



University of Exeter

Law School

# Equality and Social Justice Committee

## Inquiry into the Public Health Approach to Preventing Gender-Based Violence

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Accompanying oral evidence will be given on 12th June 2023.

We note and build on the evidence provided by Public Health Wales to this inquiry, concentrating specifically on bystander intervention. We also note recent systematic reviews (Addis and Snowdon, 2021; Jouriles et al, 2018; Kettery and Marx, 2019; Kovalenko et al, 2020; Mujal at al., 2019) and do not repeat that evidence here, other than to say that the evidence base is increasingly promising as to the effectiveness of bystander programmes to tackle GBV. Our evidence is mixture of our academic specialisation (Fenton in bystander intervention, gender and law; Eisenstadt working with male perpetrators of DVA at all risk-levels) and our expertise derived from many years of designing, delivering and evaluating bystander programmes in the UK both as academics and as Directors of Kindling Transformative Interventions, and working with men and boys.

**The most crucial point to note is that not all bystander intervention programmes are created equal.** As was noted in recent evidence session to The Women and Equalities Select Committee Inquiry into Attitudes Towards Women and Girls in Education (2022), there are many providers and offers of bystander intervention programmes now in the UK, but many providers do not detail the evidence underpinning their programmes, nor their credibility to be working effectively in this field. Therefore, we should not be suggesting that generically, bystander intervention programmes either 'work or do not work', but rather, whether specific programmes might demonstrate effectiveness. What follows is a summary of what effective programmes should contain, a series of recommendations for working with men and boys, and suggestions for the legal context.

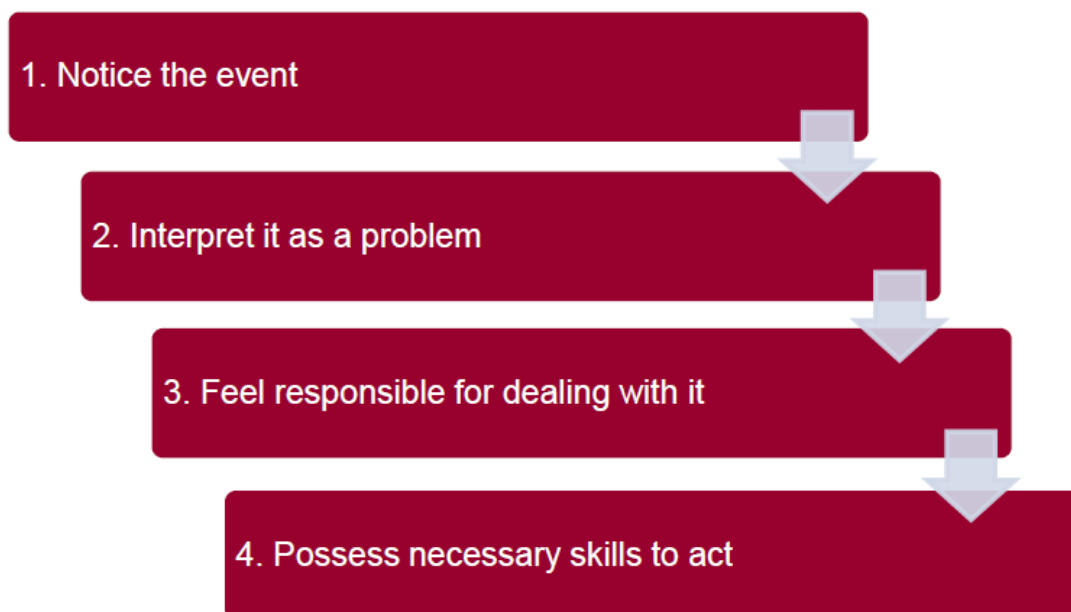
## Bystander Intervention

Bystander intervention is a form of primary intervention based on the premise that most gender-based violence (GBV) is preventable. By situating ending GBV as the responsibility of everyone in the community as fully equipped active bystanders, the manifestation of attitudes and behaviours which underpin, excuse, facilitate, empower and constitute perpetration will elicit a negative response and thus cease to be socially acceptable. Bystander programmes also include secondary prevention in that they should equip participants with the skills to support victims after the event and signpost to appropriate specialist services.

**Bystander interventions are complex.** They are designed to increase the ability of bystanders to make safe and effective interventions. They also function to change attitudes, beliefs and overcome resistance on the part of participants. They require careful development and should be accompanied by a logic model thoroughly rooted in the literature. As such, bystander interventions require financial investment; they take time and money to implement properly. **It must be noted that investing money in short, ineffective programmes is a waste of money and may actually cause more harm than good.** Despite this message being repeated constantly in the UK for at least a decade, demand is always for the cheapest and shortest programme available, due to non-prioritisation of the safety of women and girls, lack of serious investment, lack of any legal obligations, shortage of public funding and lack of corporate civic responsibility.

## Bystander Theory of Change

The theory underpinning bystander intervention training is rooted in social psychology and the bystander theory of change. This is that participants progress through the following psychological stages: from noticing the issue, through recognising it as a problem, to assuming responsibility and being motivated and confident to act and having the requisite skills to act, to actually acting (see below from Fenton et al, 2016).



**Figure 1. Four stages to becoming a prosocial bystander**  
(Adapted from Berkowitz, 2009, p10)

The noticing element for VAWG prevention requires a **gender-transformative approach** that examines the root causes of VAWG, i.e. sexism, gender inequity, gendered social norms and harmful masculinities. It further requires an awareness and understanding of the behaviours that constitute the harms that the particular programme focuses on (e.g. sexual harassment in public spaces, rape and other sexual harms, DVA, coercive control, and stalking). The gender-transformative approach acts to change participants' (including perpetrators') own harmful beliefs and attitudes such those expressed in rape, sexual harassment and DVA myth acceptance. Equipping participants to intervene in myth acceptance is crucial as myth acceptance is related to perpetration in the literature.

**The noticing part of the programme should pay attention to understanding the intersectional nature of harms** with other axes of inequality and include the experiences and needs of different women, particularly women of colour, LGBT+ women, older women, disabled women.

In our experience, **the inclusion of the pyramid of harm is a critical component part of noticing**, and leads to 'lightbulb' moments with men in particular as they realise that their own complicity at the lower levels of the pyramid empowers other men to enact the behaviours further up the pyramid. This further furnishes them with responsibility and motivation to intervene at the bottom of the pyramid - where opportunities to intervene with other men abound.

## Social Norms Theory

Evidence indicates that for maximal effectiveness a social norms approach should be integrated (Berkowitz, 2009), to overcome barriers to intervention. Often, we misperceive the positive norm (pluralistic ignorance) which impedes our intervention. If this happens, the wrongdoer is not challenged, the positive bystander intervention is not modelled to other potential bystanders and the perpetrator's behaviour is legitimised. This translates into real-life as male perpetrators of DVA are shown to overestimate how many other men also use DVA (e.g. Neighbours et al, 2010). Moreover, men overestimate other men's comfort with rape-supportive behaviours and underestimate other men's willingness to intervene to prevent sexual harm (Fabiano et al, 2003; Berkowitz, 2010). Given that perceptions of other men's willingness to intervene is a key predictor of intervention (Fabiano et al, 2003; Brown and Messman-Moore, 2010) **the correction of peer and social norms misperceptions is an essential part of bystander trainings.**

## Skills Training

Core to pedagogy is skills training. Practice scenarios (role-plays) are indicated and can also change opinion in the desired direction as well as model intervention strategies thus increasing confidence and likelihood to act as an active bystander (Fenton et al 2016). Crucially, scenarios must be socio-culturally relevant to the intended audience (Nation et al 2003); for an example of co-creation with communities and stakeholders see Fenton et al (2019). For example, Kindling's practice scenario pedagogy centres around moving people beyond simple 'in-the-moment' interventions (which in themselves are great but not enough) towards 'gold standard' 'transformative interventions'. These interventions actually change those deeply rooted attitudes and beliefs underpinning behaviours (and resistance such as #notall men or defensive attribution), by connecting with the feelings beneath them and ensuring that those feelings are heard and acknowledged in a safe environment and then challenged in a positive way.

**Bystander programmes which are likely to be effective should be able to demonstrate a logic model which is thoroughly rooted in the literature.**

## Pedagogy, Content and Delivery

In addition to the GBV content, Nation et al.'s (2003) specific public health pedagogy for prevention should be followed in bystander training content and delivery (see Fenton et al, 2016; Fenton and Mott 2017; Fenton et al, 2019) For content, interventions should be theory-based, and tailored for a specific audience. For example, programmes developed by Kindling utilise stakeholder focus groups and anonymous surveys with intended audience about their experiences, to inform development and role-play scenarios. For delivery, programmes should be delivered over time with sufficient dosage, be comprehensive and utilise expert facilitators. Facilitators should be highly trained not only in the delivery materials but also in the wider GBV context, non-verbal communications and, in particular, in holding transformative conversations which deal with resistance in a positive way. For example, in addition to being highly trained trainers in the field in their own right, all Kindling

professional trainers undergo an intensive 2-day training programme with continued quality control, self-reflective practices, de-briefing and community of practice. Kindling also always utilises two professional trainers for every training, with one identifying as male or non-binary and one identifying as female or non-binary, to model gender equality, ensure participant safety and to achieve maximal effectiveness. We believe this to be best practice.

At first glance, a ‘train the trainer’ at the community-level approach (e.g. training lots of different people with ties or job roles which take them into communities, but who are not professional trainers or experts in GBV and are delivering voluntarily) feels intrinsically sustainable and appears cost-effective for limited public money. However, our experience in running several community-level train the trainer programmes as requested by commissioners, is that few people in the community who sign up to the training actually go on to deliver, or deliver at scale, outside of those who attend from a specialist agency. This is because of time, workload, role turnover and ability / confidence to deliver an involved programme that requires significant expertise. Monitoring quality of delivery and fidelity to the programme content is also difficult. Whilst these people are usually extremely committed and real assets to their community, and will likely go on to be great interveners, it is in our experience not actually a sustainable model and therefore not cost-effective. **The funds would be better spent on training a smaller core body of professional trainers and on actual paid delivery that is more likely to be effective and can be more tightly monitored for quality.**

It is also worth noting that effective interventions are specifically designed to be cumulative and therefore not shortened or delved into like ‘pick and mix’. The experience of Fenton and Mott’s ‘The Intervention Initiative’, which was put into the public domain, is that it was ‘butchered’ by very many universities seeking to claim that they were ‘doing bystander’ (see Donovan et al. 2023) and parts were even sold by other providers without knowledge or permission of the creators, as part of un-evidenced online programmes. **Quality control of delivery and fidelity to the model is absolutely essential for programme effectiveness.**

## Measuring Effectiveness

Measuring effectiveness is also one of Nation’s criteria. Academic evaluations include design and implementation of pre-post and follow-up surveys (including bespoke evidence-led validated psychometric scales) to measure effectiveness, backlash, monitor/evaluate facilitation, and self-reported learning. **Just like rigorous delivery, rigorous evaluation is expensive and requires proper funding.** The first evidence-led programme, designed for universities in the UK (Fenton and Mott, 2017, 2018a) showed significant results across a range of measures (Fenton and Mott, 2018b). Active Bystander Communities (ABC) which covered DVA in a general community setting for the first time, showed significant improvements across a range of measures including *further improvement at follow-up* indicating that the changes were not only sustained over time but also actually got better over time (Gainsbury, Fenton and Jones, 2019, 2020). Football Onside was evaluated in a controlled evaluation showing significant results by Kovalenko’s successful PhD at Exeter Medical School (Kovalenko and Fenton 2023, Kovalenko, Fenton and Eisenstadt, 2023, forthcoming).

What is also interesting about these evaluations is that they show that even groups that present with really high baseline scores, meaning that they don't have far to 'travel' as they are already on board with the messages, still shift significantly in the desired direction. Of further interest is the way in which patterns emerged, and which can inform further development of programmes. For example the pattern of rape myth acceptance with university students, for whom myths about falsity of allegations and that men rape accidentally were most believed in (Fenton and Mott 2018b; Fenton and Jones 2017), was replicated by adults (predominantly men) in the Football Onside evaluation (Kovalenko and Fenton, 2023).

What we notice from the qualitative interviewing in evaluations is that participants use the skills and make interventions in all aspects of their lives, no matter in which capacity they attend the training (e.g. as a work training). For example:

*“My future brother-in-law, I'm a little bit concerned, he likes to isolate my sister quite a lot but not too sure if that is just one aspect of it...I am more aware and alert now. I've discussed it with my sisters and they had a similar impression, so we're gonna keep an eye out”* (from evaluation of ABC)

*“Knowing what I did from the course, it's made me [...] chat with my daughters and find out what they're doing in their relationships, and then find out what in particular is not as good as I thought it was, and **a little bit controlling on his [boyfriend's] side**. So, yes, I **wouldn't have known the signs** what to look for without actually doing the course. I was totally blissfully unaware of what was going on.”* (from evaluation of Football Onside)

## Legal Obligations

The evidence base supporting the effectiveness of bystander interventions (which adhere to the above criteria) is considered sufficiently strong that the Westminster Government has repeatedly been asked (e.g. The Women and Equalities Select Committee: Sexual harassment of women and girls in public places (2018)) to implement legal obligations akin to those in the US on universities to respond and prevent GBV including an obligation to implement bystander intervention. To date this has not happened. **The Welsh Government could proactively consider legislation requiring schools and colleges and universities to implement evidence-led bystander programming as part of a holistic solution to ending GBV.** Further, by requiring / obligating larger organisations, particularly those where men make up the majority of the workforce, to implement bystander intervention as part of their **civic responsibility**, the Welsh Government could be extremely progressive and ensure reach to the widest section of Welsh society. **The Welsh Government might lead by example and ensure that the Welsh Parliament and staffers undertake bystander training.**

## Working with Men and Boys

The bystander approach is suitable for mixed gender groups and with men and boys alone. The fundamental theory of bystander intervention that positions men and boys as part of the solution rather than the problem, and as bystanders rather than perpetrators, allows them to engage and reduces defensiveness. As noted, an effective programme should be gender-transformative, facilitating critical self-awareness and self-reflection.

Men and boys are overwhelmingly the perpetrators of VAWDASV, including where men/boys are victimised. Meanwhile, male violence against women is more prevalent than women's violence against men, tends to be more severe, perpetrated at higher frequency and has longer lasting negative health impacts.

**We also know that men and boys are profoundly concerned with what other men think of them and thus that intervention/advice/leadership by other men is more likely, for many, to result in behaviour change.** There is thus both a practical and moral imperative to engage men in the work of ending VAWDASV.

Engaging men and boys is challenging. Men and boys rarely share VAWG prevention content on social media, even when that content is squarely directed at men. Meanwhile, voluntary training programmes and talks/events in the community which are open to all genders are overwhelmingly attended by women. This presents two approaches:

- **Improve campaigns and training that is aimed men in order to better appeals to men/boys.**
- **Make VAWDASV training a compulsory component within organisations that men/boys are already a part of, e.g. workplaces, sports teams, university courses or in schools.**

Whether attempting to attract men to a voluntary programme or campaign, or to engage and retain men in a 'compulsory' programme, work with/aimed at men and boys should:

- Be relevant to the specific culture, sub-culture, community or group men/boys are coming from:
  - Content should be written in the specific vernacular and imagery should reflect the group it is aimed at.
  - Content/messaging should be co-designed with men and boys.
- Emphasise positive qualities of interveners including mobilising traditional 'masculine qualities' in support of behaviour change e.g. courage, leadership, strength, fair-play.
- Position men and boys as part of the solution.
- Mobilise social norms/ideas around how other will see them if men/boys if they cause/prevent harm
- Work with respected peers/leaders/'influencers' to amplify positive messaging.
- Encourage responsibility-taking as way of being a 'good'/'real' man.
- Avoid shaming men and traditional masculine identities while directly challenging harmful behaviour.

- Focus on the impact/harm of behaviour, rather than the intentions or character of the harm-doer.
- Engage with boys as early as is feasible.
- Adopt a whole system approach to changing deeply ingrained attitudes, beliefs and behaviours – one off training or campaigns will be ineffective if teachers and parents, police and other institutions and influences reinforce harmful social norms.

## Summary and Recommendations

- Bystander approaches can be effective if they are rooted in evidence and rigorously designed by experts in conjunction with stakeholders
- Serious levels of investment are required in order to ensure the quality of design, delivery and evaluation of bystander programmes.
- Quality of delivery is more important than quantity and tightly monitored delivery is essential
- Care should be taken not to mistake first glance sustainability for effectiveness
- Providers should be able to demonstrate a logic model rooted in evidence for any bystander programme they offer and a pedagogically sound model for content and delivery adhering to public health criteria
- Evaluation (beyond feedback) using rigorous methods is crucial
- Bystander approaches can work with men and boys and mixed gender groups.
- Engaging men and boys as part of the solution is key and content should be written specifically with men and boys, mobilise traditional 'masculine qualities' and avoid shaming.
- Early intervention is key
- The Welsh government could consider legislation to require schools, colleges and universities to implement evidence-led bystander training, combined with obligations on large organisations to embed bystander training as part of their civic responsibility in order to reach the largest possible audience in Welsh society. The Welsh Parliament could lead by example.



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