

Public Health Wales response to the Equality and Social Justice Committee Inquiry into the public health approach to preventing gender-based violence

Introduction

The Equality and Social Justice Committee is undertaking an inquiry into the public health approach to preventing gender-based violence. The inquiry will explore how effective the implementation of a public health approach to preventing gender-based violence has been, and what more could be done. This paper outlines the Public Health Wales response to the inquiry. This paper will be accompanied by the submission of oral evidence to the Committee on 22nd May 2023.

Background

Gender-based violence is a major public health problem, a criminal justice issue, and a violation of human rights. Violence contributes significantly to the global burden of premature death and injury, as well as having serious, lifelong consequences for health and wellbeing (Krug et al., 2002). Preventing violence before it occurs and developing effective response strategies can improve the health and wellbeing of individuals and communities, and have a wider positive impact for the economy and society (World Health Organization, 2021).

Public Health Wales plays an important and wide-ranging role in the prevention of gender-based violence in Wales. This ranges from programmes and projects which have a direct impact on the prevention of gender-based violence, including resourcing of a permanent team focused on the prevention of violence through a public health approach, including as a founding member of the Wales Violence Prevention Unit (VPU); hosting of the ACE Hub Cymru which seeks to establish Wales as a world leader in preventing, tackling and mitigating the impacts of ACEs and trauma; and the National Safeguarding Team (NST) which works to improve NHS safeguarding response across Wales.

Public Health Wales also delivers programmes which have an indirect impact on preventing gender-based violence, as well as working closely with Welsh Government and other criminal justice, health and voluntary sector partners, such as:

- First Thousand Days Programme
- Wales Healthy Schools Programme
- Whole School Approach to Emotional Health and Wellbeing
- Representation on the national partnership board for the VAWDASV Blueprint and chairing of workstreams
- Representation on the Criminal Justice Board including chairing of the early intervention and prevention workstream

Responding to the terms of reference of the inquiry

The terms of reference for the inquiry are to:

1. Put a spotlight on what works in preventing gender-based violence before it occurs (primary prevention) and intervening earlier to stop violence from escalating (secondary prevention).
2. Consider the effectiveness of a public health approach to preventing gender-based violence and what more needs to be done to address the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.
3. The role of the public sector and specialist services (including the police, schools, the NHS, the third sector and other organisations that women and girls turn to for support) in identifying, tackling and preventing violence against women, and their role in supporting victims and survivors.

This paper begins with outlining some of the key concepts used in the inquiry, including the definition of gender-based violence, a public health approach to violence prevention, and risk and protective factors for gender-based violence. This is followed by sections which address each point in turn, concluding with suggestions of opportunities for action.

What is gender-based violence?

Gender-based violence refers to “*any type of harm that is perpetrated against a person or group because of their factual or perceived sex, gender, sexual orientation and/ or gender identify*” (Council of Europe, 2023).

Gender-based violence is based on an imbalance of power and is carried out with the intention to humiliate and make a person or group of people feel inferior and/ or

subordinate. This type of violence is deeply rooted in the social and cultural structures, norms and values that govern society, and is often perpetuated by a culture of denial and silence. It is both a cause and a consequence of gender inequality.

Gender-based violence is disproportionately perpetrated by men, and women and girls are disproportionately victimised. However, men and boys can also be the target of gender-based violence, and this should not be neglected in response and prevention efforts. As such, the term gender-based violence is often used interchangeably with violence against women, and/ or violence against women, domestic abuse and sexual violence (VAWDASV).

What is violence prevention?

Violence can be predicted and prevented like any other public health issue. Public health identifies three tiers of prevention (figure 1). Primary prevention aims to prevent violence before it occurs, secondary prevention focuses on the immediate response to violence (early intervention), and tertiary prevention focuses on long-term care and harm reduction after violence has occurred. We need coordinated interventions at each tier to make sure that violence, at a population level, is not only stopped before it occurs, but that it is responded to in a safe, effective and compassionate way when it does happen, helping to prevent violence in the future.

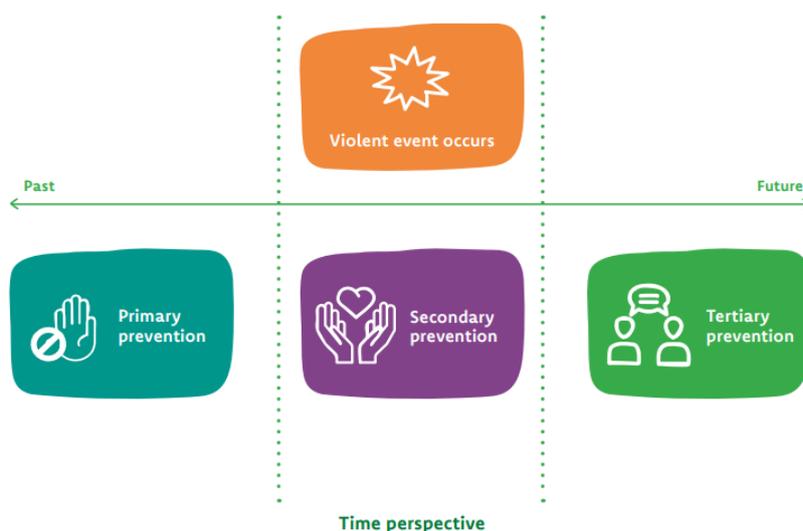


Figure 1: Spectrum of prevention

Primary prevention

Primary prevention means stopping violence from happening in the first place. It means transforming the social conditions, such as gender inequality that excuse, justify or even gender-based violence. Whilst individual behavioural change may be the intended result of prevention activity, it can't be achieved before, or in isolation from, a broader shift in the underlying drivers of violence across communities, organisations and society as a whole. Primary prevention approaches can work across the whole population (universal) or be targeted at particular groups which may be at an increased risk of experiencing violence (targeted). Examples of these programmes include early years and family support, whole-school approaches to preventing gender-based violence, or active bystander training.

Secondary prevention

Secondary prevention (early intervention) supports people at the earliest opportunity when they have experienced violence. This can prevent violence from recurring and can limit harm through a safe and compassionate response. Secondary prevention includes taking a trauma-informed approach by listening to and believing people who've experienced violence and trauma, recognising their strengths as individuals, and promoting opportunities for their wellbeing, healing and recovery. It is important to recognise that different people will need different types of support depending on their needs and circumstances. Secondary prevention also includes making sure people know where to report any violence they have experienced or witnessed. Examples of secondary prevention include identification and referral in healthcare settings, to specialist service support, therapeutic care, helplines or diversion of those at risk of entering the criminal justice system.

Tertiary prevention

This involves response, treatment and rehabilitation after violence has occurred, as well as prevention of long-term harm, including repeat victimisation or perpetration. Examples of these programmes include long-term support and advocacy for victims, management of offenders, or perpetrator programmes.

When all three types (primary, secondary and tertiary) are used together, they create a comprehensive response to violence.

What is a public health approach to preventing gender-based violence?

A public health approach is a way of working that focuses on the health, safety and wellbeing of an entire population. It draws upon multi-disciplinary evidence to take a systematic approach to promoting health and wellbeing and reducing health inequalities across a population. The tools and skills used to understand public health problems can also be adapted to complement existing approaches used by policing and criminal justice partners to prevent violence.

The World Health Organization's (Krug et al., 2002) public health approach to violence prevention is often used as a frame of reference for developing a systematic and evidence-informed process for violence prevention. The Wales VPU (Snowdon et al., 2023) have worked with partners across Wales to coproduce an adapted version of this model to create a public health approach to violence prevention that works for Wales. The four-step model set out below reflects the views of stakeholders in Wales and developments in knowledge about the practical implementation of violence prevention efforts:

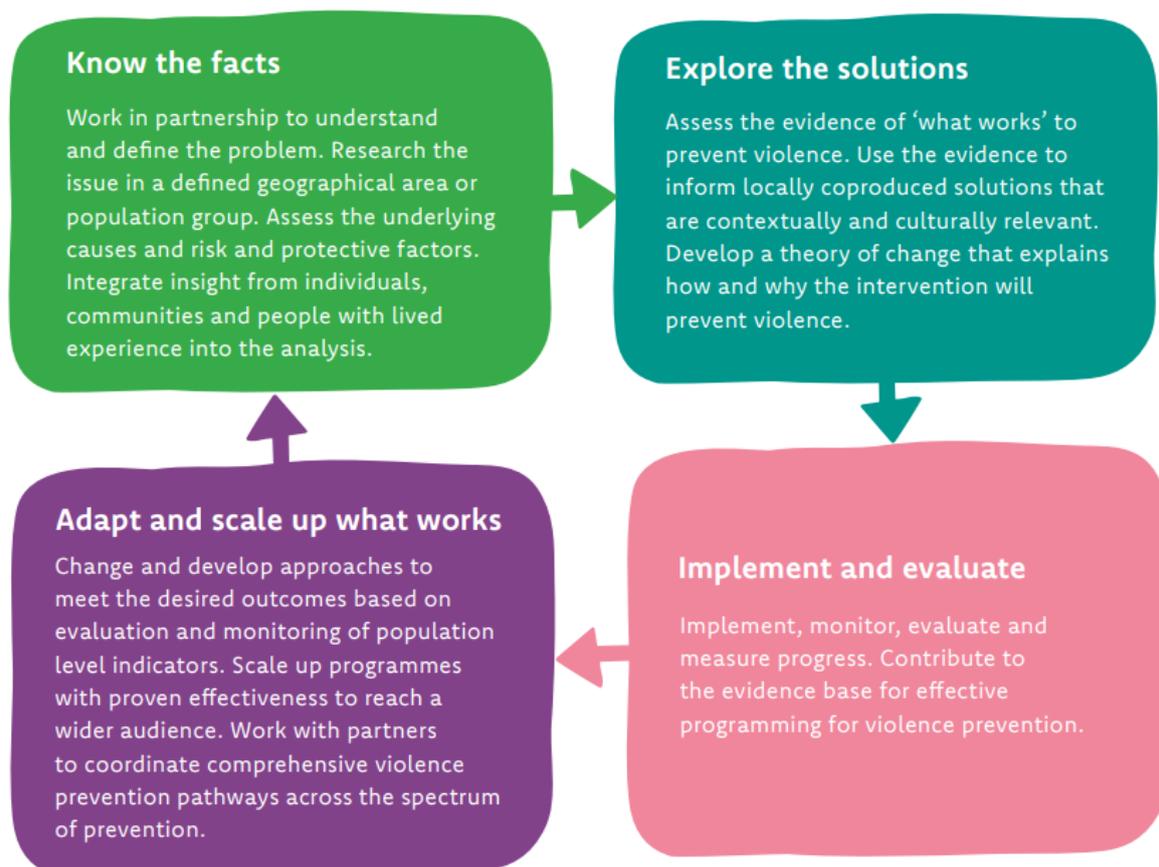


Figure 2: The four stages of a public health approach to violence prevention (Snowdon et al., 2023)

In addition to this approach, the following guiding principles are widely considered to be key features of a public health approach:

- **Population health** – A public health approach takes into account the health of whole populations, rather than individuals. The foundation of this approach is to understand the health needs of an identified population and use population level data to identify trends, patterns, associations, and inequalities in health need. This knowledge can be used to inform prevention programming, resourcing, and strategic action.
- **Evidence-based** – violence prevention programming should be informed by the best available evidence of effective practice. Programmes should be based on a theory of change and should be evaluated with the findings made publicly available to build the collective evidence base of ‘what works’ to prevent violence. The Wales VPU in partnership with Liverpool John Moore’s University

have created a [Violence Prevention Evaluation Toolkit](#) which is a user-friendly guide to evaluating violence prevention interventions (Quigg et al., 2020).

- **Preventative** – programmes should be implemented across the spectrum of prevention; to prevent violence before it occurs (primary prevention); respond earlier and more effectively to reduce harm when it does occur (secondary prevention); and to prevent reoffending, re-traumatisation and prevent the intergenerational cycle of violence and abuse (tertiary prevention).
- **Focused on addressing the root causes of violence, vulnerability, and inequality** – violence prevention interventions should take an aetiological approach. This means focusing on understanding and seeking to address the causes of violence, vulnerability, and inequalities in affected communities. Interventions should be based on a theory of change which seeks to tackle these causes and address the negative impact of risk factors which promote violence.
- **Asset-based and empowering** – programmes should be designed to build on the resilience and assets of individuals and communities. Interventions should empower partners, communities and individuals to prevent violence, rather than being based on a punitive approach.
- **Place-based and coproduced** – interventions should be context specific and designed in partnership with the communities in which they take place. This is sometimes described as ‘by and for’ communities who have the knowledge of their area. This should include the voices of those with lived experience including victims and survivors.
- **Working in partnership and whole system leadership** - violence prevention initiatives should draw upon multi-disciplinary, multi-agency expertise through a partnership approach. The prevention of violence is a societal issue that requires action by the whole system including multiple agencies, it cannot be done in isolation.
- **Policy and legislation that is supportive of violence prevention** – a public health approach involves advocating for policy and legislation that is supportive of a public health approach to violence prevention, such as recognition of the importance of preventative approaches that enhance the health and wellbeing of future generations.

- **Trauma-informed** - There is national and international recognition of the importance of working in a trauma-informed way. Recognising the impact of traumatic experiences allows support services to mitigate any further impacts of the trauma. International research has highlighted strong links between trauma-informed approaches and improved health and wellbeing. The ACE Hub Wales and Traumatic Stress Wales have recently published a [National Framework to Respond to Trauma in Wales](#) (2022). This framework establishes a consistent definition and framework for the implementation of trauma-informed approaches in Wales.
- **Life course approach** – a life course approach is one that considers the impact of violence and opportunities for prevention across the life course. Through a public health lens, it is important to understand that interventions (especially those in early childhood) can prevent violence in the long term, and improve educational outcomes, employment prospects and the health and wellbeing of individuals and communities. They also have wider implications for the economy and society. A public health approach is not designed to replace existing approaches, skills and expertise utilised by the police and other criminal justice partners. Instead, a public health approach should be used to complement and add value to the work of existing partnerships to prevent violence.

Risk and protective factors for gender-based violence

The socio-ecological model provides a holistic model for understanding the various factors that can affect an individual's behaviour, thoughts and beliefs. It is a versatile model that has been adapted to understand many human experiences, not just violent behaviour.

The nesting circles (figure 3) place the individual at the centre surrounded by various systems that are all influential over the person. The individual is influenced by personal and biological factors, such as age, educational attainment, and income.

The first circle around the individual encompasses the relationships that the individual may have with family, friends and partners. These relationships can affect the individual's experiences and influence their behaviour, thoughts and beliefs. The next circle looks beyond the immediate relationships and includes the settings or

communities in which social interactions occur, such as schools, workplaces, online, neighbourhoods and religious establishments.

Whilst these systems do not necessarily directly impact the individual, they can exert negative and positive influences that can affect the individual, such as the social networks a person is able to get involved in.

The outer circle highlights the broader societal factors, such as health, educational or economic policies, and social and cultural norms, that an impact on an individual's life.

The diagram below shows some of the key risk and protective factors that are evidenced in the research as important factors in mediating the likelihood of experiencing gender-based violence (Dhanani, 2023).

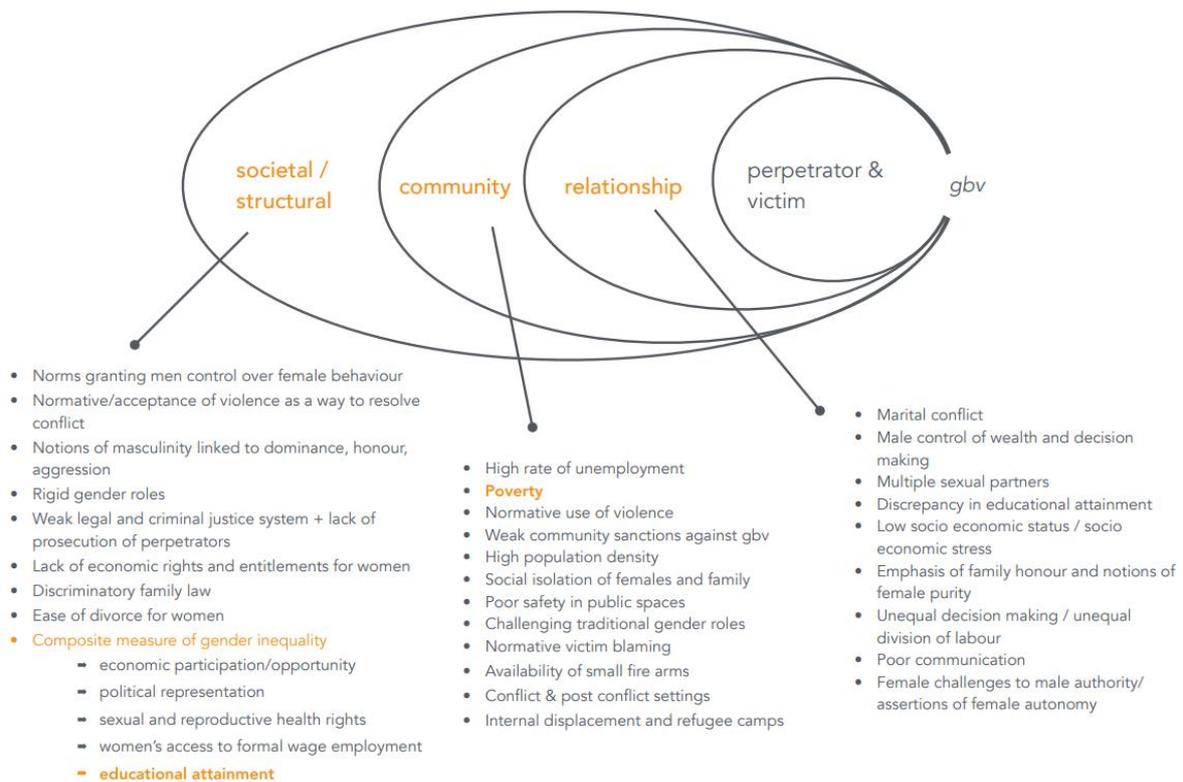


Figure 3: Gender-based violence as a determinant of health (Dhanani, 2023)

What works to prevent gender-based violence?

In 2020, the Welsh Government commissioned the Wales VPU team in Public Health Wales to undertake a systematic review exploring '[what works to prevent violence against women, domestic abuse and sexual violence](#)?' The report was published in

September 2021 (Addis and Snowdon, 2021) and provides a systematic assessment of the evidence base for the primary and secondary prevention of violence against women, domestic abuse and sexual violence (VAWDASV), and was designed to inform the Welsh Government VAWDASV strategy.

The systematic evidence assessment was undertaken in two stages; a search of databases to identify reviews of interventions designed to prevent VAWDASV published since 2014 and a supplementary search to identify primary studies published since 2018. Reviews (n=35) and primary studies (n=16), focusing on a range of types of VAWDASV, and types of intervention were identified. An additional grey literature search was undertaken to identify evaluations of VAWDASV prevention programmes in Wales undertaken over the last decade.

The socio-ecological model highlights four levels where prevention can occur and acts as a framework for the presentation of findings. At the individual level, effective interventions focus on working with young people to transform harmful gender norms and empowerment approaches. At the relationship level, the focus is on interventions to prevent adolescent violence including promoting healthy relationships and bystander interventions. At the community level a range of interventions, situated in schools, the workplace, and healthcare settings are outlined. Finally, the societal level encompasses interventions such as legislation and alcohol policy. Promising approaches to the prevention of VAWDASV are evident within each level.

The systematic evidence assessment identifies a range of effective practice to prevent VAWDASV that can be considered for implementation as part of the delivery of the national VAWDASV strategy. In the tables below, a summary of interventions with strong (table 1) and promising (table 2) evidence are outlined:

Table 1: Interventions with strong evidence of effectiveness

Changing Gender Norms	School Based Interventions	Adolescent Dating Violence	Bystander Interventions
Interventions that are underpinned by the transformation of harmful gender norms to prevent VAWDASV. The	Interventions delivered in a school setting to prevent VAWDASV, as part of a whole school approach,	Interventions targeting adolescents to prevent dating violence, within the school, college, online and	Interventions focus on equipping people with the confidence and skills to safely intervene when they witness

focus is often on men and boys often within school, college and sports settings.	including healthy relationships, education and bystander skills.	community settings. These include healthy relationships, education and bystander skills.	behaviours that can result in VAWDASV in a range of settings.
<ul style="list-style-type: none"> • Real Consent • Coaching Boys into Men 	<ul style="list-style-type: none"> • Fourth R • Healthy Relationships Programme • Shifting Boundaries • Safe Dates • Stepping Stones 	<ul style="list-style-type: none"> • Safe Dates • Fourth R • Shifting Boundaries 	<ul style="list-style-type: none"> • Green Dot • Bringing in the Bystander • The Intervention Initiative

Interventions with promising evidence of effectiveness

Web and ICT based Interventions	Theatre Interventions	Empowerment	Marketing
Interventions using web-based or mobile technologies to optimise identification, referral, and prevention programmes.	These were applied, participatory theatre projects delivered in school, college and community settings	Interventions designed to promote empowerment through coaching for young women.	Social norms marketing campaign aimed at male university students.
	<ul style="list-style-type: none"> • Every 3 days • Safe dates 	<ul style="list-style-type: none"> • My life, My Choice 	<ul style="list-style-type: none"> • Social norms Sexual Violence Prevention Marketing Campaign
Night-time Economy	Education and Screening	Alcohol Policy	Legislation
Bystander interventions, awareness raising campaigns and alcohol legislation	Education and training for healthcare professionals undertaken within a range of	Intervention includes a range of measures including alcohol price, outlet	Legislation designed to invest in VAWDASV prevention and improved funding and response.

for employees in nightlife settings	healthcare settings.	density, bar management.	
• Good Night Out Campaign		• Minimum Unit Alcohol Pricing	• Violence against Women Act (US)

Gaps in the evidence

However, the review also found significant gaps in the evidence base for VAWDASV prevention. These include:

- Exploitation and trafficking
- VAWDASV among older age groups
- So-called honour-based abuse
- Many interventions focus on changes at the individual and relationship level within community settings, there is less evidence for societal level prevention
- The majority of studies were undertaken in the USA, with relatively few studies from the UK and no randomised control trials for primary prevention
- Diverse communities - to understand how prevention programmes intersect with the needs of individual and communities who are LGBTQ+, people from ethnically minoritized groups, people with disabilities, people from older age groups, Traveller Communities, Asylum Seekers, migrants, and refugees.

There were a range of shared characteristics across the effective interventions. These include:

- theoretically informed and evidence-based
- culturally relevant (often peer-led or using 'role models')
- empowering and skills-based
- extensive (a high level of dose -response)
- rooted in transforming harmful social norms.

In summary

In summary, this was a complex and extensive project which sought to explore the range of effective practice for primary prevention and early intervention. It tells us that the prevention of VAWDASV is increasingly feasible and effective. There was

significant value in exploring the literature as part of a public health approach which suggests that to be effective in preventing gender-based violence, there must be an 'eco-system' of interventions which prevent VAWDASV through a whole-system approach.

Effectiveness of a public health approach and what more needs to be done to address the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.

The principles of a public health approach provide a useful framework to investigate and understand the causes and consequences of violence and for preventing violence from occurring through primary prevention programmes, policy interventions and advocacy (Krug et al., 2002). Increasingly, countries and international bodies, including Australia (Our Watch, 2021); Scotland (Arnot and Mackie, 2019); the United States (David-Ferdon et al., 2016); England (Bath, 2019) and the World Health Organization (WHO, 2019) (WHO, 2016) have produced system-wide frameworks for the implementation of a public health approach to violence prevention.

For example, the WHO's RESPECT Framework (WHO, 2019) presents a typology of seven strategies for the prevention of violence against women through a whole system approach. These include: (1) relationship skills strengthened; (2) empowerment of women; (3) services ensured; (4) poverty reduced; (5) environments made safe; (6) child and adolescent abuse prevented; (7) transformed attitudes, beliefs, and norms.

Each letter of **RESPECT** stands for one of the following seven strategies:

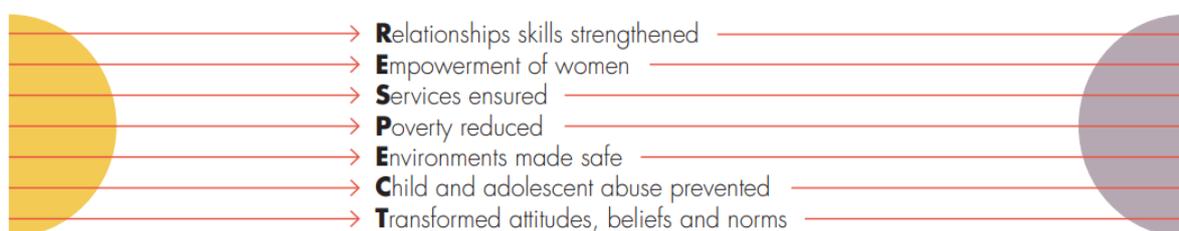


Figure 4: RESPECT 7 strategies to prevent violence against women (WHO, 2019)

In Wales, efforts have been made to develop this approach through the establishment of the Wales VPU. The mission of the Wales VPU is to establish a public health

approach to violence prevention for Wales. Early evaluations of the success of the unit to date have been positive:

- [Evaluation of the Wales Violence Prevention Unit: Year 1 Findings](#)
- [Wales Violence Prevention Unit: Whole Systems Evaluation Report – 2020/21](#)
- [Evaluation of the Wales Violence Surveillance and Analysis System](#)

Gender based violence as an intersectional issue

Gender-based violence is an intersectional issue. The following statistics provide examples of how multiple and intersecting identities/ social categories can impact on the risk, nature and impact of experiencing gender-based violence (Dhanani, 2023):

- Women who had a long-term illness or disability were more than twice as likely to have experienced some form of partner abuse (12.4%) in the last 12 months than women who did not (5.1%)
- Bisexual women were nearly twice as likely to have experienced partner abuse in the last 12 months than heterosexual women
- Women who identified with mixed/multiple ethnicities were more likely to have experienced partner abuse in the last 12 months (10.1%) than any other ethnic group
- Women living in households with an income of less than £10,000 were more than four times as likely to have experienced partner abuse in the last 12 months than women living in households with an income of £50,000 or more
- Women living in social housing were nearly three times as likely to have experienced partner abuse in the last 12 months than women who were owner occupiers
- There has also been recent work conducted in Wales on the experience of older male victims of domestic abuse. Figures indicate that around a quarter of people who experience abuse are male and that male victims tend to be older, with the highest proportion of those affected aged 75 or over (Older People's Commissioner for Wales, 2022).

Recognising inequalities in experience of violence, and utilising an intersectional lens, is a critical part of a public health approach. For example, data on the prevalence of violence against women demonstrates that the probability of experiencing violence (or particular forms of violence) is higher for some groups of women. This is not because

some women are inherently ‘vulnerable’. Rather, it is the intersections between the social, political and economic processes of gender inequality and other forms of systemic and structural inequality that explain this.

In turn, experiencing violence, can exacerbate these societal inequities, and violence and structures of power and oppression are reproduced. As such, both analytical and strategic work for the prevention of violence must address these multiple and intersecting systems of oppression and discrimination, power and privilege that shape the social context in which gender-based violence occurs.

The role of the public sector and specialist services (including the police, schools, the NHS, the third sector and other organisations that women and girls turn to for support) in identifying, tackling and preventing violence against women, and their role in supporting victims and survivors.

To take a whole-system approach, it is important to understand that effective violence prevention efforts engage people across the many different environments where they live, work, learn, socialise and play – often called ‘settings’. These are the places where social and cultural values are produced and reproduced, and prevention efforts

should aim to involve the people, professionals and communities in the settings that are most relevant in their lives.



Figure 5: Wales Without Violence: violence prevention settings (Snowdon et al., 2023)

Preventing gender-based violence requires collective and coordinated action from the public sector, private sector, voluntary sector, communities, and individuals. Everyone has a role to play. The Wales VPU's Wales Without Violence Framework (Snowdon et al., 2023) is a whole system approach to the prevention of violence among children and young people in Wales (inclusive of gender-based violence), which sets out what this approach should look like in practice.

The diagram below shows nine inter-related strategies which provide a comprehensive approach to preventing violence focusing on primary prevention and early intervention. The nine strategies span from birth and early years, through to childhood, adolescence and adulthood, mapped against the socio-ecological model to effect whole system change. In the framework itself there is a description of each strategy, with examples of the types of interventions from Wales.

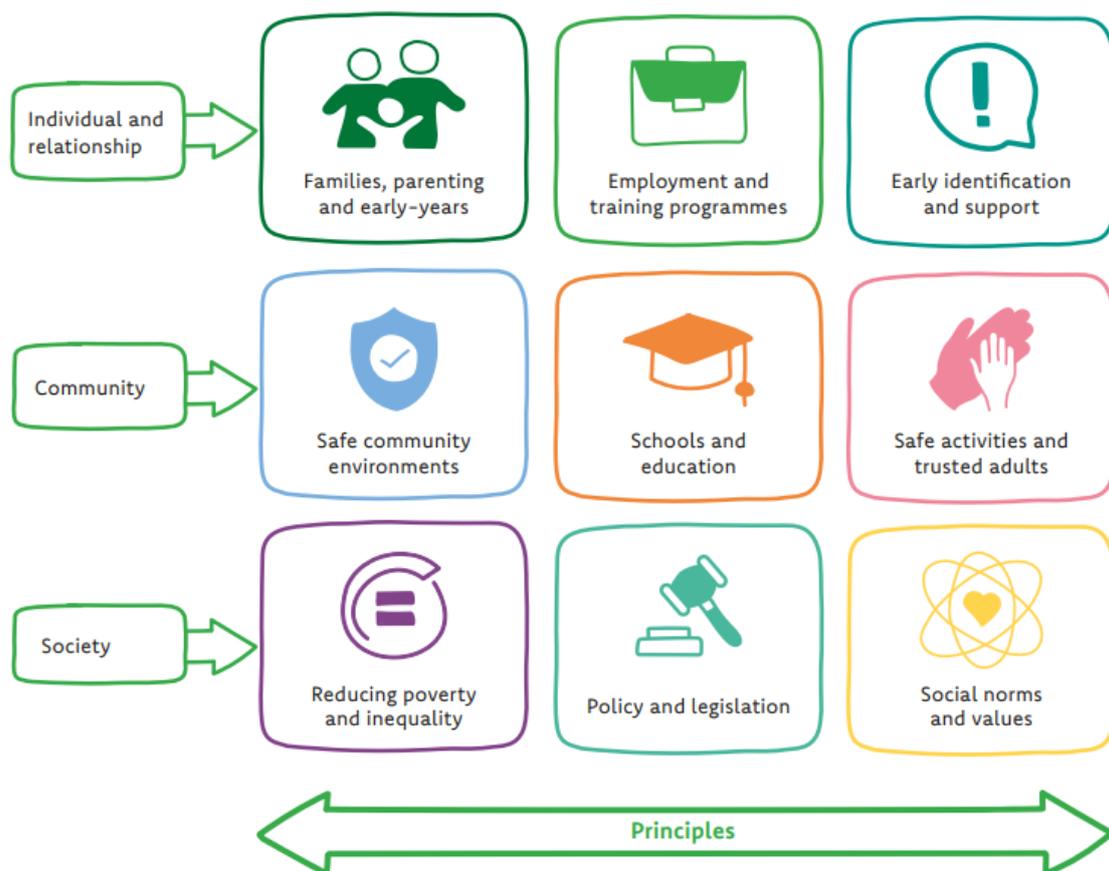


Figure 6: Wales Without Violence: 9 strategies to prevent violence among children and young people (Snowdon et al., 2023)

Opportunities for action

In Wales, whilst there are some examples of promising prevention programming and coordinated action for violence prevention, overall, this approach is in its infancy. Recognition of the importance of a public health approach to violence prevention in the new VAWDASV strategy is a welcome addition to the policy landscape, as is the coordinated action that will be taken under the VAWDASV blueprint, and the Welsh Government procurement of a national active bystander intervention.

However, there is still further and farther to go in terms of systematically embedding evidence-based prevention across the VAWDASV blueprint and other system-wide work on violence prevention, such as:

- prioritising violence prevention within the NHS and education sector, including alignment of violence prevention efforts within the new curriculum for Wales, and Relationships and Sex Education
- ensuring cross-governmental working is joined up in regard to areas which may impact on gender-based violence prevention (such as poverty reduction, equalities, planning, communities, education and early years)
- prioritising funding for investment in prevention and building the evidence base for violence prevention programming in Wales, including how violence prevention programmes intersect with the needs of diverse and marginalised groups
- embedding trauma-informed practice in services across Wales
- embedding evaluation in gender-based violence programming to understand outcomes and impact
- developing multi-agency data on gender-based and other forms of violence to measure prevalence, trends, monitor inequalities, and track progress in prevention.

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