluation for violence prevention. American journal of preventive medicine, 50(3), pp.295-302.

[82] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa

[83] School Curriculum – Wednesday, 21 Apr 2021 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas

[84] National Council for Curriculum and Assessment (2019), Report on the Review of Relationships and Sexuality Education (RSE) in primary and post-primary schools. Available from: report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-school.pdf (ncca.ie) [Accessed 13 October 2021].

[85] Department of Taoiseach (2020). Programme for Government Our Shared Future [online]. Available from: gov.ie - Programme for Government: Our Shared Future (www.gov.ie) [Accessed 13 October 2021].

[86] Citizen's Assembly on Gender Equality (2021). Recommendations of the Citizens' Assembly on Gender Equality [online]. Available from: https://www.citizensassembly.ie/en/news-publications/press-releases/recommendations-of-the-citizens-assembly-on-gender-equality.html [Accessed 18 October 2021].

[87] Irish Examiner (2020). UCC course to combat sexual abuse reaches wider audience [online]. Available from: https://www.irishexaminer.com/news/arid-30983966.html [Accessed 28 October 2021]; University College Dublin (UCD) (2020). Bystander intervention workshops introduced to help combat sexual harassment [online]. Available from: https://www.ucd.ie/newsandopinion/news/2020/february/26/bystanderinterventionworkshopsintroducedtohelpcombatsexualharassment/ [Accessed 28 October 2021].

[88] Wolfe, D.A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L. and Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. Archives of pediatrics & adolescent medicine, 163(8), pp.692-699..

[89] Jewkes, R., Gevers, A., Chirwa, E., Mahlangu, P., Shamu, S., Shai, N. and Lombard, C. (2019). RCT evaluation of Skhokho: A holistic school intervention to prevent gender-based violence among South African Grade 8s. PLoS one, 14(10), p.e0223562.

[90] In cluster trials, groups of people (such as communities, medical practices, schools) rather than individuals (as in RCTs) are randomly assigned to interventions/programmes.

[91] McElearney, A; Adamson, G; Murphy, C; Rogers, S and Radcliffe, D (2021). Keeping Safe An effective whole-school programme that teaches children to recognise abusive behaviours and tell. Full report of Cluster Randomised Trial evaluation results in primary schools in Northern Ireland [online]. Available from: https://learning.nspcc.org.uk/media/2662/keeping-safe-full-report-crt-evaluation-results-primary-schools-northern-ireland.pdf [Accessed 02 November 2021].

[92] WHO (2019). School-based violence prevention: a practical handbook [online]. Available from: https://www.who.int/publications/i/item/school-based-violence-prevention-a-practical-handbook [Accessed 13 October 2021].

[93] United Nations Girls' Education Initiative Global Working Group to End School-related gender-based violence (2018). A whole school approach to prevent school-related gender-based violence [online]. Available from: Whole-School-Approach-to-Prevent-SRGBV-Minimum-Standards-Framework-UNGEI.pdf (icmec.org) [Accessed 13 October 2021].

[94] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa

[95] Senn, C.Y., Eliasziw, M., Barata, P.C., Thurston, W.E., Newby-Clark, I.R., Radtke, H.L. and Hobden, K.L. (2015). Efficacy of a sexual assault resistance program for university women. New England journal of medicine, 372(24), pp.2326-2335.

[96] Hollander, J.A. (2014). Does self-defense training prevent sexual violence against women?. Violence Against Women, 20(3), pp.252-269.

[97] More specifically, the study was commission by the European Parliament Policy Department for Citizens' Rights and Constitutional Affairs upon request by the Women's Rights and Gender Equality (FEMM) Committee.

[98] Kelly, L. and Sharp-Jeffs, N. (2016). Knowledge and Know-how: the Role of Self-defence in the Prevention of Violence against Women [online]. Available from: Knowledge and Know-how: The Role of Self-defence in the prevention of Violence against Women. (europa.eu) [Accessed 13 October 2021].

[99] Seith, C. and Kelly, L., 2003. Achievements against the grain: self-defence training for women and girls in Europe. Child and Woman Abuse Studies Unit, London Metropolitan University.

[100] Baker, C., Billhardt, K.A., Warren, J., Rollins, C., and Glass, N.E. (2010). Domestic Violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. Aggression and Violent Behaviour. Volume 15, Issue 6. Pages 430-439

Adams E.N., Clark, H.M., Galano, M.M., Stein, S.F., Grogan-Kaylor A., and Graham-Bermann S. (2021). Predictors of Housing Instability in Women Who Have Experienced Intimate Partner Violence. Journal of Interpersonal Violence. 36(7-8):3459-3481.

Rollins, C., Glass, N. E., Perrin, N. A., Billhardt, K. A., Clough, A., and Barnes, J. (2012). Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship: Findings from the SHARE study. Journal of Interpersonal Violence, 27, 623-643.

[101] Pavao, J. Alvarez, N. Baumrind, M. Induni, R. and Kimerling, R. (2007). Intimate partner violence and housing instability. American Journal of Preventive Medicine, 32 (2), pp. 143-146

[102] Klein, L. B., Chesworth, B. R., Howland-Myers, J. R., Rizo, C. F., and Macy, R. J. (2021). Housing Interventions for Intimate Partner Violence Survivors: A Systematic Review. Trauma, violence & abuse, 22(2), 249–264. https://doi.org/10.1177/1524838019836284

[103] Messing, J. T., O'Sullivan, C. S., Cavanaugh, C. E., Webster, D. W., and Campbell, J. (2017). Are Abused Women's Protective Actions Associated With Reduced Threats, Stalking, and Violence Perpetrated by Their Male Intimate Partners? Violence against women, 23(3), 263–286.

[104] Bomsta, H., and Sullivan, C.M. (2018). IPV Survivors' Perceptions of How a Flexible Funding Housing Intervention Impacted Their Children. *J Fam Viol* **33,** 371–380 https://doi.org/10.1007/s10896-018-9972-5

[105] Sullivan, C.M., Bomsta, H.D., and Hacskaylo, M.A. (2019). Flexible Funding as a Promising Strategy to Prevent Homelessness for Survivors of Intimate Partner Violence. Journal of Interpersonal Violence. 34(14):3017-3033. doi:10.1177/0886260516664318

[106] Sullivan, C. M., and Virden, T. (2017). An eight state study on the relationships among domestic violence shelter services and residents' self-efficacy and hopefulness. *Journal of Family Violence, 32(8),* 741–750. https://doi.org/10.1007/s10896-017-9930-7;

Grossman, S. F., Lundy, M., George, C. C., and Crabtree-Nelson, S. (2010). Shelter and service receipt for victims of domestic violence in Illinois. Journal of interpersonal violence, *25*(11), 2077–2093. https://doi.org/10.1177/0886260509354505 ;

D'Amico, J. B., and Nelson, J. (2008). Nursing care management at a shelter-based clinic: an innovative model for care. Professional case management, *13*(1), 26–36. https://doi.org/10.1097/01.PCAMA.0000306021.64011.02

[107] D'Amico, J. B., and Nelson, J. (2008). Nursing care management at a shelter-based clinic: an innovative model for care. Professional case management, *13*(1), 26–36. https://doi.org/10.1097/01.PCAMA.0000306021.64011.02

[108] Lyon, E., Lane, S., and Menard, A. (2008). Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, Final Report. U.S. Department of Justice, Office of Justice Programs. Available here. [Accessed 14 October 2021]

[109] Sullivan, C. M., and Olsen, L. (2017). Common ground, complementary approaches: adapting the Housing First model for domestic violence survivors. Housing and society, *43*(3), 182–194. https://doi.org/10.1080/08882746.2017.1323305

[110] Sullivan, C.M., (2020). Evaluation in the Real World: Decision Points and Rationales in Creating A Rigorous Study Designed to Convey Ecologically Valid FindingsDOI link: https://doi.org/10.1002/AJCP.12485

[111] DV Housing First: A State-wide evaluation in California, October 2019. Available here.

[112] Longitudinal studies collect and analyse data on individuals and their responses to certain changes over a specified period. In this instance, the longitudinal study would examine the extent to which the DVHF model leads to long-term housing stability, safety, and well-being for DV survivors compared to those receiving services as usual.

[113] More information of the Domestic Violence Housing First Demonstration Evaluation is available here [Accessed 14 October 2021]. The evaluation is supported by funding from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation in partnership with the Department of Justice's Office for Victims of Crime.

[114] Department of Justice Press Release 8 March 2019. Minister Flanagan announces ratification of the Istanbul Convention by Ireland on International Women's Day. [Accessed 26 October 2021].

[115] Council of Europe, 8 March 2019, Ireland ratifies the Istanbul Convention. [Accessed 26 October 2021].

[116] Council of Europe (2008), Combating violence against women: minimum standards for support services. Directorate General of Human Rights and Legal Affairs, Strasbourg. Available here. [Accessed 26 October 2021]

[117] A "family place" means a place that accommodates one woman with her children based on the average number of children per family within the member state. Therefore, this will be more than a single "bed space".

[118] Dáil Éireann Debate, Domestic Violence Refuges Provision, 8 September 2020. Questions 792,793. [Accessed 26 October 2021].

[119] *Ibid.*

[120] Safe Ireland (2021), Tracking the Shadow Pandemic – Lockdown 2: A report on women and children seeking support from Domestic Violence Services September 2020 – December 2020. [Accessed 26 October 2021]

[121] Borchers A, Lee R.C., Martsolf, D.S., and Maler J. (2016). Employment Maintenance and Intimate Partner Violence. Workplace Health & Safety. 64(10):469-478. doi:10.1177/2165079916644008;

Showalter, K. (2016). Women's employment and domestic violence: A review of the literature, Aggression and Violent Behaviour, Vol. 31, Pages 37-47 https://doi.org/10.1016/j.avb.2016.06.017;

MacGregor, J.C.D., Oliver, C.L., MacQuarrie, B.J., and Wathen, C.N. (2021). Intimate Partner Violence and Work: A Scoping Review of Published Research. Trauma, Violence, & Abuse. 22(4):717-727. doi:10.1177/1524838019881746

[122] Duvvury, N., Callan, A., Carney, P., and Raghavendra, S. (2013). Intimate Partner Violence: Economic Costs and Implications for Growth and Development. Women's voice, agency, and participation research series;no. 3. World Bank, Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/16697 License: CC BY 3.0 IGO

[123] Showalter, K. (2016). Women's employment and domestic violence: A review of the literature, Aggression and Violent Behaviour, Vol. 31, Pages 37-47 https://doi.org/10.1016/j.avb.2016.06.017

[124] Institute for Women's Policy Research (2017). The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking. Fact Sheet. Available here. [Accessed 14 October 2021].

[125] Kering Foundation (2020). Comparative research on workplace laws to combat domestic violence. Available here. [Accessed 14 October 2021].

[126] D'Inverno, A.S., Kearns, M.C., and Reidy, D.E. (2016). The potential role of science, technology, engineering, and math programs in reducing teen dating violence and intimate partner violence J. Women's Health, 25 (12) pp. 1199-1203;

Niolon, P.H., Kearns, M.C., Dills, J., Rambo, K., Irving, S., Armstead, T.L, and Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA.

[127] Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOP SV: A Technical Package to Prevent Sexual Violence National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA

[128] D'Inverno, A.S., Reidy, D.E., and Kearns, M.C. (2018), Preventing intimate partner violence through paid parental leave policies. Preventive Medicine, Volume 114, Pages 18-23. https://doi.org/10.1016/j.ypmed.2018.05.024

[129] Gartland, D., Hemphill, S.A., Hegarty, K. et al. (2011) Intimate Partner Violence During Pregnancy and the First Year Postpartum in an Australian Pregnancy Cohort Study. Matern Child Health J **15,** 570–578 (2011). https://doi.org/10.1007/s10995-010-0638-z

[130] D'Inverno, A.S., Reidy, D.E., and Kearns, M.C. (2018), Preventing intimate partner violence through paid parental leave policies. Preventive Medicine, Volume 114, Pages 18-23. https://doi.org/10.1016/j.ypmed.2018.05.024

[131] Further information can be obtained from Citizen's Information. Available here [Accessed 8 November 2021].

[132] Mennicke, A., Kennedy, S.C., Gromer, J. and Klem-O'Connor, M (2021). Evaluation of a social norms sexual violence prevention marketing campaign targeted toward college men: Attitudes, beliefs, and behaviors over 5 years. Journal of interpersonal violence, 36(7-8); Mennicke, A., Kennedy, S. C., Gromer, J., & KlemO'Connor, M. (2018). Evaluation of a social norms sexual violence prevention marketing campaign

targeted toward college men: attitudes, beliefs, and behaviors over 5 years. Journal of Interpersonal Violence, 0886260518780411; Usdin, S., Scheepers, E., Goldstein, S. and Japhet, G., 2005. Achieving social change on gender-based violence: a report on the impact evaluation of Soul City's fourth series. *Social science & medicine*, *61*(11), pp.2434-2445.

[133] Ellsberg, M., Arango, D.J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015) Prevention of violence against women and girls: what does the evidence say? Lancet, 18;385(9977):1555-66

[134] Coyne Research (2020). Department of Justice & Equality: No Excuses Campaign Evaluation Report. [Received by request].

[135] Of support still available for survivors of domestic violence during the Covid-19 pandemic (Still Here campaign), and of the unacceptability of inappropriate sexual behaviour, support available for survivors, and bystander interventions (No Excuses campaign).

[136] Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa

[137] Wagman, J.A., King, E.J., Namatovu, F., Kiwanuka, D., Kairania, R., Semanda, J.B., Nalugoda, F., Serwadda, D., Wawer, M.J., Gray, R. and Brahmbhatt, H. (2016). Combined intimate partner violence and HIV/AIDS prevention in rural Uganda: design of the SHARE intervention strategy. Health care for women international, 37(3), pp.364-387.

[138] Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., Musuya, T. and Michau, L. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. BMC medicine, 12(1), pp.1-17.

[139] Oireachtas Library & Research Service (2021). L&RS Note: Addressing domestic, sexual and gender-based violence. Part One: Overview. Available here. [Accessed 16 November 2021].

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