Cymorth i Ferched Cymru
Welsh Women's Aid

# A **Blueprint for the Prevention** of Violence against Women, Domestic Abuse and Sexual Violence in Wales

## Understanding the Concepts

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## Introduction

Violence against women, including domestic abuse and sexual violence (VAWDASV) is a major public health problem[1] in Wales and globally. It is a violation of human rights and constrains individuals' choice and agency, limiting their ability to participate in society and pursue goals and aspirations which are meaningful to them. This harms the health of individuals, families, communities, and economies. However, VAWDASV is not inevitable. To the contrary, there is widespread and global recognition among experts and key stakeholders that all forms of violence against women[2], including domestic abuse and sexual violence (VAWDASV), are preventable. Through taking a public health approach to VAWDASV, we can make progress towards achieving our vision: a Wales in which all women and children live free from violence against women, domestic abuse and sexual violence, and by doing so achieve independence, freedom and liberation from oppression. This paper sets out some of the key concepts which underpin our approach to preventing VAWDASV; identifies the strengths and weaknesses in the current response to VAWDASV in Wales; and proposes a way forward for the country.

## Contents

## 1. Understanding VAWDASV as preventable

The recognition that violence against women, domestic abuse and sexual violence (VAWDASV) is preventable is premised on the understanding that, while there are many different forms of violence against women and girls, and while the causal and associated risk factors will vary accordingly,[3]

- *all* forms of VAWDASV are rooted in and are expressions of unequal gender relations in society; these reinforce and intersect with sexism, racism, homophobia and other forms of discrimination;
- attitudes and beliefs which condone and/or normalize VAWDASV have a direct causal effect on perpetration; on victim-blaming by communities, and on the likelihood of survivors reporting abuse and seeking help;[4]
- these attitudes are shaped by structures, practices and social norms which perpetuate gender and intersecting inequalities through reinforcing harmful stereotypes, the idea of 'gender roles', and structural inequalities;[5]
- by challenging and changing these structures, practices and norms, the foundation upon which VAWDASV is predicated is undermined;
- eventually, the prevalence of VAWDASV will decrease as communities' tolerance of perpetration reduces, women's space for action[6] and ability to exercise autonomy is increased, and relationships between and within the sexes are underpinned by respect for human rights and dignity.

Tackling the norms, practices and structures associated with gender inequality and which serve to normalise, legitimise or condone VAWDASV, requires a multi-level strategic response which recognises the intersection of these factors with other forms of oppression occurring at the societal, community, relationship and individual levels which increase the likelihood of VAWDASV.[7] Structural inequalities and discrimination based on class, sexuality, ethnicity, immigration status, ability, mental health or age, can lead to some women and girls being more likely to be abused and to face additional barriers in accessing justice and support. Intersecting inequalities within structures, practices and social norms can lead to additional layers of legitimising, condoning or concealing of violence and abuse which, in turn, sustains and reproduces these inequalities. Addressing the root causes of VAWDASV, therefore, cannot be separated from addressing other forms of structural inequalities and discrimination. In other words, when tackling the root causes of VAWDASV, it is essential that the differential power relations that perpetuate violence are understood and addressed. Consequently, preventative interventions designed to target VAWDASV may simultaneously reduce other forms of interpersonal violence, such as youth violence or hate crime.

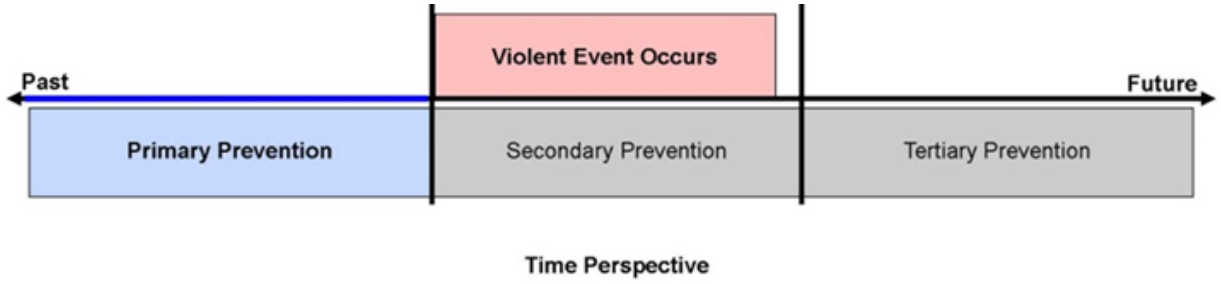
## 2. Applying a public health approach to preventing VAWDASV

For years, experts have been referring to violence against women as a major public health problem.[8] The terms 'global epidemic' and 'pandemic' are frequently used, reiterated recently by the UN Secretary General who, in light of the effect of the COVID-19 pandemic in amplifying the visibility of VAWDASV, described violence against women as a "shadow pandemic".[9] Applying a public health approach to VAWDASV requires implementing three types of prevention interventions: primary, secondary, and tertiary prevention.

**Primary prevention** strategies aim to stop violence before it occurs. Some strategies focus on changing attitudes and behaviour and/or building the knowledge and skills of individuals. However, primary prevention is also concerned with challenging and reforming structures, practices, and social norms present within relationships, communities, organisations / institutions and society more broadly, which perpetuate gender inequality; condone, reinforce, and/or positively portray VAWDASV; and reinforce other forms of discrimination and inequality.

**Secondary prevention** strategies are targeted at individuals and groups who exhibit early signs of perpetrating or experiencing VAWDASV. This is often referred to as "early intervention". At the individual level, secondary prevention can be aimed at changing behaviours or increasing the skills of individuals and groups. To enable earlier intervention with survivors and/or perpetrators of VAWDASV, it is imperative that those in public-facing roles, as well as key individuals within communities, are able to recognise signs of VAWDASV and know where to signpost individuals to get support.

**Tertiary prevention** interventions include support, treatment and protection provided to people who have experienced VAWDASV after it has occurred. Interventions aim to respond and prevent reoccurrence, escalation and harmful consequences. Intervention includes crisis accommodation and social support for victims and criminal justice and therapeutic interventions for perpetrators, for example.




## 3. The importance of Primary Prevention

Primary prevention interventions, designed to stop the abuse *before it occurs*, are increasingly recognised as critical to preventing VAWDASV. Top-down action in the form of criminal law and legal sanctions for the perpetration of VAWDASV, while essential,[i] is not sufficient to change the social conditions of gender inequality, change attitudes, and prevent VAWDASV

[i] Although, note that legislation which criminalises certain forms of VAWDASV, such as forced marriage, female genital mutilation and other forms of so-called 'honour-based' violence, in the absence of community-based preventative interventions, has been criticised by activists and charitable organisations, on the basis that victims or potential victims of such abuse might be deterred from coming forward to seek help if they believe that the perpetrators – often their parents, or 'loved ones' – will be incarcerated as a result. The efficacy of law is questioned more fundamentally too (see e.g. Bishop, C. (2016) 'Domestic violence: the limitations of a legal response', *Domestic Violence*, eds. S. Hilder, V. Bettinson, Palgrave Macmillan) on the basis that law is in itself highly patriarchal and as such can serve to foster the inequalities and gendered values, beliefs, and social norms that enable the commission of VAWDASV.

perpetration. In this context, the law is predominantly reactive – it responds to events, such as criminal offences. While it may be successful in preventing the recurrence or escalation of abuse, there is little evidence to suggest that it is an effective deterrent for the perpetration of VAWDASV in the first place. Moreover, any influence the criminalization of behaviours may have on individuals' and communities' attitudes towards perpetrating and/or tolerating VAWDASV is likely to be weakened if sanctions are inadequately implemented and enforced.[10]

Tackling the root causes of VAWDASV through primary prevention entails working with individuals, families, communities, and organisations across the population and life course to foster a culture of equality and respect. Interventions can be delivered to the whole population (universal) or to particular groups (targeted). While targeted interventions are often justified on the basis of 'increased risk of victimization / perpetration', it is essential to understand that this 'risk' is shaped / exacerbated by multiple systemic factors, such as the marginalisation of minority voices, limited access to justice and support, and an effective erasure of their experiences (e.g. children and young people, disabled women, Black and ethnic minority women, migrant women, and LGBTQ+ women). Targeted interventions are therefore essential in order to communicate and engage in the most suitable way with a diversity of people.

Moreover, in recent years, consensus has built that strategies to prevent VAWDASV should focus on preventing *perpetration*, rather than promoting the idea that the onus should be on women and children to keep themselves safe from victimization. Although community-level approaches[11] that aim to reduce victimization and enabling women and girls to feel safe can be a valuable component of the prevention strategy, a decrease in the number of *actual and potential perpetrators* in the population is necessary to achieve measurable reductions in the prevalence of VAWDASV at a population scale.[12] While not excusing individuals' behaviour – perpetrating violence is *always* a choice – it is essential to understand this behaviour in the context of structures, systems and norms which condone (or even congratulate) perpetration. Reducing VAWDASV, therefore, is dependent on changing these conditions.

An effective programme of primary prevention would enable all people in Wales to understand that VAWDASV is an abuse of power and control, is rooted in gender inequality, and is exacerbated by other forms of discrimination. It would empower them to prevent VAWDASV through giving individuals and communities the knowledge and skills to recognise and challenge sexism, controlling behaviour, victim-blaming, and other attitudes and behaviour which condone or justify violence. This would reduce the space for perpetration; increase survivors' confidence in seeking support; and enable earlier intervention with both survivors and perpetrators. While this is likely to result in an initial increase in the demand on response and support services, in the longer term, the prevalence of VAWDASV across Wales would reduce.

While the main aim of primary prevention is to prevent VAWDASV before it occurs, it also increases the likelihood of earlier intervention with survivors and perpetrators of abuse. Simply put, primary prevention holds the greatest potential for reducing the prevalence of VAWDASV and improving the health and well-being of current and future generations.

## 4. A whole-system response: Change that Lasts

Primary prevention interventions must, of course, form a part of a wider, whole-system response to VAWDASV in which survivors are supported and protected from further abuse and perpetrators held accountable and given opportunities to change their behaviour. Welsh Women's Aid's whole-system approach to VAWDASV – *Change That Lasts* – is an example of this: the 'Ask Me' Community Ambassador scheme brings primary prevention to the centre of our response to VAWDASV. 'Ask Me' aims to break the silence on VAWDASV in communities; raise awareness of vital specialist support services and ensure that wherever and whenever a survivor shares her experiences she is given the most helpful response first time, every time. This is achieved by training community members about VAWDASV and its causes and equip them with skills to safely challenge sexist attitudes such as victim blaming in their communities. They are also equipped with information and tools to signpost survivors or concerned others to specialist VAWDASV services. This increases the possibility of earlier intervention with survivors and perpetrators, which reduces the harm caused (secondary prevention).

In addition to the 'Ask Me' scheme, the Change That Lasts model includes 'Trusted Professionals' training which upskills professionals in various workplaces to identify signs of VAWDASV earlier, respond more appropriately to survivors and perpetrators in their services, and refer to specialist support services, again with the aim to increase the chances of earlier intervention with both survivors and perpetrators. Of course, the success of the scheme is reliant on the provision of high-quality services to support those who are signposted and referred (secondary and tertiary prevention). This is reflected in the third component of *Change That Lasts*: the provision of specialist support services for women and children, where support is strengths-based, needs-led, gender responsive and trauma-informed, which promotes long term recovery from the abuse and trauma that they've experienced. In addition to the support for survivors and her children is an early intervention for men who are concerned about and express a willingness / desire to change their behaviour.[13]

## 5. The current landscape for VAWDASV prevention in Wales: where does primary prevention sit and what does it look like?

In Wales, the *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015* (the Act) places a duty on all public services, including health boards, to focus on the prevention of VAWDASV, as well as the protection of survivors and support for all those affected. In other words, public services must ensure that they implement strategies to reduce VAWDASV at all levels of the prevention spectrum: primary, secondary, and tertiary.

The national strategy for VAWDASV[14] in Wales places primary prevention firmly on the agenda: by 2021, Welsh Ministers will need to demonstrate that progress has been made towards increasing the Welsh population's awareness of VAWDASV and challenging attitudes which condone or legitimise it. Similarly, they will need to demonstrate that the awareness and understanding of children and young people, specifically, has improved in relation to 'safe, healthy and equal' relationships, and that 'abusive behaviour is always wrong'.

No less emphasis is placed in the strategy on these elements of prevention (primary prevention) than on building institutional, organisational, and community capacity to identify and respond appropriately to suspected VAWDASV, and adequately funding early intervention support services for survivors and for perpetrators who want to change their behaviour (secondary prevention); and ensuring that all VAWDASV response and support services are high quality, needs-led, strengths-based and gender-responsive, and hold perpetrators to account (tertiary prevention). Ostensibly, then, primary prevention is given the same strategic weight as every other element of tackling VAWDASV in Wales.

In reality, this is not the case. Across Wales, the limited and unsustainable resourcing in the prevention of VAWDASV means investment, particularly through statutory funds, has to be concentrated on tertiary prevention measures – that is, service response after the abuse has occurred and been reported. We know that these responses are crucial in terms of slowing the progression of and reducing the harm already caused by violence, as well as preventing its recurrence and supporting the process of recovery and the empowerment of survivors, including children and young people. However, intervening after violence has occurred comes at an immense cost, both human and economic.

In England and Wales, it is estimated that domestic abuse alone costs at least £66 billion per year,[15] with sexual violence offences costing another £12.2 billion,[16] and FGM another £100 million in costs of care.[17] This is not to mention the costs of other forms of violence against women, such as sexual exploitation and trafficking, and so-called honour-based abuse.[18]

Of the three distinct areas of expenditure – 'anticipation' (protective and preventative measures), 'consequence' (property damage, physical and emotional harms, lost output, health and victim services), and 'response' (police and criminal justice system), in 2016-17, only £6 million – 0.01 per cent – of the estimated cost of domestic abuse was spent on primary prevention or 'anticipatory' measures. In the absence of a comparable breakdown of estimated domestic abuse costs in Wales, it is reasonable to assume – based on the near invisibility of 'primary prevention' in VAWDASV specialist services commissioning in Wales,[19] and having no evidence that indicates otherwise – that there is no significant difference in the proportional spending on primary prevention between England and Wales – i.e. it is very low in both countries.[ii]

There is, nonetheless, some important primary preventative work being undertaken nationally, regionally, and/or locally in Wales, bolstered by secondary prevention efforts to enable earlier identification of VAWDASV survivors and perpetrators. Each of the regional VAWDASV strategies in Wales identify various initiatives which are, have been or will be implemented to improve people's knowledge, understanding, and ability to challenge attitudes and behaviour which condone VAWDASV. Examples include:

- leading and / or participating in local, regional, and national campaigns;
- embedding a 'whole-education approach' to VAWDASV in schools;

[ii] It is not possible to estimate how much is spent on primary prevention in relation to sexual violence as the 'anticipatory' component for the estimated cost for rape and other sexual violence offences only encompasses the provision of 'defensive' infrastructure and equipment such as alarms, CCTV equipment, and other forms of security.

- plans to embed VAWDASV in a mandatory Relationships and Sexuality Education curriculum for 3-16 year-olds in Wales from September 2022 – this has significant potential to prevent VAWDASV through empowering children and young people to challenge and reform harmful social norms and stereotypes;
- 'Ask Me' community ambassadors as part of the *Change That Lasts* model for VAWDASV;
- Bystander Interventions in further / higher education institutions and supporting the development of a 'whole system approach' to VAWDASV on university campuses;
- Girls' rights programmes, e.g. *Champions for Wales*;
- Health-visiting service model based on promoting healthy relationships and highlighting the impact of domestic abuse and other forms of VAWDASV on children;
- Initiatives which engage men and boys to challenge VAWDASV and gender inequality;
- Specialist sector working with media to influence responsible reporting on VAWDASV;
- Economic and social empowerment groups for women which are gender-transformative.

These efforts are strengthened by multiple sources of training and information dissemination on VAWDASV. While many of these have as their primary aim improvement in VAWDASV identification and earlier intervention (secondary prevention), they also aid primary prevention efforts through educating people about VAWDASV and its causes. There is also limited training available that aims to increase an understanding of VAWDASV, its causes and consequences, as a means of empowering individuals and communities to challenge attitudes and create cultural change. These are mostly delivered by specialist sector, embedded in the evidence of 40 years of survivor engagement. Examples include:

- the Welsh Government's National Training Framework (roll-out across the public sector);
- 'Ask Me' Community Ambassadors training;
- 'Trusted Professional' training;
- 'Identification and Referral to Improve Safety' (for General Practitioners);
- Bespoke training for magistrates and the police by specialist VAWDASV services;
- Easily accessible information about VAWDASV on local authority / regional safeguarding websites;

Evidently, primary prevention is on the agenda. The problem is that, with the exception of the *National Training Framework*, they are not a central part of the current approach to tackling VAWDASV. Rather than having funding for primary prevention as an integral part of a sustainable funding model, many of these initiatives are 'add-ons' – they are implemented if and when resources 'become available'.[20] For example, while six of the eight regional strategies identify implementing the Welsh Government's 'whole education approach' (WEA) guidance in schools as a priority for preventing VAWDASV and improving provision for children and young people affected by it, very little progress has been made identifying the extent to which schools are implementing this guidance, let alone identifying and responding to the specific enablers of and barriers to its implementation. Four years on since the (then) National Adviser VAWDASV stated[21] that she did not know how the WEA guidance was being used, distributed or monitored, how many schools were using it, nor what resources were allocated on a local, regional or national level to support and enable schools to "drive forward

this cultural change", we are still unable to provide a full answer to these concerns. It is significant that the plans to implement a mandatory RSE curriculum, which clearly has a potential *preventative and empowering* as well as protective function, has yet to be explicitly linked to the prevention of VAWDASV and the nine principles of the WEA as promoted in the Welsh Government's guidance.[22]

There are many reasons for why primary prevention interventions which aim to challenge the root causes of VAWDASV tend to be on the periphery of VAWDASV provision. Public bodies as well as specialist sector organisations consistently cite a lack of capacity and resources as barriers to implementing primary prevention interventions. Due to the lack of funding available – "no designated money for prevention"[23] – public bodies as well as VAWDASV specialist services are put in an impossible position where they feel that funding prevention would have to come at the expense of improving (or even just maintaining) current provision for survivors. Specialist services should not have to contemplate cutting survivor services in order to facilitate prevention work – especially as effective primary prevention is likely, to increase the number of people accessing support.[24]

The above quotation – "no designated money for prevention" – captures the essence of the problem faced in Wales: fundamentally, 'prevention' (i.e. primary prevention) is seen as an optional extra[25] which, although desirable, must necessarily be placed on the back foot while services try to cope with the demand for support and responses to current cases of VAWDASV. In other words, it is clear that the system is primarily designed to respond to crises rather than create systematic change that aims to prevent VAWDASV. Although it is clear that this is not what the Act and the national strategy intend, this *is* the message which emanates from commissioning decisions, both locally and nationally. For example, while the commitment to providing an extra £2.4 million for tackling VAWDASV in the draft Welsh budget[26] is welcome, only £250,000 of this is allocated for revenue spending. This is to be spread across 'five additional projects', most of these early interventions. There is no mention of increasing the budget for primary prevention activity. We are still awaiting a sustainable funding model, a commitment made in the National VAWDASV Strategy 2016-21, that recognises the need for investment across portfolios including children and communities, education, health (especially mental health) and economy as all areas that benefit from the prevention of VAWDASV.

This needs to change. There must be a paradigm shift in the conception of primary prevention – from an optional 'add-on' to an integral part of our response to VAWDASV. Without it, women and girls will continue to experience epidemic levels of violence and abuse throughout their lifetimes and will not be able to realise their human right to live free from abuse. Consequently, demand from support and response services will not reduce. The following section sets out a strategic vision for the prevention of VAWDASV in Wales – one in which primary prevention is centred.[27]

## 6. A way forward in Wales? Bringing primary prevention to the centre of our response.

Moving forward, it is important to gain a comprehensive and up-to-date understanding of the evidence base on what works to prevent VAWDASV. Ensuring that agencies are implementing

effective practice that has been tested through rigorous evaluation and practice knowledge of what works both prevents possible harm and ensures that money is not wasted implementing strategies that have no effect. It is important to acknowledge that many studies in the field of primary prevention for VAWDASV do not explore whether particular interventions have resulted in behaviour change. Rather, they tend to focus on intermediary outcomes as part of a *theory of behaviour change*. For example, they may look at measures such as skills building, beliefs, attitudes or awareness as measures that underpin and/or condone violent behaviour. For example, a bystander programme will seek to build prosocial behaviour that prevents violence by skill building and challenging attitudes and beliefs that are supportive of violence.

In 2020/21, Public Health Wales and the Wales Violence Prevention Unit, in collaboration with Welsh Women's Aid and the Welsh Government, will be undertaking a systematic review to ascertain what specific interventions are effective in preventing VAWDASV, based on the most up-to-date evidence. In proposing a way forward for VAWDASV prevention in Wales, this paper acknowledges that there are some gaps in the existing evidence base of 'what works', and that some primary prevention interventions have been / are implemented in Wales without being evaluated to understand their impact. As such, whilst this systematic review is being completed, this paper does not propose a definitive set of specific programmes for implementation. Rather, it identifies, based on national and international evidence, key principles for VAWDASV prevention, as well as *types* of interventions which have proven promising and/or effective, and the primary sectors / spaces where these actions could take place.

It is also vital to recognise the contribution of, and to be informed by, specialist services and survivors. For more than 40 years, through delivering 'by and for' provision with survivors of VAWDASV, specialist services have ensured that survivor voices are central and have built a wealth of expertise and knowledge of what works and what needs to be implemented across different communities in Wales. This practice knowledge and lived experience are vital in ensuring we create change that lasts.

**Principles of VAWDASV prevention strategies**

Acknowledging and accepting that VAWDASV is rooted in gender inequality is an absolute precondition for all primary prevention work.[28] A paradigm shift in the conception of primary prevention as fundamental to achieving lasting change will not be achieved if we are in denial about the gendered nature of VAWDASV. The following principles must underpin all prevention interventions, whether primary, secondary or tertiary:

- All prevention interventions, whether with whole communities, targeted groups, known perpetrators or survivors, must be grounded in an intersectional gendered perspective and a rights-based approach.
- All interventions with (potential) victims of VAWDASV should be strengths-based, needs-led and trauma-informed – ensuring that they are survivor-centred rather than service focused, able to meet the individual needs of survivors and respond to their best interests.

- Regardless of which service is delivering the intervention, they should all have strong links and referral mechanisms to specialist services – VAWDASV services, mental health services, substance misuse services, *etc*.
- Non-abusive parents should be viewed and treated as sources of resilience for their children, and neither they nor their children should be punished for the consequences of the perpetrator's abuse;
- Interventions must be aware of and able to respond appropriately and effectively to the intersecting forms of discrimination and inequality experienced by women in Wales, including through 'by and for' services, such as Black and minoritized women services.
- All interventions must be evidence-based, drawing on academic evaluation, survivor engagement and practice knowledge. Indicators of success should be clearly identified, and outcomes monitored, based on a clear theory of change for the prevention of VAWDASV.

In terms of primary prevention, specifically, we know that VAWDASV can affect anybody. As such, opportunities for primary prevention must be identified across the entire life course– from infancy (pre-and-post-natal) to older adults. No one should be left behind. Moreover, primary prevention interventions need to reach people across all communities – where they live, work, learn and play.

*Ad hoc* campaigns or information days are not sufficient to change sexist attitudes and harmful gendered norms which underpin VAWDASV, nor the persisting unequal distribution of political, social and economic power and resources between men and women – all of which are the legacy of centuries of inequality and intersecting discrimination and oppressive regimes. Messages around gender equality and the unacceptability of VAWDASV need to be reinforced time and again in as many different spheres of life as possible and must be consolidated by structural changes within public institutions. At the same time, we must ensure that the infrastructure and services required for responding to and supporting survivors, as well as holding perpetrators to account, are adequate. This includes the provision of 'by and for' specialist services, while ensuring that *all* services are able to respond in a supportive way to survivors from any background. Clearly, this will require long-term effort and investment, strong and visible leadership, and a high degree of co-ordination and collaboration between different sectors.

**Multi-sector investment**

The responsibility for funding primary prevention interventions should not fall on singular local authorities streams or trust funds. Those sectors which have a significant economic interest in reducing the rates of VAWDASV ought to invest in primary prevention too, particularly health, education and criminal justice. Increasingly, multi-agency working for violence prevention is being encouraged, as evidenced by the multi-million-pound investment from the Home Office to Violence Reduction Units across the UK. In Wales, this funding led to the establishment of the Wales Violence Prevention Unit – a multi-agency partnership working to prevent violence through a public health approach.[29]

**Key sectors for promoting and funding primary prevention**

**Health:** The World Health Organisation (WHO) states that "violence against women is a global health problem of epidemic proportions"[30] and highlights that "No public health response is complete without prevention. […] programmes [to prevent violence against women] exist and many hinge on promoting gender equality".[31] The recent description by the UN Secretary General of violence against women and girls as a "shadow pandemic", which has been highlighted and exacerbated by the COVID-19 pandemic, captures the urgency of building a more resilient and preventative system. The WHO, in its framework for preventing violence against women,[32] reasserts the view that health services have a fundamental part to play in preventing VAWDASV, as well as responding to incidents and supporting survivors.

Public Health Wales[33] have recognised that reducing violence and abuse could result in substantial savings to health and social care and estimate that implementing the NICE guidance[34] on Domestic Violence and Abuse could save £4,700 a month per person on longer-term costs associated with treating and supporting victims of violence and abuse. A recent report on the *Costs of violence to the healthcare system in Wales*[35] found that short term costs of violence to the NHS are £46.6m per year with long-term costs (due to adverse childhood experiences) at £158.8m per year. Public Health Wales' investment in the Adverse Childhood Experiences (ACEs) Hub – and the roll-out of ACEs awareness and trauma-informed training – has already had a positive impact on the way in which services and institutions respond to clients known to have ACEs[36] (which include domestic abuse and sexual abuse); and initiatives such as 'Routine Inquiry', 'Identification and Referral to Improve Safety (IRIS)', and 'Ask and Act' have the potential to drastically improve health services' early identification of and response to victims and perpetrators of VAWDASV. However, public health and health services also have an important function in supporting and collaborating with the piloting, evaluation, and scaling up of *primary* prevention programmes that challenge harmful gender norms and practices.

**Criminal Justice:** Although criminal justice is a non-devolved matter, police and crime commissioners have substantial decision-making powers when it comes to deciding on projects which are relevant to their communities / regions. Primary prevention efforts for VAWDASV have significant potential to reduce the level of crime in the long term, especially serious and violent crime, and thus reducing demand on the criminal justice system and allowing critical resources to be utilised and directed more effectively. It follows, therefore, that criminal justice agencies should invest in this work. South Wales' Police and Crime Commissioner's investment into Change that Lasts is a positive example of how criminal justice agencies can work together with the specialist sector to improve primary, secondary, and tertiary prevention responses to VAWDASV.

**Education:** The role of the education sector in preventing VAWDASV is clear. Education settings, including schools, pupil referral units, colleges and universities have the potential to play a significant role in the primary prevention of VAWDASV, benefiting from the ability to reach a large number of children and young people to whom they also have a duty of care. Educational settings have been acknowledged as important environments where positive attitudes towards gender equality and healthy, respectful relationships can be fostered. Effective primary prevention within these settings will also help to identify children and young

people who are experiencing VAWDASV and enable them to be better supported – which can lead to improved outcomes in terms of school / university performance, as well as for the individual children and young people.

**Media:** Media are considered a key 'entry point' for preventing VAWDASV in the long-term.[37] This is because the sheer extent of their reach to broad sections of the population and their ability to influence and shape ideas and perceptions about what is considered socially acceptable. News reports, in particular, are a key factor in shaping community understanding of VAWDASV because they provide a framework for its interpretation. Who or what is selected to appear in the news and how those individuals and events are portrayed can have a profound influence on people's attitudes, beliefs and behaviours.[38]

Media more generally can either reinforce or challenge the social norms around gender discrimination and inequality that underpin VAWDASV. It can be a significant tool for promoting positive messages around gender equality; tackling harmful and restrictive gender norms; increasing positive role modelling for healthy relationships; sharing accurate information on VAWDASV; and holding services and institutions accountable when they fail survivors / victims of VAWDASV. They have an especially important role in helping to create the conditions for cultural change – especially in relation to communities who are already suffering from widespread stigma and prejudice. For example, tackling the practices of female genital mutilation, forced marriage, and forms of so-called 'honour-based' violence require communities to whom the perpetrators feel they belong to lead on efforts to change and challenge their attitudes and beliefs. However, it is recognised that communities are less likely to acknowledge and talk openly about negative practices if they fear that this will be reported in the media in such a way that tarnishes them and increases prejudice against them.[39] The media clearly has an important role to play by reporting on the positive community efforts to tackle VAWDASV and to avoid reporting in a way that (further) stigmatises communities who are dealing with particularly difficult challenges. In sum, media outlets and providers could be key partners/ allies for primary prevention.

**Communities**: We need whole communities to be proactive in preventing VAWDASV and supporting those affected. Workplaces should be safe and empowering spaces for all staff and volunteers to enable everyone to thrive in their careers. Interventions seeking to (re)build a woman's economic independence and resources are important; for example, through microfinance via savings and loans to women, increasing access to formal banking facilities, vocational or job training programmes, or cash transfers. Many successful interventions also provide training on VAWDASV and actively tackle gender norms and stereotypes.[40]

**Key actions and settings for a whole-system response to preventing VAWDASV**

This section proposes a range of intervention types and settings for interventions. It builds on the interventions already implemented in (parts of) Wales and draws on both national and international evidence of 'what works' in relation to VAWDASV prevention initiatives.[41]

| Sector | Settings | Interventions / Actions |
|---|---|---|

| | | |
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| **Education** | Schools, pupil referral units and sixth form colleges. | Embed a **'whole-education approach'** to VAWDASV in the institution,[42] as per the Welsh Government's Guidance.[43] There is fair evidence that the most effective way of delivering education which challenges norms and stereotypes is when it is embedded within the curriculum and seen as a core value of the institution itself, supported by **workshops delivered by external specialists.[44]**<br><br>*Developments such as a gender-responsive and rights-based **compulsory RSE curriculum, Operation Encompass,** and rolling out the **National Training Framework** for all staff may contribute towards the delivery of a WEA, but they must be reinforced and bolstered by good pupil, parent and community engagement, strong policies on VAWDASV and consistency in their enforcement, good links with specialist VAWDASV services, and regular training on how to identify and respond to signs of different forms of abuse (i.e. not limited to domestic abuse). **Bystander interventions** could also be included as part of a WEA.[45]* |
| | Further education colleges and universities. | Embedding a '**whole-system approach'** to VAWDASV in the institution. Same principles as the Welsh Government's WEA for schools (with the exception of parents): VAWDASV education for students and staff (but delivered via different mechanisms), clear VAWDASV policies and behavioural codes of conduct, and a strong and visible disclosure and response system, which includes clear referral pathways to specialist services.[46]<br><br>***Bystander Interventions** are one promising mechanism for educating students and equipping them with the tools to challenge sexism, sexual harassment, and gender inequality. Despite concerns around the risk of 'preaching to the converted',[47] recent evidence suggests that Bystander campaigns through e-mails (rather than training sessions) and which promote social norms stressing that active bystanding is common rather than rare, are more effective at encouraging a greater proportion of students and staff to be an active bystander,[48] but that intensive Bystander interventions, such as the Intervention Initiative,[49] can be effective at empowering interested parties to successfully challenge attitudes and behaviours leading to VAWDASV.[50] Universities should consider introducing compulsory module(s) on VAWDASV for staff and students.[51]* |

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| | | VAWDASV learning should be **embedded in particular degrees,** especially **teacher training, health professionals', social work**, and **policing college**. This would increase the potential for these front-line workers to recognise and respond appropriately to VAWDASV when they start working, as well as increase the likelihood of developing a workforce which holds non-discriminatory attitudes and does not practise sexist or oppressive behaviour. |
| **Health** | All levels of healthcare provision, especially primary and emergency care, family planning and sexual health providers; local Health Boards. | **Train all health professionals** to be able to identify signs and symptoms of **all forms of VAWDASV** within their particular roles, and to be able to respond appropriately. This includes identifying those 'at risk' of various forms of violence, as well as those who may already be experiencing or perpetrating abuse.<br><br>***Identification and Referral to Improve Safety (IRIS)*** *has proven successful in increasing domestic abuse referrals from General Practitioners to specialist VAWDASV services;*[52] *this should bolster '**Ask and Act**' practices by strengthening quality of support available to survivors and the speed and efficiency of referral pathways, while also supporting staff. It is important that GPs and other key health professionals receive comprehensive training on **all forms** of VAWDASV, not just domestic abuse.*<br>***Home visitation**, **health worker outreach** and **parenting interventions with specialist VAWDASV services:** these have been shown to have positive effect on reducing child and adolescent abuse / neglect.*[53] |
| **Other workplaces and communities** | Workplaces and various communities (e.g. youth groups, religious congregations, cultural groups, women's groups, men's groups, sports and recreational clubs) | Ensure **VAWDASV workplace policies** which enable safe disclosures and referrals to support, have effective disciplinary procedures to prevent and address VAWDASV committed by staff / clients and, provide **paid leave for survivors of any form of VAWDASV** (not limited to domestic abuse) so they can access the support they need).<br><br>***Trusted Professionals Training** can help create environment which is safe for disclosure and help-seeking behaviour – this includes at all workplaces, as well as recreational clubs, and in the wider community.*<br><br>Implement **'Ask Me'** scheme: community members (Ambassadors) are able to understand VAWDASV, break the silence around it in their various communities, |

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| | | challenge attitudes which condone and underpin VAWDASV, and signpost people to support.<br><br>**Community mobilisation / campaigns** to change gender norms (must be community-driven, participatory projects, engaging multiple stakeholders).<br><br>Group-based **workshops with men and boys** to change social norms and behaviour that condone VAWG (delivered e.g. by youth services, third sector organisations).<br><br>Group-based workshops to improve **women and girls' agency and/or economic empowerment** (delivered by youth services, third sector organisations) which are also gender-transformative, tackling gender norms and stereotypes.<br><br>**Early intervention programmes for children and young people** displaying signs of interpersonal abuse towards family members.<br><br>*'**Break4Change**' is one such programme which has received a positive evaluation.*[54]<br><br>**Mentoring Projects for children** who have experienced domestic abuse and other forms of abuse. |
| **Media** | From local to national media – reporters, companies, regulators; social media users and regulators. | Provide **training, informed by survivors as experts**, to media outlets / journalists on how to ethically report on VAWDASV cases, adhering to the principle of 'first do no harm' – media regulators to establish human-rights-based standards for reporting on VAWDASV.<br><br>Mainstream media organisations to **bandegrading and objectifying portrayal of women and girls** and promote depictions of healthy, equal relationships and diversity of men and women to challenge harmful gender stereotypes.<br><br>Social media to implement and enforce **clear policies around online abuse** (including sexual harassment and misogynistic / homophobic / racist abuse), ensuring robust and swift responses.<br><br>*These actions are crucial in ensuring the ethical reporting of VAWDASV by the media, reduction in 'victim-blaming' reports, reforming representations of* |

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| | | *women, girls and gender relations in popular culture, challenging the restrictive gender stereotypes and the objectification of women and girls, and tackling and reducing online forms of VAWDASV.*[55] |

## 7. Monitoring Change

The core business of a public health approach to VAWDASV is to prevent its perpetration by challenging harmful attitudes and beliefs and building social and institutional supports that prevent the reproduction of VAWDASV. As such, there ought to be a robust mechanism in place for measuring this change over time (i.e. measuring the success of primary prevention efforts). We need to build a comprehensive data architecture to collect and safely share population-level data on VAWDASV, including routinely-collected (administrative) data on levels of service demand (disaggregated by protected characteristics), and survey data to understand the prevalence of risk and protective factors for VAWDASV (for example attitudes and beliefs that perpetuate gender inequality), and the prevalence and incidence of different forms of VAWDASV. This work has begun in Wales through the development of the VAWDASV national indicators, but further investment and prioritisation is of utmost importance to understand the epidemiology of violence and inform prevention work and whole system planning and response.

## 8. Conclusion

Ultimately, the Welsh Government must lead the way in ensuring, that primary prevention is placed at the centre of the response to VAWDASV in Wales – *alongside*, not at the expense of, support for survivors and holding perpetrators to account. We know that changing attitudes and norms is a long-term effort[56] and that it will require years of successful VAWDASV primary prevention efforts before any impact will be seen on the prevalence of VAWDASV.[57] If we are to be at all likely to eliminate all forms of violence against women in Wales by 2030, as per the United Nations' Sustainable Development Goal, it is imperative that Wales commits to an evidence-based programme of primary, secondary and tertiary prevention and provides the necessary resources for its implementation and monitoring.

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