

DECIPHer Written Submission – 06.06.23

This submission highlights some relevant completed and ongoing research projects that may be useful to consider during any review of evidence.

1. The School Health Research Network (SHRN):

Our nationally representative survey across Wales included questions for students aged 11-16 related to dating and relationship violence. Only students who had ever dated or been in a relationship with someone of either sex, were asked whether they had experienced or perpetrated emotional and physical DRV. Emotional DRV was defined as hurtful comments, while physical violence included any of the following: being pushed, shoved, slapped, punched, kicked or beaten up.

In 2017, we published a research briefing drawing on this cross-sectional self-report data from 74 908 students aged 11-16 from 193 schools. It examined prevalence and predictors of dating and relationship violence victimization and perpetration separately, as well as overlapping victimization and perpetration. We found more girls (28%) than boys (20%) experienced emotional DRV victimization, but more boys (17%) reported physical victimization than girls (12%). A slightly higher proportion of girls than boys reported physical and emotional DRV perpetration. Compared to students living with both parents, adolescents from single or stepparent homes and those in care were slightly more likely to report some form of DRV victimization and/or perpetration. DRV showed patterning by age, ethnicity and living arrangements, as well as by gender. We found no association between family socioeconomic status and DRV.

The prevalence of DRV among young people in Wales highlighted it as a public health problem that is relevant to secondary schools. The age-related increase in all types of DRV in both girls and boys, highlighted the need for early, universal interventions. Mutual conflict within relationships, where young people are both perpetrators and victims of violence, suggests a need for interventions that focus on development of healthy relationships.

<https://www.shrn.org.uk/wp-content/uploads/2020/02/ENGLISH-Young-DRV-Research-Brief-FINAL.pdf>

SHRN will be asking the same questions again this year, so will have comparison data available in 2024.

2. Safe sex and relationships in Further Education (SaFE):

The Safer Sex and Relationships in Further Education (SaFE) pilot trial is designed to refine and test 'SaFE' an intervention for Further Education settings to improve sexual health and reduce dating, relationship, and GBV among young people. The project builds on 15 months of work with over 2000 students and 200 staff from six FE settings, 12 sexual health charity staff and an advisory group of 16-21 year olds (ALPHA) which identified that onsite sexual health services and staff safeguarding training about sexual health and relationships were wanted by these key stakeholders, but not currently, consistently available.

The SaFE intervention addresses these gaps by: 1) offering free onsite sexual health (e.g. condoms, STI tests and pregnancy tests) and relationship services; 2) publicising these services at a college level and; 3) training FE staff how to promote sexual health and recognize and respond to dating, relationship and GBV. We have worked with Further Education students, staff, parents, policy makers, subject experts (including third-sector) and a youth advisory group to adapt existing publicity and staff training materials for use in Further Education.

We have also now conducted a larger pilot trial of SaFE. We have surveyed students in eight Further Education settings across England and Wales about their experiences of sexual health, dating, relationship and gender-based violence, then randomly allocated six settings to receive the SaFE intervention and two to act as comparison 'control' sites. In sites delivering SaFE we have interviewed staff and students to find out what they think of the intervention, and we have observed the delivery in these settings. We then surveyed students in all sites 12 months later. The findings are currently being analysed, and will tell us whether a much larger study to test the effectiveness of SaFE is worthwhile.

3. School-based interventions TO Prevent Dating and Relationship Violence and Gender-Based Violence (STOP): DRV-GBV systematic review

This project involved a systematic review of existing school based GBV and dating and relationship violence interventions, exploring how they were expected to work, what factors affected their implementation in practice, how they had an impact on DRV and GBV, and what specific parts of the interventions were most effective and in what contexts.

The review found 247 reports on school-based interventions to prevent GBV or dating and relationship violence, most of which were conducted in North America. Interventions had student components (e.g. group discussions, individual reflection), staff components (e.g. training, lesson plans), parent/family components (e.g. involvement in intervention) and school structures or physical environment (e.g. changes to school policies).

There was stronger evidence for intervention effectiveness in reducing DRV than for GBV, with significant long-term impacts on DRV victimisation and perpetration. There was some evidence that interventions in high income countries could be effective for reducing victimisation and perpetration of GBV in the long-term. More complicated interventions were not more effective, and interventions tended to reduce dating and relationship violence perpetration in boys more than in girls. This project has identified where there are gaps in available evidence, which may provide avenues for future research.

4. Peer on peer abuse

A project commissioned by Welsh Government and led by Cardiff and Vale college is exploring learner experiences of peer-on-peer abuse, and perceptions around college level policies and procedures for responding to, and managing, peer-on-peer abuse. In this project, peer-on-peer abuse is defined as experiences of discrimination, hate speech, harassment and violence that arise within college, or beyond college, because of relationships formed at college - thus relevant to and including GBV. The project will answer the following research questions: - What are learner perceptions, experiences, and opinions of college level responses to peer-on-peer abuse across Wales? - How do colleges across Wales respond to peer-on-peer abuse? The ultimate aim of this work is to develop a professional learning resource for college staff to support them in effectively managing and responding to peer-on-peer violence; and the current research will inform subsequent years to develop this resource.

5. Published paper in collaboration with Cardiff Women's Aid.

DECIPHer worked closely with Cardiff Women's Aid to explore how the first COVID-19 lockdown impacted GBV. This paper examined their police referral data and demonstrated an increase in high-risk referrals, and the rise in children seeking help for GBV due to prolonged exposure from being at home. It also evidenced an increase in child to parent violence, accounting for 2% of police contacts in total. <https://pubmed.ncbi.nlm.nih.gov/34568944/>

6. Child to parent violence and abuse:

Bethan Pell's PhD aims to extend the theoretical understanding of child to parent violence and abuse in the context of Wales. This is important and relevant to GBV, as the evidence suggests child to parent violence is a gendered phenomenon, instigated by sons towards mothers. However, these results are currently subject to methodological limitations, with varying results depending on samples, research methods and definitions used. These issues hinder our ability to make generalisations in the literature and ultimately impedes our understanding of this issue and ability to develop effective interventions. Developing a conceptual and theoretical understanding of CAPVA in Wales will go some way to extend the theoretical framework from which the knowledge base can be formed – a crucial first step for developing effective interventions.

7. Health Pathfinder:

This was a realist evaluation of a health-based GBV intervention in England which looked to increase awareness and expertise of health professionals to recognise, enquire, signpost and refer victim-survivors of GBV to specialist services, that were sometimes co-located in Health settings. Although these settings were based in England, it is clear that we need to continue this evidence-based practice across different systems, including health to target all victim-survivors of GBV.