



**COLLECTION**

**Sexual, Domestic, and Gender-based Abuse:**  
*A collection of experience and opinion*

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## Editorial

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

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

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

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

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

Melinda Heinz's exploration of the alarming tolerance for sexual violence in the U.S. unpacks the societal acceptance of such behavior, especially among political leaders and athletes. The commentary critically examines the revictimization process within legal systems and points to the challenges posed by right-wing authoritarianism. Heinz calls for cultural change and increased public awareness to challenge ingrained norms that perpetuate sexual violence.

The sixth commentary turns to mental health and addiction. In it Frank Houghton focusses on the importance of maintaining research integrity in alcohol-related studies, Houghton also sheds light



on the significant influence of 'Big Alcohol.' The article exposes the industry's strategic and sophisticated tactics to shape research, policies, and public perceptions. Houghton calls for robust measures, including transparent disclosure of industry connections, policies on funding, ethics training, and expanded access to open access publishing platforms, underscoring the necessity of research independence from the alcohol industry.

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

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## Contribution 1

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

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## Background

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

The world Health Organisation (6) estimates that 30% of women have been in a relationship where they experienced physical or sexual violence from an intimate partner. It defines intimate partner violence as 'behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours' (7). In recent years there have been advances in relation to gender-based abuse Internationally and in individual countries. This includes in the areas of legal protections (8); social policy initiatives (9) education campaigns (10) and research (11). However, advances in technology and access to the internet, while having many benefits, including providing access to information and services for victims of domestic abuse, have also made possible new forms of intimate partner abuse.

This article explores some of the developments that have emerged in the relatively new academic field of technology within intimate partner violence (12). In addition, in the last 30 years countries across the world have introduced legislation which makes coercive control a crime (13). Despite ongoing debates about the advantages and deficiencies of this kind of legislation, what is significant about it, is that rather than, as was the case before this legislation, law enforcement



having to prosecute discrete and individual acts of violence, coercive control legislation recognises that intimate partner violence is part of a pattern of ongoing behaviour (14).

There is no agreed terminology in academic circles for intimate partner violence, domestic abuse and domestic violence, so these terms will be used interchangeably in this article, depending on the research being discussed. Similarly, scholars have reached no consensus on terminology for what will be called in this article Technology facilitated domestic abuse (TFDA) (15).

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

Yardley has argued that technology facilitated domestic abuse (TFDA) is a form of abuse where networked technologies and online platforms are used to abuse intimate partners (15). A variety of tactics have been identified such as GPS tracking, social media monitoring and spyware on phones (4) (16). Some methods rely on sophisticated technologies, but others use readily available easily accessible and relatively inexpensive (16). Scholars still do not have a full picture of all the behaviours associated with TFDA. (17) (18) but examples include, having access to the victim's passwords and tracking them using Google timeline or monitoring messages, emails, and phone use.

The central element of domestic abuse is control over victims. To accomplish this, perpetrators frequently exert power by isolating their victims (19). Technology has the potential to facilitate control without victims being physically present, transferring existing patterns of abuse to the online world allowing opportunities for stalking, harassing and monitoring intimate partners beyond shared physical spaces (20) (21) (16) (15). This kind of abuse involves perpetrators creating a sense of 'omnipresence' and a sense for victims that the abuser is present in almost every aspect of the victims' life (3) (22) (15). This creates a psychological condition of feeling unsafe and afraid even after a couple has separated (23). The lack of need for physical proximity for perpetrators to carry out these behaviours means that it can be much more difficult for victims to separate themselves from the perpetrator when a relationship ends. (24) This further deprives victims of agency, making separation and escape even more difficult (4) (21).

### **Challenges and Ambiguities**

These issues are complicated by the ambiguity of some of the behaviors, which makes it difficult for victims who are being controlled and harassed to identify that they are being controlled and harassed when the behavior which occurs from beyond the physical space (25). For example, some couples willingly share social media platforms for communication purposes. It is also possible that social media platforms and digital devices might introduce new capabilities which will allow for additional ways of stalking, harassing, and monitoring intimate partners, further complicating matters.

It is also unfortunate that TFDA has been considered less dangerous because it does not involve physical contact (15). Indeed, there is some question about whether TFDA actually is a new form of abuse, or just a platform through which abuse can be perpetrated (21).

### **Conclusion**



Research has consistently demonstrated that technology impacts substantially on intimate partner violence (26) (3). However, we need to revise and update our understandings and knowledge in this area on an ongoing basis, as well as ensuring that legislators, policy makers, law enforcement, those working with victims of intimate partner violence, those who experience intimate partner violence and the public, are aware that TFDA is a real and growing threat and can have substantial and significant consequences as a pattern of abuse. This has significant implications about the need for public health education on the topic and for ongoing research in the area.

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## Contribution 2

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

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## **Abstract**

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

## **Viewpoint**

In his seminal work, Dr. Kenneth J. Doka writes of disenfranchised grief as a “hidden sorrow” (1). The aptness of this phrase is essential to the concept: a loss that, for whatever reason or combination of reasons, is not socially accepted and must therefore be hidden from public view. The layered connections between disenfranchised grief and domestic abuse and gender-based violence, and the need to promote awareness of these links to both the public and professionals working in this space, will be briefly explored in this piece.

Doka first describes disenfranchised grief as a “grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned” (2). He later enhances the concept, by adding the disenfranchisement of anyone who might grieve in a way that does not align with particular social and cultural norms. He also adds an emphasis on the nature of the death itself as a source of disenfranchisement, highlighting



examples of suicide, capital punishment, homicide, overdose, misadventure or stigmatised health conditions such as HIV/AIDS (3). Doka's work has been extremely influential in the field of death and bereavement studies. It shines a light on the often unarticulated but powerful social "rules" that surround death and grieving. The model also offers an encouraging roadmap to professional helpers who want to support the disenfranchised griever more effectively by openly validating their losses and bringing grief into the public sphere. Disenfranchised grief can provide a better understanding of grief following a death, but it can also be helpful in alleviating shame and stigmatisation in death-related and non-death losses for victims of gender-based violence and domestic abuse.

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

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

An emerging body of literature uses disenfranchised grief as a means of more fully exploring the holistic impact of domestic abuse (8,9,10). However, the awareness of disenfranchised grief among volunteers and professionals at the frontline of responses to domestic abuse, such as police, judges, teachers and health and social care professionals remains limited. Often, the responder is focused on finding ways to help victims survive safely and then determine the best time to escape the abuse, when sufficient supports are in place. This work could be described as encouraging the victim to expose the initial layer of secrecy described above. By openly stating that abuse has taken place, and taking action to leave the situation, the victim removes any semblance of cover on the reality of their experience. The secret shame is no longer in the shadow.

The well-intentioned professional can view this exposure as a success in their work, as the individual they are supporting has made a step towards freedom, independence and safety. With the emphasis on moving forward and creating a new life free from the threat of manipulation, coercion and control, little room may be left by the helping professional for the victim to look back and grieve what has been lost by moving forward to a life without the perpetrator (8). In addition, the victim's family and social support networks may feel such a sense of relief that their loved one



is now in a safer, more stable situation that they too may stifle or downplay any expressions of regret or loss on the part of their friend or family member. This lack of awareness and the resulting inability to fully see the losses encountered by domestic abuse victims can contribute to further unintentional disenfranchisement (10). I see this as the second layer of connection between domestic abuse and disenfranchised grief. Those within the victim's social support network, professional and non-professional alike, may inadvertently limit opportunities for overt sadness, retrospective exploration, or expressions of grief over the victim's lost relationship, home, hopes and future plans.

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

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

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

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### Contribution 3

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

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### Abstract

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

### A Review

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

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



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

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

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

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

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

The significance of alcohol as a causal factor in alcohol related homicides, assaults, road traffic accidents (RTAs), suicide and self-harm in Ireland has been extensively explored (23). However,



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

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

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

It is over forty years since the US Surgeon General’s Report identified violence as a public health issue (37). In addition, it must be acknowledged that domestic violence is also a significant public health issue (38,39). The role of alcohol in violence generally and domestic violence in particular cannot be overlooked. There are decades worth of evidence which clearly demonstrate a significant dose-response relationship between blood alcohol level and violence and aggression (40,41). Similarly there are over 30 years of research which clearly demonstrates that excessive alcohol use is an important predictor of DV (38). The causal pathways in this relationship are complicated. As Fitterer et al. note ‘the relationship between alcohol availability and violence is complex, including an individual’s biochemical, psychological, and social responses to alcohol consumption and their environment’ (42). The association between alcohol and aggression has been shown to be stronger in men than women (39). Similarly alcohol consumption by men has been shown to be a more important factor in the perpetration of intimate partner violence (specifically Male to Female Partner Violence; MFPV), than alcohol consumption by women (39,43).

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

Violence is inherently spatial, occurring in places (45), and domestic violence is similarly subject to environmental factors. A significant volume of research indicates that, even accounting for a



host of other factors, the density of alcohol outlets is positively related to both violence and alcohol use disorders (45-48). Given this finding, it is perhaps no surprise to note that there is ample evidence to suggest that increased density of alcohol outlets is associated with higher rates of domestic violence (49,50).

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

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

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

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





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

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## Contribution 4

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

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#### **Abstract**

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

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



## **Introduction**

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

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

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

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

## **Structure**

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

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

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

Following this part of the session, there is a short comfort/tea break. The weekly topic is then introduced, and ways in which it may have impacted on the participants' parenting, are presented. The discussion is then opened up with every member invited to contribute. Immediately after the meeting, each participant is emailed. This email contains the worksheets to support individual exploration of the weekly topic. Mid-way between meetings, participants are emailed again. The purpose of this email is to check how they are, emotionally, after the meeting. This email also offers a chance for participants to reflect on how they are getting on with their support work; and to offer an avenue for contact, should they feel the need to avail of it. As mentioned previously,



individuals are contacted again the day before the next meeting, to remind them of the up-coming discussion topic.

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

### **Piloting the Programme**

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

### **Benefits to Participants**

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

### **Conclusion**

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

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

### **References**

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





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## Contribution 5

# Tolerance for Sexual Violence and Authoritarianism in the United States

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## Abstract

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



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

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

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

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

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

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

Dismissing Trump's statements as locker room talk releases him from acknowledging his role in perpetuating sexual violence. It allows the "boys will be boys" mentality to prevail in the U.S. This culture of skepticism around sexual violence in the U.S. is harmful and minimizes the importance of consent. In addition, it is not just politicians and celebrities whose atrocious behavior we have to be mindful of, sexual violence is also a significant problem on U.S. college campuses. Approximately 26% of female undergraduate students and 7% of male undergrads experience rape or sexual assault while attending college (7). Protection for perpetrators, rather the victim is especially problematic at Ivy League institutions where believing that bright and intelligent youth



could be capable of such criminal behavior often results in poor quality investigations by administrators (8, 9).

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

### **Revictimization**

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

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

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

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



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

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

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

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

### **Prevention and Culture Change**

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



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

Clearly there is a need to educate individuals about sexual violence and to decrease the tolerance for sexual violence in our culture. Decreasing the acceptability of sexual violence should also be reflected in the actions we take as voters. Do we want representatives in the most highly regarded offices of the U.S. to perpetuate sexual violence in both their language and behaviors? For too long, those in positions of power and privilege have been allowed to do as they please without being held accountable.

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## Contribution 6

# Maintaining Research Integrity in Alcohol Research in Ireland: A Commentary

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## Abstract

Ireland is currently leading the way in alcohol control in Europe. Recent initiatives include both the introduction of curbs on alcohol advertising and minimum unit pricing (MUP), as well as the forthcoming implementation of legislation that will require combined text and graphic alcohol warning labels on alcohol packaging. In this context it is vital to maintain research integrity in relation to alcohol control initiatives in order to develop a robust evidence base. The alcohol industry has an established track record of interference in alcohol control research and policy. This commentary explores weaknesses in the integrity of the current alcohol research infrastructure in Ireland, with a particular focus on the country's leading health research funder, the Health Research Board (HRB). Specific recommendations are made to remediate the deficits identified and develop more robust research systems.



Ireland has become the first country within the European Union to pass legislation (the Public Health [Alcohol] Act, 2018) that will require alcohol warning labels (1). This legislation has recently been enacted and will come into operation in 2026. Despite its many deficits (2-4) the Act remains a significant tool for Public Health action in Ireland. The successful introduction of this Act, despite heavy alcohol industry lobbying (5), has catapulted Ireland into a position as world leader in alcohol control, similar to its former role in tobacco control (6). Needless to say this intervention will be watched by both alcohol control advocates and the alcohol industry globally to assess its impact and associated ramifications. This immediately raises an important question; how can the integrity of independent and trusted research on the topic of alcohol control in Ireland be achieved or maintained?

Alcohol remains an important commercial determinant of health (CDoH) (7). In order to assess the need for a specific focus on research integrity in relation to alcohol it is crucial to understand the size and influence of ‘Big Alcohol’ ( 8-9). The OECD suggest that in the year 2019 the global alcohol industry was worth US\$ 1.7 trillion (10). As Babor & Robaina note ‘*the alcohol industry is a powerful multi-national business complex that includes not only the producers of beer, wine and distilled spirits, but also a large network of distributors, wholesalers and related industries, such as hotels, restaurants, bars and advertisers*’ (11).

Obviously when dealing with a global industry of these proportions it cannot be approached naïvely. In efforts to maintain its profits and markets, the alcohol industry is not passive. McCambridge et al. observe that it is ‘highly strategic, rhetorically sophisticated and well organized in influencing national policymaking’ (12). The alcohol industry is engaged in extensive surveillance and monitoring of ongoing research, and there is clear evidence of harassment by industry for unfavorable findings (13).

The alcohol industry has been identified as both using data strategically to advance their interests (14), and to obscure Public Health messages (8). However, these are only few of the industry’s arguably reprehensible activities. Table One details the findings of a recent scoping review of reviews which examines the machinations of Big Alcohol restrict government regulation of their activities. Although the activities in Section B are of most importance (Shaping the evidence-base; Infiltrate the public health scientific community; Hiding industry role in research), Sections A and C are also relevant in the context of maintaining research integrity.

**Table 1: Alcohol Industry Strategies to Expand Corporate Autonomy (15)**

<p><b>A) Influencing Government Policy Making and Implementation</b></p> <ul style="list-style-type: none"> <li>• Lobbying;</li> <li>• Revolving door;</li> <li>• Policy capture;</li> <li>• Intimidation, incentives &amp; bribery;</li> <li>• Developing/ promoting alternative solutions;</li> <li>• Influencing voters and the general public.</li> </ul> <p><b>B) Challenging Unfavourable Science</b></p> <ul style="list-style-type: none"> <li>• Shaping the evidence-base;</li> <li>• Infiltrate the public health scientific community;</li> </ul>
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- Hiding industry role in research.
- C) Creating a Positive Image**
  - Corporate social responsibility;
  - Offering voluntary self-regulation;
  - Issue framing;
  - Targeted marketing.
- D) Manipulating Markets**
  - Illicit trade and smuggling.
- E) Mounting Legal Challenges**
  - Litigation

Alcohol industry involvement specifically in relation to alcohol research has been noted in seven distinct areas: 1) Sponsorship of research funding organizations; 2) Direct financing of university-based scientists and centers; 3) Studies conducted through contract research organizations; 4) Research conducted by trade organizations and social aspects/ public relations organizations (SAPROs); 5) Efforts to influence public perceptions of research, research findings and alcohol policies; 6) Publication of scientific documents and support of scientific journals; 7) Sponsorship of scientific conferences and presentations at conferences (16, 17). It is obvious that the alcohol industry both manipulates and uses science as a political weapon. It is an unfortunate reality that there are many examples of the alcohol industry funding research (18).

The result of such research are conflicts of interest in health research, and often biased research findings that favor commercial interests at the expense of population and patient health. The alcohol industry constantly strives to shape the research, policy and public agenda and to dictate the questions being asked and debated. However, in terms of examining the machinations of ‘Big Alcohol’ alcohol control advocates are fortunate enough to be able to look for guidance from what may be termed the ‘Big Tobacco Playbook’ (see Table Two).

**Table 2: The Policy Manipulation Game Plan (19)**

- 1) Fund research that supports the interest group position;
- 2) Publish research that supports the interest group position;
- 3) Suppress research that does not support the interest group position;
- 4) Criticise research that does not support the interest group position;
- 5) Disseminate interest group data or interpretation of risk in the lay press; and
- 6) Disseminate interest group data or interpretation of risk directly to policy makers.

Specifically this ‘game plan’ is based on the denial of problems, the misrepresentation of data, and the manufacturing of doubt around research findings (20-22). Maani et al. have noted that it is ‘exceptionally easy to spread erroneous or pseudoscientific information’ (20). The industry also works to promote self-regulation rather than government intervention. Industry tactics focus on moving blame from the industry to the more narrow target of personal responsibility, and alcohol addiction, rather than negatives associated more broadly with alcohol consumption. The sector also routinely seeks to delay the implementation of controls, as well as watering down alcohol



control policies and recommendations. A notable aspect of alcohol industry machinations is the use of social aspects organizations to promote industry public relations interests over the long term (23).

The alcohol industry, like the tobacco industry before it, are actively engaged in using Corporate Social Responsibility (CSR) as a form of camouflage to give the ‘illusion of righteousness’ (24). The manipulation of CSR activities in support of the alcohol industry has been a focus for many years (11,24). The issue of CSR is important in the context of research integrity as the alcohol industry can use ostensible CSR research funding as camouflage to influence research. Research has demonstrated that under the guise of CSR the alcohol industry seeks to achieve three main aims. Firstly, CSR can be used to frame issues and problems and guide policy discussions, as well shifting blame from manufacturers to consumers (25). Secondly, CSR initiatives may be used to promote voluntary initiatives in order to prevent or delay governmental regulation. Finally, CSR may simply be used as indirect brand marketing (24). CSR activities, for example those conducted by alcohol industry funded SAPROs in schools are a particular issue of concern (26-27). However, such programs have been successfully resisted in some areas, including in Ireland (28) .

It is instructive at this point to briefly explore examples of alcohol industry manipulation and funding of research and policy. The most infamous example internationally is the Moderate Alcohol and Cardiovascular Health (MACH) Trial, sometimes referred to as the MACH 15 trial (29), as participants were to evaluate the impact of one alcoholic drink containing 15g of alcohol per day. What makes this study particularly alarming is that it involved the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the prestigious National Institutes of Health (NIH) in the US, and is the largest funding agency for alcohol research globally (30):

*The most shocking detail in the story: The researchers behind the study reportedly persuaded alcohol industry executives to fund them by arguing the trial “represents a unique opportunity to show that moderate alcohol consumption is safe and lowers risk of common diseases”- before they had even enrolled their first patient. The study “is not public health research – it’s marketing” (31)*

The MACH 15 Trial had funding of \$100 million. \$33 million was to be provided by the NIAAA, while the remaining funding \$67 million was to be provided by alcohol industry groups ABInBev, Heineken, DIAGEO, Pernod Ricard, and Carlsberg. The extensive links between the investigators in this project and the alcohol industry have been revealed in depth (30-36).

Examples of how Big Alcohol attempts to influence research and the research agenda can also be seen in activities such as publications produced by the International Center for Alcohol Policies (ICAP) . The Washington DC based ICAP is funded by the alcohol industry and its focus is evident in its tagline: ‘Analysis, Balance, Partnership’. The activities of ICAP have been noted as being particularly contentious (13), with its Alcohol in Society book series have been described as a ‘key resource globally for alcohol industry political strategies’ (37). Texts produced by ICAP include leading titles such as Alcohol and Pleasure: A Health Perspective (38), Corporate Social Responsibility & Alcohol: The Need and Potential for Partnership (39), and Reasonable Risk: Alcohol in Perspective (40).



Ireland is not exempt from the machinations of the alcohol industry on health research. Even a cursory examination of the literature identifies some problematic instances of this. These will be detailed as exemplars of this phenomenon. Babor provides a clear example of this:

*in 2006, Diageo Ireland, part of Diageo plc, the world’s largest producer and distributor of alcoholic beverages gave €1.5 million to the University College Dublin’s Geary Institute... The grant provides salary for several faculty, graduate students and support staff engaged in a 3-year study of health risk behavior in relation to hazardous drinking among young adults in Ireland (41)*

An additional Irish example of alcohol industry involvement in research may be seen in the reports of the Medical Research Council of Ireland. Examination of past issues indicate ongoing funding for almost 30 years from 1947 to 1975 by this Messrs. Arthur Guinness Son & Co. Ltd. alongside the Irish Tobacco Manufacturers Advisory Committee (42). The Medical Research Council of Ireland subsequently merged with the Medico-Social Research Board to form the Health Research Board (HRB) in 1986. The HRB is a leading funder of health and health services research in Ireland, and as such it is opportune to explore how robust its mechanisms are in relation to potential subversion by Big Alcohol.

The HRB has a Policy on researchers funded by the tobacco industry (43). This policy states that ‘the HRB is unwilling to fund applications from individuals applying for, holding, or employed under a research grant from the tobacco industry’ (43). However, it is notable that no such equivalent policy exists in relation to the alcohol industry. This is an unfortunate lacuna in its internal policies. The reasons given for having a specific policy on researchers funded by the tobacco industry are given in Table Three.

**Table 3: HRB Policy on researchers funded by the tobacco industry (43)\***

<p><b>Their key argument was that tobacco is uniquely dangerous in the scale of harm it causes, and that this harm is caused when tobacco is used exactly as intended by its manufacturers.</b></p> <p><b>Additional arguments</b> were put forward as follows.</p> <ul style="list-style-type: none"> <li>• Tobacco use is always dangerous, and it has no safe level of manner of use...</li> <li>• The scale of risk is far greater than in other health-damaging behaviour, and one in two lifetime smokers will die from their habit...</li> <li>• Its use usually starts in childhood, when awareness of health risks is lower...</li> <li>• It is highly addictive, so it is very difficult to quit...</li> <li>• It causes harm to non-users as well as to users...</li> <li>• There is a long delay before the damage becomes apparent, so self-deception is easy...</li> <li>• World-wide it is set to become the single greatest killer, overtaking lower respiratory infections by 2020...</li> </ul> <p>Apart from harm to health, there is now a <b>large body of evidence of the uniquely dishonest behaviour of the industry</b>, including:</p> <ul style="list-style-type: none"> <li>• suppressing research findings on the harmful effects of tobacco...</li> <li>• seeking to distort research evidence... and</li> <li>• trying to recruit scientists to present one-sided views on the risks of smoking</li> </ul>
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\*Bold highlighting of certain text is from the original policy



In terms of maintaining research integrity is clear that an equivalent policy in relation to the alcohol industry is urgently required. Although this would be an important step forward it is undoubtedly insufficient on its own. It is important to note that a key figure in the establishment of the MACH 15 study was what has been described as a ‘revolving-door individual’ referring to people that rotate from working in the research or policy field to industry, and/ or vice-versa (35). Babor notes the importance of blocking such revolving doors, and as such we must ask if the HRB should block funding to someone who has ever been funded by the alcohol industry? (36)

Robust and transparent systems are essential to protect the integrity of research and to resist the influence of the alcohol industry. Given what happened at the National Institutes of Health NIAAA in relation to the MACH 15 trial it is obvious that there is a need to expand the remit of the lobbying register or introduce a similar system specifically for research funding organizations. Ireland has legislation, the Regulation of Lobbying Act, 2015, which requires elected politicians and senior civil servants to record meetings with industry and lobbyists (44-45). However, there are three major public research funding organizations in Ireland not currently covered by this legislation. These are the Health Research Board (HRB), Science Foundation Ireland (SFI), and the Irish Research Council (IRC). An extension in the lobbying register legislation to cover these agencies should make industry attempts to influence and control research more transparent.

In order to safeguard research integrity in face of potential solicitation by the alcohol industry it is also important that all employees of organizations such as the HRB, IRC and SFI need to make Declarations of Interest (DoI) to order to ensure transparency and independence. Such declarations should not be once-off event, but an annual process. This is the process that has been adopted by Ireland’s new formed National Research Ethics Committees (NRECs) (46).

In terms of independence from industry influence over research it can be instructive to examine the Disclosure of Interests (DOI) forms used by academic journals. In the medical field a standard one is that developed by the International Committee of Medical Journal Editors (ICMJE) (47). The ICMJE’s form which aims to facilitate the ‘Disclosure of Financial and Non-Financial Relationships and Activities, and Conflicts of Interest’ is better than many used by a range of journals. It is important in the context of this examination as it has been adopted for use by many journals, including the Irish Journal of Medical Science (IJMS) (48). The ICMJE Disclosure Form specifically addresses 13 different domains ranging from stock options to support for attending meetings and/or travel. However, a more critical reading of the ICMJE form reveals that it fails to address key issues, including for example payments, gifts and funding being made to spouses, partners or family members. Payments to family members rather than directly to individuals have been noted relation to corruption in other fields in Ireland (49-50).

One very positive development towards maintaining transparency in relation to declarations of interest is the recent launch of the i-MARK. This logo is used to explicitly communicate that the organization displaying it does not accept any alcohol industry funding (51).

The WHO have recently published guidance on this topic. Their document contains eight key messages (52). As can be seen from Table Four, points six explicitly addresses issue of insufficiency in current CoI practices.



**Table 4: WHO Key Messages on Addressing & Managing Conflicts of Interest in Alcohol Control Policies (52)**

- 1) There are irreconcilable differences between public health and economic interests.
- 2) Industries producing and selling unhealthy commodities have defeated, delayed or weakened the design, implementation and evaluation of public policies worldwide.
- 3) Evidence shows that protecting policy development from conflicts of interest is essential to decrease the burden of disease.
- 4) There is no robust evidence that corporate social responsibility reduces alcohol consumption.
- 5) International frameworks and coalitions help in managing conflicts of interest and advance alcohol control policies.
- 6) The current research practices to disclose conflicts of interest are insufficient to ensure transparency and unbiased science
- 7) Adopting procedures to identify and limit interactions with the alcohol industry prevents interferences and ensure transparency during the development of public health policies
- 8) Civil society can improve the recognition of and anticipate the industry practices.

Another avenue in which the HRB could promote research integrity in relation to the alcohol industry relates to publications. However misguided a metric, it must be acknowledged that publications and citations are increasingly important in academic careers (53-62). Articles that are open access are routinely cited at a considerably higher rate than those behind a publisher's paywall (63). Generous alcohol industry funding may come with ample funds to cover open access publishing costs for journal articles, which in turn help generate citations and support research careers. However, without such publishing supports researchers may find their work more marginal and their career prospects more tenuous. The HRB currently operates a publishing platform called HRB Open Research (64). This open access publishing platform is currently restricted to current and former recipients of HRB funding who can publish on it for free. This effectively creates a privileged pool of researchers that are less likely to be ensnared by alcohol industry funding. However, many researchers have not received HRB funding and therefore have no such privileged access to this established publishing platform. In order to support research integrity the HRB should expand the remit of HRB Open Research to include publications relating to alcohol and other commercial determinants of health, such as tobacco, fast food, and gambling.

Guidance for researchers in relation to interactions with the alcohol industry has been described as 'necessary, but limited' and that further discussion and debate is required (13). It must be acknowledged that various frameworks for guidance in relation to interactions with the alcohol industry have been put forward. One typology suggested by Stenius & Babor denies these as: partnership arrangements; policy statements on conflicts of interest; ethical analyses; and blanket prohibitions (17).

The model adopted potentially has significant impacts on integrity in the research process. For example the most infamous example of partnership arrangements in relation to alcohol control are the Dublin Principles developed in Dublin on 26-28 May, 1997 at the invitation of the National College of Industrial Relations and the International Center for Alcohol Policies (ICAP) (65). Given the involvement of the highly suspect ICAP, it is perhaps no surprise that this approach suggests that 'alcohol policies should reflect a combination of government regulation, industry self-regulation, and individual responsibility' (65).



Ethics training on issues relating to interactions with the alcohol industry are undoubtedly essential. However, it is important that this training is not restricted to postgraduate students. Instead, it should encompass not only higher education, but secondary school education as well. Ireland has a significant opportunity to introduce secondary pupils to such training via transition year. Most secondary schools in Ireland offer a less academic year between lower level (NQF level 4) exams usually taken at about age 15/16 and more advanced exams (NQF level 5) usually taken at about age 17/18 (66). This year is largely project based and could easily incorporate an introduction to such training.

Training in relation to the alcohol industry should also focus on clear warnings. It is vital that both new and established researchers are routinely reminded that working with the alcohol industry both normalizes alcohol consumption and confers legitimacy upon the industry, as well as providing status and prestige through links to higher education. Additionally, they must be made aware that in working with the alcohol industry they face reputational risk, as does their employer. One overarching message that must be disseminated to researchers in the field of alcohol control is to 'Be Alert & Be Wary'. Researchers need to anticipate alcohol industry tactical initiatives to subvert both their research findings and their independence.

Most importantly, it is clear that industry involvement in alcohol policy is patently untenable because the its for-profit model is entirely based on over-consumption. As Boniface notes the purchaser to profit ratio of the alcohol industry hints at the Pareto Principle (67). The Pareto Principle is sometimes simply referred to as the 80: 20 Rule. In this instance it refers to the reality that 81% of alcohol off-trade revenue is generated by 25% of the population drinking above guideline levels (68). It is important to note that alcohol is a proven carcinogen and there is no safe level of consumption (69). The reality is clear, there must be no involvement of the alcohol industry in public health and alcohol control research.

It is naïve to deny the potential allure of alcohol industry funding. In university systems in which publications and research revenue raising metrics are crucial in hiring, retention, tenure and progression processes alternative sources of funding may be crucial in maintaining research independence. Maintaining research integrity in the face of the machinations of Big Alcohol would be aided by firmly decoupling academic researchers from potential industry funding. One way to help ensure this is to provide centralized alcohol excise tax-based funding to support alcohol control research devoid of industry influence. This funding for research could be similar to that Proposed under the Social Impact Fund for the Gambling Regulatory Authority of Ireland (GRAI) (68). It would be vital in such a development that neither the alcohol industry nor their client SAPROs are in any way involved in the allocation of such funding. Funding for specific research examining alcohol industry involvement in practices to influence policy (70), as well as their camouflaging CSR activities such as greenwashing, gender-washing, and so forth should also be prioritized.

Finally robust peer review systems are vital to a robust research process. In order to help achieve research unbiased by the impacts of commerce peer review systems need to be both robust and rewarded. The proliferation of journals in recent years and increased competitiveness in the academic job market mean that it is increasingly difficult to secure peer-reviewers (71). Two





obvious solutions are either to pay reviewers for their time and expertise, something most of the commercial publishers could easily do given their significant profit margins. Alternatively more weight and recognition could be given to such activities in employment and promotion processes. Sites such as Publons (72) and ORCID (73) are now recording such peer review activity, although as yet little weight appears to be given to such activities by universities.

The machinations of Big Alcohol must not be under-estimated. The alcohol industry has a proven track record of the strategic manipulation of research and policy processes. Partnership with the alcohol industry is not a viable option. Alcohol is an addictive, toxic, psychotropic, carcinogenic, mutagen. The alcohol industry is based on a for-profit model, which relies on over-excessive consumption by a substantial minority. Robust systems are required to maintain the integrity of research. It is clear that the research infrastructure in Ireland is currently not well positioned to resist the influence of the alcohol industry. Significant developments are required in the fields of: policies in relation to funding those who have connections with the alcohol industry; sources of funding; conflict of interest and declaration of interest processes; ethics training; and peer review. Without improvements across all of these domains alcohol research in Ireland remains highly vulnerable to industry interference and manipulation.

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