Written evidence submitted by Natalie A. Russell and Dr. Lora Adair, Brunel University London i (April 2023)

Executive Summary

- f We recommend that all schools provide accurate, informative, and ageappropriate education on all forms of intimate partner abuse, including psychological abuse.
- f There is a need for careful and intentional consideration of intersectionality when developing public health interventions.bha health approachs should consider the need to ensure that women and girls who are part of Black or other ethnic minority groups have varied opportunitiesatccess support in ways best suited to individual needs and informed by research on help-seeking behaviours.
- f Evaluators and researchers should continue to assess the effectiveness of education about gender-based violence when presented through different types of communication mediums (such as social media, podcasts, and documentaries) and the effectiveness of various mediums for different groups and communities of women.
- f There is a need to ensure and measure that all young people are aware of sources of information and support should they experience abuse in an intimate relationship. Given our participants concerns about privacy, care should be taken to ensure that information and support can be accessed in ways that empower

- 2. How effective is a public health approach preventing gender-based violence, and what more needs to be done to address the needs of different groups of womer, including LGBT+, ethnic minorities, and yourand older people at risk of violence at home and in public spaces?
- 2.1 In a survey, 34 out of 47 Black women (aged 18 61, mean age of 25.9) reported that they had not learnt about intimate partner psychological abuse at school/college as adolescents. Of the 13 women who reported learning about intimate partner psychological abuse, only six were satisfied with the education they receixed chool/college on this topic. The evidence presented suggests that historically the quality of education provided about psychological abuse in intimate relationships has been inconsistent across schools in England.
- 2.2 While it is possible that the introduction wew statutory guidelines in England on relationships and sex education in 20 10 10 11 improve the quality and scope of education about intimate relationships in England, recent research does suggest that intimate partner violence victimisation (29-41%) and perpetration (20-25%) remains common in the UK The guidelines outline that by the end of secondary school, pupils should know 'about the characteristics of positive and healthy relationships', 'that some types of behaviour within relationships are criminal, including violent behaviour and coercive control', 'the concepts of and laws relating to abuse, coercion, domestic abuse and how these can affect current and future relationships' and 'pulls' should be made aware of legal provisions relevant to violence again women'.
- 2.3 In a survey, 39 out of 46 Black women strongly agreed or agreed that providing adolescent girls with education about psychological abus intimate relationships would reduce the number of adolescent girls who experience this form of abuse. 38 out of 46 Black women strongly agreed or agreed that providing all adolescents with education about psychological abuse in intimate relationships would reduce the number of adolescent girls who experience this form of abuse.
- 2.4We recommend that all schools provide accurate, informative and age-appropriate education on all forms of intimate partner abuse, including psychological abuse. Improved education may increase the effectiveness of learning as a preventative public health approach to reducing the prevalence of gender-based violence.
- 2.5 In a survey, 41 out of 46 Black women strongly disagreed or disagreed with the statement, "Culture does not affect the likelihood of an ætodent girl speaking with their parents/carers

about psychological abuse in intimate relationships" - When implementing public health approaches to preventing gender-based violence across a nation, it is essential to recognise

highlights,	appropriate	e education	n regardinç	g intimate p	oartner viole	ence (e.g., h	ow to identif	y it,

From taking part in this study (e.g. reading information about the study)	10
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2.11

Healthcare professionals (e.g a doctor, a nurse etc.)	., 12	23	10
A social worker of youth worker	10	23	9
Police	0	39	6
Abuse or children's charity/organisation	18	21	7
Friends	31	13	2
Aunt	7	30	7
Cousins	17	22	5
Siblings	15	22	4
Parent/carer	13	28	5
School Staff	7	32	7
Teacher	1	35	9

^{3.3} In a survey, Black women were asked if, as an adolescent, they were aware of any services,

abuse or children's abuse charity/organisation if they had questions about psychological abuse.

3.5 These results indicate a need to ensure that all young people are aware of sources of information and support should they experiences abin an intimate relationship. This can be achieved through public approaches, utilising ools and social media to deliver targeted information to young people about the roles of the public sector and specialist services in

A social worker or youth worker	15	16	11
A Women's abuse or children's abuse charity/organisation	24	15	7
Police	3	38	4
A healthcare professional (e.g., a doctor, a nuetc.)	r\$ &	20	9

3.6 Across our survey, out of 46 Black women, most agreed that a number of public sector and specialist roles, including social workers (89%), GPs (74%), nurses (78%), schools and colleges (96%) and women'shildren's, and abuse charities/ganisations (93%) should

- 3.10 Drawing together this and earlier evidence surrounding the role of schools and other specialist roles in educating young people about intimate relationships (2.14, 3.1, 3.4, 3.5), it is clear that, at least during adolescence, there is a collection of both public and third sector services that can positively contribute to identifying, tackling, and preventing violence against women.
- 3.11 A multidisciplinary approach should be taken when developing strategies for A) identifying individuals and communities askiof experiencing gender-based, intimate partner violence, B) supporting individuals, particularly those with intersecting marginalised identities, that have experienced this kind of violence, and C) preventing violence against women and girls, utilising the roles and impact of various practitioners and services.

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