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For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

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Equality and Social Justice Committee: The public health approach to preventing gender-based violence

Summary of Response:

Platfform has decades of expertise in responding to distress held by people, and communities. This distress, caused by poverty, inequality, and trauma, can lead to perpetuating cycles of intergenerational violence. In our response below, we set out our perspective on the social determinants of mental health, and the links between those determinants, and how it can play out in individuals and across communities.

To tackle gender-based violence, we need to build connected and relational communities that can understand and articulate their shared experiences. We need to tackle poverty and entrenched inequality – it is very difficult to have the space for healing and connection when you are trapped in the toxic stress of poverty. We need to listen to and hear the distress and pain of people who have been harmed – whilst also understanding the trauma shared by over 80% of people who cause harm. This is the space we believe that public health across Wales must occupy, so responses can be developed in partnership with communities, survivors, people who harm – and the range of organisations across Wales – to deliver real change.

About Platfform

Platfform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platfform, the charity for mental health and social change.

Today we work with over 9,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

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A brief note on language:

We explore in the response below, that reinforcing a categorical view of domestic abuse is not helpful in navigating the complexity of people's needs and that it is important to avoid perpetuating feelings of shame and intergenerational harm. For these reasons, except when quoted as part of research, we have chosen the phrase "people who harm others", to reflect the link between relational health, past trauma, but also the need to recognise the very serious harm often done to people because of intimate partner violence (IPV).

We have used the term intimate partner violence (IPV), in our response to allow for the nuance of relationship types and statuses, whilst recognising that the vast majority of IPV happens to women.

Wales and Violence Against Women, Domestic Abuse and Sexual Violence

Wales has a long history of addressing, with cross-party consensus, the structural and individual factors that make gender-based violence such an entrenched public health issue. At Platfform, we acknowledge the decades of work in which activists led the way in campaigning for changes and delivering services often in the context of societal judgement, denial, and dismissiveness. Many of the women who led the movement for recognition and early support, have also driven forward the work that culminated in the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act. It is on their shoulders that we stand.

We also acknowledge that this journey is not over. Historical abuse and entrenched inequality continue to leave a legacy with significant impacts on people across Wales. We also recognise that the impacts of austerity have made it harder for organisations across Wales, and beyond, to operate within VAWDASV policy. Ambitious pan-Wales legislation that introduced duties such as the 'Ask and Act' duty, will have struggled to have widespread impact due to the multiple demands on public service delivery. Furthermore, the interrelation between Wales' responsibilities as a devolved nation, and the power still held by the UK Government, has inevitably made it difficult to set out a pan-Wales approach that captures

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the similarly radical spirit of legislation such as the Wellbeing of Future Generations (Wales) Act.

Across the variety of Welsh legislation in both the previous two Senedd terms, and the current Senedd, Wales set an ambitious preventative approach. Whilst not always fully realised, often due to budgetary, legislative, or constitutional constraints, they certainly set the direction of travel which has guided developments by stakeholders ever since. The next stage of Wales' journey to eliminate gender-based violence must be built on that same preventative approach, to avoid the repetition of crisis response after crisis responses.

We believe that a public health approach to gender-based violence is to look at our whole society, breaking down systemic oppression, poverty, trauma and shame and create an approach that works for everyone.

Platfform's focus for this consultation response

Platfform does not provide domestic abuse services. However, we do operate in spaces where we see the distress people who have experienced abuse experience, in its many and varied forms. We also work with people who may have caused harm to themselves as well as others in their lives. We also work within schools and alongside young people who may experience similar harm within their family contexts. In this response, we want to articulate how our experience and expertise in working with trauma and distress can inform, and add an extra dimension to this policy area, with the aim of exploring how a public health and/or preventative approach can be developed even further across Wales.

Our expertise is not in the delivery of IPV services. Our response will speak to the knowledge we have around trauma and its impact, and the need for an evolution in our understanding of mental health – and the opportunities that offers to take a public health approach to prevent future harm and minimise / address current harm.

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Social determinants of mental health

Platfform's Manifesto for Social Change sets out the evidence base for an evolution in our understanding of mental health[1]. Our mental health is largely determined by the conditions in which we are born, grow, work, live and age along with the wider set of forces shaping the conditions of our daily lives.

Deprivation and injustice are causes of mental illness. When we do not have what we need it puts immense strain on us, our families, and communities. This leads to experiences of injustice, adversity, trauma and despair. This, in turn, leads to neglect, abuse, poor health and lives being cut short.

Stress, trauma, poverty, and violence experienced during the first 1,000 days of a baby's life can have lifelong adverse effects on health and wellbeing. This is because the first 1,000 days are when a child's brain undergoes accelerated growth and development, and when the foundations for their lifelong health are built. How well or how poorly mothers and children are nourished and cared for during this time has a profound impact on a child's ability to grow, learn and thrive. Nearly 4 in 10 Welsh households cannot afford anything beyond essential everyday items. Wales has the highest levels of child poverty in the UK. As people's situations have worsened, anti-depressant prescription rates have increased. It's a steady climb that has been happening in Wales over the past 20 years and includes a 30% rise in anti-depressant use with children.

While the impact on poorer communities is greater, we all suffer from the consequences of disconnection and overwhelm. We've less time and energy to take care of ourselves or be there for the people we love, storing up problems for our future generations. The foundations for us to thrive as human beings are safety, purpose, and connection. These aren't just nice words. They mean that as human beings we all need practical things like a sustainable income, decent housing, good nutrition, a healthy environment, thriving culture, equality, local amenities, and transport to make it easier to participate in society and connect with each other. We also need good relationships, and to feel we belong.

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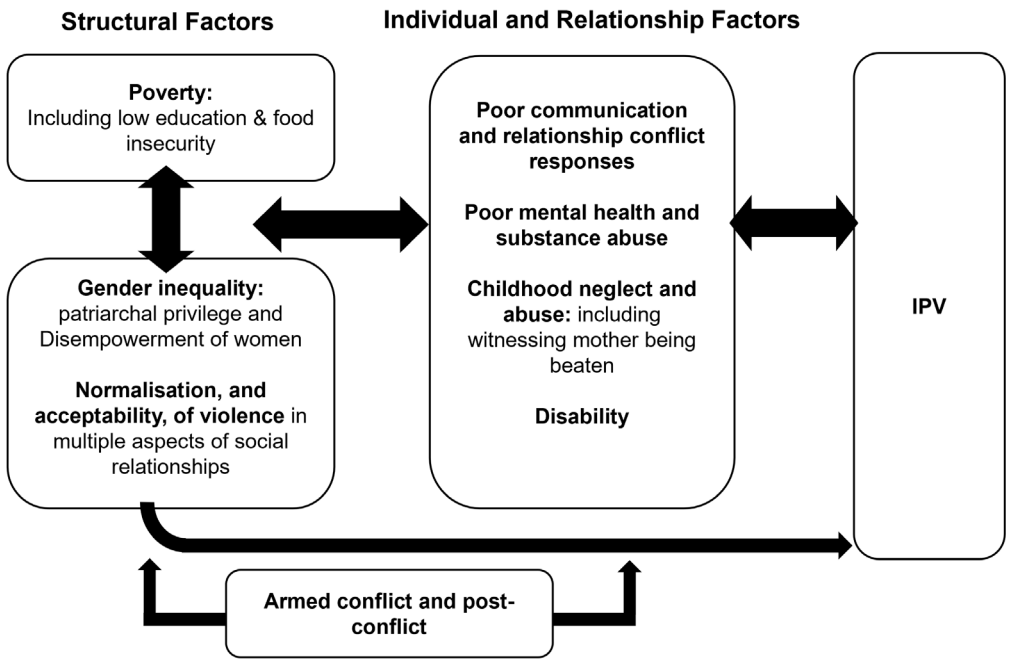
This growing understanding of mental health is the foundation of our approach to prevention, and to our perspective on a public health response to gender-based violence. In addition, understanding that the experiences of abuse, violence or not having our needs met, play a significant role in the underlying causes of trauma and distress. This makes it a complex area to consider, where poverty, inequality and trauma creates the conditions for poor mental health, alongside conditions for emotional and relational dysregulation – but also that understanding that same link, can help us understand how we can start preventing intimate partner violence.

Three key areas of change:

At Platfform, we use, amongst other ideas, ecological systems theory (Bronfenbrenner, 1977[2]), to understand the interrelating factors that contribute to our mental health. A similar approach has been taken to understand the drivers behind IPV and its causes (Heise 1998 and 2011, Fulu and Heise, 2014, cited in Gibbs et al, 2020[3]).

Gibbs et al provide an updated framework for understanding the drivers of IPV. This framework is a helpful place to begin understanding how a public health approach might begin to work, as it draws together a range of drivers behind IPV.



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From Platfform's perspective, we need three key areas of change:

- Intergenerational abuse
- Societal change
- Community response

This widespread, societal intervention is exactly what we believe would be categorised as a public health approach.

1: Intergenerational abuse

It is clear from the evidence base and the recent *Connecting the Dots*[4] report that poverty, inequality and trauma are significant social determinants of our mental health. It is also widely established that trauma plays a key role in the cycle of intergenerational abuse (Smith and Stover, 2015)[5] with exposure to trauma consistently linked to experiencing IPV, as well as children learning to use aggression to solve problems when exposed to IPV. Smith and Stover summarise a wide range of evidence that although not *causal,* there is a clear link between trauma and IPV. To break the cycle of intimate partner violence, this means that we must consider how to ameliorate and address the many problems caused by intimate partner violence – and the societal structures that provide the ideal conditions for that endemic violence.

Trauma amongst survivors and its impact

There is a clear need to respond to the immediate and harmful effects of trauma on people who have or are experiencing IPV. In that space, Platfform would argue for a widespread adoption of the Trauma Informed Framework for Wales[6], and to ensure that VAWDASV commissioners and service providers are fully trained in the framework and understand how services such as refuges fit in within the approach. We would argue that refuges, for example, are situated somewhere along the spectrum between "specialist interventions" and "trauma-enhanced". A clear commitment from Welsh Government that the Trauma Informed Framework training implementation will be linked to the VAWDASV strategy would be welcome. We also believe that specialist providers will be able to share their expertise when working with trauma, which needs to

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be integrated into the implementation and wider engagement planning for the Framework.

We also need to ensure that our mental health system understands, much better, how trauma intersects with a mental health diagnosis. In this, Platfform produced a briefing on the link between Borderline Personality Disorder (now re-categorised as Emotionally Unstable Personality Disorder in the ICD[1]), and the trauma experienced by survivors[7]. Not only have 81% of those diagnosed with a personality disorder experienced trauma, but they are **7 times more likely** to be female. Once a diagnosis is given, often for the best of reasons (to help people access support, for example), it can lead other systems to stigmatise and reinforce existing coercive dynamics.

For example, EUPD (and other mental health diagnoses) is a "key factor" in mothers being made subject to care proceedings (Morris and Broadhurst, 2022[8]), but also evidence shows that mental health is then significantly worsened by that same process. This is made worse when considering that many women have shared, they do not feel they understand or relate to the diagnoses given. In Morris and Broadhurst, the following exchange is cited:

> **Laura:** You just feel labelled mental… And they don't tell you nothing about it. You just get a piece of paper with she's got borderline personality disorder and she needs therapy for 12 months and she can't look after her kid. That's all I got.
> **Interviewer:** So, you don't know what that means, those words?
> **Laura:** No. You don't, no. You have to look it up yourself. I went and Googled it.

In these formal settings, a diagnosis can be hugely detrimental, leading people to second-guess their own emotions. In the above work parents describe how emotional reactions, **or a lack of emotional response**, were criticised by both practitioners and the sitting judge. It creates a sense that they cannot succeed whilst also being true to their feelings and experiences. In this aspect, a mental health diagnosis, intended as a

[1] International Classification of Diseases and Related Health Problems (WHO)

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positive help, clearly and adversely impacts survivors carrying trauma and continues their experiences of abuse and violence.

Whilst there has been progress between the victim advocacy movement and officials in spaces such as the family court (Johnston and Ver Steegh, 2013[9]), the mental health system has not had the same level of engagement with the advocacy movement, and this is an area that Wales could lead in a distinctive, trauma-informed, and survivor-focused way.

Trauma among people causing harm and its impacts

Evidence (Machisa, Christofides and Jewkes, 2016[10]) shows that men who cause harm through IPV, have experienced high levels of trauma. 88% of men causing harm had experienced physical abuse, 63% emotionally abused, 55% neglected and 20% sexually abused. Although discussions around trauma focus on survivors, there is growing understanding of the need to approach people who cause harm differently. Scott and Jenney (2022)[11] state a "potential to improve our work with men who perpetrate violence in interpersonal relationships", but also that adopting an approach of working with people through a trauma lens, can lead to risks being captured much earlier.

Experiences of trauma can contribute to difficulty forming, maintaining – and ending – relationships. One study for example looks at the impact of "betrayal trauma"[12] on trust, and there are numerous other examples of evidence that outline a link between abuse and trauma, and emotional dysregulation. In this context, the public health response must consider how to reduce emotional dysregulation and ensure that the risks of that perpetuating across generations, and further embedding violence into the system, are reduced – and perhaps in time, eradicated.

2: Societal change

To shift to a truly preventative approach to gender-based violence, we need to challenge the structures that enable and/or exacerbate abuse. In some areas, this is described as challenging 'patriarchy', or 'toxic masculinity'. At Platfform we recognise that gender-based violence predominantly impacts women and children, and that recognising the

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gendered nature of abuse is important given the decades of activism to reach that understanding. However, we also believe that the at-times reductive nature of language can lead to a binary understanding of gender-based violence that excludes marginalised voices.

In terms of LGBTQ+ relationships for example, this binary is often unhelpful. Gay men, for example, can exhibit conformity to a 'traditional' masculinity including aggression and inability to show emotional vulnerability (Donovan and Barnes, 2020).[13] Ristock (2002, in Donovan and Barnes, 2020) critiques binaries such as "perpetrator/victim" and "male/female", as often irrelevant for her participants. Ristock argues that individual relationship experiences should not be expected to fit a pattern.

Often, shame can prevent positive engagement with people causing harm (Iwi and Newman, 2015[14]), leading to defence responses based on traditional masculine stereotypes. These defence responses can make it much harder for people causing harm to admit to themselves, and others, that they are making dangerous choices for the people they have a relationship with. At Platfform, we believe we should aim to reduce shame, and normalise conversations and discussions that avoid the use of shame. For example, the MARS programme in the United States (cited in Herman, 2023[15]) avoids in its entirety, the phrase 'toxic masculinity', and instead reframes as 'restrictive masculinity'. This is a helpful example of a shift in language, that still acknowledges the negative impacts of socially constructed gender roles, and the often very real danger and harm it causes, whilst seeking to shift to a shame-free way for men to engage with the subject and to be challenged in their behaviour.

Addressing this shame, to enable earlier conversations with people who harm others, is a shift we would want to see adopted more widely across Wales. At the same time, understanding the very real risk of harm is critical. We draw on Professor Jane Monckton-Smith's work on the Homicide Timeline to inform this element of risk, particularly around prevention. The focus of Monckton-Smith (2021[16]) is, rightly for that context, entirely on the victims of homicide, and the stories she shares are a powerful testament to how far the system must go to protect women. Seeing the ranges of IPV responses as a continuum rather than a spectrum, is highly significant. There is still a mistaken understanding that controlling behaviours, for example, happen in isolation. Monckton-

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Smith's work makes it clear that whilst not all controlling responses will lead to homicide, many homicides will begin with them. This is a vital part of the prevention debate – and we would add from Platfform's perspective, that we need to work relationally, as early as we can, within that timeline, to avoid harm.

By avoiding shame and working to understand the emotional dysregulation of people who harm others, the system can better prevent that harm. This lack of relational health, sometimes significantly so (physical or sexual abuse from an early age, abandonment, etc), can leave people without the ability to regulate or understand relationships. It is also critically important to understand the wishes of survivors in this debate. Herman (2023) who has worked with domestic abuse survivors in the United States for decades, makes the point that whilst some survivors she interviewed sought retribution, the vast majority sought acknowledgement of harm by wider society, an apology if genuinely held and meant, but critically, *redress* offered by society. That redress was held to be more important for survivors than any other element of justice. This in some cases was as "simple" as a public acknowledgement by a court that the abuse happened, communicated to a survivors' parents who has disbelieved her. In others it was funding for re-training in a new role having lost confidence due to abuse – in others it was funding for private counselling to help address the trauma caused by the abuse. Many of these ideas are echoed and expanded on further in the Survivors' Agenda (2020)[17].

3: Community response

A developing area in research, policy and practice, is the concept of adverse *community* experiences. The stresses of living with inadequate access to economic and educational opportunities can contribute to experiences of community level adversity and violence (Pinderhughes, Davis, & Williams, 2016[18]), where people and communities aren't able to have their basic emotional and physical needs met and live in a state of threat – combined with poor infrastructure, socially fragmented communities, it can create conditions for community level adversity and violence.

Work across the world has established the need to adopt trauma-informed community development approaches, to work with communities on the

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ground, to combat embedded and entrenched community adversity. The Prevention Institute has created a range of resources underpinned by evidence, that aim to guide trauma-informed community development.

In a recent (2021[19]) report, the Prevention Institute produced a *Public Health Pathways to Preventing Violence*, which pulls together the wide range of organisations and individuals – and conditions – needed to generate public safety. Whilst linked to wider community safety, there are significant parallels that we can draw on in considering a public health response to IPV. Their pathway builds three categories: up front, in the thick, and in the aftermath. In each 'phase', different community stakeholders are involved, and at the outset, there is a clear space for policymakers in creating the wider societal conditions to enable community responses to violence.

The work of the Prevention Institute more widely is well worth exploring for a Welsh context, not least its 2016 report, *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*. One of the key messages in their framework, is the finding that many communities have an "uneven level of capacity to conceptualise and address community trauma". This is critical. One of the issues that is frequently raised within IPV work, is the need to listen to people's experiences and to bring accountability and redress – indeed as explored above, the idea of being believed, seen and offered justice was one of Berman's (2023) key findings in her interviews with survivors. In a related way, the lack of voice given to survivors, can be echoed in the lack of voice given to communities that have been traumatised over decades of neglect.

Working with communities to find and establish that voice, and to build a conceptualisation of that trauma is an area in which Wales has begun to develop its response. ACE Hub Wales conducted a comparative study (2023[20]) into trauma-informed communities across the country. Amongst the three comparators is a project by Save the Children and Platfform, the Bettws Early Learning Community (ELC), which aims to work alongside families to listen to their experiences and develop new ways of working that meet their needs.

> "The Bettws ELC approach builds on developing practice in Wales, particularly in a number of Families First programmes in the same area which integrate applied psychologists into their practice models. In Bettws ELC, this approach is taken a step further by creating space that draws together not only Families First and mental health colleagues but other crucial players such as the local

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> schools, housing associations, local policing, health visitors, Flying Start workers, and other relevant stakeholders who have influence over the conditions in which children, families and local residents live."

The Embrace model adopted as part of the ELC works to give voice and control back to communities – in this context, to parents and families. Small groups of parents meet monthly over the course of a year, to explore their stories and experiences in a psychologically safe environment. They are supported by an experienced facilitator, who can help them make sense of those experiences. One person, quoted in the ACE Hub report, said:

> "Embrace for me helps me see things in a different way, it allows me to open up and share my trauma in a safe and completely understanding environment, it shows me how mental health works and how I can then use it to accommodate to my life."

This is summarised in a three-part Embrace model:

(Daffin et al., 2022)

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Building trauma-informed communities is not easy, or quick, and it takes concerted investment and focus – but it is one way of reconnecting those communities, and working with them as they make sense of, and heal, from sometimes generations of shared collective trauma.

In relation to IPV, Platfform is clear that a public health approach to violence must consider the importance of building trauma-informed communities.

Practical steps

Our focus in responding was to provide an overview of the links between mental health, trauma and IPV, and to consider how a community-level response could be better understood. However, there are some specific and key aspects we wanted to draw attention to, either as policy recommendations or a specific area for discussion and debate:

- At a society level, a shift in language from shame to relational health – for example, “toxic” masculinity to “restrictive” masculinity;
- At an early years level and in education, a commitment to exploring emotional health and regulation, alongside existing work on sex and relationships;
- At a public service level, the “Ask and Act” training to be extended, and to explore raising healthy challenge to people who harm, and to incorporate elements of the Trauma Informed Framework for Wales;
- At a Welsh Government level, to ensure that use of diagnoses such as EUPD are considered in terms of potential negative impact on survivors, so that harm is not perpetuated by our system;
- At a Welsh Government level, to see further devolution of elements of criminal justice, to incorporate a Survivors’ Court, or similar conception, allowing for *redress* to be considered rather than simple punishment;
- At a Welsh Government level, to work to tackle poverty at a community level, giving agency and power back, and to avoid replicating top-down old-power based approaches.
- At a Senedd / Welsh Parliament level, to explore through a Committee enquiry, what trauma informed community development currently looks like / could look like, across Wales.

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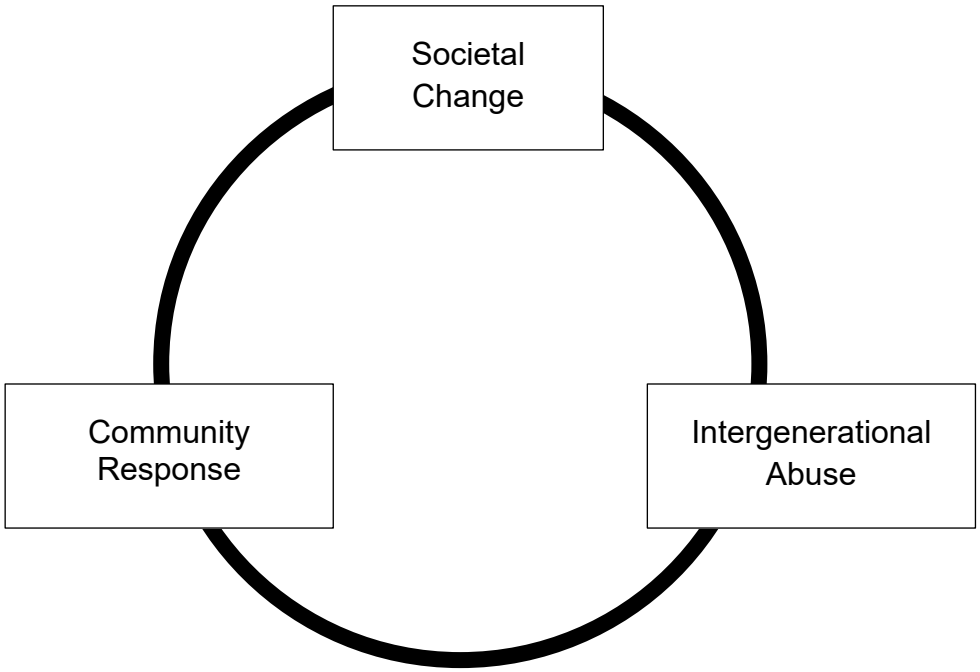
Conclusion

To adopt an impactful public health approach to IPV, there needs to be clarity regarding the drivers behind IPV, and the ability of our public services to address them. We see the impacts of IPV on people every day, in our work at Platfform, and we can see the cycle of intergenerational violence playing out again and again. We also see the very real risk to mental health – and life – in leaving the same patterns to repeat for generations to come.

It is a complex, if not chaotic, area of policy. We know more and more about how to keep survivors safe, but we have not yet managed to break the cycle of abuse and trauma. We are clear that experiences of trauma do not have a causal link to causing harm – but they are part of the mix driving IPV. That powerful mix of trauma, poverty, structural inequality and discrimination, and other factors, can feel overwhelming.

It is why we have articulated the need to work on three key areas – whilst recognising that each of them interacts with the other. A public health intervention in Wales needs to create the conditions necessary for people to heal and connect, as individuals, communities, and a wider society.



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We have broadly set the scene from a mental health perspective, some of the challenges faced by individuals, communities and society around IPV. This must be the start of a nation-wide conversation, to ensure community experiences, as well as factors such as poverty and inequality, are placed front and centre in debates and policies around prevention of IPV.

IPV is a deep-rooted, systemic challenge facing society, communities and individuals across Wales. We will only tackle it, if we continue to challenge our assumptions, to put the voices of survivors at the heart of our work and listen to and address the intergenerational cycle that continues to drive harmful behaviour.

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