

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol](#) ar [Atal trais ar sail rhywedd drwy ddulliau iechyd y cyhoedd](#)

This response was submitted to the [Equality and Social Justice Committee](#) consultation on [The public health approach to preventing gender-based violence](#)

PGBV 18

Ymateb gan: Cynghorwyr Cenedlaethol ar gyfer Trais yn erbyn Menywod, Trais arall ar Sail Rhywedd, Camdrin Domestig a Thrais Rhywiol | Response from: National Advisers for Violence against Women, other forms of Gender-Based Violence, Domestic Abuse and Sexual Violence



National Advisers for Violence against Women, Domestic Abuse and Sexual Violence response to the Equality and Social Justice Committee Inquiry into the public health approach to preventing gender-based violence.

Introduction

Gender based violence is preventable. Our collective goal must be to stop violence before it starts. To do this, we need to understand the drivers of gendered violence and what we can do, as a society, to prevent it. An effective approach to understanding and addressing the drivers is a public health approach. The focus of public health is on the health, safety, and well-being of entire populations. A unique aspect of the approach is that it strives to provide the maximum benefit for the largest number of people. At the same time, it does provide targeted approaches for groups of people and particularly utilises an intersectional approach recognising that while we may all experience an issue, we do not experience it equally and in the same way. Therefore, a person centred approach is needed. This will include multi-disciplinary interventions for multi-faceted, complex issues which meet the need of diverse communities.

Public health draws on a science base that is multi-disciplinary. It relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics. This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions across the globe. A Public Health Approach incorporates whole population programmes and cultural change. We need to recognise the critical context for gender-based violence which is gender inequality and cultural norms of the men as power holders, decision makers and leaders at societal level, in the work- place and in families. The impact of which can lead to intergenerational trauma and an inherited perception of acceptable behaviour.

Gender inequality provides the underlying conditions for violence against women/gender-based violence. It exists at many levels in our society – from how we view and value men and women, to economic factors like the pay gap between men and women, to family and relationship roles and expectations. There is a strong and consistent association between gender inequality and violence against women, the connection However, is it complex and requires consideration from a wide range of perspectives. to creating a greater understanding. It also creates a strong need for a cross-government, cross-policy response.

Many other forms of structural and systemic discrimination and inequality influence the prevalence and dynamics of violence against women. These include racism, ableism, ageism, heteronormativity, cissexism, and class discrimination. In this way gender-based violence affects woman at a much higher rate but also the same ‘drivers’ result in increased abuse of LGBTQ+ people and higher proportions of abuse among black

and minoritized women, disabled women and blinds us to the experiences of older women and men.

The public health approach also emphasises input from diverse sectors including health, education, social services, justice, policy, and the private sector. Collective action on the part of these key collaborators can help in addressing problems like violence and abuse.

We know the facts of how gender-based violence harms; there is significant evidence of the cost to the economy- £66 billion in England and Wales (UK Gov, 2017), 2 women a week are killed, and children experiencing domestic abuse or sexual abuse within the home will experience the after effects across their lives in terms of physical and mental health, increased likelihood to use substances and to become victims of further harms. In Wales there is legislative duty to prevent gender-based violence through the VAWDASV (Wales) Act 2015. While there are some programmes that do provide preventative interventions, there is much work to be done to enable this government's ambition for "Wales to be the safest place for a woman in Europe".

1. What works in preventing gender-based violence before it occurs (primary prevention) and intervening earlier to stop violence from escalating (secondary prevention)?

In order to prevent gender-based violence before it starts, primary prevention, we must understand the drivers. This is consistent with a public health approach and the 4 step model developed by the World Health Organisation and further adapted by the Violence Prevention Unit.

1. Know the facts
2. Explore the solutions
3. Implement and evaluate
4. Adapt and scale up what works.

Therefore, understanding the drivers, the conditions that facilitate gender-based violence are an essential starting place. These drivers are gendered and they are observed at a whole society level. There is an acceptance and condoning of violence against women. This includes the minimising of street and work-based harassment as "just words" or "banter" through to the excusing of men who have murdered their partners in cases such as the murder of Emma Pattison. The Daily Mail article (10 February 2023) headlined "Did living in the shadow of his high achieving wife lead to unthinkable tragedy?" The idea that a man who does not have the power and control in his relationship in career terms might understandably seek to do the worst harm.

A second driver is that male dominance in decision making in private and public life. The best example of the consequences of this are the high number of cases of abuse now becoming known from male dominated hierarchical organisations including

policing and fire and rescue services. When we have limited inclusion of women in governments, at senior levels in society, and without presence as positive role models at all levels, this supports women as being less valuable and worthy of respect. Woven into this, is gender stereotyping, which reinforces men as dominant, powerful and hypersexual and women as weak, both physically and psychologically, with a focus on their role as care givers.

Primary prevention working with whole populations will address and aim to reverse these drivers. This includes communication and education about the unacceptability of violence, promoting women as leaders and role models across the board from representation in government, to male dominated spheres of work and sport and challenging gender stereotypes of both men and women. Addressing whole society inequality is an essential element of addressing gender -based violence.

There are and have been programmes that have addressed this but many have not done so with the intention of specifically addressing VAWDASV. More links could and should be made. The Welsh Government previously set targets for balanced gender representation in government, there has been great promotion of women in sport in both football and rugby in Wales and the new RSE curriculum has great opportunities for global citizenship and specifically healthy relationships work.

However, intentional programmes to address gender- based violence are more limited and many are resourced through additional funding and non-government funding sources. A collective long-term, sustainable, multi-sectoral programme to support victims and survivors alongside the cost benefit analysis to support investment in prevention must be realised.

The Welsh Government Live Fear Free campaigns, aim to raise awareness of stalking, harassment, abuse and violence against women in all aspects of life including the street and other public places. The 'Call out only' campaign ran between 15 Dec- 8 May 2022, calling on the public (males particularly) to call out challenge assumptions about harassment against women - The campaign aimed to help people identify behaviours associated with street harassment and acknowledges that the experiences of women and girls are serious and prevalent and can cause fear, alarm and distress.

The Call out Only campaign generated over 6.8 million impressions, and over 20,000 views of the campaign website. During the campaign period contacts to the Live Fear Free helpline increased by 15%. The LFF helpline saw an increase of 1,267% (from 12-164) perpetrators contacts and Respect saw an increase of 69% to their Change that Lasts website (main signposting option of the campaign)

The Welsh Women's Aid Change that Lasts programme provides opportunities at a primary level but mostly secondary interventions to support community responses to violence and abuse through the training of community champions, improving the skills of professionals and includes survivors as experts.

The Violence Prevention Unit are in the second phase of a campaign Safe to Say - <https://safetosay.wales/> , a campaign focused on sexual harassment. It has delivered some good results and perhaps, more importantly, through the evaluation of this work we have some improved understanding of what works to create behavioural change in this area. As the public health model requires, it is vital to test our theory and understanding and see what works. This learning helps to improve future campaigns. Through this campaign we have good evidence that most 'personas' (types of people to be reached in the campaign) believed that the environment (e.g. gig venue versus night clubs) altered the level of acceptability of sexual harassment and therefore impacted their willingness to intervene.

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](#)' and this evidence base can now be included in the delivery of the VAWDASV strategy. This has not happened so far but should be informing the new Bystander Campaign that has recently been commissioned by Welsh Government. Further to this, the evidence can inform some partnership work so we can have a broad and effective reach. This should include sports bodies such as the Football Association for Wales and Welsh Rugby Union. Welsh Government as a financial supporter of both bodies should be requiring this activity in its funding.

An international example of primary prevention includes - Our Watch Australia [Our Watch home | Preventing violence against women and their children - Our Watch](#) which utilises a public health approach to evidence based prevention through an effective national approach. It seeks to address the social conditions that excuse, justify and promote gender -based violence. It is highly relevant to the Welsh approach and includes evidence based approaches to work place harassment, addressing intersecting inequalities and addressing policies to influence societal change.

Secondary prevention, responding to risks of VAWDASV, is provided in Wales. The most significant and prevalent of these being Ask and Act, the intervention developed by Welsh Government that provides targeted and open enquiry where the context and other indicators are considered to ask a person if they have experienced or are experiencing any form of abuse. This has been most effective in health settings and particularly ante-natal and maternal health. One challenge in the implementation of Ask and Act has been the confidence of professionals in having referral pathways for support when they do have disclosures of abuse. It is important that there is a prompt response and it can be hugely damaging to a victim if they have to wait for services after being encouraged to disclose.

Many bystander campaigns that are cited as primary prevention are actually secondary as they involve a response and intervention into presenting attitudes and behaviours. These can be very effective in preventing an escalation into actual harm. It would be beneficial to increase the provision of this kind of intervention.

2. How effective is 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?

A public health approach is the most effective way to prevent gender-based violence so long as based on evidence and fully considerate of the drivers, context and system issues. As outlined above these drivers are also drivers for other inequalities. It is also important that an intersectional approach is taken to ensure that interventions are effective and the whole population benefits from the approach. We must consider how intersecting inequalities and the imbalance of power changes the way abuse is experienced and exacerbates it. It is also important that we recognise that the intersecting factors that increase discrimination and disadvantage also drive increased violence. This then leads to disproportionate experiences of violence and abuse by people who experience multiple inequalities.

1. A survey from Welsh Women's Aid's #NoGreyArea campaign found that 97% of LGBTQ+ women in Wales have experienced workplace sexual harassment, compared to 77% of heterosexual women.
2. Data from Crime Survey for England and Wales shows that, in the year ending March 2020, disabled people were more likely to have been victims of domestic abuse in the last year than other people; this is true for both men (7.5% compared with 3.2%) and women (14.7% compared with 6.0%).
3. Black and minoritised women face multiple and intersecting inequalities which contribute to a higher risk of experiencing VAWG. Black women are disproportionately "victimised" with women who identified with mixed/multiple ethnicities are statistically more likely to have experienced abuse within the last 12 months (2020 Imkaan UK report).

Recognising inequalities in experience of violence, and utilising an intersectional lens, is a critical part of a public health approach. For BME women, gender inequalities intersect with and are compounded by racial inequalities resulting in this group particularly vulnerable to cuts to benefits, tax credits and public services, creating

unequal services. Understanding and responding to the intersections between the social, political and economic processes of gender inequality and other forms of systemic and structural inequality will benefit all.

Furthermore, it can be seen that, rather than as some often-express concerns about, addressing misogyny and gender inequality does not minimise that of the experiences of LGBTQ+ people, it addresses the behaviour towards them also. Just as harmful constructs of 'gender' and what are considered to be socially acceptable expressions of gender, play a role in male heterogendered violence against women, so too they play a role in violence perpetrated against people from LGBTI communities. Heterosexism generates and sustains homophobia, biphobia, transphobia, and intersex discrimination, and at the individual level, it reproduces attitudes and behaviours that discriminate against people who are not heterosexual and cisgender.

3. What is 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 prevent VAWDASV many stakeholders must play a role in a shared whole system approach. This includes government, as it is government that has the primary role in ensuring the health, safety and well being of the population including women. It is government in its role to set and respond to legislation, policy and protector of human rights that must lead on the response to VAWDASV. Government also has international human rights obligations through its commitment to the Convention on the Elimination of Violence against Women, the United Nations Convention of the Rights of the Child and other international human rights conventions to prevent violence against women and children and protect and support those that experience it. As previously touched upon, the Welsh Government does enable activity that can impact on this area, through the Gender Equality Plan, Poverty Strategy and Anti-Racism Plan to address the intersecting inequalities and structural reforms. It is recommended that there is further activity to strengthen cross government linkages strengthening policy, governance and coordination mechanisms across portfolios. A prompt for this improved thinking could include a VAWDASV assessment for any new government policy or strategy. The Gender equality plan states 'Introduction of a new Impact Assessment Framework and policy makers have a better understanding of gender equality, and how to make policy from an intersectional gender perspective. This should include the consideration of VAWDASV. However, as seen in [The Quality Statement for women and girls' health \[HTML\] | GOV.WALES](#) activity dedicated to

women does not necessarily lead to improvements for VAWDASV. Therefore, there must be a cross government requirement to do so. The revised national indicators for VAWDASV also need to reflect this.

The VAWDASV Act (Wales) 2015 places a duty on public services to prevent gender-based violence and protect and support victims and survivors. There is a duty on Local Authorities and Health Boards to understand the needs in their areas and to develop local strategies that respond to them. They can and should do this with the cooperation of the criminal justice agencies in Wales, the third sector and others who can help to deliver the strategy. These duties are not delivered on in a way that was intended or that they should be. There is limited understanding of the needs in the regions of Wales and limited responses to it. Public services are under-resourced and under pressure and have many demands placed upon them. However, we now that victims and survivors are present and engaging with services. The woman under 40 in the stroke clinic is likely to be there due to non-fatal strangulation linked to sexual violence and/or domestic abuse. We will see similar links to eating disorders, mental health issues and brain injury. More needs to be done to understand the presentations of victims and survivors in our public services and respond to them.

The role of the public sector and specialist services in identifying, tackling and preventing violence against women and girls is critical. From prevention, to handling disclosures at an earlier stage of a victim's journey through to the aftercare support for the recovery there is a role for public, specialist and statutory intervention. One of the biggest challenges is ensuring those at risk can receive a comprehensive approach that includes education, awareness raising and targeted interventions. No single agency can do this. Thus, there is a need for a coordinated response to those at risk of harm and for those experiencing it.

Overall, the public sector and specialist services play a crucial role in identifying, tackling and preventing violence against women, as well as providing vital support services to victims and survivors. This ultimately will reduce demand. Of course, we also need the enhanced preventative response to have the most significant impact and end the harms experienced by women, men and children in Wales every day. Collaborative efforts between these agencies can lead to effective responses and ultimately contribute to a safer, stronger Wales.