



# Sexual, Domestic, and Gender-based Abuse

## A collection of experience and opinion

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Sexual, Domestic, and Gender-based Abuse, a collection of experience and opinion

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## Editorial

The following five contributions, collectively, offer an exploration of various facets of societal challenges and public health issues, highlighting the need for awareness, research, and targeted interventions. The five commentaries for this special section, address the hugely important frequently invisible and secret topic, of sexual, domestic and gender-based abuse. The World Health Organization identifies violence against women, in particular intimate partner, and sexual violence as a major public health problem (1). They estimate that globally 30% of women have been subjected to either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime. Violence can negatively affect women's physical, mental, sexual, and reproductive health, and can lead to femicide and increased risk of suicide (2).

In her commentary on the topic of Technology-Facilitated Domestic Abuse (TFDA) Dr Lisa O'Rourke Scott underscores the dark side of increasing global technology use for facilitating domestic abuse. The prevalence of cyber violence and technology-facilitated sexual harassment reveals the urgency of addressing this emerging threat. The nature of TFDA allows abusers to exert control remotely, presenting unique challenges for victims and necessitating continual awareness and research.

Jennifer Moran Stritch's commentary delves into the intersection of disenfranchised grief and domestic abuse, emphasizing the hidden impact of loss experienced by survivors. By recognizing the layers of secrecy in domestic abuse, Stritch advocates for professionals to acknowledge and address disenfranchised grief, contributing to a more empathic and understanding response to the complex experiences of victims.

Frank Houghton's analysis of The Sale of Alcohol Bill, 2022 in Ireland reveals potential conflicts with the Public Health (Alcohol) Act, 2018. The article highlights the tension between economic interests and public health goals, with the alcohol industry's influence on legislation raising concerns. His commentary emphasizes the importance of recognizing alcohol's role in issues like domestic violence and advocates for policies that align with public health objectives.

Hazel Katherine Larkin's commentary focuses on "The Lilac Programme" and brings attention to a targeted initiative for parents with a history of childhood sexual abuse. This innovative program acknowledges the specific challenges faced by these parents during critical life events, providing structured support and fostering a transformative experience. Larkin's work sheds light on the healing potential of community-focused programs tailored to the unique needs of abuse survivors.

Melinda Heinz's exploration of the alarming tolerance for sexual violence in the U.S. unpacks the societal acceptance of such behavior, especially among political leaders and athletes. The



commentary critically examines the revictimization process within legal systems and points to the challenges posed by right-wing authoritarianism. Heinz calls for cultural change and increased public awareness to challenge ingrained norms that perpetuate sexual violence.

While each article addresses a distinct subject, the common thread lies in the recognition of hidden, nuanced, or evolving problems that demand attention, understanding, and concerted efforts. Collectively, these articles paint a detailed picture of contemporary challenges in public health, urging a multidimensional and collaborative approach. They underscore the importance of tailored interventions, awareness campaigns, and ethical research practices to address the evolving landscape of societal issues and ensure the well-being of communities.

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## References

1. WHO. Violence against women Prevalence Estimates 2018. Geneva : World Health Organisation, 2021. Violence Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.
2. Risk factors for intimate partner homicide in England and Wales. Chopra, J, et al. 2022, Health and Social Care in the Community, Vol. 30, pp. 3086-3095.

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## Contribution 1

### **Technology facilitated domestic abuse (TFDA): a new challenge in the world of gender-based abuse.**

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#### **Abstract**

Domestic abuse is an important public health issue across the world. Legal and policy responses to the issue have developed substantially in recent years. The introduction of legislation on coercive control in many jurisdictions has been of particular significance because it acknowledges intimate partner violence as a pattern of control rather than a series of discrete incidents of behavior. However, public health understanding needs to keep pace with the rapidly changing social context. Cyber violence, surveillance and digitally facilitated harassment are becoming increasingly accessible to abusers. This article explores developing understanding of Technology-Facilitated Domestic Abuse (TFDA) and argues that abusers are now able to construct a digital Panopticon which extends traditional abuse patterns to the virtual realm, creating a sense of omnipresence of the abuser that transcends physical boundaries. Recognizing TFDA as a growing threat highlights the need for continuous research, public health education, and policy initiatives to hold perpetrators to account and safeguard individuals.

**Key words:** *Domestic abuse; Women's health; Public health; Coercive Control; Technology Facilitated Domestic Abuse; TFDA; Intimate partner violence; Surveillance; Panopticon.*



## Introduction

Technology use has increased substantially in recent decades: 5.1 billion people worldwide use mobile phones; and 3.6 billion have internet access (1). In addition, there were an estimated 3.6 billion people actively using social networking sites in 2020 (2). Researchers have struggled to keep up with rapid changes in technology and technology use (3) as well as the cultures associated with technology usage (4). However, it is becoming increasingly apparent that digital tools and technology are being used to perpetrate gender-based violence. For example, a survey of women by the United Nations (5) found that across 86 countries, 75% of women who accessed the internet claimed to have experienced a form of cyber violence. Similarly, a large-scale study in Australia found that of 2956 respondents, 62% reported experiencing technology facilitated sexual harassment (6). These reports were primarily from women using online platforms.

The World Health Organization (7) estimates that 30% of women have been in a relationship where they experienced physical or sexual violence from an intimate partner. It defines intimate partner violence (IPV) as ‘behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors’ (8). In recent years there have been advances in relation to gender-based abuse internationally and in individual countries. This includes in the areas of legal protections (9); social policy initiatives; (10) education campaigns; (11) and research (12). However, advances in technology and access to the internet, while having many benefits, including providing access to information and services for victims of domestic abuse, have also made possible new forms of intimate partner abuse. There is no agreed terminology in academic circles for intimate partner violence, domestic abuse and domestic violence, so these terms will be used interchangeably in this article, depending on the research being discussed. Similarly, scholars have reached no consensus on terminology for what will be called in this article Technology facilitated domestic abuse (TFDA) (16). This article explores some of the developments that have emerged in the relatively new academic field of technology within intimate partner violence (13). In addition, in the last 30 years many countries across the developed world have introduced legislation which makes coercive control a crime (14). Despite ongoing debates about the advantages and limitations of this kind of legislation, what is significant about it, is that rather than, as was the case before this legislation, law enforcement having to prosecute discrete and individual acts of violence, coercive control legislation recognizes that intimate partner violence is part of a pattern of ongoing behavior (15).



### **Technology-Facilitated Domestic Abuse (TFDA):**

Yardley has argued that technology facilitated domestic abuse (TFDA) is a form of abuse where networked technologies and online platforms are used to abuse intimate partners (16). A variety of tactics have been identified such as GPS tracking, social media monitoring and spyware on phones (4) (17). Some methods rely on sophisticated technologies, but others use readily available easily accessible and relatively inexpensive means (17). Scholars still do not have a full picture of all the behaviors associated with TFDA. (18) (19) but examples include, having access to the victim's passwords and tracking them using Google timeline or monitoring messages, emails, and phone use. The central element of domestic abuse is control over victims. To accomplish this, perpetrators frequently exert power by isolating their victims (20). Technology has the potential to facilitate control without victims being physically present, transferring existing patterns of abuse to the online world allowing opportunities for stalking, harassing and monitoring intimate partners beyond shared physical spaces (21) (22) (17) (16). This kind of abuse involves perpetrators creating a sense of 'omnipresence' and a sense for victims that the abuser is present in almost every aspect of the victims' life (3) (23) (16). This creates a psychological condition of feeling unsafe and afraid even after a couple has separated (24).

Surveillance has long been identified as a means of exercising power. Foucault (25) described it as a form of 'disciplinary power'. He used the example of Bentham's panopticon (1791) to illustrate how this works. The panopticon was a circular prison structure that contained a number of cells. Prisoners were put into cells in which they were separated from one another and unable to interact or communicate. Guards could see the prisoners but could not be seen by the prisoners. Constant observation, or the possibility of constant observation, what Foucault described as 'the gaze', was in time internalized and resulted in self-regulation.

In the case of TFDA the lack of need for physical proximity for perpetrators to carry out surveillance remotely, means that it can be much more difficult for victims to separate themselves from the perpetrator when a relationship ends. (26) This further deprives victims of agency, making separation and escape even more difficult (4) (22).

### **Challenges and Ambiguities:**

These issues are complicated by the ambiguity of some of the behaviors, which makes it difficult for victims who are being controlled and harassed to identify that they are being controlled and harassed when the behavior which occurs from beyond the physical space (27). For example, some couples willingly share social media platforms for communication purposes. It is also possible that social media platforms and digital devices might introduce new capabilities which will allow for additional ways of stalking, harassing, and monitoring intimate partners, further complicating matters. It is also unfortunate that



TFDA has been considered less dangerous because it does not involve physical contact (16). Indeed, there is some question about whether TFDA actually is a new form of abuse, or just a platform through which abuse can be perpetrated (22).

## **Conclusion**

Research has consistently demonstrated that technology impacts substantially on intimate partner violence (28) (3). TFDA is a significant public health issue. Surveillance can have substantial and debilitating psychological consequences and is recognized across the literature as a means of control and a form of violence.

Potentially anyone could be subjected to technology facilitated surveillance, but for those in violent intimate partnerships, this is a particular danger. We are living in a world of changing technological advancements and new uses of existing technologies. For example, it might be that people begin to wear mobile technology to record their lives and protect themselves, as some police forces are currently doing. Could we see drones following people in the future, to protect their safety? These kinds of development have implications for privacy, for mental health, but also for opening up new opportunities for TFDA. We might need further legislation to protect people, but we also need public awareness and ongoing research to keep us informed of developments. Legislators, policy makers, law enforcement, those working with victims of intimate partner violence, those who experience intimate partner violence, and the public all need to be educated on the impacts of TFDA, to ensure the safety of everyone, but particularly of those already experiencing IPV.

## **References:**

1. GSMA. The mobile economy. 2019.
2. Statista. Most popular social networks worldwide. 2020.
3. Harris, B. Spacelessness, spatiality and intimate partner violence technology-facilitated abuse, stalking and justice administration. [book auth.] K Fitzgibbon, et al. *Intimate Partner Violence; Risk and Security*. s.l. : Routledge, 2018.
4. Brown, M L, Reed, L A and Messing, J T. Technology-based abuse: Intimate partner violence and the use of information communication technologies. [book auth.] J R Vickery and T Everbach. *Mediating misogyny: Gender, Technology and Harassment*. s.l. : Springer, 2018, pp. 209-227.
5. UN Women. Urgent action needed to combat online violence against women and girls. 2015.



6. WHO. Global and regional estimates of violence against women: Prevalence and effects of intimate partner violence and non-partner sexual violence. s.l. : World Health Organisation, 2013.
7. —. Preventing intimate partner and sexual violence against women: Taking action and generating evidence. s.l. : World Health Organisation, 2010.
8. Weissman, D M. Law, social movements, and the political economy of domestic violence. 20. s.l. : Duke J. Gender L. & Pol'y, 2012. p. 221.
9. Messing, J. T., Ward-Lasher, A., Thaller, J., & Bagw The state of intimate partner violence intervention: Progress and continuing challenges. Messing, J T, et al. 4, 2015, *Social Work*, Vol. 60, pp. 305-313.
10. A scoping review of intimate partner violence educational programmes for health care professionals. Sprague, S, et al. 10, 2018, *Women and Health*, Vol. 58, pp. 1192-1206.
11. A literature review of intimate partner violence and its classifications. Ali, P A, Dhingra, K and McGarry, J. 31, 2016, *Aggression and violent behavior*, , pp. 16-25.
12. Freed, D, et al. Freed D., Palmer J., Minchala D. E., Levy K. Digital technologies and intimate partner violence: A qualitative analysis with multiple stakeholders. s.l. : Freed D., Palmer J., Minchala D. E., Levy K., Ristenpart T., Dell N. (2017). Digital technologies and intimate partner Proceedings of the ACM on Human-Computer Interaction, 1(CSCW), 1-22., 2017.
13. Wangman, J. Coercive Control as the Context for Intimate Partner Violence: The challenge for the legal system. [book auth.] M McMahon and P McGorrery. *Criminalising coercive control*. Singapore : Springer, 2020.
14. Domestic Violence as a crime of pattern and intent: An alternative reconceptualization. Burke, A. 3, *George Washington Law Review*, Vol. 75, pp. 552-612.
15. Technology-facilitated domestic abuse in political economy: a new theoretical framework. Yardley, E. 2020, *Violence against Women*, pp. 1-20.
16. The new age of stalking: Technological implications for stalking. Fraser, C, et al. 4, 2010, *Juvenile and family court journal*, Vol. 61, pp. 39-55.
17. Beyond the power and control wheel: How abusive men manipulate mobile phone technologies to facilitate coercive control. Havard, T and Lefevre, M. 2, 2020, *Journal of Gender Based Violence*, Vol. 4, pp. 223-239.
18. Cyber partner abuse: A systematic review. Taylor, S and Xia, Y. 6, 2018, *Violence and victims*, Vol. 33, pp. 983-1011.





19. Intimate partner violence, technology, and stalking. Southworth, C, et al. 8, 2007, *Violence against Women*, Vol. 13, pp. 842-856.
20. Duerksen K. N., Technological intimate partner violence: Exploring technology-related perpetration factors and overlap with in-person intimate partner violence. Derksen, K N and Woodin, É M. 2019, *Computers in Human Behavior*, Vol. 98, pp. 223-231.
21. A systematic review of literature on cyber intimate partner victimization in adolescent girls and women. Fernet, M, Hérbet, M and Cousineau, M M. 2019, *Computer in Human Behavior*, Vol. 100, pp. 11-15.
22. Surveillance studies and violence against women. Mason, C L and Magnet, S. 2, 2012, *Surveillance and society*, Vol. 10, pp. 105-118.
23. Looking beyond domestic violence: Policing coercive control. Stark, E. 2, 2012, *Journal of Police Crisis Negotiations*, Vol. 12, pp. 199-217.
24. Technology and family violence in the context of post-separated parenting. Marwick, K, et al. 1, 2019, *Australian and New Zealand journal of family therapy*, Vol. 40, pp. 143-162.
25. Dragiewicz, M, et al. Domestic violence and communication technology: Survivor experiences of intrusion, surveillance and identity crime. s.l. : Australian Communications Consumer Action Network.
26. Landscapes of violence: Women surviving family violence in regional and rural Victoria. George, A and Harris, B. s.l. : Deakin University, 2014.
27. Policing technology-facilitated sexual violence against adult victims: Police and service sector perspectives. Powell, A and Henry, N. 3, 2018, *Policing and Society*, Vol. 28, pp. 291-307.
28. Technology-facilitated sexual violence victimization: Results from an online survey of Australian adults. Powell, A and Henry, N. 17, 2019, *Journal of Interpersonal Violence*, Vol. 34, pp. 3637-3665.



## **Contribution 2**

### **Sadness and Shame in the Shadows: What Disenfranchised Grief Can Teach Us About Supporting Victims of Domestic Abuse**

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#### **Abstract**

Domestic abuse and gender-based violence are inextricably linked with loss and grief, but their impacts can remain hidden due to shame and secrecy. Societal norms around what relationships can be legitimately grieved and which grievers are worthy of social support are explored and critiqued in the concept of disenfranchised grief. While this model is most strongly associated with traditional bereavement, it could contribute to a better understanding of the hidden grief carried by abuse survivors. This brief report makes connections between disenfranchised grief and its relevance for professionals working with people affected by domestic abuse and gender-based violence.

#### **Viewpoint**

In his seminal work, Dr. Kenneth J. Doka writes of disenfranchised grief as a “hidden sorrow” (1). The aptness of this phrase is essential to the concept: a loss that, for whatever reason or combination of reasons, is not socially accepted and must therefore be hidden from public view. The layered connections between disenfranchised grief and domestic abuse and gender-



based violence, and the need to promote awareness of these links to both the public and professionals working in this space, will be briefly explored in this piece.

Doka first describes disenfranchised grief as a “grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned” (2). He later enhances the concept, by adding the disenfranchisement of anyone who might grieve in a way that does not align with particular social and cultural norms. He also adds an emphasis on the nature of the death itself as a source of disenfranchisement, highlighting examples of suicide, capital punishment, homicide, overdose, misadventure or stigmatised health conditions such as HIV/AIDS (3). Doka’s work has been extremely influential in the field of death and bereavement studies. It shines a light on the often unarticulated but powerful social “rules” that surround death and grieving. The model also offers an encouraging roadmap to professional helpers who want to support the disenfranchised griever more effectively by openly validating their losses and bringing grief into the public sphere. Disenfranchised grief can provide a better understanding of grief following a death, but it can also be helpful in alleviating shame and stigmatisation in death-related and non-death losses for victims of gender-based violence and domestic abuse.

Domestic abuse most often occurs within an intimate partnership or family relationship, in which one person treats a partner or others within the family in a variety of negative ways, ranging from emotional abuse and coercive control tactics to physical violence (4). The prevalence of gender-based violence is undeniable. Recent research suggests that 30% of women worldwide have been subjected to intimate relationship or sexual violence by a partner or others (5). Like most human behaviours, domestic abuse happens everywhere, and within every possible relationship configuration. It is an equal opportunity public health issue; victims can include non-binary and transgender people along with cisgender individuals in same-sex and heterosexual relationships, across all cultures, socioeconomic groups and age ranges (6).

This relationship dynamic of control through intimidation, fear, threat of action and physical violence creates a need for secrecy about what is taking place within the privacy of the intimate relationship or the home. This, I argue, is the initial layer of secrecy: the need to keep any episode of domestic abuse hidden from the outside community, extended family, helping professionals or law enforcement officials. Exposing domestic violence and seeking support and safety can cause a cascade of upset and shame within the family or relationship. There are serious emotional, physical, psychological, financial, material, legal and social repercussions for both victims and perpetrators, not least of which is the perceived social shame of tolerating a “failed” and toxic relationship and the open acknowledgement of having kept the abuse secret from others (7).

An emerging body of literature uses disenfranchised grief as a means of more fully exploring the holistic impact of domestic abuse (8,9,10). However, the awareness of disenfranchised grief



among volunteers and professionals at the frontline of responses to domestic abuse, such as police, judges, teachers and health and social care professionals remains limited. Often, the responder is focused on finding ways to help victims survive safely and then determine the best time to escape the abuse, when sufficient supports are in place. This work could be described as encouraging the victim to expose the initial layer of secrecy described above. By openly stating that abuse has taken place, and taking action to leave the situation, the victim removes any semblance of cover on the reality of their experience. The secret shame is no longer in the shadow.

The well-intentioned professional can view this exposure as a success in their work, as the individual they are supporting has made a step towards freedom, independence and safety. With the emphasis on moving forward and creating a new life free from the threat of manipulation, coercion and control, little room may be left by the helping professional for the victim to look back and grieve what has been lost by moving forward to a life without the perpetrator (8). In addition, the victim's family and social support networks may feel such a sense of relief that their loved one is now in a safer, more stable situation that they too may stifle or downplay any expressions of regret or loss on the part of their friend or family member. This lack of awareness and the resulting inability to fully see the losses encountered by domestic abuse victims can contribute to further unintentional disenfranchisement (10). I see this as the second layer of connection between domestic abuse and disenfranchised grief. Those within the victim's social support network, professional and non-professional alike, may inadvertently limit opportunities for overt sadness, retrospective exploration, or expressions of grief over the victim's lost relationship, home, hopes and future plans.

There is a small body of inter- and multidisciplinary research that explores, from the perspectives of domestic abuse, intimate relationship violence and bereavement studies, the experience of grieving the death of an abuser (9, 4). This is complicated territory, rife with possibilities for disenfranchisement of grief. The victim can feel unable to publicly claim the role of mourner following the death of a perpetrator, especially if the relationship was understandably estranged or ended in the aftermath of exposing the abuse. Other family members of the perpetrator, in denial about the abuse, may exclude the victim from attending funeral and disposal rituals (3). On the other hand, the victim can be pressured by others to attend these public rituals as a way of seeking "closure" or may feel obligated to do so themselves. Doka's assertion that society prevents certain people (such as violent offenders and domestic abuse perpetrators) from being worthy of others' grief is key to understanding this layer of secrecy (1,2). Social norms can delegitimise a victim's right to grieve the death of an abuser. One can argue that this delegitimization extends to other grievers, who may not have experienced abuse at the hands of the deceased perpetrator but are prevented from grieving fully in public as this would be seen as an act of betrayal to primary victims.



It is widely accepted that unvalidated and unacknowledged grief, in a variety of contexts, can lead to more complicated grief responses, which have the potential for serious negative health impacts across all areas of an individual's life (7, 10, 1, 2). This is delicate ground to tread for researchers, but more work in this area may help to offset the effects of disenfranchised grief, or even eradicate the social processes that subtly dictate who or what is worthy of our sadness and communal support. Health-promoting professionals need to develop a better understanding of how the secret and unspoken losses of abuse survivors, and the shame and sadness at the core of these losses, can be liberated and re-enfranchised. I would strongly support more education and training around grief for volunteers and professionals working in domestic abuse.

Disenfranchised grief is a tool to facilitate greater empathy towards the losses experienced by victims, including those connected to death and the non-death traumas of abuse. Even the language suggested by the phrase “disenfranchised grief” indicates a need to validate and support the sadness and ambivalence of victims, who have been forced to keep these feelings secret for myriad reasons. Raising awareness of how people subjected to domestic violence experience their losses – and have a profound need to grieve these in an open and supported way – is vital. Knowing more about disenfranchised grief and how it connects to domestic abuse and gender-based violence can help bring the sadness out from the shadows.

## References

1. Doka KJ. *Disenfranchised Grief: Recognising Hidden Sorrow*. San Francisco: Jossey-Bass, 1989.
2. Doka KJ. Disenfranchised grief in historical and cultural perspective. In: Stroebe MS, Hansson RO, Schut H Stroebe W, editors. *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. New York: American Psychological Association, 2008: 223-240.
3. Attig T. Disenfranchised Grief Revisited: Discounting Hope and Love. *Omega: Journal of Death and Dying* 2004; 49:197–215. Available: <https://doi.org/10.2190/P4TT-J3BF-KFDR-5JB1>. (accessed 8 December 2022).
4. Messing JT, Mohr R, Durfee, A. Intimate partner violence and women's experiences of grief. *Child & Family Social Work* 2015; 20:30–39. Available: <https://doi.org/10.1111/cfs.12051>. (accessed 1 December 2022).
5. World Health Organisation – Regional Office Geneva: <https://www.who.int/publications/i/item/9789240022256> (accessed: 8 December 2022).
6. Rogers M. Exploring the Domestic Abuse Narratives of Trans and Nonbinary People and the Role of Cisgenderism in Identity Abuse, Misgendering and Pathologizing. *Violence Against Women* 2020; 27:2187-2207.



7. Woodlock D, Salter M, Dragiewicz M, Harris B. Living in the Darkness: Technology-Facilitated Coercive Control, Disenfranchised Grief, and Institutional Betrayal, *Violence Against Women* 2022;1:1-18. Available: <https://doi.org/10.1177/10778012221114920>. (accessed 8 December 2022).
8. Bailey, DJS. A Life of Grief: An Exploration of Disenfranchised Grief in Sex Offender Significant Others. *American Journal of Criminal Justice* 2018; 43:641-667.
9. Fireman K, Poole C. I Wouldn't Shed a Tear: A Caregiver's Complicated Grief Following the Death of the Abusive Cancer Patient. *Psycho-oncology* 2012; 21:42–.
10. Nixon KL, Radtke HL, Tutty LM. Every Day It Takes a Piece of You Away: Experiences of Grief and Loss Among Abused Mothers Involved With Child Protective Services. *Journal of Public Child Welfare*; 2013:172–193. Available: <https://doi.org/10.1080/15548732.2012.715268>. (accessed 9 December 2022).



### **Contribution 3**

## **Alcohol Retail Liberalization and Domestic Violence in Ireland: A Warning**

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### **Abstract**

Ireland has made significant strides in alcohol control, largely due to legislative changes arising from the Public Health (Alcohol) Act, 2018. However, many of these gains are currently under threat via the Sale of Alcohol Bill, 2022. This commercially oriented Bill is designed to result in a dramatic liberalisation of alcohol controls, specifically in relation to both extending opening hours and significantly increasing the number of premises licensed to sell alcohol. This research explores the clear relationship between alcohol outlet density and domestic violence. The link between alcohol and the stigmatised issue of domestic violence is largely ignored in the Irish policy context. It is recommended that the Sale of Alcohol Bill, 2022 is abandoned in favour of the existing pro-public health alcohol legislation.

### **A Review**

Ireland is currently leading the way internationally in the field of alcohol control. This is the result of the implementation, albeit slowly (1), of the Public Health (Alcohol) Act, 2018 (2). Although this legislation has been quite extensively critiqued (3-5), it has importantly introduced both Minimum Unit Pricing (MUP) for alcohol, and curbs on alcohol advertising. However, the most important facet of the legislation internationally is its mandated introduction of a combined text and graphic warning on alcohol packaging (See Figure 1).



Figure 1: Ireland’s Forthcoming Packaged Alcohol Combined Text & Graphic Alcohol Warning (6)

XX grams XX kJ/ XX kcal	<p style="text-align: center;"><b>DRINKING ALCOHOL CAUSES LIVER DISEASE</b></p>
	<p style="text-align: center;"><b>THERE IS A DIRECT LINK BETWEEN ALCOHOL AND FATAL CANCERS</b></p>
	<p style="text-align: center;">Visit <a href="http://askaboutalcohol.ie">askaboutalcohol.ie</a></p>

Ireland is the first EU country to legally mandate such warnings and, similar to earlier moves in relation to tobacco control, indicates that it is punching above its weight in health protective legislation (6). This warning will be required on packaged alcohol in Ireland from May 2026 onwards.

However, these important steps forward are currently under threat in Ireland in what can only be described as a notable example of policy conflict and a lack of joined up thinking. The origin of this dramatic undermining of Ireland’s pro-Public Health stance lies in the Sale of Alcohol Bill, 2022 (7). This legislative Bill is set to be passed into law in the very near future and will dramatically increase the number of premises that will be able to serve alcohol, as well as significantly extending the opening hours of pubs, nightclubs, and similar types of premises.

The disjunct between the approaches inherent in these two pieces of legislation is highly problematic. The Sale of Alcohol Bill, 2022 aims to support the night time economy. The Public Health (Alcohol) Act, 2018 aims to reduce the many negative impacts of alcohol. In evaluating these two pieces of legislation it is evident that the alcohol industry has been exerting its widely acknowledged influence to disrupt the advances made under the Public Health (Alcohol) Act (8-10). It is important to note that in the year leading up to the passing of the Public Health (Alcohol) Act, 2018 alcohol industry representatives in Ireland met Government officials 361 times (11).





The negative impacts of alcohol are increasingly well known, but given their significant impacts, are worthy of re-stating. Alcohol use is a leading risk factor for global disease burden (12-13) and an important commercial determinant of health (14). There is no safe level of alcohol consumption. Alcohol consumption in Ireland remains problematically high, particularly in relation to heavy episodic ('binge') drinking (15-21). As well as its impact on mortality and morbidity the negative impact of alcohol in Ireland can also be in relation to Foetal Alcohol Spectrum Disorder (FASD). Evidence suggests that Ireland may have the third highest prevalence of FASD in the world (22). Further evidence of the negative impacts of alcohol in Ireland may be seen in information related to public hospital bed usage, absenteeism, and alcohol related unemployment (23).

The significance of alcohol as a causal factor in alcohol related homicides, assaults, road traffic accidents (RTAs), suicide and self-harm in Ireland has been extensively explored (23). However, one topic that has received less coverage and attention in Ireland is the link between alcohol and domestic violence. It is hard to pinpoint exactly why this is the case. Amongst some groups a reluctance to tackle this issue may be a degree of hesitance for fear of the involvement of alcohol being used as an excuse for such actions (24). Alternatively, it may be due to the frequency of co-consumption of alcohol by couples leading up to instances of domestic violence and concerns over the apportionment of blame (25). Another possible explanation may include the widespread taboo over the issue of domestic violence, which to this day remains highly stigmatized (26-27). Other factors that may serve to silence discussion of this issue may include both the normalization of alcohol consumption within Western societies (28), as well as the power of the alcohol industry to influence the framing of debates and discussion (29).

The Irish Government for example has consistently failed to tackle the connection between alcohol and domestic violence. This is most evident in recent strategy documents claiming to tackle domestic, sexual and gender-based violence (30-31). This deficit is jarring given that the World Health Organization (WHO) highlights the issue of the harmful use of alcohol as a factor associated with intimate partner violence and sexual violence against women (32).

There is a slowly growing acknowledgment in the third sector of the importance of alcohol in relation to violence in the home (33). However, it must be conceded here that even among non-governmental bodies precedence appears to have been given to the impacts on children of alcohol use by adults in home environments (34). This focus may be seen in campaigns such as 'Silent Voices' (35), and 'End the Silence' (36).

It is over forty years since the US Surgeon General's Report identified violence as a public health issue (37). In addition, it must be acknowledged that domestic violence is also a significant public health issue (38,39). The role of alcohol in violence generally and domestic violence in particular cannot be overlooked. There are decades worth of evidence which clearly demonstrate a significant dose-response relationship between blood alcohol level and violence and aggression (40,41).



Similarly there are over 30 years of research which clearly demonstrates that excessive alcohol use is an important predictor of DV (38). The causal pathways in this relationship are complicated. As Fitterer et al. note ‘the relationship between alcohol availability and violence is complex, including an individual’s biochemical, psychological, and social responses to alcohol consumption and their environment’ (42). The association between alcohol and aggression has been shown to be stronger in men than women (39). Similarly alcohol consumption by men has been shown to be a more important factor in the perpetration of intimate partner violence (specifically Male to Female Partner Violence; MFPV), than alcohol consumption by women (39,43).

A variety of theories have been suggested at the individual level to account for mechanisms through which alcohol leads to increased aggression. It has been suggested that intoxication weakens inhibitions (42), reduces cognitive executive functioning, and inhibits problem-solving (39,44). Alcohol consumption also both narrows attention, and increases risk-taking (39). Within relationships alcohol consumption can increase marital discord (44), as well as create tensions as expenditure on alcohol can use up scarce financial resources.

Violence is inherently spatial, occurring in places (45), and domestic violence is similarly subject to environmental factors. A significant volume of research indicates that, even accounting for a host of other factors, the density of alcohol outlets is positively related to both violence and alcohol use disorders (45-48). Given this finding, it is perhaps no surprise to note that there is ample evidence to suggest that increased density of alcohol outlets is associated with higher rates of domestic violence (49,50).

Once again there has been significant debate over the causal mechanisms involved in examinations of the relationship between alcohol retailer density and violence/ domestic violence (40). Some authors have debated the validity of ecological analysis (51,52), as well as noting the well-known issue in spatial analysis of the Modifiable Areal Unit Problem (MAUP), whereby the results differ depending on the spatial scale of analysis undertaken. Other authors have highlighted the need to differentiate by alcohol outlet type, separating restaurants, from bars, from off-licences and so forth (51). To complicate analysis, it is well known that outlets selling packaged alcohol are more abundant in disadvantaged areas (53).

Turning first to examine potential explanations for the positive relationship between alcohol outlet density and violence, availability theory suggests that greater alcohol availability leads to greater consumption (49,54). Alternatively, routine activity theory suggests that in proximity to alcohol retailers motivated offenders interact with potential victims with alcohol as a chemical facilitator which serves to impair victims and reduce the inhibitions of perpetrators (55). Another related potential explanation lies in the crime potential theory, This place and space based approach suggests that alcohol outlets attract perpetrators of crime and violent crime by clustering vulnerable targets (40,42,54,56). Social disorganisation theory in contrast suggests that in areas that already



lack social cohesion communities are unable to come together to resist the granting of licensing permits to allow more alcohol outlets (54)

A number of plausible causal pathways have been proposed to explain the demonstrated spatial relationship between alcohol retail density and domestic violence. It has for example been suggested that intoxication leads to more relaxed and violence permissive normative behaviours around alcohol outlets (42,44,56). Other explanations for the observed positive relationship between alcohol outlet density and rates of domestic violence include suggestions that Increased numbers of premises leads to increased competition and lower alcohol prices in areas facilitating increased consumption (49). Alternatively it has also been suggested that in areas of increased competition there is an increased visibility of alcohol advertising which in turns leads to higher rates of alcohol consumption and consequent domestic violence (49).

Whatever the precise mechanism/s involved the positive relationship between alcohol retail density and domestic violence is an issue of significant concern in relation to the proposed liberalization of alcohol retaining in Ireland envisaged in the Sale of Alcohol Bill, 2022. Alcohol retail density and availability will inevitably increase under this legislation. This runs exactly counter to environmental intimate partner violence intimate partner violence (IPV) prevention strategies (57). Interventions that impact the alcohol retail environment have been demonstrated to reduce rape, sexual assault and IPV (58). As noted by Fitterer et al. studies have demonstrated how even modest policy changes can reduce violent crime (42). It should be noted that research on the topic of domestic violence is notoriously problematic given both under-reporting by individuals experiencing it, as well as often by police forces.

The commercial orientation (59) of arguments to support the liberalization of alcohol retailing in Ireland are in clear contradiction of the Irish Governments stated target of reducing both alcohol consumption (60) and ending domestic violence (31). This Sale of Alcohol Bill, 2022 is set to dramatically increase alcohol retailer density in Ireland. Alcohol retailer density in Ireland has already been demonstrated to be problematic in relation to proximity to primary ('national') schools (61). The proposal to expand alcohol retailing is particularly problematic as evidence suggests that the Covid-19 pandemic has strengthened relationship between alcohol consumption and domestic violence (62). To protect public health and promote wellbeing the Irish Government should vote to reject the Sale of Alcohol Bill and prioritize health over flagrant commercial interests. Despite the normalization of alcohol consumption in Ireland and many other Western societies alcohol remains an addictive, psychoactive, mutagenic, toxic carcinogen. Importantly, it also an established significant factor in incidents and patterns of domestic violence.



## References

1. Critchlow, N., & Houghton, F. The importance of continued and full implementation of the Public Health (Alcohol) Act: A comment on Barry and Lyne. *Irish Journal of Psychological Medicine*, 2023. 1-2. doi:10.1017/ipm.2023.24
2. Government of Ireland. Public Health (Alcohol) Act, 2018. Irish Statute Book; 2018. <https://www.irishstatutebook.ie/eli/2018/act/24/enacted/en/html>
3. Houghton, F. Ireland's Public Health (Alcohol) Act, 2018: A lack of enforcement. *Journal of Public Health (Oxford, England)*, 2023. 45(1): e130–e131.
4. Houghton, F., & McInerney, D. The Public Health (Alcohol) Act: Spatial issues and glaring gaps. *Irish Geography*, 2020. 53(2):145-149.
5. Houghton, F., & McInerney, D. Sponsorship, Advertising & Alcohol Control in Ireland: The importance of both premises and products in regulating intoxicogenic environments. *Irish Journal of Medical Science*, 2019. 189: 1035–1037.
6. Studlar, D.T. Punching Above Their Weight Through Policy Learning: Tobacco Control Policies in Ireland, *Irish Political Studies*, 2015. 30(1): 41-78.
7. Government of Ireland. Sale of Alcohol Bill, 2022. Dublin: Government of Ireland; 2022.
8. McCambridge, J., Mialon, M., & Hawkins, B. Alcohol industry involvement in policymaking: a systematic review. *Addiction*, 2018. 113(9): 1571-1584.
9. Hope, A. The Influence of the Alcohol Industry on Alcohol Policy in Ireland. *Nordic Studies on Alcohol and Drugs*, 2006. 23(6): 467-481.
10. Babor, T.F. The Arrogance of Power: Alcohol Industry Interference With Warning Label Research. *Journal of Studies on Alcohol and Drugs*, 2020. 81(2): 222–224.
11. O'Halloran M. Drinks industry lobbyists met Government members and officials 361 times in 2018. *The Irish Times*, March 9th 2020. <https://www.irishtimes.com/news/health/drinks-industry-lobbyists-met-government-members-and-officials-361-times-in-2018-1.4197333>.
12. GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 2018. 392: 1015–35
13. WHO. Global status report on alcohol and health 2018. Geneva: World Health Organisation; 2018.
14. Stockwell, T., & Hobin, E. Hidden from View: Alcohol Industry Efforts to Keep the Problem of Alcohol Related Harm from Public Awareness. In N. Maani, M. Petticrew, & S. Galea (Eds.) *The Commercial Determinants of Health*, pp. 89-97. New York: Oxford University Press; 2023.
15. Health Research Board. Alcohol consumption, harm and policy in Ireland. HRB Overview Series 11. Dublin: Health Research Board; 2021.
16. Government of Ireland. Healthy Ireland Survey 2022 Summary Report. Dublin: Government of Ireland.



17. Mongan, D., & Long, J. Overview of alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 10. Dublin: Health Research Board; 2016.
18. Health Research Board. Factsheet – Alcohol: the Irish situation. Dublin: Health Research Board; 2019.
19. Gavin A, Költő A, Kelly C, Molcho M, Nic Gabhainn S. Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study. Dublin: Department of Health; 2021.
20. Költő, A., Gavin, A., Molch, M., Kelly, C., Walker, L., & Nic Gabhainn, S. The Irish Health Behaviour in School-aged Children (HBSC) Study 2018. Dublin: Department of Health; 2020.
21. Sunday, S., Keoghán, S., Hanafin, J., & Clancy, L. ESPAD 2019 Ireland: results from the European Schools Project on Alcohol and Other Drugs in Ireland. Dublin: Tobacco Free Research Institute; 2020.
22. Lange, S., Probst, C., Gmel, G., Rehm, J., Burd, L., & Popova, S. Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth: A Systematic Review and Meta-analysis. *JAMA Pediatr* 2017; 171(10):948–956.
23. Alcohol Action Ireland. Alcohol Facts. <https://alcoholireland.ie/facts/>
24. Javaid, A. The Role of Alcohol in Intimate Partner Violence: Causal Behaviour or Excusing Behaviour? *British Journal of Community Justice*, 2015. 13(1): 75 - 92.
25. Leadley, K., Clark, C.L., Caetano, R. Couples' Drinking Patterns, Intimate Partner Violence, and Alcohol-Related Partnership Problems, *Journal of Substance Abuse*, 2000. 11(3): 253-26.
26. Murray, C.E., Crowe, A., & Overstreet, N.M. Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence. *Journal of Interpersonal Violence*, 2018. 33(3): 515-536.
27. Taccini, F., & Mannarini, S. An Attempt to Conceptualize the Phenomenon of Stigma toward Intimate Partner Violence Survivors: A Systematic Review. *Behavioral Sciences*, 2023. 13(3):194.
28. Mercille, J. Media Coverage of Alcohol Issues: A Critical Political Economy Framework—A Case Study from Ireland. *International Journal of Environmental Research and Public Health*, 2017. 14(6): 650.
29. Hawkins, B., & Holden, C. (2013) Framing the alcohol policy debate: industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*, 2013. 7(1): 53-71.
30. The National Office for the Prevention of Domestic, Sexual and Gender-based Violence. Second National Strategy on Domestic, Sexual and Gender-based Violence 2016 - 2021. Dublin: Department of Justice & Equality; 2016.
31. Government of Ireland. Zero Tolerance: Third National Strategy on Domestic, Sexual & Gender-Based Violence 2022-2026. Dublin: Government of Ireland; 2022.
32. World Health Organization. Violence Against Women. Geneva: WHO; 2021. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>



33. Alcohol Action Ireland. Alcohol Facts: Domestic Abuse and Alcohol. Dublin: Alcohol Action Ireland. <https://alcoholireland.ie/facts/domestic-abuse-alcohol/>
34. Alcohol Action Ireland. Policy briefing: Problem alcohol use in the home, the invisible victims of alcohol harm. Dublin: Alcohol Action Ireland; 2023.
35. Alcohol Action Ireland. Silent Voices. Dublin: Alcohol Action Ireland. <https://alcoholireland.ie/campaigns/silent-voices/>
36. Alcohol Action Ireland. End the Silence. Dublin: Alcohol Action Ireland <https://alcoholireland.ie/campaigns/end-the-silence/>
37. Snowden, A.J. Exploring violence: The role of neighborhood characteristics, alcohol outlets, and other micro-places. *Social Science Research*, 2019, 82: 181-194.
38. Chang, T., Hu, Y., Taylor, D., & Quigley, B.M. The role of alcohol outlet visits derived from mobile phone location data in enhancing domestic violence prediction at the neighborhood level. *Health and Place*, 2022. 102736.
39. Wilson, I.M., Graham, K., & Taft, A. Alcohol interventions, alcohol policy and intimate partner violence: a systematic review. *BMC Public Health*, 2014. 14: 881.
40. Grubestic, T.H., Pridemore, W.A., Williams, D.A., & Philip-Tabb, L. Alcohol Outlet Density and Violence: The Role of Risky Retailers and Alcohol-Related Expenditures. *Alcohol and Alcoholism*, 2013. 48(5): 613-619.
41. Trangenstein, P.J., Eck, R.H., Lu, Y., Webster, D., Jennings, J.M., Latkin, C., Milam, A.J., Furr-Holden, D., & Jernigan, D.H. *Journal of Studies on Alcohol and Drugs*, 2020. 81: 24-33.
42. Fitterer, J.L., Nelson, T.A., & Stockwell, T. A Review of Existing Studies Reporting the Negative Effects of Alcohol Access and Positive Effects of Alcohol Control Policies on Interpersonal Violence. *Frontiers in Public Health*. 2015. 3: 253.
43. McKinney, C.M., Caetano, R., Harris, T.R., & Ebama, M.S. Alcohol Availability and Intimate Partner Violence Among US Couples. *Alcoholism: Clinical and Experimental Research*. 2009, 33(1): 169-176.
44. Cunradi, C.B. Neighborhoods, Alcohol Outlets and Intimate Partner Violence: Addressing Research Gaps in Explanatory Mechanisms. *International Journal of Environmental Research and Public Health*, 2010. 7: 799-813.
45. Horsefield, O.J., Lightowlers, C., Green, M.A. The spatial effect of alcohol availability on violence: A geographically weighted regression analysis. *Applied Geography*, 2023: 102824.
46. Livingston, M. Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms. *Drug and Alcohol Review*. 2011. 30: 515-523.
47. Snowden, A.J., & Pridemore, W.A. Off Premises Alcohol Outlet Characteristics and Violence. *Social and Cultural Sciences Faculty Research and Publications*, 2014, 307.
48. Day, P., Breetzke, G., Kingham, S., & Campbell, M. Close proximity to alcohol outlets is associated with increased serious violent crime in New Zealand. *Australian and New Zealand Journal of Public Health*, 2012. 36(1): 48-54.



49. Livingstone, M. A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*, 2011. 106: 919-925.
50. Cunradi, C.B., Mair, C., Ponicki, W., & Remer, L. Alcohol Outlet Density and Intimate Partner Violence-Related Emergency Department Visits. *Alcoholism: Clinical and Experimental Research*, 2012. 36(5): 847-853.
51. Gmel, G., Holmes, J., & Studer, J. Are alcohol outlet densities strongly associated with alcohol-related outcomes? A critical review of recent evidence. *Drug and Alcohol Review*, 2016. 35: 40-54.
52. Curtis, A., Vandenberg, B., Mayshak, R., Coomber, K., Hyder, S., Walker, A., Liknaitzky, P., & Miller, P.G. Alcohol use in family, domestic and other violence: Findings from a cross-sectional survey of the Australian population. *Drug and Alcohol Review*, 2019. 38: 349-358.
53. Foster, S., Hooper, P., Knuiman, M., Trapp, G., & Wood, L. Does alcohol outlet density differ by area-level disadvantage in metropolitan Perth? *Drug and Alcohol Review*, 2017. 36: 701-8.
54. Cameron, M.P., Cochrane, W., McNeill, K., Melbourne, P., & Morrison, S.L. Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Australian and New Zealand Journal of Public Health*, 2012. 36(6): 537-542.
55. Cameron, M.P. The relationship between alcohol outlets and crime is not an artefact of retail geography. *Addiction*, 2022; 117: 2215-2224.
56. Castillo-Carniglia, A., Pear, V.A., Tracy, M., Keyes, K.M., & Cerda, M. Limiting Alcohol Outlet Density to Prevent Alcohol Use and Violence: Estimating Policy Interventions Through Agent-Based Modeling. *American Journal of Epidemiology*. 188(4): 694-702.
57. Cunradi, C.B., Mair, C., Ponicki, W., & Remer, L. Alcohol Outlets, Neighborhood Characteristics, and Intimate Partner Violence: Ecological Analysis of a California City. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 1011. 88(2): 191-200.
58. Mair, C., Sumetsky, N., Dougherty, M., & Thakar, M. Do Changes to the Alcohol Retail Environment Reduce Interpersonal Violence? *Current Epidemiology Reports*, 2022. 9: 282-289.
59. Popova, S., Giesbrecht, N., Bekmuradov, D., & Patra, J. Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A Systematic Review. *Alcohol & Alcoholism*, 2009. 44(5): 500-516.
60. Government of Ireland. *Healthy Ireland Strategic Action Plan 2021–2025*. Dublin: Government of Ireland; 2021.
61. Doyle, A., & Houghton, F. Alcohol availability and accessibility around schools in Ireland: an examination of liquor licences proximity. *Irish Journal of Medical Science*, 2023. doi: 10.1007/s11845-023-03514-3.
62. Chalfin, A.S., Danagoulian, S., & Deza, M. Covid-19 has strengthened the relationship between alcohol consumption and domestic violence. *NBER Working Paper Series*. Cambridge, MA: National Bureau of Economic Research; 2021.



## Contribution 4

### The Lilac Program – For Parents Who Were Sexually Abused as Children

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### Abstract

For people who were sexually abused as children, certain life events can be particularly difficult. Among these are pregnancy and birth, as well as their child reaching the age at which they (the parent) were first (or first recall) being sexually abused.

*The Lilac Programme* is the only programme of its kind for parents who were sexually abused as children. Devised, designed, created, and run to address the very specific needs of this cohort, the programme runs for twelve weeks. Each week, a different issue that directly impacts on parents is addressed, with input invited from each participant. The information in the meetings is supported by worksheets/exercises which participants are invited to complete between meetings. At the end of the twelve weeks, participants are encouraged to continue meeting for monthly support groups.





## Introduction

Until this programme was devised, parents with histories of child sexual abuse lacked access to a programme that addressed the specific needs of this group. Parents with histories of child sexual abuse experience an added layer of complexity, and often, difficulty (1) in their parenting.

Participants in *The Lilac Program* are parents and / or parents-to-be who have histories of child sexual abuse. They may or may not be partnered, and parents of all backgrounds and orientations are welcome. Parents who are partnered with another individual who also has a history of child sexual abuse are discouraged from attending the program together. This is in order to facilitate the avoidance of self-censorship during the sessions.

There is a limit of eight participants for each group. This is a low number for a program – and is certainly lower than usually recommended for groups like this (2) but limiting the numbers has ensured that trust is built up quickly, and each member of the group is afforded time to explore the issues arising in sufficient depth.

All participants are self-selecting, and have availed of therapy prior to working through *The Lilac Program*. This is a closed program – participants are required to commit to the entire twelve weeks, and once the group has been established, it is closed to further members.

## Structure

Prior to commencing the Program, a confidential agreement is drafted. This is a living document, and alterations are welcomed, until the end of the first week of the program. Once it has been finalized, the agreement is signed by all parties, and a copy of the signed agreement is provided to each member.

For each of the twelve weeks, a discussion topic is set. Each meeting follows a format which is established in the first week. The running order of each meeting is provided to members when the program commences. Each week, members are emailed the details of the format again, and a more in-depth overview of the topic to be discussed.

At the beginning of each meeting, a check-in with participants is facilitated. The support worksheets, which have been provided to address the previous week's topic are then discussed. People are encouraged to share their responses to this work. There is no compunction on anyone to share more than they are comfortable doing, and if a member would rather not comment, that decision is also respected.

Following this part of the session, there is a short comfort/tea break. The weekly topic is then introduced, and ways in which it may have impacted on the participants' parenting, are presented.



The discussion is then opened up with every member invited to contribute. Immediately after the meeting, each participant is emailed. This email contains the worksheets to support individual exploration of the weekly topic. Mid-way between meetings, participants are emailed again. The purpose of this email is to check how they are, emotionally, after the meeting. This email also offers a chance for participants to reflect on how they are getting on with their support work; and to offer an avenue for contact, should they feel the need to avail of it. As mentioned previously, individuals are contacted again the day before the next meeting, to remind them of the up-coming discussion topic.

Upon completion of the programme, participants can avail of ongoing peer support. They are provided with a link to a private, secret MeWe<sup>1</sup> Group which they are free to join. They will also be provided with a link to a Zoom meeting which takes place on the final Sunday of every month at 6.30pm (GMT) for two hours. These meetings are not agenda-led; people are free to come and go as they please, and welcome to discuss anything on their minds.

### **Piloting the Programme**

The pilot of *The Lilac Program* took place in-person, in a hired room at a local community centre. The second group started in-person, but moved from in-person to online after four weeks in 2020, on account of Covid-19 restrictions. Later, as restrictions lifted somewhat, we implemented a hybrid option: Those who felt safe to do so joined the meetings in person (observing all the Covid-19 safety recommendations regarding safe distancing, masking, and hand-sanitizing), while the remainder joined by Zoom. This hybrid option worked well, but those who joined via Zoom were less participative than those 'in the room'. I initially believed that the Zoom option only worked well because the group had already established relationships, and a rapport. Later, however, I was pleased to note that the online-only groups worked well, too. There was also the possibility of opening up the groups to international participants. The pilot group, and the second group, were mixed-sex. The female participants stated that they would have preferred a women-only group, but the men stated no such preference.

### **Benefits to Participants**

Participants in *The Lilac Program* all said that they revealed issues, and / or asked questions in the group that they had never done before. There was a value to the participants in discussing issues that were specific to parents who had histories of sexual abuse. Having the challenges unique to this community (parents with histories of child sexual abuse) acknowledged was of significant benefit to those who took part. Participants also shared that it was a huge relief to be able to open up in the group and know that, no matter what they shared, they would not be judged. The community-making was also recognized as a benefit.

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<sup>1</sup> MeWe is a social networking platform that is ad-free, and very secure.



## Conclusion

*The Lilac Programme* is a unique twelve-week programme for parents, and parents-to-be, who were sexually abused as children. It is the only programme of its kind in Europe, and has proved therapeutic, healing, and transformative for all who have so far participated. The number of participants is limited to eight, and the programme is run with single-sex members.

In addition to the weekly meetings, the facilitator makes contact with participants twice between meetings, and there is written work to support the learnings of each week. Upon completion of the twelve-week programme, participants are invited to join peer-led monthly meetings.

## References

- 1 Cohen, T. Motherhood among incest survivors. Cohen, T. 12, 1995, *Child Abuse & Neglect*, Vol. 19, pp. 1423-1429. Haiyasoso, M. and Trepal, H. Survivors' Stories: Navigating Parenthood After Surviving Child Sexual Abuse. Haiyasoso, M. and Trepal, H. 3, 2019, *Journal of Counseling & Development*, Vol. 97, pp. 281–292.
2. Herman, J. and Kallivayalil, D. 2019 *Group Trauma Treatment in Early Recovery*. Guilford Press: London.



## Contribution 5

### Tolerance for Sexual Violence and Authoritarianism in the United States

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#### Abstract

The rampant rates of sexual violence in the U.S. indicate that many individuals will be victims of sexual assault or know someone who is. The current climate in the U.S. suggests that there is tolerance for sexual violence as political leaders and star athletes face few if any repercussions for their behavior. Instead, their behavior is often dismissed and excused. U.S. citizens demonstrate their tolerance for this behavior by voting for politicians who have been accused of sexual assault. One of the most recent examples of this was the election of former President Trump in 2016 despite being accused of sexual violence by 20 women. Even when victims of sexual violence do come forward, they are made to retell their story again and again while it is scrutinized among police, hospital staff, and in the legal system, resulting in revictimization. Prevention programs such as bystander training offer some hope for change, but there is increasing right-wing authoritarianism in the U.S., whose ideologies and beliefs are more likely to incite and perpetuate violence.



## **Tolerance for Sexual Violence and Authoritarianism in the U.S. Defining and Outlining the Problem**

The tolerance for sexual violence in the U.S. is staggering and findings from the 2015 National Intimate Partner and Sexual Violence Survey suggest that as many as many 44% of women experience some type of sexual violence during their lifetime (1). Men may also be victims of sexual assault, with estimates speculating that one out of three may also be victimized during their lifetimes (2).

Sexual violence can include rape, forcing and/or coerced penetration of the vulva or anus (3). Forms of sexual violence also include sexual touching and this can occur between strangers or even intimate partners. Intimate partner violence is defined as physical, sexual, or psychological harm ranging from physical aggression, sexual coercion, psychological abuse or other controlling behaviors committed by a partner or former partner (3).

Although some research findings may indicate that sexual violence has experienced a slight decline since 2017 (4), one wonders if the decline is due to decreased incidents or decreased reporting. The tolerance for sexual violence in the U.S. is unprecedented. Notable figures ranging from former U.S. Presidents and politicians to celebrities have been accused and convicted of forms of sexual violence. And in some cases, those accusations, such as with former President Trump, were well known prior to his election. These findings suggest that U.S. citizens are willing to overlook incidents of sexual violence if the perpetrator holds a position of authority and power. Trump's history of sexual violence dates all the way back to his marriage in the early 1990's. He was accused of raping his then wife, Ivanka Trump (5). In later statements, Ms. Trump denied the claims. However, an additional 20 women have also accused him of sexual misconduct in 2016 (5). Evidence of Trump condoning sexual violence go beyond accusations. For example, During Trump's presidential election run in 2016, a recording of him bragging about sexually assaulting women came to light in which he stated,

*"I'm automatically attracted to beautiful women—I just start kissing them, it's like a magnet. Just kiss. I don't even wait. And when you're a star, they let you do it. You can do anything... 'grab em' by the pussy" (6).*

The clip was widely circulated among media outlets, but dismissed by his supporters as locker room talk, and Donald Trump was elected as President of the U.S. on November 8, 2016.

Dismissing Trump's statements as locker room talk releases him from acknowledging his role in perpetuating sexual violence. It allows the "boys will be boys" mentality to prevail in the U.S. This



culture of skepticism around sexual violence in the U.S. is harmful and minimizes the importance of consent. In addition, it is not just politicians and celebrities whose atrocious behavior we have to be mindful of, sexual violence is also a significant problem on U.S. college campuses. Approximately 26% of female undergraduate students and 7% of male undergrads experience rape or sexual assault while attending college (7). Protection for perpetrators, rather the victim is especially problematic at Ivy League institutions where believing that bright and intelligent youth could be capable of such criminal behavior often results in poor quality investigations by administrators (8, 9).

Brock Turner, a former standout Stanford University swimmer sexually assaulted an unconscious woman behind a dumpster in 2016 (10). Two bystanders who were international graduate students from Sweden confronted him and held him down while they called police. Early during the trial, Turner blamed the culture of peer pressure, drinking, and promiscuity on his behavior. Throughout the trial, there was heavy emphasis on Turner's status as a star athlete and that punishment would derail his hopes of participating in the Olympics. During the victim impact statement Emily Doe, (who we now know as Chanel Miller), addressed Turner by stating, *"You don't know me, but you've been inside me, and that's why we're here today"* (11). Turner was convicted of three counts of sexual assault (12). Despite this conviction, the judge in Turner's trial sentenced him to just six months in jail with three years of probation and required him to register with as a sex-offender for the rest of his life (12). The judge defended his actions by stating that a longer sentence *"would have had a severe impact on him [Turner]"* (13).

## **Revictimization**

In an interview with CBS News – 60 Minutes Overtime (11), Ms. Miller discussed her experiences being revictimized at trial and stated,

*"Instead of taking time to heal, I was taking time to recall the night in excruciating detail, in order to prepare for the attorney's questions that would be invasive, aggressive, and designed to steer me off course, to contradict myself...The sexual assault had been so clear, but instead, here I was at the trial, answering questions like 'How old are you?...How much do you weigh?...When did you drink?... How much did you drink?...What container did you drink out of?...How much do you usually drink?...What were you wearing?...Why were you going to be at this part?...Did you drink in college?...You said you were a party animal?...Did you party at frats?...Are you serious with your boyfriend?...Are you sexually active with him?...Would you ever cheat?...Do you have a history of cheating?...Do you remember any more from that night? No? Okay, well, we'll let Brock fill it in."*



Ms. Miller was also subjected to hearing Turner’s statements about his perceptions of the night where he claimed that they met each other at the party and were both intoxicated (11). Turner stated that he invited Ms. Miller back to his dorm room and along the way she mysteriously fell. Instead of helping her up, Turner testified that Ms. Miller consented to the sexual activities behind the dumpster and that the two men who found them attacked Turner for no apparent reason. Ms. Miller went on to say,

*“To sit under oath and inform all of us, that yes, I wanted it, yes, I permitted it, and that you [Brock] are the true victim attacked by Swedes for reasons unknown to you is appalling, is demented, is selfish, is damaging. It is enough to be suffering. It is another thing to have someone ruthlessly working to diminish the gravity of validity of this suffering.” (11).*

In 2019, Chanel Miller’s memoir, titled *Know my Name*, was released where she shared her experience of being sexually assaulted and the ensuing court case that followed (14) Miller, 2019). Throughout the book she revealed intimate details of waking up in a hospital trying to piece together what happened to her. She criticizes the culture of victim blaming, explaining that it places further burden on the victims of sexual violence to make sure their story is detailed and articulate to increase the likelihood it is believed (14). Victims are often made to tell their stories again and again, they are critiqued, and often incessantly questioned by the criminal justice, legal, and medical systems (15). This is particularly true for women of color who are less likely to be believed (16).

The revictimization process often begins when police introduce questions unrelated to the violence itself, such as inquiring about what the person was wearing, previous sexual experiences, or alcohol and substance use (15). Advocating for increased training for police to better handle incidents of sexual violence have been widely called for given how often rape myths and victim blaming appears in police reports (17). McQueen et al. (18) investigated forms of sexual assault training in recently published research and noted that when police officers received additional training, it did improve how prepared police offers were as well as their understanding of best practices for assisting victims. McQueen et al. (18) also noted that police officers reported a decline in rape myth acceptance and victim blaming after completing additional training on sexual assault.

The medical community has recognized their part in trying to decrease the occurrence of revictimization. Sexual Assault Nurse Examiner programs were introduced in 1970s (SANE Development & Operation Guide) (19) and have improved outcomes for victims of rape and sexual assault (15) Maier, 2012). Despite the benefits of SANE, not all hospitals have anyone on staff with this certification. Individuals residing in rural areas are especially unlikely to have access to a SANE nurse (20).



In recent years the #MeToo Movement has encouraged victims of sexual violence to share their stories. The number of stories shared and widely available on social media indicates that it is a pervasive problem in U.S. society. However, the Rape, Abuse & Incest National Network (2023) (21) reported that most perpetrators of sexual violence will not go to jail or prison and that most sexual violence is not reported. One of the reasons for this may be due to the revictimization process that victims often experience when interacting with the legal system (22).

### **Prevention and Culture Change**

Cultural change is needed in the U.S. to reduce the prevalence of sexual violence. While continued efforts to provide programming to reduce sexual violence on campus is a start, individuals not affiliated with higher education would also benefit from training to encourage wider cultural change and decrease the level of tolerance for sexual violence. Bystander training programs for college students to learn more about how to intervene when seeing risk factors or attempts at sexual violence tend to be effective (23), but programming is lacking for other individuals in the community. McMahon and Banyard (24) suggested including community members as well to effectively combat rates of sexual violence. They advocate for a public health approach that targets the community rather than specific subgroups (e.g., college students) who may be more at risk for sexual violence (24). There are many places in the community to host such programming ranging from public libraries to community centers.

While offering preventive programs are a start, it seems that more needs to be done to change the authoritarian culture that is becoming increasingly common in the U.S. This was most recently demonstrated with Trump's election as well as the election of other extreme leaders in the U.S. Authoritarianism has been defined as the focus on conformity while minimizing personal independence, deferring to people in positions of power (25). While authoritarianism may be featured among both Democrats and Republicans, it is more likely to be found in right-wing agendas (25). An interesting study by Spaccatini et al. (26) found those who had higher Right-Wing Authoritarianism were more likely to blame the victim in instances of stranger sexual harassment. This is unsurprising as Democrats compared to Republicans were significantly more likely to report that they supported the #MeToo Movement (27). These beliefs coupled with decreased access to services benefitting women's health including contraception and abortion strongly supported by Trump's administration continue to create adverse conditions for women (28).

Clearly there is a need to educate individuals about sexual violence and to decrease the tolerance for sexual violence in our culture. Decreasing the acceptability of sexual violence should also be reflected in the actions we take as voters. Do we want representatives in the most highly regarded offices of the U.S. to perpetuate sexual violence in both their language and behaviors? For too





long, those in positions of power and privilege have been allowed to do as they please without being held accountable.

## References

1. Smith S.G. Zhang X. Basile K.C. Merrick M.T. Wang J. Kresnow M. Chen J. The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta GA: National Center for Injury Prevention and Control Centers for Disease Control and Prevention. 2018.
2. Centers for Disease Control and Prevention (CDC). Fast facts: Preventing sexual violence; 2022. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>
3. World Health Organization (WHO). Violence against women. March 2021. <https://www.who.int/news-room/fact-sheets/detail/violence-ag>
4. U.S. Sentencing Commission. Quick facts: Sexual abuse offenders. 2021. [https://www.ussc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Sexual\\_Abuse\\_FY21.pdf](https://www.ussc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Sexual_Abuse_FY21.pdf)
5. The New Yorker. Listening to what Trump’s accusers have told us. November 2017. <https://www.newyorker.com/news/news-desk/listening-to-what-trumps-accusers-have-told-us>
6. NBC News. Trump on hot mic: ‘When you’re a star...you can do anything’ to women. Access Hollywood 2005 unreleased recording. October 2016 <https://www.nbcnews.com/politics/2016-election/trump-hot-mic-when-you-re-star-you-can-do-n662116>
7. Cantor D., Fisher B., Chibnall S., Harps S., Townsend R., Thomas G., Lee. H., Kranz V., Herbison R., Madden K. Report on the AAU campus climate survey on sexual assault and misconduct. January 2020.
8. Marine S. Combating sexual violence in the ivy league: Reflections on politics pain and progress (pp. 55-73). In Sara Carrigan Wooten & Roland W. Mitchell (eds.). The crisis of campus sexual violence: Critical perspectives on prevention and response. Routledge; 2016.
9. The New York Times. 2 more colleges accused of mishandling assaults. The New York Times. April 2013. <https://www.nytimes.com/2013/04/19/education/swarthmore-and-occidental-colleges-are-accused-of-mishandling-sexual-assault-cases.html>
10. The New York Times. In Stanford rape case Brock Turner blamed drinking and promiscuity. June 2016. <https://www.nytimes.com/2016/06/09/us/brock-turner-blamed-drinking-and-promiscuity-in-sexual-assault-at-stanford.html>
11. CBS News – 60 Minutes Overtime. Chanel Miller reads her entire victim impact statement. August 2020. <https://www.cbsnews.com/news/chanel-miller-reads-her-entire-victim-impact-statement-she-wrote-to-address-brock-turner-60-minutes-2020-08-09/>



12. TIME. Juror in Brock Turner trial has a message for judge: ‘Shame on you.’ June 2016. <https://time.com/4367953/stanford-sexual-assault-judge-juror-letter/>
13. The New Yorker. Revisiting the Brock Turner case. March 2023. <https://www.newyorker.com/news/our-columnists/revisiting-the-brock-turner-case>
14. Miller C. Know my name: A memoir. Viking; 2019.
15. Maier S. L. (2012). Sexual assault nurse examiners’ perceptions of the revictimization of rape victims. *Journal of Interpersonal Violence*. 2012; 27(2): 287-315. <https://doi.org/10.1177/0886260511416476>
16. Harris J. C. Women of color undergraduate students’ experiences with campus sexual assault: An intersectional analysis. *The Review of Higher Education*. 2020;44(1):1-30. <https://doi.org/10.1353/rhe.2020.0033>
17. Shaw J. Campbell R. Cain D. Feeney H. Beyond surveys and scales: how rape myths manifest in sexual assault police records. *Psychology of Violence*. 2017;7(4):602-614. <http://dx.doi.org/10.1037/vio0000072>
18. McQueen K. Murphy-Oikonen J. (2023). Responding to sexual assault: A systematic review of police training interventions and outcomes. *Crime and Delinquency*. 2023;0(0): 1-29. <https://doi.org/10.1177/00111287231195763>
19. Sexual Assault Nurse Examiner (SANE) Development & Operation Guide. [https://www.ncjrs.gov/ovc\\_archives/reports/saneguide.pdf](https://www.ncjrs.gov/ovc_archives/reports/saneguide.pdf)
20. GAO Report. Sexual assault: Information on the availability of forensic examiners. December 2018. <https://www.gao.gov/assets/gao-19-259t.pdf>
21. Rape Abuse & Incest National Network. The criminal justice system: Statistics. 2023. <https://www.rainn.org/statistics/criminal-justice-system>
22. Parkinson D. Supporting victims through the legal process: The role of sexual assault service providers. ACSSA Wrap: Australian Centre for the Study of Sexual Assault. 2010. <https://apo.org.au/sites/default/files/resource-files/2010-11/apo-nid23351.pdf>
23. Kettrey H. H., Marx R. A. The effects of bystander programs on the prevention of sexual assault across the college years: A systematic review and meta-analysis. *Journal of Youth and Adolescence*. 2019;48: 212-227. <https://doi.org/10.1007/s10964-018-0927-1>
24. McMahan S. Banyard V. L. When can I help? A conceptual framework for the prevention of sexual violence through bystander intervention. *Trauma Violence & Abuse*. 2011; 13(1): 3-14. <https://doi.org/10.1177/1524838011426015>
25. Osborne D. Costello T. H. Duckitt J. Sibley C. G. The psychological causes and societal consequences of authoritarianism. *Nature Reviews Psychology*/ 2023;2: 220-232. <https://doi.org/10.1038/s44159-023-00161-4>
26. Spaccatini F. Pacilli M. G. Giovannelli I. Roccato M. Penone G. (2019). Sexualized victims of stranger harassment and victim blaming: The moderating role of Right-Winged authoritarianism. *Sexuality & Culture*. 2019; 23:811-825. <https://doi.org/10.1007/s12119-019-09592-9>



27. Pew Research Center. More than twice as many Americans support than oppose the #MeToo Movement. September 2022. <https://www.pewresearch.org/social-trends/2022/09/29/more-than-twice-as-many-americans-support-than-oppose-the-metoo-movement/>
28. CNN. Trump, who paved way for Roe v. Wade reversal, says Republicans ‘speak very inarticulately’ about abortion. September 2023. <https://www.cnn.com/2023/09/17/politics/donald-trump-abortion-2024/index.html>

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