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 09
Ymateb gan: Natalie A. Russel a Dr Lora Adair, Prifysgol Brunel Llundain | Response from: Natalie A. Russel and Dr Lora Adair, Brunel University London

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Executive Summary

- We recommend that all schools provide accurate, informative, and age-appropriate education on all forms of intimate partner abuse, including psychological abuse.
- There is a need for careful and intentional consideration of intersectionality when developing public health interventions. Public health approaches should consider the need to ensure that women and girls who are part of Black or other ethnic minority groups have varied opportunities to access support in ways best suited to individual needs and informed by research on help-seeking behaviours.
- Evaluators and researchers should continue to assess the effectiveness of education about gender-based violence when presented through different types of communication mediums (such as social media, podcasts, and documentaries) and the effectiveness of various mediums for different groups and communities of women.
- There is a need to ensure and measure that all young people are aware of sources of information and support should they experience abuse in an intimate relationship. Given our participants concerns about privacy, care should be taken to ensure that information and support can be accessed in ways that empower women and girls to control when, and to whom, they disclose experiences of abuse.
- There is a collection of public and third-sector services that can positively contribute to identifying, tackling, and preventing violence against women. When developing public health approaches, a multidisciplinary approach should be taken.

In this response, we draw on preliminary results from an ongoing exploratory investigation led by Natalie A. Russell and Dr Lora Adair, which uses an intersectional framework to study intimate partner abuse directed towards Black girls and women in England and their engagement with relevant support and educational resources. Specifically, we identify culturally specific barriers to accessing support mechanisms.

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, and young and older people at risk of violence at home and in public spaces?

2.1 In a survey, 34 out of 47 Black women (aged 18 – 61, mean age of 25.9) reported that they had not learnt about intimate partner psychological abuse at school/college as adolescents. Of the 13 women who reported learning about intimate partner psychological abuse, only six were satisfied with the education they received at school/college on this topic. The evidence presented suggests that historically the quality of education provided about psychological abuse in intimate relationships has been inconsistent across schools in England.

2.2 While it is possible that the introduction of new statutory guidelines in England on relationships and sex education in 2019[ii], will improve the quality and scope of education about intimate relationships in England, recent research does suggest that intimate partner violence victimisation (29-41%) and perpetration (20-25%) remains common in the UK[iii]. The guidelines outline that by the end of secondary school, pupils should know 'about the characteristics of positive and healthy relationships', 'that some types of behaviour within relationships are criminal, including violent behaviour and coercive control', 'the concepts of and laws relating to abuse, coercion, domestic abuse and how these can affect current and future relationships' and 'pupils should be made aware of legal provisions relevant to violence again women'[iv].

2.3 In a survey, 39 out of 46 Black women strongly agreed or agreed that providing adolescent girls with education about psychological abuse in intimate relationships would reduce the number of adolescent girls who experience this form of abuse. 38 out of 46 Black women strongly agreed or agreed that providing all adolescents with education about psychological abuse in intimate relationships would reduce the number of adolescent girls who experience this form of abuse.

2.4 We recommend that all schools provide accurate, informative and age-appropriate education on all forms of intimate partner abuse, including psychological abuse. Improved education may increase the effectiveness of learning as a preventative public health approach to reducing the prevalence of gender-based violence.

2.5 In a survey, 41 out of 46 Black women strongly disagreed or disagreed with the statement, "Culture does not affect the likelihood of an adolescent girl speaking with their parents/carers

about psychological abuse in intimate relationships" - When implementing public health approaches to preventing gender-based violence across a nation, it is essential to recognise and adapt approaches to unique experiences and needs of different groups of women, including women from different ethnic groups.

2.6 We recommend that a deliberate consideration of intersectionality is used when developing public health approaches to preventing gender-based violence to ensure that the needs of different groups of women are reflected and met. Intersectionality describes how each human's multiple identities (such as race, gender, nationality, and socioeconomic status) co-exist and interact to create different experiences of the world[v]. Specifically, adopting an intersectional approach to any social issue - including intimate partner violence - helps one to acknowledge how our identities and characteristics combine to create unique experiences of opportunity and oppression[vi]. Indeed, research finds that while Black women are at a high risk for experiencing severe mental and physical health issues following intimate partner victimisation, they may be less likely to engage with support resources than White women and women of mixed racial/ethnic backgrounds[vii].

2.7 We can conclude that Black women and girls have unique experiences of intimate partner violence and are likely under-served and under-resourced by social and public health institutions.

2.8 41 out of 46 Black women strongly agreed or agreed that Black adolescent girls are less likely to speak about psychological abuse in intimate relationships with their parents/carer than White adolescent girls.

2.9 We recommend that public health approaches consider the need to ensure that women and girls of Black or other ethnic minority groups have varied opportunities to access support in a way best suited to the individual needs and informed by research on help-seeking behaviours. Our research suggests that public health approaches to support Black adolescent girls at risk of experiencing intimate partner violence will need to prioritise privacy – enabling girls to access sources of education and support while controlling when, and to whom, they disclose their concerns or experiences with abuse.

2.10   In a survey, Black women were asked where their understanding of psychological abuse in intimate relationships came from - Table 1 indicates that social media, as well as personal research, were the most frequently reported sources of information for Black women in our sample in developing their understanding of psychological abuse in intimate relationships. In relation to the current inquiry, this evidence goes some way in identifying effective mediums for public health approaches to share information and reach Black women and girls about gender-based violence. In line with past research[viii][ix][x][xi][xii] and as our woman (participant 3)

highlights, appropriate education regarding intimate partner violence (e.g., how to identify it, how to respond to it, and how to safely access relevant tools and sources of support) can empower women and girls to make intimate relationship choices that are right for them.

Table 1
Participants' responses to the question, 'Where has your understanding of psychological abuse in intimate partner relationships come from?'.

Responses (Participants selecting all applicable responses)	Number of participants (out of 47)
Lessons at school	6
Lessons at college/sixth form	5
University	3
Parent or carer	9
Sibling or cousin	7
Other family members	10
Friends	17
Training through an employer	11
Personal research (e.g., internet search, reading, documentary, podcasts etc.)	28
Social media (information shared by others on social media platforms)	32
Women's, children's, or abuse charities/organisations	12
Social worker/youth worker	2
Personal experience and therapy	1

From taking part in this study (e.g. reading information about the study)	10

2.11   Participant 3 interview quote – When speaking about what information they would have wanted to know as an adolescent: "There were so many, myself included, other young women who ended up in quite traumatic relationships very early on, but we just didn't have the education to know that that wasn't how relationships worked… I think it would have helped to have the tools to recognize that, know what the signs were, so you can be like, ah, I remember learning about that at school. Oh, I don't think that's quite right and knowing that you can challenge it, which I think is really important."

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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?

3.1 In a survey, Black women were asked who they would have felt comfortable speaking to if they were worried they were being psychologically abused in an intimate relationship during adolescence. Data displayed in Table 2 provides a snapshot of the forms of support that Black women would have felt comfortable accessing as adolescents if they were being psychologically abused in an intimate relationship.

3.2 These findings align with past research, which has shown that Black women are more likely to seek support from informal sources (such as friends and family) than formal sources of support (such as therapists or the police) when faced with abuse[xiii]. There are several explanations for this, with past research putting forward reasons such as fear of further discrimination and implicit practitioner bias[xiv], under-resourcing and lack of access to specialist culturally sensitive services[xv], or wanting to keep personal hardship private[xvi].

Table 2
Participants' responses to the question, 'Who would have felt comfortable speaking to if you were worried that you were being psychologically abused in an intimate relationship during adolescence?'.

	I would have felt comfortable	I would not have felt comfortable	Not Sure

Healthcare professionals (e.g., a doctor, a nurse etc.)	12	23	10
A social worker of youth worker	10	23	9
Police	0	39	6
Abuse or children's charity/organisation	18	21	7
Friends	31	13	2
Aunt	7	30	7
Cousins	17	22	5
Siblings	15	22	4
Parent/carer	13	28	5
School Staff	7	32	7
Teacher	1	35	9

3.3 In a survey, Black women were asked if, as an adolescent, they were aware of any services, organisations, or professionals outside of school where they could have accessed further support surrounding psychological abuse in intimate relationships. 12 out of 46 Black women reported being aware of services, organisations, or professionals outside of school. 34 Black women reported being unaware of any services, organisations, or professionals outside of school.

3.4 Black women were asked who they would have felt comfortable speaking to if they had general questions about psychological abuse in an intimate relationship during adolescence. When asked to reflect on who participants would have felt comfortable speaking to if they had questions about psychological abuse as an adolescent, women more frequently reported turning to informal sources such as friends, cousins, and parents or carers. Nonetheless, table 3 also shows that most women surveyed would have felt comfortable speaking to a women's

abuse or children's abuse charity/organisation if they had questions about psychological abuse.

3.5 These results indicate a need to ensure that all young people are aware of sources of information and support should they experience abuse in an intimate relationship. This can be achieved through public approaches, utilising schools and social media to deliver targeted information to young people about the roles of the public sector and specialist services in identifying, tackling, and preventing violence against women. Public health approaches should also consider the extent to which young people's awareness of services and support can be measured on a national level.

Table 3
Participants' responses to the question 'Who would have felt comfortable speaking to if you had general questions about psychological abuse in intimate relationships during adolescence?'.

	I would have felt comfortable	I would not have felt comfortable	Not Sure
A teacher in my school/college	15	26	6
A different member of staff in my school/college	17	19	9
Parent or carer	20	23	4
Sibling	19	20	2
A cousin	20	20	3
An Auntie	15	24	5
An Uncle	5	38	3
Another family member	12	25	6
Friends	37	9	1

A social worker or youth worker	15	16	11
A Women's abuse or children's abuse charity/organisation	24	15	7
Police	3	38	4
A healthcare professional (e.g., a doctor, a nurse etc.)	17	20	9

3.6 Across our survey, out of 46 Black women, most agreed that a number of public sector and specialist roles, including social workers (89%), GPs (74%), nurses (78%), schools and colleges (96%) and women's, children's, and abuse charities/organisations (93%) should teach adolescents about psychological abuse in intimate relationships.

3.7 In an interview segment of our research, eight practitioners (including social workers, an audit and practice improvement lead, a youth residential unit manager, a psychotherapist, a charity director and a domestic abuse researcher) were asked to discuss their experiences providing, contributing to, or observing interventions related to intimate partner psychological abuse. From these interviews, social workers, the audit and practice improvement lead, and the youth residential unit manager, all spoke about their role in referring clients/service users to specialist services such as sexual health services or child and adolescent mental health services when psychological abuse is detected.

3.8 In contrast, the psychotherapist and the director of a charity that supports women impacted by intimate partner violence, both describe their roles in supporting victims as primarily therapeutic. Equipped with advanced training surrounding intimate partner violence and therapeutic methodologies, practitioners in these roles worked with women and girls, primarily from ethnic minority groups, after they had experienced abuse. Their support was generally delivered as a one-to-one therapist or as an online community support group facilitator. In both cases, these practitioners were delivering this support as part of a third-sector company rather than a publicly run service (e.g. the NHS or local authority service).

3.9 Third-sector organisations can play a vital role in supporting abuse victims and can be fundamental in reaching Black and ethnic minority groups of women. We recommend that third-sector organisations, including those who specifically support women from ethnic minority backgrounds, should play a central role in public health approaches to identifying, tackling and preventing violence against women and supporting victims and survivors.

3.10   Drawing together this and earlier evidence surrounding the role of schools and other specialist roles in educating young people about intimate relationships (2.14, 3.1, 3.4, 3.5), it is clear that, at least during adolescence, there is a collection of both public and third sector services that can positively contribute to identifying, tackling, and preventing violence against women.

3.11   A multidisciplinary approach should be taken when developing strategies for A) identifying individuals and communities at risk of experiencing gender-based, intimate partner violence, B) supporting individuals, particularly those with intersecting marginalised identities, that have experienced this kind of violence, and C) preventing violence against women and girls, utilising the roles and impact of various practitioners and services.

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