BRIEFING PAPER

Strategies to combatting violence in society, including violence against women and girls

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Citation

Connelly LJ, Roddy JK, and Rowland AG. *Strategies to combatting violence in society, including violence against women and girls.* Salford (UK): School of Health and Society, The University of Salford, 7 June 2021.

Access

The briefing paper can be accessed via The University of Salford Institutional Repository (USIR)[1].

[1] https://usir.salford.ac.uk/

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1. EXECUTIVE SUMMARY

Introduction

For at least two decades it has been recognised that violence is not an intractable social problem or an inevitable part of the human condition. Our global society can do much to address and prevent violence. Twenty years ago, 1.6 million people worldwide were losing their lives to violence. Violence was among the leading causes of death for people aged 15 to 44 years, accounting for 7 to 14% of deaths. For every person who dies as a result of violence, it was recognised that many more were, and are being, injured. Violence places placing a massive burden on national economies, costing countries billions of US Dollars each year in healthcare, law enforcement, and lost productivity **(1)**.

If we fast-forward to the present day, in 2021, the Crime Survey for England and Wales has shown long-term reductions in estimates of violent crime over the last quarter of a century. However, victimisation rates (the percentage of adults being a victim of violent crime) have remained fairly flat since March 2014 at around 1.6%. This still equates to 1.2 million violent incidents over a 12-month period in England and Wales. Over the year to March 2020, police-recorded violence against the person increased by 6% compared with the year ending March 2019, including a 7% rise in homicide offences (to 695 offences) and a 6% rise in offences involving a knife or sharp instrument (to 50,019 offences) **(2)**.

At a global level violence against women, particularly intimate partner violence and sexual violence, remains a major public health problem and a violation of women's human rights. It is estimated that globally about 30% of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. Violence against women is preventable. The health sector has an important role to play to provide comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need **(3)**.

Violence does not only affect women. In 2017, men made up almost 80% of all homicide victims recorded worldwide. Male homicide rates in the Americas is almost ten times that of females **(4)**. Around 20% of deaths from domestic violence in the UK each year are men **(2)**. 50% of children aged 2 to 17 years have suffered from violence in the past year, 12% of children were physically abused in the last year, and 25% of adults report being physically abused as children **(5)**.

Violence can negatively affect physical, mental, sexual, and reproductive health, and may increase the risk of acquiring human immunodeficiency virus (HIV) in some settings **(3)**. Within abusive relationships, violence can cease when psychological and emotional abuse and physical threat can maintain control of the victim. Such abuse can lead to depression, anxiety and post-traumatic stress **(6)**. Presentation of this array of symptoms, without physical harm, may provide important clues for mental health practitioners.

This briefing paper describes three key themes underpinning the steps that are necessary to reduce violence in society. Recommendations are made within these themes, the implementation of which it is envisaged ought to reduce violence in society in the future.

2. KEY THEMES

The recommendations elucidated in this briefing paper are underpinned by three key themes.

Theme one

There is a need to build child safe communities with happy, healthy, and safe children and young people at their hearts.

Theme two

A “behaviours and context” framework to violence prevention should be adopted rather than a “gender” framework, and there needs to be a focus on recovery from mental health issues resulting from exposure to domestic abuse.

Theme three

The safety and wellbeing of sex workers, including migrant sex workers, must be promoted and protected.

3. KEY MESSAGES

1. **Upstream, system-wide approaches are likely to be cheaper with better long-term outcomes.**

2. **Legislative or policy changes must be subject to a robust, independent, full academic evaluation.**

3. **There must be new engagement of members of the community to help them to understand, support and signpost individuals within their community, including potential and actual victims of violence as well as potential and actual perpetrators of violence, to sources of help and support.**

4. **There must be prohibition of physical punishment of children in all circumstances.**

5. **There should be the introduction of advocacy centres for children and young people.**

6. **Combatting violence against women and girls needs to include an end to female genital mutilation (FGM) globally.**

7. **Services and practitioners must recognise that experiences of domestic abuse make help-seeking difficult and create easier pathways into services.**

8. **Specialist training of psychological support staff beyond domestic violence awareness is essential.**

9. **A core model of psychological support provides a useful base. However, using a non-gendered, behavioural and cultural model of practice to understand the nuances of the particular client/patient situation is key.**

10. **Relational trauma requires a relational approach for recovery.**

11. **Accurate estimates of the prevalence of violence against sex workers is difficult to obtain and further work is required to encourage victims and witnesses of violence to report this to the authorities.**

12. **There has been increased xenophobic racism against sex workers since the 2016 referendum which resulted in the withdrawal of the United Kingdom from the European Union and the European Atomic Energy Community ("BREXIT") in 2020.**

13. **Tackling violence against sex workers needs a decriminalised system so that sex workers can work more safely**

14. **The rights and needs of sex workers, including migrant sex workers, must be at the centre of strategies to tackle violence in society**

4. DETAILED RECOMMENDATIONS

Theme one – overview

Communities have significant roles to play in preventing violence in society. *Building a society with fully integrated and optimised health and social wellbeing with happy, healthy, and safe children and young people at the hearts of child safe communities* is a key principle to achieve a sea change over time. Such a change ought to ensure that communities and societies shift from their present position in which violence occurs in a community, to a new position where violence is not tolerated, encouraged, or ignored and all children can grow up happy, healthy, and safe from harm.

Over time as children grow up in that new community and become adults, a new norm ought to be reset. Legislation and Regulations introduced by the Parliaments, together with common law, sets out what is lawful and unlawful in the UK; children's rights need to be promoted and protected to give the best possible present and future to all children and young people; and the health of children and young people can only be improved to the maximum potential with optimal overarching child welfare. Improvements in health include both prevention of violence against individuals and the prevention and treatment of the secondary adverse effects that result from that violence.

It is only when the laws in a society properly protect children and young people, there is advocacy on a micro- and macro- basis by both professionals working with children and families and by members of the community, and when there is a focus on child-health at a micro- and macro-level, that the health and wellbeing of children and young people will be optimised. Such optimisation includes reducing violence against girls and women and is especially important given the detrimental effects of domestic abuse on children and young people, even if the "physical" violence is not targeted towards them directly.

Improving the lives of children and young people in the UK and globally (which includes, of course, reducing violence against them) requires a coordinated focus on innovations in three inextricably linked areas: children's rights law, children's advocacy and improving child health. With a legislative, policy, community, and research focus on these three areas, truly child safe communities can be created **(Figure 1)** in which children and young people can develop and flourish happily, healthily, and safe from harm **(7-12)**.

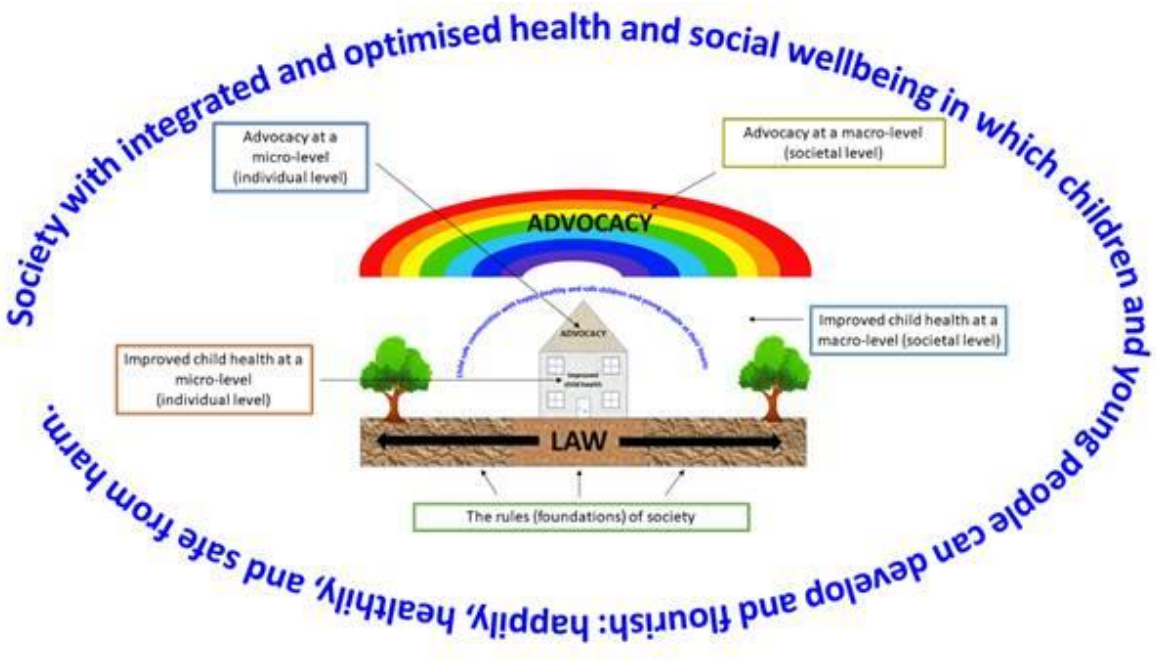

Figure 1: Building child safe communities

Seven concepts underpin the recommendations in **Theme One**:

1. Improve education of children and young people as well as adults who may have missed out on a full and comprehensive education, or who might have left education without reaching their potential;

2. Increase employability and employment of individuals in society;

3. Decrease poverty within communities and the society in which those communities exist;

4. Tackle neglect at a local, regional, national, and international level;

5. Encourage individuals to recognise their roles as community leaders and hence agents of change;

6. Use a rights-based approach to empower all children and young people as it is only by a coordinated focus on all children that society has the best possible chance of future change; and

7. Ensure the strategy to combat violence in society follows the recognized levels of public health intervention and is public-health-focused in its widest sense.

Key message 1*: upstream, system-wide approaches are likely to be cheaper with better long-term outcomes.*

Widespread concerns still exist in relation to discrimination towards women and girls. Reducing violence in society, including against women and girls, can involve 'upstream' or 'downstream' approaches to violence reduction. Downstream approaches are individualised, catering to specific needs. Upstream approaches are system wide. Until upstream approaches have resulted in the desired change there must be equal importance attached to downstream approaches which, over time, should become less necessary as upstream approaches begin to take effect. The effectiveness of upstream interventions should improve over time as resistance to change fades and subsequent generations grow up with changes normalised. Upstream approaches tend to be cheaper with better outcomes in the long term **(13-16)**.

Key message 2*: prohibition of physical punishment of children in all circumstances.*

Prevention of violence against women and girls especially is inextricably, although not exclusively, linked to the home. Prevention of violence in society must begin with prohibition of violence against children in the home from birth to adulthood. This must include the urgent removal of the defence of 'reasonable chastisement' under section 58 of the Children Act 2004 **(7-9)**. In effect, England and Northern Ireland must urgently introduce legislation to give equal protection (from assault) to children as that enjoyed by adults [in line with Scotland and Wales]. The position of a society where physical punishment of children is permitted, yet efforts are being made to try and prevent all forms of child abuse and violence in those same communities, is not a tenable one. Reducing violence in society must begin with a clear message from society that physical punishment of children, whatever the circumstances, is unacceptable. The current lack of such a message is likely to be contributing to continuing violence and abuse in that same society **(7-9, 12)**.

Key message 3*: combatting violence against women and girls needs to include an end to female genital mutilation (FGM) globally.*

The United Kingdom (UK) has a key role to play in ending FGM (as one example of violence against girls and women) globally. Recognising that legislation alone is not sufficient to achieve the desired outcome but that health, education and law combined have the potential to end FGM in our generation is important Such global efforts to end FGM must begin with a robust domestic agenda to combat FGM with further measure, over and above those currently in place, being necessary. In the UK (or at an individual national level for matters which are devolved) these measures should include **(7, 13-18)**:

- The introduction of an independent anti-FGM Commissioner (similar to the posts of Children's Commissioner, Independent Anti-Slavery Commissioner, or Domestic Abuse Commissioner). The appointment of such a Commissioner is an important step in ensuring good practice in the prevention, detection, investigation, and prosecution of FGM crimes as well as in the identification of victims and potential victims;

- A coordinated public educational programme, including children, young people and families, should be co-designed, co-produced and co-delivered to contribute to a different future from one where FGM occurs to one where it does not; not because FGM is not permitted in law, but because the community no longer supports or tolerates FGM; and

- A full academic evaluation of legislation and policies surrounding FGM, domestic abuse (inter-partner violence), and child abuse (against any child) is required so that robust outcome-based (not process-based) conclusions can be drawn regarding the effectiveness of current legislation and policies, and so that recommendations can be made for future developments.

Key message 4*: legislative or policy changes must be subject to a robust, independent, full academic evaluation.*

Outcome-focussed (not procedure- or process- focussed) robust academic evaluation, including traditional scientific methods and focussing on the desired and actual outcomes for those people at risk of violence, must be undertaken in relation to any legislative or policy changes, or initiatives developed or implemented, as part of strategies to combat

either violence in society per se or, specifically, violence against women and girls **(7, 9, 14-15, 17-18)**.

Key message 5*: there should be the introduction of advocacy centres for children and young people.*

Unmet need has been identified by young people **(10)** and, because of the effects of SARS-CoV-2 (COVID-19) on the lives of children and young people during 2020-2021 **(19-21)**, this unmet need is likely to increase. Young people have identified the need for "advocacy centres" where they can independently seek confidential advice, and this includes in situations where they are fearful of abuse or abuse has happened. Accordingly, it is axiomatic that the introduction of advocacy centres is a key strategic part of combatting violence against children and young people **(7, 9, 12)**.

Key message 6*: there must be new engagement of members of the community, including potential and actual victims of violence as well as potential and actual perpetrators of violence.*

As part of the strategies employed to prevent violence in society, including against women and girls, there must be extensive consultation with members of the community who are at risk of violence, or have already been subjected to violence, as well as with potential and actual perpetrators of that violence. Solutions, including legislative changes, policy implementation, and community education and intervention programmes, must be co-designed and co-produced with the community.

The term "hard to reach communities" must no longer be used by government or statutory services. Instead terms such as "seldom heard communities" should be used to ensure that those communities whose views are seldom heard (and who may previously have been considered 'hard to reach') understand that this is a problem with the method of engagement (which needs to change) rather than a problem with them as a community. This refocused emphasis may lead to increased community engagement. Bespoke models of communication, co-designed with members of the community, should be used to ensure that those community members feel safe to disclose their worries about being subjected to violence (or violence that has actually occurred) and that those who believe they are at risk of becoming future perpetrators of violence (or those who have already subjected other people to that violence) are able to be heard and bespoke strategies are able to be put in place to address issues raised **(7-12)**.

Theme two – overview

Exposure to domestic violence, either as a child or an adult, can bring with it a change in the way relationships are viewed: power and control can be seen as effective relational tools leading to potential future perpetration, or becomes 'normal' for relationships, leading to potential future victimisation. Within these relationships, the perpetrator (irrespective of gender) will use whichever tool is most effective at that time to maintain dominance. Understanding these behaviours in the context of the individual and the situation is very helpful to people who have developed mental health issues from these experiences. Understanding that this is a process the perpetrator has managed, rather than something that they caused, can be illuminating. This can also lead to an understanding of their own responses to this relational dynamic and how this both helps and hinders them in their day to day life. Facilitating such a change in understanding requires a detailed knowledge of the process and psychology of domestic violence, as well as a strong, relational style and approach to ensure the safety and containment for the individual.

Such an approach is contained within an evidence-based counselling service for domestic abuse has been launched at the University of Salford. The developed model of practice **(22-24)** together with a UK study of male experiences **(25-26)** which explored some of the differences between working with male and female survivors of domestic abuse, was translated into a competency framework **(27).** This framework for counsellors and psychotherapists working with those who have been subject to domestic abuse goes beyond the standard training normally required for general counselling work.

A summary of some of the key features of this framework have been shared in a weekly blog series written to support practitioners during the SARS-CoV-2 (COVID-19) pandemic **(28-32)**, providing tips and thoughts around working with people who have been subjected to domestic abuse, particularly during a global pandemic, together with an exploration of some ethical issues that have been raised.

The competency framework was developed into a specialist training programme for student and qualified counsellors, prior to beginning practice in the domestic abuse counselling service. This service opened in 2019 **(33)** and over 20 therapists have been trained. The service is currently seeing around 50 clients per week with referrals coming from General Practitioners, advocates, Improving Access to Psychological Therapies (IAPT) services, social work teams, as well as through word of mouth. The majority of

clients identify as female. Moving online due to the pandemic means that the service is now seeing increasing referrals from across the UK with an increase in referrals from men through, for example, the Men's Advice Line **(34)**.

The difficulties that male survivors have had in accessing appropriate National Health Service (NHS) care after experiencing domestic abuse have been compared to third sector (the voluntary and charitable sector) experiences **(26)**. These are factors that should be considered in any recommendations for working with men.

There is an important part for the community to play in helping people to understand what domestic violence is, as most people are unaware that their relationship is abusive until it becomes extremely serious.

Key message 7*: services and practitioners must recognise that experiences of domestic abuse make help-seeking difficult.*

Much has been written about the impact of trauma on an individual's mental health as a result of domestic abuse and, in general, agencies recognise symptoms of depression, anxiety and complex Post-traumatic Stress Disorder (PTSD). However, much less is written about the impact of the trauma on help-seeking. As individuals with an in-built survival mechanism, coping rather than changing is the easier path with much lower risk. Trust in others has often been eroded. This means that often, by the time the individual reaches out for help, they are approaching a crisis point and are unsure of what to do or who to approach. Having the right staff in place with a good understanding of what might be going on for the client and able to talk reasonably about their situation is very helpful in establishing a relationship with the organisation as somewhere that can be trusted and where they will be understood. Given that many experiences of domestic abuse come with elements of guilt and shame, often highlighted and used by the perpetrator as a means of control, establishing a 'safe space' early on makes it easier for the individual to continue to attend therapy. Adjusting initial contact procedures with this in mind can increase the uptake of services.

Key message 8*: specialist training of psychological support staff beyond domestic violence awareness is essential.*

Research has shown very clearly that the levels of skill required by therapists working with this client group is significantly higher than that required for a simple pass, even at Masters

(MSc) level **(22-24)**. Additional training around advanced counselling skills, knowledge of domestically violent behaviours and outcomes, together with trauma theory and support, and a consistent and positive relational stance are all essential. For example, the University of Salford training course (as mentioned in the overview above) provides over 40 hours of training and includes trauma informed and creative practices to facilitate exploration of difficult material in a supportive and constructive way. Therapists without this training are unlikely to be able to fully comprehend the issues presented by the client and there are many instances of poor therapeutic practice reported in the literature **(23, 35-36)**.

Key message 9*: a core model of psychological support provides a useful base. However, using a non-gendered, behavioural model of practice to understand the nuances of the particular client/patient situation is key.*

Perpetrators of domestic abuse work with a range of controlling behaviours designed to have the maximum control over the individual, irrespective of their gender. They use the tools they have against the weaknesses they perceive in the other. As such, using a non-gendered, behaviour model can help the individual to understand the abuse they have experienced, why they may have reacted in a particular way and been unaware. Exploring other relationships and the impact of the abuse on those helps reconnection as work is undertaken towards re-integration of life. This can be linked to social context as well as life-story. As such this approach is different in some ways to many reported in the literature and similar in others **(37-38)** yet the approach appears to be successful in its application to individuals regardless of socio-economic background from the sessional data collected by the University of Salford Domestic Violence Counselling Service.

Key message 10*: relational trauma requires a relational approach for recovery*

The focus on relational skills on the part of the therapist in this work is essential. A clear space and time to work and focus on their needs is often a new and challenging experience for someone who has been abused. This requires patience, insight and thoughtful care of the individual, taking time and working at the pace of the client. As such, short-term (up to six sessions of therapy) can be unhelpful for such clients, as they take time to disclose the most difficult aspects of their experiences. Up to ten sessions can be helpful, with the option to extend to 20 if required. This appears to allow most clients to make good progress within a therapeutic context from the sessional data collected by the University of Salford Domestic Violence Counselling Service.

Theme three – overview

The current socio-legal context does not protect women and girls involved in the sex industry from violence. Rather, academic evidence shows that laws must be removed that criminalise and stigmatise the sex industry since these laws increase vulnerability to violence, exploitation, and other forms of victimisation.

Key message 11*: accurate estimates of the prevalence of violence against sex workers is difficult to obtain and further work is required to encourage victims of violence to report the violence against them and others*

Research shows that the extent of physical, sexual, and emotional violence against sex workers is extremely high, both in the UK and globally. A systematic review of evidence indicates that 45-75% of sex workers globally experience violence in their lifetime **(39)**. Levels of violence are not experienced equally across all sectors of the sex industry. The smallest of the UK sex markets, the outdoor/street market, is known to be at very high risk of violence. Violence in the outdoor market is not only perpetrated by clients but vigilantes, pseudo-clients, and third-party controllers too. Comparatively, indoor markets – which include those working in brothels, saunas and parlours, as well as sex workers working independently – have lower rates of violence.

Accurate estimates of the prevalence of violence against sex workers are difficult to obtain. Many incidents of violent crimes against sex workers are not reported to the police and such reporting could be as low as 20% **(40)**. However, research has indicated that more than 90% of sex workers are willing to report their victimisation to the police *anonymously* when National Ugly Mugs[2] – a non-profit organisation in the UK – acted as an intermediary **(40)**. Fear of arrest deters sex workers from reporting to the police, as well as a concern that their report will not be taken seriously **(41-42).**

Key message 12*: there has been increased xenophobia and racism against sex workers since the 21 June 2016 referendum which resulted in the withdrawal of the United Kingdom from the European Union and the European Atomic Energy Community ("BREXIT") at 23:00 hours GMT on 31 January 2020.*

Securing the research testimonies of migrant sex workers is extremely difficult, largely due to their concerns over fear of arrest, detention or deportation. Work undertaken with the

[2] https://uglymugs.org/um/

English Collective of Prostitutes **(43)** has provided further insight into the experiences of EU-migrant sex workers since the 2016 BREXIT referendum. They spoke about increased xeno-racism since the referendum, and 68% said their worries about violence have increased since the referendum. Concerns over arrest and deportation have worsened too which, in turn, has negative impacts on the health and wellbeing of migrant sex workers. One migrant sex worker explained, for example, "*I'm now a lot more anxious in general. I avoid working now even if I can't afford it and then end up in desperate situations where I have to take whoever calls*".

Many EU-migrant sex workers are unclear about their rights in relation to applying for Settled Status[3] and precarity of immigration status has enabled violent clients to perpetrate violence with impunity. As one sex worker explained, "*punters are more confident to report us to the police and Home Office. Their threats sound like 'I'm going to get you deported, if you don't give me my money back*'" **(43)**.

Key message 13*: tackling violence against sex workers needs a decriminalised system so that sex workers can work more safely*

It must be recognised that the violence (migrant) sex workers experience is not an inherent part of the sex industry. It is the quasi-criminalisation of sex work in the UK, and the marginalisation and stigmatisation of sex workers, that creates the conductions through which violence can prosper. Evidence from across the globe indicates that laws which criminalise sex workers, or their clients, will only make sex workers *less* safe **(44-45)**. On the contrary, evidence from New Zealand indicates that under a decriminalised system, sex workers can work more safety, empowered by the workers' rights affording in other sectors, and violent clients know they cannot act with impunity **(46-48)**.

Key message 14*: the rights and needs of sex workers, including migrant sex workers, must be at the centre of strategies to tackle violence in society*

Prostitution must not be positioned as a form of violence against women in and of itself. Rather, we must recognise how socio-legal conditions exacerbate vulnerability. A rights-based approach is needed to redress violence against people involved in the sex industry. A rights-based approach – such as that adopted in New Zealand – safeguards the rights of sex workers, provides protections from exploitation, and foregrounds health and safety

[3] https://www.gov.uk/settled-status-eu-citizens-families/applying-for-settled-status

(46). When the rights of sex workers are violated under this model by clients or employers, they are able to seek redress via human rights tribunals and other legal channels.

5. CONCLUSIONS

Combatting violence in society with long term sustainable impact requires interventions to begin in childhood both so that children are more aware of their rights and how to enforce these and so that when those children become adults a new norm can hopefully be reset in communities where violence is not promoted, tolerated or accepted. There is a clear need to build child safe communities with happy, healthy, and safe children and young people at their hearts.

A “behaviours and context” framework to violence prevention should be adopted rather than a “gender” framework. Given the adverse mental health consequences of exposure to domestic abuse, services need to ensure they have a focus on promoting recovery from resultant mental health issues.

Key to a reduction in violence is ensuring the safety and wellbeing of sex workers, including migrant sex workers, which must be promoted and protected. The decriminalisation model of regulation is much more effective that those models that criminalise sex workers and/or their clients.

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