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Responding to Intergenerational Trauma in People Affected by Problem Alcohol & Substance Use

Statement to Joint Committee on Drugs Use

Addiction Counsellors of Ireland (ACI) Thursday 16th October 2025

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Written Statement

Introduction

Chairperson and members of the committee, we wish to thank you most sincerely for the invitation to present a statement on the important issue of intergenerational trauma. The Addiction Counsellors of Ireland (ACI) is the country's leading accrediting body for addiction professionals. We represent members across counselling, supervision, and, as of 2025, addiction work. Since our founding in 1990 as the Irish Association of Alcohol and Addiction Counsellors, ACI has been at the forefront of developing professional standards in the field of addiction practice and support. With the introduction of accreditation for Addiction Workers in 2025, ACI became the first Irish accrediting body to formally recognise this essential cohort. This long-overdue milestone ensures that all professionals supporting people affected by addiction, not just counsellors, are properly qualified, represented, and supported.

ACI members maintain accreditation through annual renewal, ensuring their skills, qualifications, and ethical practice remain current. This gives clients, employers, and the public confidence that care is safe, effective, and delivered to the highest professional standards. By upholding rigorous accreditation criteria, we protect vulnerable individuals, strengthen trust in addiction services, and drive the continued professionalisation of the addiction sector. We greatly welcome this opportunity to contribute to your deliberations on this important topic, and to share our perspective on its implications for treatment, therapeutic practice, and the delivery of effective, evidence-based supports to individuals and families affected by both psychological trauma and addiction.

Addiction counsellors of Ireland (ACI) members work with a large cohort of people who have encountered a range of traumatic life experiences including those who have experienced intergenerational trauma. Our members work in a trauma-informed manner and provide therapeutic interventions which promote trauma stabilisation, with many highly trained specialists in trauma treatment. Trauma related interventions are offered within both one-to-one and group settings in line with identified needs and best available research evidence. Members regularly encounter people with complex needs including mental health problems, requiring active collaboration with a range of agencies including the HSE Mental Health Services. Comprehensive assessment, shared care, key working, case management and collaborative working are promoted across all levels of intervention in line with national policy (Barry & Ivers, 2014: Doyle & Ivanovic, 2010).

Background & Context

At a broad level, psychological trauma can be understood as the experience of a distressing or painful event over which an individual has little or no control. This may take the form of a single incident or repeated events that become part of daily life (Tusla & HSE, 2019). The co-existence of alcohol or substance use disorders and mental health difficulties is widely recognised (Sullivan, 2022). Traumatic life experiences are particularly common among people presenting with both mental health and alcohol/substance related problems (Goldstein et al., 2016; Coffey et al., 2016). Research indicates that between 36% and 52% of people diagnosed with post-traumatic stress disorder (PTSD) also meet the criteria for an alcohol use disorder (Roberts et al., 2015). Conversely, the prevalence of PTSD among people with substance use disorders is estimated to range from 15% to 42% (Reynolds et al., 2011; Mills et al., 2005).

Research demonstrates that the effects of psychological trauma are not confined to those who experience it directly but can influence the lives of subsequent generations. Intergenerational trauma describes how adverse experiences become embedded within families, with consequences that may be felt by children and grandchildren. Increasingly, policy frameworks recognise intergenerational trauma as the process by which harm and its impacts are carried forward across generations (TEO, 2023).

ACI Members' Contribution to Trauma Care

ACI members also play a key role in fostering resilience and supporting recovery among individuals and families impacted by trauma. Their work extends beyond direct therapeutic support to include advocacy, psychoeducation, and the promotion of safe, nurturing environments that reduce the risk of harm. Members emphasise empowerment and collaboration, helping clients to build coping skills, strengthen relationships, and connect with wider community supports. This holistic approach ensures that interventions are not only clinically informed but also responsive to the social and relational contexts in which trauma is experienced.

Our members frequently support people with co-occurring mental health difficulties, requiring close collaboration with partner agencies, including HSE Mental Health Services. Comprehensive assessment, shared care, key working, and case management are central features of this approach, with collaborative working promoted at every level of intervention (Barry & Ivers, 2014; Doyle & Ivanovic, 2010). We recognise the strong links between mental health, addiction, and homelessness, and work jointly with other agencies to support people in accessing appropriate accommodation, which is acknowledged as a key determinant of health and wellbeing (HSE, 2024a). Within this context, ACI members play a vital role in reducing the risk of intergenerational trauma. By acknowledging the impact of past experiences on families, promoting safe and supportive environments, and strengthening resilience, members contribute to breaking harmful cycles and fostering healthier outcomes across generations.

In this statement, we will consider the contributing factors, contexts, and consequences of intergenerational psychological trauma as observed through our work in the addiction field. We will set out a series of thematic priorities and describe a continuum of interventions through which psychological supports and therapeutic responses may be delivered. Finally, we will present a number of focused policy recommendations, accompanied by workforce development measures, to ensure that services are effective, evidence-based, and responsive to the needs of individuals, families, and communities.

Intergenerational Trauma – Contributing & Contextual Factors

ACI members witness first-hand how adverse childhood and family experiences shape vulnerability, health and social risks. Our practice provides vital evidence to inform policy, highlighting how family dynamics, community disadvantage, and systemic barriers must be addressed through coordinated strategies to reduce harm and promote resilience across generations. Adverse experiences can take many forms. They may include direct trauma such as abuse or neglect, or difficulties within the home environment, such as exposure to domestic violence or growing up with family members who misuse alcohol or other substances (Tusla & HSE, 2019, p. 4). A number of important factors help to contextualise and contribute to our understanding of the transfer of psychological distress across generations of families affected by problem alcohol and substance use.

- **The role of families:** Families are central to child development and play an important role in shaping how experiences of trauma may be carried across generations. Key influences include overall family functioning, parenting capacity, the quality of parent–child relationships, parental mental health, and the impact of a parent's own childhood experiences. Where parents have themselves been affected by trauma, this can create additional challenges in family life and may influence how trauma is experienced by the next generation (Reese et al., 2022).
- **Parental substance use as a risk factor:** In Ireland, parental alcohol or drug misuse is recognised as a significant risk factor for children. For some, this can be experienced as trauma, contributing to school difficulties, early caregiving responsibilities, mental health challenges, or involvement in risky behaviours. These circumstances may also be associated with neglect, developmental difficulties, poorer educational outcomes, and long-term health impacts. Many parents who access treatment services have themselves lived through trauma, including experiences such as domestic violence or childhood sexual abuse. This highlights the importance of ensuring that family supports are trauma-informed and responsive. The Health Research Board (2024) notes that parental substance misuse is strongly linked to adverse childhood experiences (ACEs) and may contribute to the continuation of trauma and addiction across generations (Tusla & HSE, 2019; HRB, 2024).
- **Parenting practices and modelling:** young people often mirror behaviours observed at home. Adolescents who witness intoxication are more likely to drink regularly, and parental drug use increases the likelihood of young people's own use. Family structure also shapes risk, with separation, bereavement, and conflict linked to higher alcohol misuse. Parenting style is crucial: supportive involvement and clear monitoring protect against early alcohol and substance use, while permissive attitudes increase the risks of early drinking, binge drinking, and potential dependency. Providing alcohol to children is particularly harmful, accelerating harmful patterns of use (Doyle et al., 2022).

- **Community influences:** children in communities with high levels of substance use face added risks, with early behavioural patterns sometimes signalling future problems. Trauma and life challenges increase vulnerability, though not all risks are visible. However, positive parental involvement remains the strongest protective factor, for young people living in environments where systemic problem alcohol and drug use prevails (Department of Health, 2017).
- **Traveller and Roma communities:** intergenerational trauma also affects educational engagement within Traveller and Roma communities. These communities often face multiple disadvantages, including poverty, discrimination, and limited access to appropriate supports. Such systemic barriers can heighten vulnerability and compound the risks associated with alcohol and substance use, while also limiting opportunities for positive educational outcomes (Pavee Point Traveller and Roma Centre, 2024).
- **Protective factors and resilience:** despite risks, evidence shows that the effects of parental ACEs can be mitigated. Safe and nurturing environments, supported by positive social networks, build resilience. Trauma-informed care that acknowledges parental ACEs can foster self-empowerment, strengthen family capacities, and reduce the risk of trauma continuing into the next generation (Ballard et al., 2019).

Priorities in Reducing Intergenerational Trauma

Through frontline counselling, key working, case management, family support, and collaborative care planning, ACI members embed trauma-informed practice and translate national policy into effective, compassionate interventions. Their work reduces harm while strengthening resilience among individuals, families, and communities affected by problem alcohol and substance use. Within this context, addressing intergenerational trauma requires a coordinated, evidence-based approach, underpinned by a sustained commitment to supporting families, enhancing practice, and ensuring services remain responsive. From this perspective, several thematic priorities emerge.

- **Strengthening protective environments:** resilience and protective factors are central to reducing risks for children and families. Safe, substance-free family environments provide positive role models and help prevent early experimentation with alcohol or drugs. Youth participation, targeted family supports, and community-based programmes can further reduce harmful behaviours (Cleaver et al., 2011; Department of Health, 2017).

- **Coordinated and responsive systems:** families affected by parental problem alcohol and substance use require supports that embody joined-up leadership and collaboration. Clear strategies, adequate resources, and cross-sector training are vital to avoid fragmented responses. Early intervention in cases of domestic abuse, combined with embedding trauma-informed practice across schools, health, and youth services, ensures effective action. Lived experience voices remain essential in shaping compassionate, relevant services (Alcohol Action Ireland, 2023; Department of Health, 2017).
- **Understanding family dynamics:** it is crucial to recognise the lived experiences of children, parents, and extended families, with attention to historical factors shaping current circumstances. Multidisciplinary partnerships between addiction, mental health, and child protection services are key in safeguarding children and supporting parents in treatment (Cleaver et al., 2011).
- **Addressing complex risks:** trauma and life difficulties often heighten vulnerability to risk-taking behaviour. Tailored interventions can mitigate these risks, with particular attention to women and mothers, where domestic abuse, mental health difficulties, and addiction frequently intersect (Department of Health, 2017).
- **Embedding trauma-informed culture:** integrated, trauma-informed care improves outcomes through respectful, person-centred approaches. This requires workforce training, sustainable dual diagnosis pathways, and environments that promote safety and family reconnection (HSE, 2024; Tusla & HSE, 2019).
- **Strategic direction and innovation:** contemporary policy highlights the importance of embedding trauma-informed practice across prevention, treatment, and rehabilitation systems. Addressing trauma-related co-occurring disorders consistently, supported by counselling and evidence-based interventions, is a national priority (Department of Health, 2025; Department of Health, 2017).
- **Service development and delivery:** the roll-out of Integrated Alcohol Services demonstrates the value of community-based psychosocial interventions, family support, and seamless care pathways. Experience in Cork, Limerick, Galway, and North Dublin illustrates the need for local adaptation with national oversight and continuous evaluation (HSE, 2024b).
- **Integrating trauma, substance use, and mental health:** trauma, substance use, and mental health are often interconnected. Trauma-informed approaches must therefore run across the treatment continuum to ensure coordinated responses and avoid siloed care (HSE, 2024).
- **Building the evidence base:** further research should explore the gendered dynamics of intergenerational trauma, particularly whether patterns differ between mothers and daughters or fathers and sons. Such insights can inform more tailored interventions and strengthen family resilience (Nichol et al., 2025).

- **Prevention through policy:** prevention efforts must be embedded in holistic, integrated policy frameworks. Strategies should account for parental substance misuse and wider family contexts, focusing on reducing risks while strengthening protective supports at community level (Doyle et al., 2023).

Continuum of Psychological Interventions for Trauma

In our view, addressing intergenerational trauma begins with recognising the inherent strengths and potential of individuals, families, and communities. Those living with traumatic life experiences benefit most when services prioritise safety, dignity, and empowerment. Evidence consistently demonstrates that when health, social care, education, and community systems work together, outcomes improve and resilience is strengthened (Department of Health, 2025; HSE, 2024; Doyle et al., 2023; Department of Health, 2017; Cleaver et al., 2011).

A balanced approach that combines prevention, early support, specialist interventions, and community-based responses offers the best chance of reducing harm and creating opportunities for recovery. Grounding this approach in best practice and lived experience ensures that support is both compassionate and effective, helping families to build on their existing strengths and move towards healthier, more connected futures. The following continuum of support and intervention is proposed (i) universal trauma-informed practice, (ii) identification and early recognition, (iii) targeted and preventative interventions, (iv) trauma-focused therapeutic responses, (v) specialist and integrated services, and (vi) system & organisational change.

- **Universal Awareness & Trauma-Informed Practice:** all staff in services (health, education, justice and community) require a basic understanding of trauma: what it is, how it can affect people, and how environments and relationships can support recovery. This includes ensuring safety, respect, choice, and avoiding re-traumatisation in everyday interactions (Greig, 2025). Hidden Harm resources offer useful guidance in this regard (TUSLA & HSE 2019).
- **Identification & Recognition:** staff should be able to notice signs of trauma (in behaviour, relationships, physical or emotional distress) and to ask about them sensitively. This is not to diagnose, but to ensure that early needs are addressed (Bunting et al., 2018)
- **Trauma-Informed Supports & Low-to-Moderate Interventions:** this includes early support, non-therapeutic interventions, psychoeducation, peer support, family support, and ensuring environments are stable and nurturing. These supports aim to reduce risk, strengthen resilience, and prevent escalation of difficulties (Long & Lynch 2025). This may also include the utilisation of both trauma

stabilisation and coping/addiction recovery skills within both community and residential addiction services. Current HSE pilot programmes including *Seeking Safety* (Schafer et al., 2019; Najavits, 2007), a trauma stabilisation model, and *CoSAR* (HSE, 2025), a coping skills for addiction recovery programme offer appropriate frameworks for trauma stabilisation within this context. Both provide evidence-based, skills-focused interventions at a low-to-moderate level of intensity, suitable for delivery in group settings. These programmes represent an important step in embedding trauma-informed responses within addiction services, ensuring that service users receive appropriate stabilisation and support. Crucially, they can be delivered by appropriately trained staff operating within existing drug and alcohol services, thereby strengthening system capacity without requiring the creation of parallel structures.

- **Trauma-Focused or Trauma-Specific Interventions:** professionals with specialist trauma treatment skills are best placed to deliver interventions directly addressing trauma symptoms for people who have had specific traumatic experiences, e.g. Trauma-Focused Cognitive Behaviour Therapy (TF-CBT), Eye Movement Desensitisation and Reprocessing (EMDR), or other evidence-based therapies. Such interventions can be delivered by appropriately trained staff within addiction services in collaboration with mental health teams (Mooney et. al., 2025: NICE 2018). It is imperative that alcohol and substance misuse treatments are delivered concurrently with trauma interventions rather than consecutively. This represents a shift from traditional practice in Ireland; however, international evidence clearly demonstrates that trauma and addictive behaviours can and should be treated together. Crucially, research confirms that extended periods of abstinence are not a prerequisite for effective trauma treatment, with integrated approaches producing positive outcomes for both substance use and psychological wellbeing (Simpson et al., 2021; Ruglass et al., 2017; Coffey et al., 2016). It is clear from literature that clients, regardless of abstinence status, achieve benefits from trauma-focused interventions (Simpson et. al., 2021). Ireland's treatment system should therefore align with this evidence by embedding integrated, trauma-focused models of care within addiction services as a matter of priority.
- **Dual Diagnosis Specialist Services:** for more complex needs (e.g. co-occurring severe mental health problems, severe substance use, and where trauma is very prolonged or repeated e.g., complex PTSD), a more specialised, approach may be required. This may involve coordination across services (mental health & substance misuse), highly specialist clinicians, dual-diagnosis pathways, trauma-informed assessment and care planning. This level of intervention would be best provided by specialist, highly trained trauma-focused addiction counsellors integrated within mental health dual diagnosis teams (Mooney et. al., 2025: HSE, 2024; NICE 2018).

- **System & Organisational Change:** For long-term effectiveness, organisations need to embed a trauma-informed culture. This involves leadership support, policy change, workforce training, and regular system reviews. Services should also be designed with input from lived experience and delivered in environments that are physically and emotionally safe. Taken together, these measures create sustainable and consistent responses across all levels of service delivery (Long & Lynch, 2025; Mooney et al., 2025; HSE, 2024).

Recommendations

In light of the experience of our members, and informed by contemporary research evidence, ACI proposes the following policy recommendations alongside corresponding workforce development priorities. These recommendations are designed to strengthen family supports, embed trauma-informed practice, and ensure that supports and interventions for trauma and alcohol/substance use are delivered concurrently and effectively across health, social care, education, and community systems.

Policy Recommendations

- **Continue to invest in family-centred supports:** that strengthen parenting capacity, parent–child relationships, and whole-family wellbeing, underpinned by clear and consistent referral pathways between support services.
- **Strengthen protective environments:** by supporting evidence-based family and youth programmes, and resourcing community hubs that promote safe, substance-free spaces alongside positive connections through education, sport, and peer support.
- **Build universal trauma awareness:** by equipping all frontline staff who engage with children, families, and adults in distress with the skills to respond safely, respectfully, and sensitively to trauma.
- **Mainstream trauma-informed practice:** across relevant sectors including health, education, social care, youth, and justice. This should include shared care protocols on domestic abuse and child welfare, and embedding of lived experience in service design, delivery, and evaluation.
- **Deliver trauma-informed, culturally responsive care:** for families affected by parental alcohol and substance use, ensuring early identification of children at risk. Responses should prioritise inclusion of vulnerable and excluded groups, including people experiencing homelessness, Traveller and Roma communities, asylum seekers and immigrant populations.
- **Embed concurrent care pathways:** so that trauma and alcohol/substance use are assessed and treated together, with dual-diagnosis access fully available to addiction services.

- **Expand coping skills and trauma stabilisation programmes:** including Seeking Safety and CoSAR, within community and residential addiction services, ensuring structured, skills-based interventions are widely available.
- **Provide specialist trauma-focused therapies:** including Trauma-focused CBT and EMDR within addiction and mental health teams, with shared clinical care arrangements incorporating explicit standards for the concurrent treatment of trauma and substance use.
- **Provide timely access to integrated dual-diagnosis services:** for people with complex needs, ensuring that concurrent trauma and substance use treatment becomes the default. This may include specialist trauma-focused addiction counsellors embedded within multidisciplinary mental health teams, supported by joint care planning, integrated pathways, and trauma-informed case coordination.

Workforce Development Recommendations

- **Trauma-Informed Practice:** all frontline staff across health, social care, education, and justice should receive induction in trauma-informed practice, with emphasis on safety, respect, choice, and avoiding re-traumatisation.
- **Training on Intergenerational Trauma:** training on intergenerational trauma and adverse childhood experiences (ACEs) should be available to all addiction mental health workers. This should include strengthening cultural competence, ensuring staff are equipped to work sensitively with excluded and vulnerable groups, including Traveller and Roma communities, people experiencing homelessness, asylum seekers and immigrant populations. This should incorporate the TUSLA/HSE Hidden Harm training to equip staff in recognising the impact of parental alcohol and substance use on children and families.
- **Early Recognition:** staff within addiction, mental health and family support services should be trained in sensitive enquiry and early recognition of trauma indicators. This may include delivering brief interventions, providing psychoeducation, and referring families and individuals to appropriate stabilisation supports.
- **Concurrent Care:** workforce development should emphasise the importance of concurrent care, ensuring trauma and substance use are assessed and treated together rather than sequentially. Staff should be confident in joint care planning and collaboration across addiction, mental health, and child protection, youth and family support services.
- **Stabilisation Programmes**: addiction counsellors and workers should have access to skills-based training in stabilisation and coping skills for addiction recovery programmes. This may include structured, evidence-based programmes such as Seeking Safety and CoSAR, which may be delivered within community and residential treatment settings.

- **Specialist Training:** More advanced training opportunities should be developed for addiction counsellors and other appropriate addiction workers to deliver trauma-focused therapies, including Trauma-Focused CBT and EMDR.
- **Leadership:** Leaders and managers should receive training that supports the embedding of trauma-informed culture at organisational level. This includes establishing supervision frameworks, monitoring fidelity to trauma-informed practice, and incorporating lived experience into service design, delivery, and evaluation.
- **Ongoing Professional Development** should ensure that all clinical staff clinicians have clear progression routes, access to clinical supervision, self-care strategies and opportunities to build the competencies required at each level of intervention.

Conclusion

Adverse childhood experiences (ACEs) and intergenerational trauma represent some of the most significant challenges facing families and communities affected by problem alcohol and substance use. The evidence is clear that trauma does not remain confined to one generation but can reverberate across families, shaping health, wellbeing, educational engagement, and life opportunities. While these risks are serious, they are not inevitable. With the appropriate supports, families can be strengthened, cycles of harm disrupted, and resilience fostered.

From a policy perspective, Addiction Counsellors of Ireland (ACI) emphasise the need for comprehensive and sustained action. Family-centred supports that strengthen parenting, relationships, and whole-family wellbeing must be prioritised, with clear pathways between addiction, mental health, and family services. Trauma-informed and culturally appropriate responses are essential to ensure that children affected by parental substance use are identified early. This should include a particular focus on socially excluded groups. Crucially, concurrent care should become standard practice in treating trauma and substance use i.e., treating both at the same time instead of one after the other. This requires clear national standards, evidence-based interventions, and integration across health, social care, education, and justice sectors.

Alongside policy reform, workforce development is central to achieving meaningful change. Universal trauma awareness training must be available to all frontline staff, supported by specific programmes such as the HSE Hidden Harm initiative. Addiction workers and counsellors require skills-based training in stabilisation and coping skills interventions, including Seeking Safety and CoSAR. Specialist training in Trauma-Focused CBT, EMDR should also be embedded within an integrated care model supported under robust clinical governance and shared care arrangements. Finally, organisations need to cultivate

trauma-informed cultures through leadership development, effective supervision frameworks, and continuous professional progression. By aligning policy and workforce development in this way, Ireland can reduce the impact of intergenerational trauma, promote recovery, and ensure healthier outcomes for future generations.

References

Alcohol Action Ireland (2023) *Policy briefing: Problem alcohol use in the home, the invisible victims of alcohol harm*. Dublin: Alcohol Action Ireland. Available at: http://alcoholireland.ie/wp-content/uploads/2023/10/Policy-Briefing-Problem-Alcohol-Use-In-The-Home-The-Invisible-Victims-Of-Alcohol-Harm.pdf

Barry, J. and Ivers, M.J.H. (2014) *Evaluation report of the national drugs rehabilitation framework pilot*. Dublin: Health Service Executive. Available at: https://www.drugsandalcohol.ie/21600/

Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D. and Davidson, G. (2018) *Developing trauma-informed practice in Northern Ireland: Key messages report*. Belfast: Safeguarding Board for Northern Ireland. Available at: https://www.safeguardingni.org/sites/default/files/2020-11/ACEs%20Report%20A4%20Feb%202019%20Key%20Messages.pdf

Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's needs – parenting capacity: Child abuse, parental mental illness, learning disability, substance misuse and domestic violence*. 2nd edn. London: The Stationery Office. Available at: http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

Coffey, S.F., Schumacher, J.A., Brady, K.T. and Dansky, B.S. (2016) 'Trauma-focused exposure therapy for chronic posttraumatic stress disorder in alcohol and drug dependent patients: A randomized controlled trial', *Psychology of Addictive Behaviors*, 30, pp. 778–790. Available at: https://psycnet.apa.org/record/2016-51868-001

Department of Health (2025) *Evaluation of the National Drug Strategy "Reducing Harm, Supporting Recovery 2017–2025"*. Dublin: Department of Health. Available at: https://www.drugsandalcohol.ie/43790/1/Evaluation_of_the_National_Drug_Strategy_Reducing_Harm_Supporting_Recovery_2017-2025.pdf

Department of Health (2017) *Reducing harm, supporting recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health. Available at: http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

Doyle, A., Sunday, S., Galvin, B. and Mongan, D. (2022) *Alcohol and other drug use among children and young people in Ireland: Prevalence, risk and protective factors, consequences, responses, and policies*. HRB Overview Series 12. Dublin: Health Research Board. Available at: http://www.hrb.ie/wp-content/uploads/2024/06/HRB_Overview_Series_12.pdf

Doyle, J. and Ivanovic, J. (2010) *National drugs rehabilitation framework document*. Dublin: Health Service Executive. Available at: https://www.hse.ie/eng/services/publications/socialinclusion/ndric/ndrframework.pdf

Greig, M. (2025) *Trauma-informed approaches*. Belfast: Research and Information Service; Briefing Paper, Northern Ireland Assembly. Available at: https://www.niassembly.gov.uk/globalassets/documents/raise/publications/2022-2027/2025/executive_office/5125.pdf

Goldstein, R.B., Smith, S.M., Chou, S.P., Saha, T.D., Jung, J., Zhang, H., Pickering, R.P., Ruan, W.J., Huang, B., Grant, B.F. and Hasin, D.S. (2016) 'The epidemiology of DSM-5 posttraumatic stress disorder in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III', *Social Psychiatry and Psychiatric Epidemiology*, 51, pp. 1137–1148. Available at: https://link.springer.com/article/10.1007/s00127-016-1208-5

HSE (2025) *CoSAR (Coping Skills for Addiction Recovery): Addiction recovery & aftercare skills programme*. Dublin: Health Service Executive.

HSE (2024a) *The health of persons experiencing homelessness in Ireland: A strategic framework (2023–27)*. Dublin: Health Service Executive. Available at: https://www.drugsandalcohol.ie/40895/

HSE (2024b) *Model of care for people with mental disorder and co-existing substance use disorder (dual diagnosis)*. Dublin: Health Service Executive. Available at: https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/dual-diagnosis-model-of-care.pdf

Long, M. and Lynch, L. (2025) *Developing trauma-informed systems in Northern Ireland: A review of organisations' experiences of implementing a trauma-informed approach using an external assessment*. Belfast: Safeguarding Board for Northern Ireland, Ulster University. Available at: https://pure.ulster.ac.uk/en/publications/developing-trauma-informed-systems-in-northern-ireland-a-review-o

Mills, K.L., Teesson, M., Ross, J. and Peters, L. (2005) 'Post-traumatic stress disorder among people with heroin dependence in the Australian Treatment Outcome Study (ATOS): Prevalence and correlates', *Drug and Alcohol Dependence*, 77, pp. 243–249. Available at: https://pubmed.ncbi.nlm.nih.gov/15734224/

Mooney, S., Fargas Malet, M., MacDonald, M., O'Neill, D., Bunting, L., Walsh, C., Hayes, D. and Montgomery, L. (2025) *Implementing trauma-informed approaches in Northern Ireland: An organisational review, executive summary*. Belfast: Safeguarding Board for Northern Ireland. Available at: https://www.qub.ac.uk/home/Filestore/implementing-trauma-informed-approaches-ni.pdf

Najavits, L.M. (2007) 'Seeking safety: An evidence-based model for substance abuse and trauma/PTSD', in Witkiewitz, K.A. and Marlatt, G.A. (eds.) *Therapist's guide to evidence-based relapse prevention*. San Diego: Elsevier Academic Press, pp. 141–167. https://doi.org/10.1016/B978-012369429-4/50037-9

Nichol, M.R., Castelino, L., et al. (2025) 'The intergenerational transmission of trauma, adverse childhood experiences, and adverse family experiences: A family case study approach', *Behavioral Sciences*, 15(2), p.161. Available at: https://doi.org/10.3390/bs15020161

NICE (2018) *Post-traumatic stress disorder guideline: 1.7 Care for people with PTSD and complex needs*. London: National Institute for Health and Care Excellence. Available at: https://www.nice.org.uk/guidance/ng116/resources/posttraumatic-stress-disorder-pdf-66141601777861

Pavee Point Traveller and Roma Centre (2024) *Report of Pavee Point education and training roundtable – Travellers and Roma in education and training, 22 November 2023*. Dublin: Pavee Point Traveller and Roma Centre. Available at: https://www.paveepoint.ie/wp-content/uploads/2024/03/Pavee-Point-Ed-Conference-Report-Final-Nov-22-23-1.pdf

Reese, E.M., et al. (2022) 'Intergenerational transmission of trauma: The mediating role of parents' adverse and positive childhood experiences', *Frontiers in Psychiatry*. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC9141097/

Reynolds, M., Mezey, G., Chapman, M., Wheeler, M., Drummond, C. and Baldacchino, A. (2011) 'Trauma and post-traumatic stress disorder in a drug treatment community service', *The Psychiatrist*, 35, pp. 256–260. Available at: https://www.cambridge.org/core/journals/the-psychiatrist/article/trauma-and-posttraumatic-stress-disorder-in-a-drug-treatment-community-service/6A4CBD167C9AABBF75FB3CC8A85A0361

Roberts, N.P., Roberts, P.A., Jones, N. and Bisson, J.I. (2016) 'Psychological therapies for post-traumatic stress disorder and comorbid substance use disorder', *Cochrane Database of Systematic Reviews*, 4, CD010204. Available at: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010204.pub2/full

Ruglass, L.M., Radoncic, G., Ebrahimi, C., Hien, D.A., Fitzmaurice, G.M. and Nunes, E.V. (2017) 'Concurrent treatment with prolonged exposure for co-occurring full or subthreshold posttraumatic stress disorder and substance use disorders: A randomized clinical trial', *Psychotherapy and Psychosomatics*, 86, pp. 150–161. Available at: https://karger.com/pps/article-abstract/86/3/150/282984/Concurrent-Treatment-with-Prolonged-Exposure-for

Schafer, I., et al. (2019) 'A multisite randomized controlled trial of Seeking Safety vs. relapse prevention training for women with co-occurring posttraumatic stress disorder and substance use disorders', *European Journal of Psychotraumatology*, 10, 1577092. Available at: https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1577092

Simpson, T.L., Lehavot, K., Petrakis, I.L., Rosen, C.S., Seal, K.H., Trafton, J.A. and Hien, D.A. (2021) 'Efficacy and acceptability of interventions for co-occurring PTSD and SUD: A meta-analysis', *Journal of Anxiety Disorders*, 84, p. 102490.Available at: https://www.sciencedirect.com/science/article/pii/S0887618521001377

Sullivan, M. (2022) *Drug use and mental health: Comorbidity between substance use and psychiatric disorders*. Cham: Springer International Publishing. Available at: https://link.springer.com/chapter/10.1007/978-3-030-84834-7_1

The Executive Office (2023) *Strategy for victims and survivors of the Troubles/Conflict*. [Consultation draft]. Belfast: Northern Ireland Executive Office. Available at: https://consultations.nidirect.gov.uk/teo/public-consultation-on-the-new-strategy-for-victim/user_uploads/victims-and-survivors-strategy.pdf

Tusla & HSE (2019) *Hidden harm practice guide: Seeing through hidden harm to brighter futures*. Dublin: Health Service Executive and Tusla Child and Family Agency. Available at: https://www.drugsandalcohol.ie/30190/1/PracticeGuide.pdf