

## PPSH 15

Ymateb gan: Iechyd Cyhoeddus Cymru

Response from: Public Health Wales

Nodwch eich barn mewn perthynas â chylch gorchwyl yr ymchwiliad, sydd wedi'u grwpio'n 5 thema: | Record your views against the inquiry's terms of reference, which have been grouped into 5 themes:

1. Maint | Scale
2. Effaith | Impact
3. Effeithiolrwydd ymyriadau | Effectiveness of interventions
4. Y cyd-destun ehangach | Wider context
5. Arall | Other

### 1 . Maint | Scale

Studies have consistently shown that a majority of women and girls have experienced sexual harassment throughout their lives. Recent reports to the Everyone's Invited website, and subsequent investigations from Ofsted and Estyn highlight both the prevalence and seriousness of the issue in school settings among children and young people. However, the overall scale of sexual harassment among children and young people, and the full nature and extent of inequalities experienced by children and young people in regard to sexual harassment, remains unclear.

A recent survey indicates that 71% of women of all ages in the UK have experienced some form of sexual harassment in a public space, and 97% of 18-24 year olds reported having experienced some form of harassment (All Party Parliamentary Group for UN Women, 2021<sup>1</sup>). In the European Union, one in ten women report having experienced cyber-harassment since the age of 15. This included having received unwanted and or offensive sexually explicit emails or SMS messages, or offensive and/or inappropriate advances on social networking sites. The risk is highest among young women aged 18-29 years (European Union Agency for Fundamental Rights, 2015<sup>2</sup>).

Sexual harassment is a form of sexual violence, and a form of child abuse depending on the age of the victim. It is closely linked to other forms of violence and abuse, such as bullying, intimate partner violence, child sexual abuse and other forms of sexual violence, both in childhood and across the lifecourse, and, as such, shouldn't be viewed in isolation. Both sexual violence and intimate partner violence (IPV) are prevalent among young people of school and college age in peer

<sup>1</sup> ALL PARTY PARLIAMENTARY GROUP FOR UN WOMEN 2021. Prevalence and Reporting of Sexual harassment in UK Public Spaces.

<sup>2</sup> EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS 2015. Violence against Women: an EU-wide Survey.



on peer relationships, as well as in relationships where the perpetrator is an adult and the victim a child. One study found that among adolescents, over half of experiences of sexual violence occur in the context of a dating or intimate relationship. Sexual violence outside a dating relationship is also common, with 28% to 56% of women in college samples reporting at least one such experience and over 75% of whom who have been sexually assaulted report that the first of such experiences occurred before the age of 25 (Miller et al., 2018<sup>3</sup>).

Likewise, cultural and social norms play an important role in the occurrence of sexual harassment and violence (Savard et al., 2019<sup>4</sup>). Figure 1 highlights how attitudes and beliefs underpin violent behaviours, which can escalate when left unchallenged. Sexual violence behaviour occurs on a continuum, which includes unwanted sexual attention or harassment, through to rape and homicide. This continuum of abuse also represents the social acceptability of the behaviour. The higher up the pyramid the behaviour, the less acceptable, and more unlawful, it is.

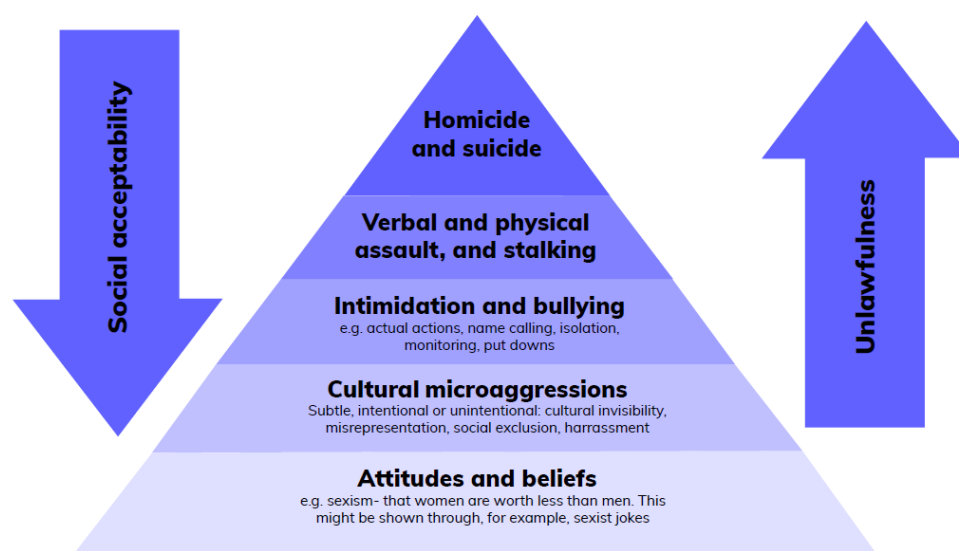


Figure 1: McMahon and Banyard (2012) Pyramid of Violence

COVID-19 has further exposed interpersonal violence as a global emergency requiring urgent action. The pandemic has exposed the failure of efforts to prevent and respond to violence but also the deeply entrenched and systemic nature of violence against women and children. Since the outbreak of COVID-19, emerging data and reports from those working in front line services have shown that many types of violence, particularly domestic violence have intensified. Calls to helplines have increased fivefold in some countries as rates of reported IPV have increased because of the COVID-19 pandemic. This is referred to as the shadow pandemic, as COVID-19 continues to strain health services, and violence is exacerbated in the home, essential services such as domestic violence shelters and helplines have reached capacity (United Nations, 2021<sup>5</sup>).

<sup>3</sup> MILLER, E., JONES, K. A. & MCCAULEY, H. L. 2018. Updates on adolescent dating and sexual violence prevention and intervention. *Curr Opin Pediatr*, 30, 466-471.

<sup>4</sup> Savard, D, M., Kelley, T, M., Jaksa, J, J. & Kennedy, D, B. (2019) Violent Crime in Bars: A Quantitative Analysis. *Journal of Applied Security Research*, 14(4), pp. 369-389.

<sup>5</sup> UNITED NATIONS. 2021. Ending Violence against Women [Online]. Available: <https://www.un.org/en/observances/ending-violence-against-women-day> [Accessed 18th March 2021 2021].

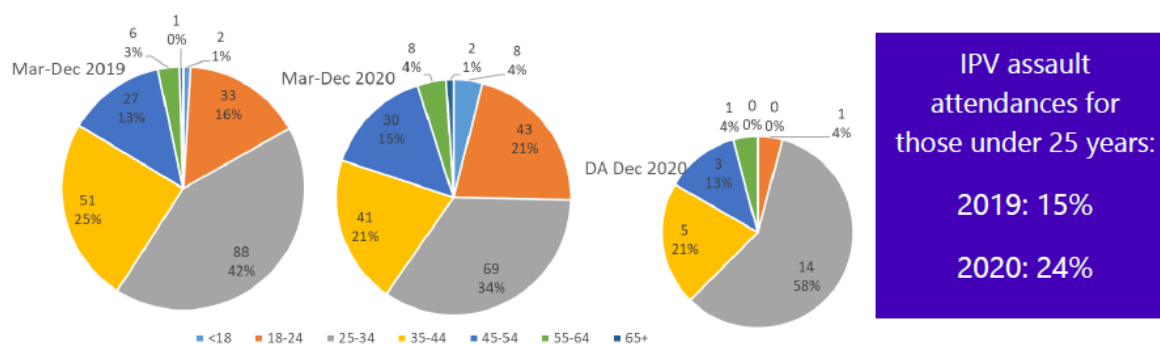


In Wales, in a recent health needs assessment<sup>6</sup> carried out by the Wales VPU, the detrimental impact that COVID-19 and its associated restrictions has had on CYP's experience of violence and adverse childhood experiences (ACEs) was highlighted. Many CYP have faced an increased exposure to violence, including domestic abuse and family violence, physical abuse, self-harm, sexual abuse and exploitation, and bullying and harassment online, particularly during lockdown restrictions. Furthermore, a worsening of mental health among CYP resulting in an increase in low self-esteem, loss of social skills and maladaptive coping mechanisms including self-harm and other mental health concerns has also been observed.

More specifically to school-based violence, in September 2021, the Wales VPU (paper available on request) issued a briefing paper highlighting how as lockdown restrictions gradually lifted across Wales in Spring/ Summer 2021 and schools opened up to all pupils, there was a significant increase in assault attendance in under 18 year olds in Emergency Departments (EDs) in South Wales. Apr-June 2021 saw a 34% increase in assault attendances among this group when all injury location sites were considered compared to Apr-June 2019. However, when considering school-related location assaults only, the increase was markedly higher.

Likewise, when the VPU team considered ED assault attendances among young people for intimate partner violence (paper available on request), they found that between Mar 2020 – December 2020, 60% of ED assault attendances reporting an own home/ partner or ex-partner assault were under 35 years old, with the greatest proportion of individuals aged between 25-34 years. There was also a significant increase in children under 18 attending ED for assaults in which a partner or ex-partner was the assailant.

**Figure 1: South Wales IPV (own home/partner or ex-partner related) A&E assault attendance age category breakdown**



The findings related to increases in violence among young people were supported by data from the Live Fear Free Helpline which also found an overall increase in young people accessing the helpline in 2020 in comparison with 2019.

However, the increase was not supported by data from South Wales Police, which found no significant change in overall call outs and offences related to domestic abuse, and a significant decrease relating to young people under 24 years of age. This may indicate the young people are not accessing police services in relation to interpersonal violence.

<sup>6</sup> Cresswell K., Barton ER., Snowdon L., Newbury A and Cowley L (2021). A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences. Violence Prevention Unit: Public Health Wales NHS Trust



## 2. Effaith | Impact

- The impact on pupils' learning, mental health and well-being.
- The impact on education settings and staff, for example in terms of discipline and the extent to which harassment among learners has become 'normalised'.
- The specific impacts on particular groups of learners (e.g., older pupils, girls, LGBTQ+ pupils, etc.).

Sexual harassment is a form of violence against women domestic abuse and sexual violence (VAWDASV) which is a major public health problem, a criminal justice issue, and a violation of human rights. VAWDASV places a heavy burden on health, economic and social prospects with the adverse psychological, sexual, and reproductive health consequences affecting survivors at all stages of life. In addition, VAWDASV has health consequences for children as well as socio economic impacts of families, communities and societies (World Health Organisation, 2021<sup>7</sup>).

Preventing sexual harassment requires an appreciation that it is part of a social pattern of predominantly male abuse towards women (Hester and Lilley, 2014<sup>8</sup>). Whilst boys and men can be victims of sexual harassment, in terms of the scale of the problem, perpetrators tend overwhelmingly to be male and victims are mainly female. This is reflected in the language of the Istanbul Convention, which is grounded in the understanding that gender inequality is a cause and consequence of violence against women. This means recognising the gendered nature of violence against women as rooted in power imbalances and inequality between women and men (Council of Europe, 2011<sup>9</sup>).

At the same time, sexuality, age, socioeconomic status, race and disability intersect with gender and create differences and inequalities in lived experience of sexual harassment and outcomes. This means, that while sexual harassment can happen to anyone, anywhere, some women and girls are particularly vulnerable, for example, young women and girls, women who identify as lesbian, bisexual, transgender or intersex, migrants and refugees, and ethnic minorities, or women and girls living disabilities (United Nations, 2021<sup>10</sup>).

The short- and long-term health consequences of sexual harassment as a form of VAWDASV for women's health are many and significant. Sexual violence can lead to a multitude of health consequences for women, including physical, reproductive and psychological consequences (Jina

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<sup>7</sup> **WORLD HEALTH ORGANISATION. 2012b.** Understanding and Addressing Violence against Women [Online]. Available: [https://apps.who.int/iris/bitstream/handle/10665/77434/WHO\\_RHR\\_12.37\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf?sequence=1) [Accessed 2021].

<sup>8</sup> **HESTER, M. & LILLEY, S. J. 2014.** Preventing Violence Against Women: Article 12 of the Istanbul Convention. Strasbourg: Council of Europe

<sup>9</sup> **COUNCIL OF EUROPE 2011.** Convention on Preventing and Combating Violence against Women and Domestic Violence. Istanbul.

<sup>10</sup> **UNITED NATIONS. 2021.** Ending Violence against Women [Online]. Available: <https://www.un.org/en/observances/ending-violence-against-women-day> [Accessed 18th March 2021 2021].



and Thomas, 2013). Additionally, such violence can have fatal outcomes. Every day, 137 women are killed by a family member and it is estimated of the 87,000 women who were intentionally killed globally in 2017, more than half (50,000) were killed by intimate partners or family members. More than a third (30,000) of the women intentionally killed in 2017 were killed by their current or former intimate partner (United Nations Office on Drugs and Crime, 2019<sup>11</sup>).

These figures reflect the gendered nature of interpersonal violence and abuse with women considerably more likely to experience repeated and severe forms of abuse including sexual violence as well as sustained physical, psychological, or emotional abuse, or violence which results in injury or death. Additionally, women experience higher rates of repeated victimisation and are much more likely to be seriously hurt or killed than male victims (Women's Aid, 2020a<sup>12</sup>).

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<sup>11</sup> **UNITED NATIONS OFFICE ON DRUGS AND CRIME 2019.** Global Study on Homicide.

<sup>12</sup> **WELSH WOMEN'S AID 2020.** A Blueprint for the Prevention of Violence against Women, Domestic Abuse and Sexual Violence in Wales: Understanding the Concepts.



### 3. Effeithiolrwydd myriadau | Effectiveness of interventions

In Wales, the National Strategy for VAWDASV (Welsh Government, 2016) identifies primary prevention as a key commitment. This includes increasing awareness among the Welsh population of VAWDASV and challenging attitudes which condone or legitimise VAWDASV. Additionally, building institutional, organisational and community capacity to identify and respond appropriately to suspected VAWDASV and adequately funding early intervention support services.

This section uses a direct excerpt from Addis & Snowdon (2021; 30) report on 'What works to prevent VAWDASV?' This report was commissioned by Welsh Government, to identify effective practice for the prevention of VAWDASV through a systematic evidence assessment. The evidence identified will be used to inform the adoption of evidence-based practice through the refresh of the national VAWDASV strategy in Wales in 2022. The full report is available here - [https://www.violencepreventionwales.co.uk/cms-assets/research/What-Works-to-Prevent-Violence-against-Women-Domestic-Abuse-and-Sexual-Violence-Systematic-Evidence-Assessment-2021-09-20-124755\\_aypz.pdf](https://www.violencepreventionwales.co.uk/cms-assets/research/What-Works-to-Prevent-Violence-against-Women-Domestic-Abuse-and-Sexual-Violence-Systematic-Evidence-Assessment-2021-09-20-124755_aypz.pdf)

The following section explores school based interventions, however it is recommended that the whole report is read as it explores additional settings and evidence based programmes that are relevant to children and young people:

#### **School based interventions**

*School based interventions which aim to prevent VAWDASV can be delivered on a large scale to a captive audience who have yet to experience or are just embarking on their own intimate relationships. Generally, programme theories include some version of behavioural change, with the intention being to change knowledge and/or attitudes towards specific social norms (usually, but not always, gender norms) with the assumption that this would change behavioural intention, and, eventually, actual behaviour, with a resulting effect on the incidence of perpetration and/or victimisation (Stanley et al., 2015a). Four reviews focussed on school-based interventions, two to prevent domestic abuse (Stanley et al., 2015a, Stanley et al., 2015b), and two to prevent IPV (Lester et al., 2017, Ellsberg et al., 2015).*

*Stanley et al. (2015a; 2015b) report on a mixed method realist review of studies reporting preventive interventions in domestic abuse for children and young people. Studies using a wide range of methods were included, 13 papers reported on controlled trials which involved nine different programmes and 15 papers reported on 14 programmes which included various types of cohort or case control study. Studies were based predominantly in USA but also, Canada, UK and India. All were school based except for Families for Safe Dates and three made explicit reference to bystander theory. Programme outcomes were identified as changes in young people's knowledge, attitudes behaviours as well as incidence of victimisation or perpetration. Stanley (2015b) found that the largest effect sizes were found in measures of knowledge, although the differences in these tended to decrease over time. The only relatively large and statistically significant finding in a well-designed study in terms of incidence of perpetration or victimisations was found in an evaluation of the Fourth R Programme where perpetration of physical dating violence by boys was found to have decreased 2.5 years after the programme (Wolfe et al., 2009). Most of the papers included in the systematic review failed to provide robust evidence of behaviour change however, it was acknowledged that using behaviour as a primary outcome of an intervention which is targeting social norms may be problematic.*

*Ellsberg et al., (2015) undertook a broad review of evidence of interventions to reduce the prevalence and incidence of violence against women and girls. This review encompassed a broad range of intervention models in high, middle and low income countries and primary, secondary and tertiary prevention. In relation to school based interventions, this review found that most prevention programmes for IPV and non-partner sexual assault in high-income countries are school-*



*based group training interventions. However, while evidence from these programmes has not been encouraging, there have been a few exceptions. The Healthy Relationships programme in Canada was tested in two settings: one with male and female high school students and the other in the community with male and female young people. Both studies showed significant reductions in both perpetration and victimisation of dating violence in both boys and girls in the intervention groups compared with the control groups. Additionally, studies of two well-known interventions, Shifting Boundaries and Safe Dates, reported a reduction in dating violence in adolescents.*

*Lester et al. (2017) completed a systematic review of reviews of interventions to reduce IPV undertaken within the school setting mainly in the US. A handful of programmes demonstrated promise in preventing IPV. Safe Dates, the Fourth R, Stepping Stones and Shifting Boundaries stand out as programmes that achieved positive effects. Safe Dates, the Fourth R and Stepping Stones are conspicuous as having been studied in trials with the strongest methods for determining evidence of effect in that they have the longest follow-up periods (three, two and a half and two years respectively). The Safe Dates trial was also strong in that it measured the widest range of forms of dating violence and was able to show that effects for several forms of violence persisted over time. Moderation effects are also key in understanding programmes. Safe Dates has produced evidence that there is no difference in effectiveness by gender, by white vs. other ethnicity, or by whether students had previous experience of dating violence; but the trial of the Fourth R showed that the effect was present only for boys. Safe Dates thus appears to be the most effective school-based program for preventing dating violence, but the evidence base in general needs much more development. Despite these limitations, it is clear that a number of violence prevention initiatives have been successfully delivered at school.*

#### **4. Y cyd-destun ehangach | Wider context**

- The impact of online content and influences on young people's attitudes, and the wider context of online safety and potential legislation at Westminster.
- The role of families, parents, and carers.
- The role of the new Curriculum for Wales in developing healthier attitudes towards relationships and sexuality issues.

Planned activity for the prevention and response of sexual harassment should take a trauma informed approach. A trauma informed approach recognises that anyone may have experienced adversity and trauma, including VAWDASV and child abuse, seeks to ensure that as a result we do no harm and respond to survivors with compassion through a needs-led approach. There is currently a Welsh Government commissioned programme of work to develop a National Trauma Practice Framework for Wales, which will include a Welsh definition of a trauma informed approach, and has now been issued for consultation. The Framework development is a collaboration between the ACE Support Hub and Traumatic Stress Wales to enable a co-produced framework with partners, survivors, professionals and the public.



## 5. Arall | Other

Please record any views you have below that do not fit into the themes above.

The National VAWDASV Strategy refresh in 2021/22, emphasises the importance of taking a public health approach to the prevention of VAWDASV in Wales. A public health approach is a whole systems approach that utilises the principles of public health to provide a useful framework to investigate and understand the causes and consequences of violence and for preventing violence from occurring through prevention programmes, policy interventions and advocacy (Violence Prevention Alliance, 2021<sup>13</sup>).

As evidenced by the 'What works to prevent VAWDASV?' report (Addis and Snowdon, 2021), there is growing evidence that it is possible to prevent VAWDASV with programmes designed for children and young people, often within school and college settings, being an important site of intervention. However, there are currently very few primary prevention programmes delivered in Wales. Within this programme of work, a range of evidence based prevention strategies could be piloted and implemented in Wales to prevent VAWDASV, within the context of (and to support the delivery of) the new RSE curriculum.

A public health approach is systematic and evidence based. As such, a theory of change and an outcomes framework would typically be utilised to set out the desired direction of change, the mechanisms utilised for achieving this goal, and indicators of success. The intention to evaluate interventions and build the evidence base for VAWDASV prevention (including the impact of the new RSE curriculum) should be set out in planned activity. The Wales VPU's 'Violence Prevention Evaluation Toolkit<sup>14</sup>' could be referenced as a helpful resource for partners.

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<sup>13</sup> VIOLENCE PREVENTION ALLIANCE. 2021. *The Public Health Approach* [Online]. Available: [https://www.who.int/violenceprevention/approach/public\\_health/en/](https://www.who.int/violenceprevention/approach/public_health/en/)

<sup>14</sup> <https://www.violencepreventionwales.co.uk/cms-assets/research/Violence-Prevention-Evaluation-Toolkit.pdf>

