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COUNTRY REPORT IRELAND

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Daphne Project JUST/2009/DAP3/AG/1235
Project workstream 1



SUNIA GEEL – Prevent and combat violence
against children, young people and women and to
protect victims and groups at risk

For further informations please visit:
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EXCHANGE HOUSE

National Travellers Service

“Sunia Geel”

Daphne project JUST/2009/DAP3/AG/1235

To prevent and combat violence against children, young people and women and to protect victims and groups at risk.



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1. LEGAL LEVEL

Irish Domestic Violence Legislation

In Irish law there is no criminal offence of ‘domestic violence’ (Watson and Parsons, 2005:31). A number of civil and criminal pieces of legislation however are available to women seeking official protection from intimate partner violence. The most widely utilized of this legislation is the *Domestic Violence Act 1996*. The 1996 Act is civil legislation and provides complainants with three types of protective orders: Protection Orders, Safety Orders and Barring Orders. The first two orders do not require an abuser to leave the family home, but the third, the Barring Order, is the most effective legal instrument for abused women, as it forbids the perpetrator from entering the applicant’s home for a set period of time - up to a maximum of three years. The length of time for which the order is granted, if it is granted, is at the discretion of a District Court or Circuit Court Judge. Breaching one of these orders is a criminal offence for which a custodial sentence may be imposed. However, this is rarely imposed by the Courts. This Act may also be used by family members (other than those in an intimate relationship) to seek safety from an abusing family member who is over the age of 18 years). (See below for a detailed description of these orders).

The 1996 Act was amended by the *Domestic Violence (Amendment) Act 2002*, as a result of a legal challenge taken by men’s groups, challenging the constitutionality of the provisions of the original Act in relation to the granting of Interim Barring Orders pending a full court hearing. Section 4 of the 1996 Act was amended to stipulate that if an Interim Barring Order is granted, “The Order shall have effect for a period, not exceeding 8 working days, to be specified in the Order, unless, on application by the applicant for the Barring Order and on notice to the respondent, the interim Barring Order is confirmed within that period by order of the court” (Irish Statute Book).

What is domestic violence in the Irish Context? (As outlined the Irish by Courts Service. www.courtsservice.ie)

As defined by the Irish Courts Service, Domestic violence is any form of physical, sexual and psychological violence which threatens the safety or welfare of family members and certain persons in domestic relationships. Physical or sexual violence against a family member is a crime. However, economic abuse or coercive control is not defined as abuse in Irish Law.



Domestic violence legislation protects spouses and children and offers legal remedies to dependent persons, and persons in other domestic relationships where their safety or welfare is at risk because of the conduct of the other person in the relationship. It also gives An Garda Síochána powers to arrest without warrant where there is a breach of a court order.

What orders can the court make?

Safety order

A safety order prohibits the person against whom the order is made (the respondent) from engaging in violence or threats of violence. It does not oblige that person to leave the family home. If the person does not normally live in the family home, it prohibits them from watching or being in the vicinity of where the person applying for the order (the applicant) and dependent children lives. A safety order can be made for up to five years.

Barring order

A barring order requires the respondent to leave the family home and stay away from the family home of the applicant and/or dependent children. It may also include terms prohibiting the respondent from using or threatening to use violence. A barring order can be made for up to three years.

Once a summons has been issued for a safety order or a barring order the applicant can apply for a **protection order** or an **interim barring order** while waiting for the application to be heard in court.

Protection order

This is a temporary safety order. It gives protection to the applicant until the court decides on a safety or barring order application. It is intended to last until the case is heard and a decision made. It does not oblige the respondent to leave the family home.

Interim barring order

This is a temporary barring order. It is intended to last until the barring order application is heard in court and a decision made. Under the Domestic Violence Act, 2002 a full court hearing must take place within eight working days of the granting of an interim barring order. The Court must be of the opinion that there are reasonable grounds for believing there is an



immediate risk of significant harm to the applicant or any dependent person if the order is not made immediately and the granting of a protection order would not be sufficient to protect the applicant or any dependent person.

Who can apply for these orders?

Spouses and former spouses

Spouses and former spouses can apply for orders against each other because of violence towards themselves or towards their children.

Co-habiting couples

Where a couple are not married to each other but are living together as husband and wife, one partner can apply for protection against violence by the other partner. The protection available depends on how long they have been living together and on who owns the family home. If a woman has been living with her partner for six months during the past year, she can apply for a safety order. If they have been living together for six months during the past nine months she is entitled to apply for a barring order, unless the violent partner owns the family home in full, or has greater ownership rights than she has.

Others living together

An applicant can apply for protection against violence by someone over 18 whom they are living with if the court decides that their relationship is not primarily based on a contract. For example, two relatives living together or same sex couples living together could be covered. If the applicant comes within this heading, the courts will be able to give you a safety order. However one will not qualify for a barring order.

Children

Children may apply for orders but an adult or health board must make the application on their behalf.

Health Board

A health board may apply on behalf of a person or that person's dependent children.



A breach of any order under the domestic violence legislation is a criminal offence. The Gardaí can arrest and charge a person who breaches such an order.

TABLE 1: APPLICATIONS FOR ORDERS: 2002-2009

	2009	2008	2007	2006	2005	2004	2003	2002
Barring Order Applications	2,855	3,096	3,355	3,132	3,183	3,210	3,586	4,067
Barring Orders Granted	1,106	1,251	1,420	1,357	1,265	1,295	1,575	1,740
Protection Order Applications	3,134	3,354	3,794	3,137	2,850	3,054	3,109	3,677
Protection Orders Granted	2,867	2,960	3,235	2,845	2,622	2,810	2,814	3,248
Safety Order Applications	3,322	3,328	3,553	3,050	2,866	2,611	2,557	2,814
Safety Orders Granted	1,339	1,502	1,556	1,221	1,037	987	1,108	1,187
Interim Barring Order Applications	545	623	692	605	622	698	629	852
Interim Barring Orders Granted there has been a decline in applications for all	451	445	586	544	550	604	531	706

(Courts Service Website: www.courtsservice.ie)

As can be seen from these figures there has been a decline in all applications since 2002, except for Safety Orders, which increased slightly. The fall in the granting of all orders (except for a slight increase in Safety Orders) is a matter of concern. It is not clear what is responsible for this trend. It may be due to the fact that couples in Ireland can now divorce,

and women are now using this option (which did not exist prior to 1995). However, it may also be due to the fact that the Court Services are becoming more reluctant to grant such orders, which is a worrying trend. However, it is not possible to identify with certainty the causes of this fall in both applications for and the granting of Protection and Barring Orders.

Breaches of Barring Orders:

The Garda Recorded Crime Statistics Report for 2006 states that there were 1,184 incidents of Breaching Domestic Violence Orders Offences in that year alone. This resulted in 349 convictions. 95% of persons convicted were male and 5% were female. (Central Statistics Office, Garda Recorded Crime Statistics 2003-2006, 2008). On rare occasions, perpetrators of DV are ordered by the courts to attend a perpetrators' programme. However this is rare and there is no sanction if they refuse to comply. On rare occasions also, perpetrators are imprisoned for breaching a barring order, but there are no figures available to indicate how many are imprisoned for this offence.

In 2003, the Gardaí recorded 8,452 incidents of domestic abuse. (An Garda Síochána Annual Report, 2003). 90% of domestic abuse offenders in 2003 were male, whilst 93% of complainants were female. Of the 1,418 arrests made in relation to domestic abuse, 1,203 were charged and 650 were convicted. (An Garda Síochána Annual Report, 2003).

Criminal Legislation

There are also three pieces of criminal legislation which can be utilized in cases of domestic violence. (But they are not specific to Domestic Violence). The most relevant of these is the *Non Fatal Offences Against the Persons Act, 1997* which legislates for assaults, harassment, threats to kill or to cause serious harm, stalking endangerment and false imprisonment. The *Criminal Damage Act, 1991*, prohibits a person intentionally or recklessly damaging another's property, including money or animals. It is not possible to track the use of these legislative provisions in cases of domestic violence as they are not recorded in Garda statistics with reference to domestic violence incidents.

The *Criminal Law (Rape) (Amendment) Act 1990*, removed the exemption which existed in the *Criminal Law (Rape) Act, 1981*, in relation to marital rape, thereby permitting for the first time, the possibility of conviction for rape of a married woman by her husband. The 1990 Act also redefined the concept of consent, removing the need to offer resistance when not



consenting to sexual intercourse. Since the introduction of the Act only one person has been convicted of Marital Rape.

Legal Rights of Victims of DV

As was outlined above, victims of DV are entitled to apply for any of the above three orders. They are entitled to Free Legal Aid if they have no income or their income is low. Under Irish Law, they are entitled to apply for a separation or a divorce. However this is a no fault divorce and the behaviour of the perpetrator is not taken into account in these hearings.

LEGAL DEFICIENCIES

Currently under the Domestic Violence Act 1996 unmarried cohabitants need to meet strict eligibility criteria as follows:

- to be eligible to apply for a Safety Order, a cohabitant must have lived with the other person for 6 out of the previous 12 months.
- to be eligible to apply for a Barring Order, a cohabitant must have lived with the other person for 6 out of the previous 9 months AND have an equal or greater interest in the family home.

This means that many cohabitants and former cohabitants who cannot meet these criteria remain unprotected. Voluntary Services regularly work with women who cannot avail of protection under the Act because they cannot satisfy the eligibility criteria. Some current cohabitants may not have been living together long enough, or the period of cohabitation was interrupted, for example because the violent partner has spent time in prison or been out of the country. Women may hope that separating from a violent partner will end the violence and when they realise that this is not the case and that the abuse continues, it is too late to apply for protection against a former cohabitant partner.

In many cases, former cohabitants are not eligible because the very short window of opportunity to apply after separation has passed before they are willing or able to apply. This includes cases where the ex-partner was due to face criminal charges of assault for a very serious attack he had made against the woman and their child, cases where the woman cannot satisfy the cohabitation requirement because her partner has been in prison and cases where the woman is still harassed, abused and put in fear years after the ending of the relationship.



Research has proven that often separation does not end the violence and sometimes it actually escalates it. In 2008, 10% of callers to the Women's Aid Helpline disclosed that they were being abused by former partners to whom they were not married. It is therefore essential that cohabitants and former cohabitants can access protection without time limitations.

The Act also does not offer any protection to parties with a child in common but not residing together. This is very worrying as where there is a child in common there is often continued contact between the parents and with this contact the opportunity to continue the abuse.

Parties in a dating relationship are also not protected. Since the Act was passed, a number of groups including Women's Aid, the Law Society of Ireland, the Law Reform Commission, the Government Task Force on Violence against Women and Amnesty Ireland, have called for the Act to be amended in order to address these issues.

The disconnect between the Courts and Perpetrators' programmes is another area where greater cooperation could help improve victim's lives. As pointed by Dobash et al (2000), mandated programmes, with mandatory imprisonment for those failing to comply would help strengthen these interventions.

Legal Provisions for Migrants and Socially Marginalized Communities:

There are no special provisions for any such groups in Irish Law. If they cannot avail of the above Legalisation they have no other legal recourse.

2. DV. POLITICAL LEVEL

THE NATIONAL STEERING COMMITTEE ON VIOLENCE AGAINST WOMEN

The Government established the National Steering Committee on Violence against Women (NSC) in 1998 on foot of a recommendation of the **Task Force on Violence against Women**. The Task Force recommended that the membership of the Committee should include representatives from the key Government Departments, the Garda Síochána, Health Boards, GPs, Probation Service, and users of services. The Task Force considered it essential that the NSC include representatives from the key organizations in the sector operating on a national basis such as, and in particular, Women's Aid and the national representative bodies for women's refuges and Rape Crisis Centers.



The NSC meets on a quarterly basis. As a national committee, the membership comprises bodies which broadly function at national level.

The present membership of the Committee includes the Departments of Justice and Equality, Education and Skills, Health and Children, Community, Equality and Gaeltacht Affairs, and the Environment, Heritage and Local Government. Other State agencies include An Garda Síochána, the Health Service Executive, the Courts Service, the Probation Service and the Family Support Agency. Non-state organizations represented on the Committee include SAFE Ireland (formerly the National Network of Women's Refuges and Support Services), Women's Aid, Rape Crisis Network Ireland, Ruhama, the Law Society, Dublin Rape Crisis Centre, the National Women's Council of Ireland, AkidWa and Pavee Point.

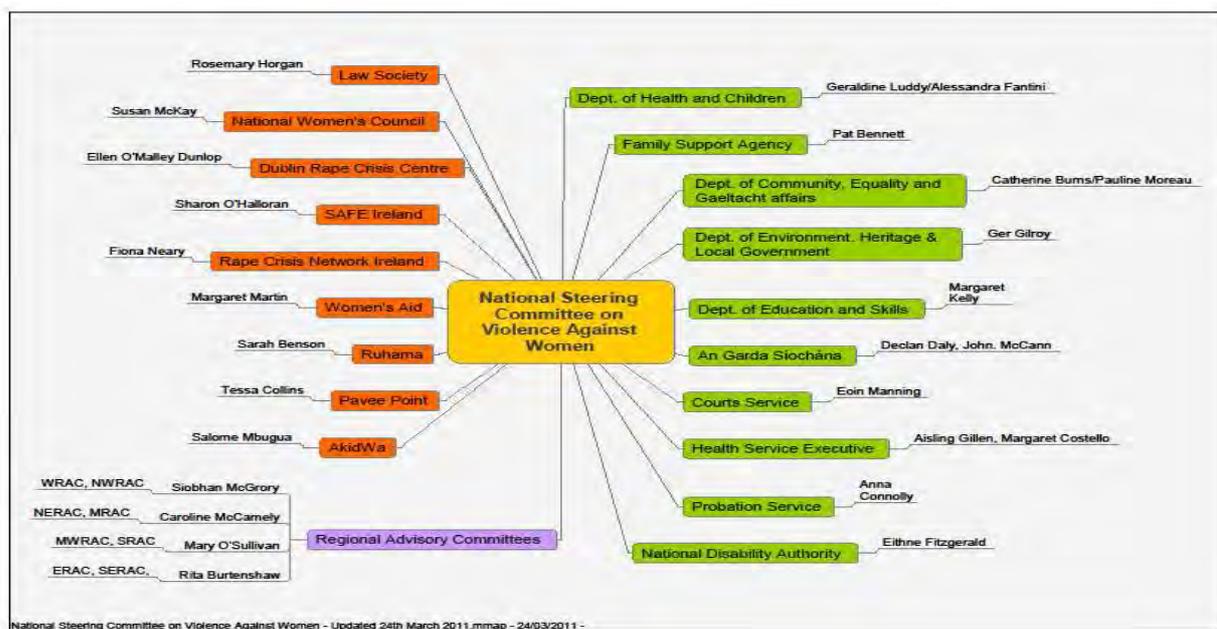
With the agreement of the NSC, Cosc reviewed the remit and functioning of the NSC in early 2008 in order to put in place a better structure for working in partnership. The new remit of the NSC is to:

- advise on the development and implementation of policies and guidelines for action on domestic and sexual violence against women including those concerning services and supports, perpetrators, and State intervention;
- advise on research to be undertaken and needs assessments nationally;
- assist Cosc in the promotion of interagency co-operation and sharing of information;
- assist and advise Cosc in the development of codes of practice for collecting statistics and monitoring responses;
- assist and advise Cosc in promoting public awareness about the issues involved in violence against women;
- assist and advise Cosc in identification of legal issues affecting the prevention of, and action responding to, violence against women;
- share information on international developments in relation to the issue of violence against women.

The Task Force also recommended in their report that Regional Planning Committees be established in each of the eight former health board regions to draw together the services available to women in each of these regions in order to consolidate an approach to the treatment of victims of violence. In 2009 the HSE in conjunction with Cosc restructured the 8 Regional Planning Committees (RPC) into 8 Regional Advisory Committees (RACs). These



committees are supported by the HSE to focus strategically on the services and needs in their regions as proposed by the 1997 Task Force Report . The RACs feed information to and from their regions and local area networks into the NSC and Cosc. An independent chair has been appointed to each RAC and all Chairs attend meetings of the NSC. The NSC also oversees two sub committees - The Legal Issues Sub Committee and the Public Awareness Sub Committee. The work plan for these committees is agreed with the NSC and their Chairs attend the NSC meetings as requested and report to the Committee.



National Domestic Violence Intervention Agency

In 2003 a National Domestic Violence Intervention Agency was set up on a pilot basis in an area of Dublin. Its remit and aim was to coordinate the activities of all statutory and voluntary agencies, including the Gardai and the Courts. However, Government funding was cut in 2008, and the agency was closed down.

In 2007, a new agency – The National Office for the Prevention of Domestic, Sexual and Gender-based Violence (now known as COSC) - was set up, within the Department of Justice, without discussion with any of the agencies working with abused women. This agency takes a gender neutral approach to Domestic Violence.



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COSC

Cosc is the National **Office for the Prevention of Domestic, Sexual and Gender-based Violence**. Cosc is an Irish word and means "to stop" or "to prevent". Following a Government Decision, Cosc was established in June 2007 with the key responsibility to ensure the delivery of a well coordinated "whole of Government" response to domestic, sexual and gender-based violence. The work of Cosc covers issues relating to domestic and sexual violence against women and men, including older people in the community.

The office is an executive office of the Department of Justice and Equality. It is situated within the Department, but has been given a remit to address domestic, sexual and gender-based violence from a cross-government perspective rather than solely from that of the justice sector. Cosc's role covers co-ordination across the justice, health, housing, education, family support and community sectors. This work includes close interaction with non-governmental organizations (NGOs) supported by Government funds.

Cosc carries out its functions principally through interaction with interested and relevant organizations either on a one-to-one basis or through a small number of committees. The office strives to ensure a partnership approach working in a structure which minimises the number of committees. Cosc drives the follow-up action arising from these discussions with a view to improving co-ordination of preventative and responsive action.

The current primary function of Cosc is to drive the implementation of the first National Strategy on Domestic Sexual and Gender-based Violence 2010-2014

National Strategy on Domestic, Sexual and Gender-based Violence

One of Cosc's primary tasks has been the development of a National Strategy on Domestic, Sexual and Gender-based violence. The Strategy was approved by the Government on 9th February 2010 and Cosc will now focus on ensuring its implementation. The strategy sets out the general vision and objectives and actions to tackle these crimes. The overall aim of this work is to reduce the prevalence of the crimes and to ensure that the system of prevention and response functions effectively in a coordinated manner increasing the understanding of the general public and professional services, supporting victims and ensuring the accountability of offenders.



The actions required to tackle domestic and sexual violence primarily cut across the justice sector, the health sector, the education sector, the housing sector and the non-governmental sector. Progress must be made in the context of a common vision to ensure that those affected receive the benefit of a holistic service.

There are many issues to be tackled to achieve the vision, as well as many options regarding the content of the strategy. Cosc's approach is to encourage policy and service development based on solid evidence and evaluated results to ensure best public value and best outcomes for all effected by domestic and sexual violence.

Cosc's Strategic Priorities 2010-2014

Strategic Priority 1: Implementation of the National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014

Actions

- Monitor, drive and review the implementation of the National Strategy.
- Facilitate resolution of barriers to implementation of the National Strategy.

Strategic Priority 2: Enhance co-ordination of policies and services on domestic, sexual and gender-based violence.

Actions

- Strengthen, facilitate and support the structures for interagency collaboration work.
- Lead and drive effective follow-up work to enhance co-ordination in order to ensure effective preventative and response actions.
- Ensure that domestic, sexual and gender-based violence is acknowledged in Government Strategies.
- Facilitate and encourage the sharing of information on policies, procedures and guidelines etc.
- Represent Ireland at international fora (EU, Council of Europe etc.) for exchange of information and enhancement of policies.

Strategic Priority 3: Provide a foundation for effective strategies to address domestic, sexual and gender-based violence based on sound empirical evidence.



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Actions

- Work with stakeholders to identify research projects to support the development of evidence-based policies and strategies.
- Develop and implement an annual Co-ordinated Research Programme.
- Monitor and review implementation of the programme.
- Lead and drive the collation and analysis of high level data to assist the identification of trends in the incidence and prevalence of domestic, sexual and gender-based violence to inform policy and practice development.
- Develop relationships with research units in other organisations to ensure maximum co-ordination on research and policy development.
- Propose legislative and policy change on the basis of robust legal submissions.

Strategic Priority 4: Development and implementation of strategically-based actions which work with perpetrators of domestic and sexual violence.

Actions

- Strengthen Domestic Violence Perpetration programmes to ensure greater effectiveness.
- Fund domestic violence perpetrator intervention programmes and monitor the governance of the programmes on an ongoing basis.
- Facilitate the development and implementation of risk management arrangements for high-risk domestic violence perpetrators.
- Support and encourage the delivery of National Strategy actions to manage risks posed by sexual and domestic violence perpetrators.
- Support and encourage the delivery of National Strategy actions to deal with sexual violence perpetrators.

Strategic Priority 5: Increase awareness of the nature and extent of domestic, sexual and gender-based violence, as well as of the services available to those experiencing this violence.

Actions:

- Develop an annual Cosc communications plan.



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- Monitor, implement and review the plan.
- Support and encourage effective and collaborative awareness raising campaigns.
- Support awareness-raising activities of NGOs and evaluate the effectiveness of the Cosc Grant Scheme.

PREVENTION:

Cosc works in collaboration with voluntary bodies such as Women's Aid to fund public awareness campaigns on DV at a National level. It has also funded a campaign supporting violence against men in intimate relationships. It is also involved in a 'mapping' exercise to provide an overview of all the services for abused women and men in the State. It is also developing a Second and Third level strategy to educate young people on the issues of domestic abuse.

PROTECTION:

The legislation outlined above helps provide protection for both women and men victims of DV. All social work staff receive training on the dynamics and effects of Domestic Violence during their training programmes. Some Nursing courses provide one or two hours lectures for future nurses who may encounter such abuse in their work. The Royal College of Physicians in Ireland have developed a training manual for General Practitioners to help them to recognize and support abused women (Kenny, 2009). Women's Aid are currently involved in training the nursing, medical and social work staff of all the Maternity Hospitals in Dublin to assist them in introduction screening programmes for all women attending these hospitals. This programme may be extended into other maternity hospitals across the country.

JUSTICE AND RETRIBUTION

The statistics outlined in the previous section are the only statistics available from the Legal and Police system at present. As mentioned above, there are serious gaps in the cooperation between agencies particularly in relation to perpetrator programmes. There is little analysis of the impact of these programmes and no connection between the Court system and these programmes. In 2008, Thangam Debonnaire carried out an analysis of the Irish Perpetrator Programmes. At that time there were 12 working programmes, some with funding from the Department of Justice, Equality and Law Reform, but all highly dependent on voluntary work. While there are accreditation standards for these programmes in the UK, there are no



accreditation standards or unified approaches in the Irish system. While all the programmes assessed stated that women's safety was their priority, there were varying levels of contact with these partners, and little contact with Women's Groups working with abused women. She also pointed out that not all the facilitators of these groups had a good understanding of domestic violence, and there were not sufficient skills for risk assessment. However this analysis did not contribute to any development or enhancement of the Irish perpetrator programmes. This is an area which requires serious review and planning to upskill the coordinators, include mandated attendance, and sanctions for those who either do not attend or continue to abuse while on or after the programme.

COOPERATION BETWEEN STATE AND VOLUNTARY SECTOR

There is considerable cooperation between voluntary agencies and some State agencies. Medical social workers in hospitals will refer women to a specialist DV agency such as Women's Aid, or a refuge. As Holt (2003) however notes, the emphasis in Child Protection Services (provided by the Health Service Executive at present), is on the protection of children, and the impact of Domestic Violence appears to be sidelined or ignored. In an analysis of child protection case files in an Irish Community Care setting (Ferguson and O'Reilly, 2001:30), a remarkably high figure of 55 out of 74 cases (74%) cited domestic violence as either the only problem, or one amongst other problems. Yet despite these findings, there are only patchy relationships between DV services and these Child Protection services. This is an issue that is common to other jurisdictions, such as the UK. At National level, representatives of Voluntary and State services are members of the National Steering Committee on Violence Against Women (as discussed above).

There is developing cooperation between COSC and Voluntary agencies.

Most Voluntary agencies however are **primarily funded** by a range of State agencies. The Health Service Executive, the Family Resource Agency, and various Government Departments fund these services. However, recent budgetary difficulties may create difficulties in the level of funding remaining at the same level.

In Dublin, the Housing Authority is working closely with voluntary agencies that provide transitional housing for abused women who have left their relationships. It is hoped that such women will be provided with public housing, even if they have a share in their former family



home. This is a derogation from normal housing policy, but is an example of the development of better links with State agencies.

COSTS OF DOMESTIC VIOLENCE

There are no figures available regarding the costs of Domestic Violence in Ireland. These costs are part of the overall health, legal and social work services and are not enumerated separately.

DOCUMENTATION

Documentation varies from agency to agency. In hospital Emergency Departments, documentation of the injuries will be recorded, and these can be used for legal purposes. Some hospitals may photograph injuries, but this would be a very small minority. Social Work files in general hospitals, Mental Health services, the Probation Service, HSE Child Protection files and data on clients in Voluntary agencies are all confidential and cannot be accessed without ethical permission from each of these agencies. Where necessary and with the permission of the client, these documents may also be used in Court proceedings.

As no analysis has been carried out re. these files, it is not possible to say where the gaps exist, or how they can be rectified.

Non Governmental Institutions:

There are a range of Non Governmental Institutions that deal with abused women and men in Ireland.

WOMEN'S AID

Women's Aid is the leading national organization which has been working to address the issue of domestic violence in Ireland for more than 35 years. In this time, the organization has built up a huge body of experience and expertise on the issue, enabling them to best support women and share this knowledge with other agencies responding to women experiencing domestic violence.

Women's Aid provides a range of services for Abused Women:

- They operate the National Freephone Helpline 1800 341 900 (10am to 10pm, 7 days a week except Christmas Day)



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- They provide one to one support in six locations throughout Dublin including Cabra, Coolock, Swords, Dublin City Centre, Amiens and Ballymun.
- They provide a court accompaniment service in the Greater Dublin Area.
- They refer women to local domestic violence support services and refuges.

All of their services are **free**, and provide confidential support to women and their children who are experiencing violence and abuse.

All of the above services to women operate from and are underpinned by the following principles:

- Complete confidentiality.¹
- Maximizing women's safety at all times.
- Understanding the trauma of violence and supporting women's increasing autonomy while recognizing the woman as expert in her own situation.
- Being informed and knowledgeable about the rights, entitlements and options for women and ensuring referral is appropriate and responsible.
- Advocating for women's rights.
- Addressing additional barriers and discriminations that women experience.
- Being committed to ensuring justice for the victim and accountability and sanctions against violent men.
- Recognizing the best form of child protection in domestic violence situations is woman protection.
- Supporting women to move from crisis to safety and independence.
- Ongoing commitment to action for political and institutional change.
- Encompassing key feminist principles within the philosophy and ethos of the organization.

Women's Aid also:

- Trains students at the Garda Training College.
- Provides specialized training to assist a wide range of agencies in providing appropriate services to women experiencing domestic violence including: nurses, social workers, doctors, mental health workers, family support workers, community care workers, and mixed professionals working with adults and children out of home.



- Is Specialist Support Agency on Violence against Women to Community Development Projects and Family Resource Centers nationwide, providing training and information to over 300 community groups.
- Is represented at policy level in both national and local fora such as the National Steering Committee (NSC) on Violence against Women, the Legal Issues and the Public Awareness Sub-committees of the NSC, the Irish Observatory on Violence against Women, the Women's Human Rights Alliance, the Legal Aid Board External Consultative Panel and the Courts Service Users Panel.
- Works to raise awareness of the complexity and devastating consequences of domestic violence through a variety of means from media activity, provision of information, collation of statistics, and campaigns such as the 16 Days of Action Opposing Violence against Women.
- Conducts research in the area of domestic violence and seek to influence legislative change to improve state responses to women experiencing domestic violence.

¹ *Women's Aid has a policy in line with the Children First Guidelines which callers and clients are made aware of if disclosing child abuse.*

Policy & Research

Women's Aid aims to keep the issue of violence against women on the political agenda.

We provide relevant information and recommendations to government and other relevant agencies on the nature and prevalence of domestic violence, the barriers faced by women experiencing domestic violence, the inadequacies of existing legislation/systems, and information on how to improve system responses to women.

In the past, Women's Aid has successfully lobbied for the introduction of the domestic violence legislation, for the establishment of the Government Taskforce on Violence against Women, and for increasing funding for domestic violence frontline services.

They continue to lobby for the improvement of the Domestic Violence Act, for the implementation of recommendations made in our research on improving the criminal justice system response to domestic violence, for progressing issues of custody and access in the context of domestic violence, and for better response to the needs of marginalized women experiencing domestic violence.



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Women's Aid also prepares submissions to various government bodies, policy and law makers including COSC, An Garda Síochána, and the Health Service Executive. This work aims to build political will and provide relevant information and recommendations on how to better address crimes of violence against women, provide appropriate services, and protect women and their families. (Adapted from Women's Aid Website, www.womensaid.ie).

SAFE IRELAND

Safe Ireland is a national network of 41 organizations which work to support abused women and their children.

The Network and its membership strive for the creation of a society that accepts its responsibility for the eradication of all forms of violence against women and their children. It seeks to bring about social change that will have positive and meaningful impacts on the lives of all women and children, especially those experiencing domestic violence.

The values and beliefs, which inform the work of SAFE IRELAND, are:

- the understanding that violence against women is underpinned and sustained by gender inequality
- commitment to striving for real and profound change towards a society that embodies respect for human dignity and equality and which challenges the discrimination and inequalities experienced by women
- commitment to building learning organisations that promote collective and democratic structures and that strives to create infrastructure and working relationships which model positive uses of power
- the belief and trust that by drawing on the experience, wisdom and power of women and their children and by working collaboratively we can make a difference.

The two integral parts of SAFE IRELAND's service to its members are support and representation.

Through support of its members SAFE IRELAND delivers:



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- research on best practice
- fora to discuss and develop solutions for issues which are of concern to members
- the scale to undertake projects which would not be feasible for members to undertake alone
- mentoring
- Network Knowledge (e.g. the sharing of experience across the Network)

Through representation of its members SAFE IRELAND delivers:

- a voice to both its members and women and children experiencing domestic violence on national and international committees
- input into legislation and social policy that govern and administer social standards which affect women and children experiencing domestic violence
- public exposure at a national level

The two elements of the service are intrinsically linked, each facet of the service developing through the outputs of the other. (E.g. a member's discussion forum may lead to the Network representing its members on another national committee or the outcome of a national committee meeting may add to the Network's database of knowledge). (Adapted from the Safe Ireland website, www.safeireland.ie)

EXCHANGE HOUSE

Irish Travellers are a minority ethnic group, mostly existing in Ireland but with communities across the United Kingdom and further afield. In the Republic of Ireland, it is estimated there are more than 36,000 Travellers, which would make them just slightly more than 1% of the population of the country. Exchange House is a multi-disciplinary service provider offering Family Support, Youth Services, Addiction Services and Education Services to members of the Traveller community in the Dublin area. They also deliver a national service through training, provision of expertise and partnerships with other organisations providing services to Travellers in Ireland.

Exchange House National Travellers Service is the largest Traveller specific front line service provider in the country. It provides a large range of services, including social work and



family support, One to One counselling, Parent Plus Programmes and Housing and Accommodation Advice and Support. It also provides an Addiction Service, an AA Programme and a Domestic Violence Support Programme. It provides a range of Educational programmes, including a FAS Training Initiative and Community Employment Scheme. T provides a FETAC Levels 1-5 programmes, and has received a National Education Achievement Award for its work in this area. It is also involved in EU Initiatives. It also runs a Youth Service, including a Stay-in –School Programme, and After School Projects, including a library, computer access and engaging parents in Children’s Education. There are also a number of outreach services, including Youth Arts, Sports, Addiction Awareness and Social and Political Education, as well as Summer Projects. (Adapted from Exchange House Website, www.exchangehouse.ie).

Pavee Point

Pavee Point is a voluntary, or non-governmental, organisation committed to the attainment of human rights for Irish Travellers. The group is comprised of Travellers and members of the majority population working together in partnership to address the needs of Travellers as a minority group experiencing exclusion and marginalisation.

The aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers, through working for social justice, solidarity, socio-economic development and human rights.

An ethnic minority group is a group of people who identify with one another and share values, customs and traditions, often a common language, and a common ancestry. Travellers fit this definition very well:

Most Travellers are strongly religious, and in Ireland, most Travellers are Roman Catholics. The family is very important to Travellers, and Travellers think about family as including the ‘extended family’.

Not all Travellers are nomadic, meaning they don’t all move around the country. For various reasons, including government policy which discouraged Travellers from nomadism, and local authority policies which encouraged Travellers to move into standard council housing, the majority of Travellers in Ireland live in static accommodation.



Traveller Health, A National Strategy 2002-2005 states *“While the situation for all women who have to leave their home in search of a violence-free life is difficult, Traveller women experience additional dilemmas which make it more difficult for them to access help and support and explore their options. This is brought about by a combination of discrimination in services and professions (institutional and individual) and a lack of culturally appropriate provision*

The Sexual Abuse and Violence in Ireland (SAVI) Report, 2002, states: *“In order to achieve more culturally appropriate services (for Traveller women), the provision of training to increase both awareness and skills amongst service providers is needed. This should include awareness-raising regarding racist attitudes.”*

The Pavee Point Violence Against Women programme aims to raise awareness of and help tackle the issue of Violence against Women. The strategy, developed through 2005 to 2007, is essentially still in force today.

The programme will promote awareness and provide training on the issues of sexism and VAW with Traveller women, Traveller groups, service providers and the wider community based on feminist, anti -racist and human rights principles. (Adapted from Pavee Point Website: www.paveepoint.ie)

AKIDWA

AkiDwA as an organization emerged from regular meetings held amongst fellow migrant women, from 1999 to 2001, convened by Salome Mbugua, a Kenyan migrant woman who had arrived in Ireland in 1994. The first meeting was held in city centre Dublin, in Temple Bar, in 1999. In 2001, through the support of the Catherine McAuley Centre, Salome mobilized a group of African women to come together to share their experiences of living in Ireland. What emerged from this meeting were feelings of exclusion, isolation, racial abuse and discrimination, issues related to gender based violence were also raised. AkiDwA sought and obtained funding from the Combat Poverty Agency in 2002 to carry out a pilot needs assessment with African women living in Ireland. The survey elicited over two hundred female participants from seventeen counties.



The organization is a national network of migrant women and has members from 36 countries of origin. **AkiDwa** is a member of the European Network of Migrant Women and is also a member of the Black European Women's Council. The organization has links and networks with organizations and institutions in Europe, Africa and the United States.

AkiDwa Programme Objectives :

Gender Based Violence: AkiDwa's gender based violence (GBV) programme focuses on female genital mutilation, domestic violence and sexual violence. AkiDwa works to improve delivery of culturally appropriate support services for GBV related issues, provides guidance and training to migrant women experiencing domestic violence and women with medical concerns related to genital mutilation. AkiDwa advocates for legislation to prohibit female genital mutilation in Ireland, including the principle of extraterritoriality.

Employment: AkiDwa's employment programme focuses on migrant women's access to the labour market, recognition of skills, education and work experience from abroad and the impact of the current recession on migrant women and families. The attainment of economic independence is crucial for women, especially for migrant women experiencing domestic violence so that they can make decisions based on safety and not poverty.

Gender Based Discrimination: AkiDwa's gender based discrimination programme advocates for the equality of treatment and engagement for migrant women through legislation, policy and practice reform and through awareness raising training and promoting balanced public debate. AkiDwa's policy work aims to progress equal access to rights, services and economic opportunities and monitors safety and protection issues, in particular within State systems, lobbying for necessary reforms. AkiDwa supports the strengthening of women's voice in civic and political structures.

AkiDwa's long term legacy outcome is that the rights of African and migrant woman living in Ireland will be respected and protected.

"We are working together in solidarity, building an integrated society, one in which all people are valued, treated with respect and dignity, and enjoy equal opportunities and protections." Salome Mbugua, Director, AkiDwa

Gender Based Violence



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Gender-Based Violence (GBV): The organization is a respected authority in gender-based violence (GBV) work for migrant women in Ireland. GBV work covers a broad area and AkiDwA focuses on Female Genital Mutilation (FGM) and domestic violence. AkiDwA works to improve delivery of support services for GBV related issues and provides guidance and training to migrant women experiencing domestic violence.

Understanding Gender-Based Violence: An African Perspective. This research was undertaken in response to the changing client profile attending gender-based violence service providers in Ireland and to address the needs identified by women contacting AkiDwA in relation to gender-based violence issues, including female genital mutilation and domestic violence. A summary booklet was developed to offer concise and helpful information to service providers working in this area.

3. DV SOCIO CULTURAL LEVEL

Irish Prevalence Studies

To date there have been only two national prevalence studies on domestic violence carried out in Ireland. The first of these *Making the Links* (Kelleher and Associates, 1995) was commissioned by Women's Aid. The study, which randomly selected 1,483 women (aged 18 years or over) nationwide, of whom 679 (46%) responded, found that 18% of women who had ever been in an intimate relationship with a man, had experienced abuse of either a physical, sexual or emotional nature. 13% experienced emotional abuse, 10% had experienced actual physical abuse, 9% threats of such abuse, while 4% reported sexual abuse and assault, and 2% had their property damaged. The study also included an area-based survey in North Dublin, in which they distributed confidential questionnaires to women attending six General Practitioners' surgeries, of which 240 were completed. In this smaller sample, 36% of those who had ever been in an intimate relationship had experienced violence of a physical or emotional nature.

The second and most recent prevalence study, *Domestic Abuse of Women and Men in Ireland* (Watson and Parsons, 2005), was commissioned by the National Crime Council and carried out by the Economic and Social Research Institute. In response to recent academic and other commentary regarding the abuse of men within intimate relationships (Steinmetz, 1977/8; Straus et al, 1980; Straus and Gelles, 1990; McKeown and Kidd, 2003, Archer, 2000) this 2005 study set out to be gender neutral in its sampling and analysis, surveying both men



and women on their experiences of abuse within an intimate relationship. A nationally representative sample of 3,077 men and women were surveyed by telephone about their lifetime victimization experiences in relation to intimate partner violence. Respondents were asked if they had been subjected to specific acts of physical, sexual or emotional abuse, how frequently the acts had occurred and the physical and/or psychological impact of these acts. The analysis distinguishes between minor and severe abuse defining the latter as “a pattern of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant consequences for the person affected” (p.23). When looking at the prevalence of either severe or minor incidents of any form of abuse, 29% of the women and 26% of the men had experienced some form of abuse (at some point in their lives). Combining the figures for physical abuse alone, of both a minor and severe nature, 13% of women and men had experienced either minor or severe abuse.

Using the definition of severe abuse alone, the study found a **15% lifetime prevalence of severe intimate partner abuse for women and 6% for men**: 1 woman in 11 had experienced severe physical abuse, 1 in 12 severe sexual abuse, 1 in 13 severe emotional abuse. This figure of 15% is somewhat lower than the 18% found in *Making the Links* (Kelleher and Associates, 1995), and is considerably lower than figures cited for other Western countries. It is not possible to say with certainty whether there is a genuinely lower risk of being severely abused in Ireland, or whether the nature of the definition used to delimit this category has resulted in more restricted findings.

The study also identified a number of factors which increased the risk of experiencing domestic abuse (p.24/25):

- Being female: (Women were over twice as likely to experience severe sexual abuse, and seven times more likely to experience sexual abuse)
- Being young: (For women the risk of experiencing abuse declined 15% every 10 years)
- Having parents who were abusive to each other: (For both women and men, this doubled the risk of being abused)
- Not being allowed to make decisions about money in the relationship: (the risk of severe abuse increased sevenfold for women whose partners controlled the decision making about money)
- Having children: (The risk increased threefold for women who had ever had children)



- Being isolated from family and neighbourhood support: (The risks increased by 27% for those living in an urban rather than a rural area, and by 75% for those born outside Ireland)

Local/Specialised Studies

Smaller or more focused studies have provided data on the prevalence of intimate partner violence within specific populations. Bradley et al's (2002) study of 1,871 women attending their General Practitioners, found that 39% of women who had ever been in an intimate relationship reported at least one experience of abusive and controlling behaviour by a partner. This figure reflects closely the 36% found by *Making the Links* (Kelleher and Associates, 1995) in its local area study which was also carried out with GP patients. The St. James' Hospital Study (Cronin and O'Connor, 1993) found that during one year, 81 women attending the A&E Department disclosed abuse by a male partner or family member. 84% of these cases of abuse had been perpetrated by a male partner. Most recently, Buckley et al (2006) explored the effects of abuse on children in their study in the west of Ireland.

More Recent Statistics:

- In 2009, there were over 14,000 incidents of domestic violence disclosed to the Women's Aid National Freephone Helpline. There were 8,629 incidents of emotional abuse, 3,479 incidents of physical abuse and 1,679 incidents of financial abuse disclosed. In the same year, 826 incidents of sexual abuse were disclosed to Helpline support workers including 335 incidents of rape. The Women's Aid National Helpline responded to 10,076 calls in 2009. (Women's Aid National Freephone Helpline and Support Services Statistics Report 2009)
- In 2009, the Women's Aid One to One Support Service provided 452 one to one support visits, accommodated 134 court accompaniments and gave further telephone support to, and advocacy for, women on 952 occasions throughout the year. (Women's Aid National Freephone Helpline and Support Services Statistics Report 2009)
- In a one-day survey on 4th November 2009, 368 women and 291 children were accommodated and/or received support from a domestic violence service; 184 helpline calls were received from women; 11 women and 16 children were admitted to refuge while 6 women could not be accommodated due to lack of space. (Safe



Ireland 2010, 'On the 4th November 2009' A National One Day Count of Women and Children Accessing SAFE IRELAND Domestic Violence Services.)

Domestic violence and female homicide

- Since 1996 there have been 168 women murdered in the Republic of Ireland. 103 women (61%) were killed in their own homes. (Women's Aid Female Homicide Media Watch, December 2010)
- In the resolved cases 65 women (51%) were murdered by a partner or ex-partner. (Women's Aid Female Homicide Media Watch, December 2010)
- Another 46 women were killed by someone they knew (e.g. brother, son, neighbour). Thus, a total of 111 women (88%) were killed by someone known to them. In all of the resolved cases, 99% of perpetrators were male and 1% was female. (Women's Aid Female Homicide Media Watch, December 2010)

Sexual violence

- Almost one quarter (23.6%) of perpetrators of sexual violence against women were intimate partners or ex-partners. ('The Savi Report: Sexual Abuse and Violence in Ireland; A National Study of Irish Experiences, Beliefs and Attitudes Concerning Sexual Violence', 2002)
- 4 out of 10 women who had been involved in sexual relationship with a man experience violence ('Reported frequency of domestic violence; cross sectional survey of women attending general practice', Bradley, F. et al. 2002)
- 14,289 calls were made to the Dublin Rape Crisis Centre in 2009. 82% of callers were female and 18% of callers were male. 15% of those who attended the Counselling and Psychotherapy Service in 2009 had been raped or sexually assaulted by a husband or boyfriend. (Rape Crisis Centre Statistics, 2009).

Economical:

According to the Watson and Parson's study (2005), the risk of abuse for women (both life time and previous five years) tends to be highest for those in the lowest income category (i.e. under €16,000 a year). The relationship with income however is not linear: the risk of lifetime experience of abuse is lowest for the second highest income category (€47,000-68,000) and quite high for the highest income category over €68,000 per year). The pattern



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for men is different. The risk is lowest for the bottom household income category (income under €16,000 per year) and highest for the second lowest household income category (€16,000-€22,500 per year).

Social

Women who live in towns have a substantially higher risk of lifetime abuse (20%) and previous five year abuse (12%) than women living in cities (16% and 8%) or in villages or rural areas (9-1% and 1-4%). The differences for size for men are much smaller, but they do show a somewhat lower risk for men in villages and rural areas compared to towns and cities (Watson and Parsons, 2005).

There is a decline in risk of severe abuse with age for both women and men. In the case of lifetime experience, the youngest age group for men (age under 30) are at a somewhat lower risk than the 30-39 age group (Watson and Parsons, 2005).

Those who are separated or divorced are by far more likely to have experienced severe abuse, with a figure of 60% for women and 30% for men. The risk of ever having experienced abuse is appreciably higher for women who have children and slightly higher for men who have children. The risk of abuse is higher for women who are single or have never married or who are separated/divorced than for married or widowed women who have never had children (Watson and Parsons, 2005).

Educational

Women with primary or lower secondary education are at higher risk of severe abuse over their lifetimes than women with higher levels of education, but the differences are small in magnitude. When the figures for the previous five years are examined, women with upper secondary and third level education tend to be at a somewhat higher risk than those with post Leaving Certificate or lower levels of education. Men with primary education are at a lower risk of having experienced severe abuse than those with higher levels of education (Watson and Parsons, 2005).

Political

There are no recorded links between political affiliation and risk of domestic abuse in Ireland.

Cultural



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In a study conducted by COSC in 2008, the following attitudes were found:

There is little evidence pointing to significant changes in many attitudes to domestic abuse over the last ten years. The survey provides a baseline for understanding public attitudes to domestic abuse in Ireland.

A large majority of the Irish population exhibit high levels of awareness of the problem of domestic abuse. People perceive domestic abuse against women to be a common and increasing problem and have a broad definition of what constitutes domestic abuse.

Domestic abuse is perceived to be more common among women and the consequences are perceived to be more severe for women than men. The findings support the view that the Irish population regards domestic abuse to be unacceptable.

People feel responsible and are willing to intervene if they witness domestic abuse. However if the victim is somebody outside the family milieu, such as a neighbour that they don't know well, people are reluctant to become involved. Not wanting to interfere in other people's business and the concern or fear of making things even worse are the main reasons given for not intervening.

CHILD ABUSE:

The responsibility for the Protection of Children in Ireland is delegated to the Health Service Executive, and this work is carried out by the social workers employed by the HSE, with the support of the Garda Síochána.

The Child Care Act, 1991, which has as its basic tenet that the welfare of the child is the paramount consideration, focuses on the child and the promotion of the child's welfare and places a specific duty on the Health Service Executive to identify children who are not receiving adequate care and protection. The Act provides two distinct pathways for these children one of which is through a HSE welfare route which emphasises a care and protection approach.

Children First, National Guidelines for the Protection and Welfare of Children, published in 1999, emphasises that the welfare of children is of paramount importance. The Guidelines are intended to assist in the identification and reporting of child abuse and to



clarify and promote mutual understanding among statutory and voluntary organisations regarding the contributions of different disciplines and professions to child protection.

Compliance with Children First Guidelines in the HSE

The Children First National Guidelines are intended to assist people in identifying and reporting child abuse. They aim, in particular, to clarify and promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection. They emphasise that the needs of children and families must be at the centre of child care and child protection activity and that a partnership approach must inform the delivery of services. They also highlight the importance of consistency between policies and procedures across the HSE and other statutory and voluntary organisations. They emphasise in particular that the welfare of children is of paramount importance. The Children First National Guidelines are intended to provide a framework for inter-agency and multi professional work practices. They are based on specific principles and responsibilities in order to ensure that the needs of children who are abused or at risk of abuse are adequately addressed. Implementation of Children First is essential for agencies, organisations and individuals who work with or care for children, particularly for the HSE

Table 2: Number of Reports received by Social Work Department by category

	2006	2007	2008
Welfare	11,579	12,715	12,932
Physical Abuse	1,891	2,152	2,399
Sexual Abuse	2,150	2,306	2,379
Emotional Abuse	1,814	1,981	2,192
Neglect	3,606	4,114	4,766
Total	21,040	23,268	24,668

There has been an overall rise in reports to social work departments from 23,268 in 2007 to 24,668 in 2008, an increase of 6.02%. This breaks down into Child Abuse



Reported Cases to Social Work Department which has risen from 10,553 in 2007 to 11,736 in 2008, an increase of 11.21% and Child Welfare Reported Cases to Social Work Department, which has risen from 12,715 in 2007 to 12,932 in 2008, an increase of 1.71%.

However, children cannot be removed involuntarily from the care of their parents without a Court Order. The following orders were granted in 2008 and 2009:

Table 3: Orders Granted by the Courts 2008-2009

Orders Granted	2009	2008
Supervision Orders Granted	627	804
Care Orders Granted	941	1,044

(Courts Service: www.courtsservice.ie)

The figures for all children in care for the years 2006-2008 are as follows:

Table 4: Total number of children in care by care type and by year

Type of Care	2006	2007	2008
Residential Care - General	351	337	328
Residential Care – Special Care	16	21	30
Residential Care – High Support	41	30	23
Residential Care – High Support	41	30	23
Foster Care – Relative	1,482	1,552	1581
Foster Care - Special	40	31	27
Pre-Adoptive Placements	36	26	24
At Home under Care Order	44	41	38
Other	164	128	172
Total	5,247	5,307	5,347

As can be seen from this Table, there has been a slight increase in the numbers of children in any form of State Care between 2006 and 2008.

Separated Children

The H.S.E. provides a social work and placement service for separated children presenting from Non-E.U. countries. This service is commonly referred to as the service for separated children seeking asylum (S.C.S.A). This service operates under the auspices of the Dublin Mid- Leinster region. The vast majority of separated children presenting in the state are dealt with by this service.

Table 5: Clients in Drug Treatment on September 2008:

Age Range	0-15	16-19	20-24	25-29	30-35	36-39	40-44	45+	Total
Number in treatment	0	42	494	1,924	2,661	1,723	891	787	8,522

(Adapted from:

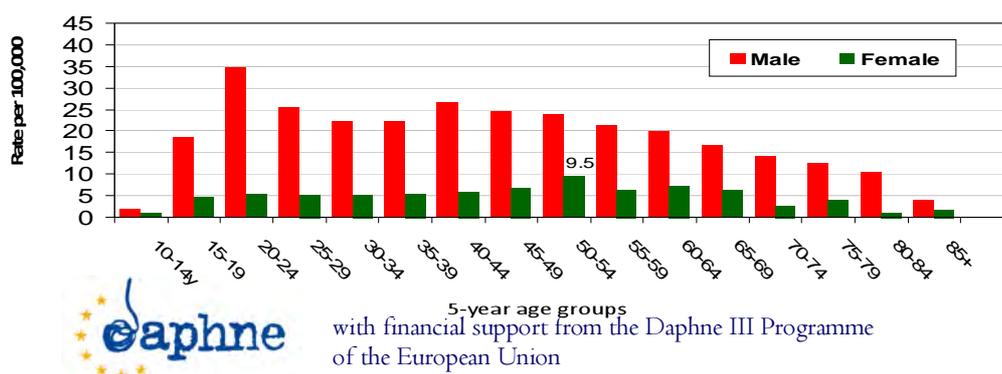
<http://www.hse.ie/eng/services/Publications/services/Children/Review%20of%20Adequacy%202008.pdf>)

There are no figures for the overlap of child abuse and domestic violence.

SUICIDE IN IRELAND

The suicide rate in Ireland is the sixth lowest in Europe at 9.2 per 100,000. (WHO Data). The rate for those aged between 15 and 24 years is however the fourth highest in the EU at 14.4 per 100,000. (HSE Data). The overall suicide rate for Ireland in from 2003 to 2007 is given in the table below

Table 6: Average annual suicide rate by age and gender, 2003-2007



ELDER ABUSE

In 2009, there were 1,870 referrals made to the Health Service Executive's Elder Abuse Service which is consistent with the referral rate for 2008. Comparison of referral rates/1000 population over 65 years indicates that the rate in Dublin North East is twice that of Dublin Mid Leinster, despite the fact that there are lower numbers of individuals over 65 years in DNE. Consistent with the statistics from 2008, the Public Health Nurse (PHN) is the main source of referral with hospital, HSE staff and family being the other major sources.

Comparison by HSE area shows that PHN and family referrals are more common in the South with the proportion from hospital and HSE staff greater in all other areas. In HSE West, 10% of cases were referred from 'other', most notably local authorities and friends.

In many abuse referrals, more than one type of abuse category is alleged. Of the 1,435 cases referred to the HSE in 2009, 2,076 abuse categories were identified. Psychological, financial, neglect and physical abuse remain the most common abuse types. Financial abuse has clearly emerged as a growing concern for cases being referred into the service. As was the case in 2008, the gender breakdown is consistent in all areas, with more females referred. The breakdown by age category shows that 45% of referrals are in the over 80 years category.

Multiple response analysis of the total sample indicated that psychological abuse (28%), followed by self-neglect (21%), financial (18%), neglect (17%) and physical (12%) were the most common forms of abuse. In contrast to 2008 data, this indicates a shift in types of alleged abuse reported, with financial abuse overtaking neglect as the third most common abuse type reported. This might reflect increased awareness of financial abuse following the HSE's public awareness campaign in 2008/09 – **Open Your Eyes** – which had a particular focus on financial abuse. Analysis by HSE Area (see Fig 3) indicates differences in reporting patterns for alleged abuse. Relative to other areas, financial abuse was reported more in the West, psychological and physical in DML, self-neglect in the South and DNE.

Age & Gender

Two thirds of all alleged abuse reported related to females with no significant difference at HSE area level. Chi-square analysis using Cramer's V found a significant association ($p < .05$) between gender and alleged abuse type, for example, in cases of alleged sexual abuse the victim was likely to be female by a greater margin (female 85%: male 15%).



Forty five percent of referrals related to individuals 80+ years equating to a rate/1,000 population of 5.48 .

Characteristics of Person Causing Concern

Nationally, 78% of cases suggest just one person causing concern which rises to 92% when considering all cases with one or two alleged perpetrators. This is consistent across all areas. In over half of cases, the alleged abuser and alleged victim are living together. This is higher in cases of alleged physical abuse (72%) and lower in cases of alleged financial abuse (34%). As has been borne out in the international literature, those with the closest relationship to the client pose the greatest risk. Consistent with 2008 findings the predominant alleged perpetrators are son/daughter (46%), other relative (20%) and partner/husband/spouse (18%) .

Substantiated Cases 2009

To date in 2009, 190 cases referred have been found to be substantiated.

The majority of cases n=132 (75%) substantiated just one abuse type with a further 39 cases (22%) substantiating two. In cases where one abuse type was substantiated, psychological n=54; physical n=32; neglect n=20; and financial n=19 were the most documented. Where two abuse categories were confirmed, physical abuse was a component of the two predominant categories physical/psychological n=20 and physical/financial n=11.

In line with 2008 data, abuse type versus substantiation found that, excluding psychological abuse (which is the highest in all categories), physical abuse was more likely to be substantiated, neglect most likely to be not substantiated and financial abuse most likely to be found inconclusive. In relation to financial abuse, there can be difficulties accessing information from financial institutions. (Adapted from www.hse.ie/elderabuse)

Information relating to the economic, social, educational, political and cultural aspects of this abuse is not available.

Information regarding health impacts, levels of depression, substance abuse etc., are not available for Ireland in relation to these forms of abuse.



4. DV. INDIVIDUAL LEVEL.

Types of professionals and their particular roles:

As outlined above, the primary specialised support services available to abused women are provided by voluntary groups. However, all professionals may become involved in working with abused women, depending on their work location. Social Workers who work in General and Mental Health Hospitals become may meet abused women in the course of their work; however, no figures are available for these services. Similarly Social Workers in the Health Service Executive who work with abused and neglected children will also come across such abuse, but again this is not always recorded separately in the case notes. In some areas however, there is greater involvement by the HSE Social Work Staff in the issue of DV. In the HSE Dublin South West Region, a team of social workers have produced their own Guidelines for all staff (Barry et al, 2010). These were drawn up by the social work team, and are available to all HSE staff and other Social Workers in other agencies.

Lawyers, particularly those in the free Legal Aid Service, will represent women who have been abused when they apply for Court Orders. Medical and nursing personnel in General and Mental Health facilities will also come across abused women, particularly those who work in A and E Departments. The Irish Conference of General Practitioners has produced a Tutor Teaching Pack, (Kenny, 2009) to assist GPs working with abused women in their surgeries or other locations. The Gardai (Police Service) will be the most common professionals to interact with abused women and their abusive partners. The Gardai were the first professional group to develop and publish a Strategic Policy on the issue of Domestic Violence. (For the full document see:

<http://www.garda.ie/Documents/User/domestic%20violence%20policy%202023.11.10.pdf>

Individual psychologists may also become involved in providing services for abused women. One such service is a voluntary service called **WOVE** (Women Overcoming Violent Experiences) which is group work run on a voluntary basis by a psychotherapist. **The Women's Therapy Centre** is an individual service is run by psychotherapists, on a 'pay as you can afford' basis. Most of the clients utilizing this service are women who have left abusive relationships. Refuge Services often provide group work and art work for women and children utilizing their services. The Probation Service also works with perpetrators of abuse,



and are often involved in the perpetrators' groups. Help Lines are all run by voluntary organizations, and often involve volunteers and some paid staff.

None of these professionals refer to domestic violence specifically in their codes of practice.

Quality of the provided services:

It is not possible to assess the quality of these services as no assessments have been carried out. However, many women will refer to supportive social workers and unsupportive social workers (Hogan and O'Reilly, 2007). Similarly, women will refer to helpful lawyers, doctors, nurses or Gardai, and also unhelpful members of these professions. Voluntary Services are more likely to carry out reviews of their services, but to date this has not occurred in the public service.

Screening:

As mentioned above, there is as yet no overall screening technique used in Ireland. Women's Aid are currently training Maternity Staff in the Dublin Hospitals to utilize a screening instrument and this instrument is still in development. It is hoped that this may spread to other parts of the country in due course.

The Mental Service of the Western Region of the HSE also uses a Screening Tool, and this is appended as Appendix 1. This Tool is also being reviewed and redeveloped.

Training:

All social workers receive a number of hours of specialised training on Domestic Violence as part of their postgraduate (or undergraduate) training programmes. These hours vary from University to University. However, all social work teaching staff are now in possession of the new **HEVI 2008-2010 Guidebook and Teacher's Handbook**, which act as a resource to support this teaching. The teaching on Domestic Violence varies considerably for other professionals. Some of the Nursing Schools provide an hour's lecture for their nursing and/or midwifery students. There is little teaching also for medical students on this issue. However, for those working in Dublin, many hospitals provide in-service training of an hour or two to their young interns when they take up their first position. This training is carried out by experienced social workers who work in the A and E departments. As mentioned above,



Women's Aid also provides a considerable amount of in-service training for a range of staff, including mental health staff, HSE social workers and maternity staff of all professions.

To date there is no specialized training on DV with marginalized groups, though this is often referred to in the general training.

Women's Aid occasionally organize training in which victims of DV may speak to staff members undergoing training. However this is not frequent.

Barriers and Deficits :

The lack of a unified screening tool for all social work, nursing and medical staff is a major deficit in the provision of services for abused women. The continuing lack of awareness of the overlap of domestic abuse and child abuse is also a continuing concern. As outlined in the overview of AkwiDwa above, there are no specialised services within the mainstream services for abused migrant women, though this organization has carried out research into this aspect of migrant African Women's lives. As will be seen in the next section, there are specialized services for traveller women, for both abused women and abusive men. A further barrier to the provision of a safe and reliable service for abused women is the lack of training for District and Circuit Court Judges. As these are political appointments, no training is accepted by these judges, and their understanding of the issues can vary greatly from one judge to another. This results in a variable service for women seeking Barring or Protection Orders.

VICTIMS

“Traveller women, alongside women of colour, experience a particular form of oppression as a result of the fusion of racism and sexism” (Fay, 1999:25).

There are two primarily marginalised groups within Irish society at present who are particularly susceptible to domestic abuse. These groups are the Traveller community and migrant women. In their 2005 study, Watson and Parsons held a number of focus groups with these communities of women (three with Traveller women and one with migrant women). **There are no figures which can identify the level of abuse amongst Traveller women.**



The Traveller women defined domestic abuse in broad terms, including both physical and emotional abuse. Such domestic abuse was not discussed formerly amongst the Traveller community, but as a result of education and media coverage, it is now being discussed more openly by Traveller women. However, there is still a reluctance to tell one's family (especially one's mother) and the fact that many women live in halting sites means it is difficult to access services by phone. It has been noted that traveller women use refuges as they are the only services available to her, however as will be seen below this may bring many problems with it. **Traveller men are suspicious of Refuges** and feel women are using them for reasons other than safety. It was felt by the focus group participants that while a Traveller only refuge was not necessary, a Traveller woman working in the refuge would help reduce the level of discrimination they sometimes feel in the refuges. Alternatively, **training of the refuge staff in anti -discriminatory practice** would also help reduce negative feelings experienced in the refuge. Traveller women rarely use helplines or other mainstream services. The women reported lack of support or intervention by the Gardai, who don't believe them or take it seriously, or fear reprisals from their partners. However, it was acknowledged that some Gardai were helpful and acted appropriately. The women reported that the Court experience, if they were applying for a Barring Order is very traumatic, and confusing for them. They also felt that breaches of Barring Orders should be taken more seriously and **those who breach them should be sent to jail.**

Underwriting these fears about domestic violence, was the belief that Traveller men are controlling of their wives and may be economically controlling as well. However many of the issues facing Traveller women affect other women also: concern about the effects of domestic violence on children, a reluctance to upset family members by disclosing abuse, the safety of refuges and the need for improved information on domestic violence orders and marital rape.

In a study carried out by **Exchange House** (Allen and Forster, 2007) many of the same points were made by the participants and also by the service providers who were surveyed as part of this study. The forms of violence reported to this study reflect the forms of violence found in most studies of domestic violence i.e. physical abuse, (including life threatening assaults), verbal and psychological abuse and coercive control (Stark, 2006; Watson and Parsons, 2005). The nature, extent, dynamics and aetiology of the violence as reported by the respondents in this study appear to mirror very closely the experience of abuse in other



communities and societies (Garcia-Moreno et al, 2006). The cultural context highlighted by the respondents in this study can be described as a close-knit community, which supports traditional family values and the indissolubility of the marital relationship. Women's roles in this close-knit society are primarily child-centred and family-oriented. Few women either work or live outside the family unit, and consequently they have few independent financial resources. Men are expected to be in charge of their families. This reflects a strong 'familial' cultural context.

The Traveller women reported a range of help seeking behaviours which reflect those noted in other studies (Goodman et al, 2003, 2005). Many of these help seeking activities, however, involve interaction with official systems and services which are not designed for, nor always supportive of, the nature of the Travelling community's family-oriented way of life. The first of these difficulties is the lack of support they may receive from their extended families if they call the police for protection from violence: as one woman described it- "*They don't get involved*". The 'loss of face' for the man appears to accentuate the fear of retaliation, which is a common fear for many abused women who seek external help. The Service Providers who were surveyed also recognized the discriminatory pattern of responses by many members of the police. They recognized the complexity for women who live on halting sites beside their husband's family or even their own family. This was also referred to by traveller women themselves. It would appear that for traveller women, both their ethnic identity and their physical location prevent them from obtaining the same level of protection as settled women (problematic as this may be for settled women also).

As discussed in the Watson and Parsons Report (2005), refuges may not be as supportive as they should be for Traveller women. Most refuges have a policy of admitting only one traveller woman at a time. Women also may not have the bus or taxi fare to bring her to the refuge, thus adding to the difficulty of her efforts to escape a violent situation. While the practice of some refuges was described by many respondents as excellent, and '*supportive, 24/7*', there were concerns expressed about the response by staff in one or two refuges. Concern was also expressed about the reality of discrimination and "*being looked down on*" by some of the other residents. The ban on male children over the age of 14 was also a barrier to the use of refuges by traveller women. For traveller women, there are added difficulties in either obtaining a barring order, or taking charges against her partner. The close-knit family lifestyle may mean that not only is a woman now confronted by an abusive husband,



she may also be confronted by angry in-laws, and perhaps even, by her own parents and siblings, who do not wish to see her marriage fail. She may also have literacy difficulties which make the form-filling and legal procedures necessary for obtaining a barring or protection order almost insurmountable. Added to this is the difficulty of bringing children into town, perhaps on a number of occasions, to complete this process. The delay in cases coming to court was also referred to as a barrier.

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Amongst the service providers, there were a large number of responses which recognized that traveller women experience discrimination in accessing services and networks outside the traveller community. However, there were also a minority of comments which suggested that violence is more acceptable within the traveller community because of 'cultural' or 'religious' reasons. It would appear from this small number of responses, that **greater cultural awareness and training** is necessary to enable such staff to identify the specific barriers to women's safety, within both the traveller community and the wider society.

Exchange House has also carried out a study of the views of Traveller men towards Domestic Violence (McDonagh, 2007). As a result of this work, this service now provides educational groups for Traveller men, which is incorporated into other educational and recreational groups and settings.

There were a variety of opinions expressed regarding the longer term options which would be most secure for women leaving violent relationships. Long waiting lists for social and public housing for all members of the community were seen as a major barrier. Transitional housing



provided by housing associations was seen by some women as an ideal solution to the problem of accommodation in the medium or even short term, but this may also result in pressures from a woman's in-laws. **Accommodation in a specialized 'group scheme'** was suggested as one way to overcome this barrier.

Migrant Women.

AkiDwA (discussed above) has worked with over 2,250 African women in 20 locations in Ireland to date. The women in these facilitated groups have called for increased information and support in the area of domestic violence. The ability of a woman to access this information and support is fundamental to AkiDwA's work, and underpins the organisation's founding principles that women's rights are human rights.

AkiDwa, carried out a study on Domestic Violence amongst Migrant Communities in Ireland in 2009. This survey was conducted with two target groups: African women and service providers in Ireland. With regard to African women in Ireland, this survey was intended to ascertain a baseline of their understanding and perception(s) of domestic violence. Through discussions with African women, AkiDwA came to realize that this objective was influenced by the realization that some African women only recognize the physical part of violence, such as battering, as domestic violence. In awareness raising training, AkiDwA saw in its small sample that verbal abuse and psychological/mental abuse is more or less tolerated and accepted, and not recognized or acknowledged as a form of domestic abuse.

The findings of this research suggest that the women had good knowledge of the term 'domestic violence' and an understanding of all its manifestations; physical, sexual, emotional, psychological and financial abuse. Traditionally, the husband listens to his parents-in-law more than his wife, which causes emotional stress to the woman.

Others said that "domestic violence occurs when [the] male partner does not leave money for food, even with the knowledge that [the] woman has no source of income." The women also mentioned that domestic violence can be in the form of denial of rights, where they are not allowed to seek employment, and men believe that a woman should stay at home and do domestic chores.

Many of the women to whom AkiDwA has spoken have a history of torture and trauma. These women have the double-bind of insecure status, especially amongst refugees and



women seeking asylum, and delays in obtaining legal immigration status, which only serves to increase the duration of their mental and emotional strain. The women cited the following as the main triggers of domestic violence in their experiences.

Lack of financial resources and a reduction in the standards of living is always a threat to family stability. When both partners are unemployed and are not able to work, there can be increased financial problems. The partners tend to irritate each other and get on each other's nerves. This issue is even more severe for couples in direct provision, as people seeking asylum in Ireland do not have the right to work.

African women in Ireland often provide for themselves without financial support from their husbands. Some men can feel inferior, thinking that women are competing with them. The husband could want to be the boss, controlling all the resources in the house, including financial resources from the woman's own paid work. The research also revealed that some cultures fuel domestic violence within Africa. The women feared reporting incidences of domestic violence to the relevant authorities. They felt intimidated because it is African cultural tradition not to talk publicly about anything concerning domestic issues. Most women in Africa, irrespective of their marital status or educational levels, are often dependent on men to access resources such as labour, land and financial credit. They may also preserve their marital relationships for the sakes of their children and families.

In an effort to help African women who have experienced domestic violence, AkiDwA has made referrals to the appropriate organisations. Follow-up on queries made, however, seemed to indicate that the majority of the women with whom AkiDwA consulted did not avail of services. For many women, leaving a marriage does not always appear to offer a solution for a woman within a violent relationship. Some women want the option to reconcile, which is why they prefer reporting the violence to their religious leaders in the hopes of having them intervene. But if the situation worsens, then the next line of action is contacting An Garda Síochána.

However, African women whose residency in Ireland is dependent on their husbands'/spouses' residency status face specific difficulty in accessing services on domestic violence. This may put their residency status in jeopardy, or the women may be concerned about betraying their husbands/partners, whose residency might also have temporary status. Similarly, women in the asylum process who live with their husbands/partners in



accommodation centres may find it difficult to access services for fear of disclosure and how this might affect both of their applications. African women perceive the Irish laws on domestic violence and violence against women as not being very strong. The attrition level of rape cases and the low conviction rate in Ireland supports this opinion.

With service providers, the intention was to find out if African women were accessing their services. If so, what challenges were they facing as service providers in supporting African women, and was there an increase in African women accessing services? Through its work, AkiDwa has realized that there is an increase in requests and calls from African and other migrant women to these services, seeking support and information.

As a result of this work, AkiDwa developed a **DOMESTIC VIOLENCE TOOLKIT; Identifying and Responding to the Needs of African and Other Migrant Women Experiencing Domestic Violence in Ireland** (April 2009). This toolkit was developed in order to raise awareness and help African and other migrant women understand domestic violence and its dynamics. The toolkit was also developed to share an African cultural perspective, as well as provide insight into the specific needs and experiences of African women experiencing (or affected by) domestic violence. It illustrates unique factors of domestic violence cases of African women living in Ireland, and will highlight how better to facilitate their effective access to domestic violence support services.

NEEDS, GAPS AND DEFICITS

As will be seen from the three research studies outlined above, traveler and migrant women have a number of issues that need attention within the Irish system.

1. Literacy (for Traveler women) and language difficulties (for migrant women) present serious challenges for them in accessing Court Orders. This is an issue which Women's Aid has addressed by outlining sections of their website in seven languages- Spanish, Russian, French, Chinese, Polish , Arabic and Romanian.
2. Discriminatory views by settled service providers also proved to be a challenge for Traveller and migrant women. This needs to be addressed with training and cultural awareness.
3. Discriminatory approaches by some Gardai also deflect from the level of safety abused women should expect from the Police Force. This has serious implications for Traveler women in particular, who have few options in accessing safety because of



the manner of their lifestyle which means they live closely with other families, including their husband's family.

4. The cultural norms in both communities leave women vulnerable to abuse and control. Patriarchal views of women's roles, and the view that marriage is indissoluble creates major barriers for women from these communities.
5. Greater involvement by members of their own communities in service provision would help overcome some of the issues allied to both discrimination and cultural barriers.
6. Specific housing for Traveller women, as they themselves suggested (Allen and Forster, 2007), would help reduce their fear of leaving their marriages, and allow them to live in a manner which would not stigmatize them in the eyes of their own community.
7. Better information, provided in a number of languages in public places, such as Hospitals, Court Houses, etc, would help inform both communities of their rights to safety and support.
8. The development of specific cultural support groups around the country (as provided by Exchange House and AkiDwa in Dublin) would also help support women living in rural areas.
9. The reform of the asylum system, in which migrant women have to live with their partner in hostel style accommodation, while awaiting decisions on their asylum process, would help to reduce the tensions that may add to domestic violence levels and provide women with independence and safety.
- 10.** The involvement by religious leaders of all faiths in discussing the issue of woman abuse in their Churches and Mosques would also help to remove any religious support for cultural norms which support the control and abuse of women in those communities.

APPENDIX 1.

Screening for Violence Against Women (VAW)
Begin by stating: <i>“Sometimes people disagree and have arguments at home”</i>
1. Does anyone at home criticise you, make fun of you or call you names?
2. Do you ever feel unsafe in your own home?
3. Are you ever prevented from leaving your home, seeing your family or friends, stopped from having a job/leisure activity or owning your own money? Please give details:
4. Is your partner jealous or possessive of you e.g. questioning your movements, following you, believing you see other men, checking your mobile phone, email or post?
5. Have you ever been hit, kicked, threatened or hurt in any way at home?
6. Have you ever been threatened that your children will be taken away from you?
7. Are you ever forced to engage in sexual acts against your will?
8. Do you feel safe going home and if not, what would need to happen to make it safe for you to do so?



9. Is there anything else that you would like to mention or add:

FOR CLINICIAN USE ONLY

If a disclosure of VAW has taken place, please evaluate for a history of :

Childhood abuse

client:

Please remember to explain these points to the

Past domestic abuse

** Routine nature of assessment*

** Confidentiality policy of mental health services*

** Client's safety is the priority*

Is intervention necessary?

Is it immediate?

Are you referring to an outside agency?

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