report

Scottish Public Health Network (ScotPHN)

Violence Prevention Framework

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Preface

At the end of 2014 the Scottish Public Health Network published a report commissioned by the Scottish Directors of Public Health entitled *Violence Prevention – A Public Health Priority* (Conaglen and Gallimore)[1]. This set out the case for a public health approach to addressing violence prevention and recommendations for taking this forward as a public health priority. Following this through 2015 to 2017, an interest group was established and this was developed into a wider strategic group. This included a range of key partners and stakeholders with the intention of promoting and establishing a cohesive public health approach to addressing violence prevention. The group held a stakeholder involvement day early in 2018, inviting a wide range of partners and stakeholders working at all levels to explore the development of a strategic approach to addressing violence prevention in Scotland.

The outcome of this day was a collective acknowledgement of violence prevention as requiring a comprehensive, systems based, collaborative approach, addressing social and cultural issues. This can be recognised as a primary preventive and public health approach that takes an ecological approach to identifying and addressing risk and protective factors. To achieve a strategic approach at that level, some common priorities were initially identified such as alcohol, childhood adversity and sexual violence. Discussion focused on the sharing and promotion of learning related to data and intelligence and effective interventions. The strategy group subsequently concluded that the next step on this journey would be to seek to develop a network approach.

This framework has been developed and produced not as a strategy or action plan but as a tool and resource to underpin and provide the foundation for the establishment of such a network. The intention is to allow all stakeholders to identify how their efforts contribute to violence prevention within the wider context of the complexity of factors that play a part in violence. Key to this is promoting a public health approach which facilitates identification and understanding around different types of violence, the nature and scale of that violence, develops knowledge about risk and protective factors and builds evidence for effectiveness of, and support for, the implementation of interventions.

The aim is to provide a Scottish Violence Prevention Network with a robust basis from which to achieve an effective strategic approach to preventing violence in the context of a complex multiagency landscape. All stakeholders can use this to share and understand a common purpose in advocating for violence prevention as a matter of significant concern for public health, human rights and inequity.

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Part I: Violence Prevention Framework

1. Background

The statistical evidence indicates that violence in Scotland has been declining, although not necessarily within the last several years and not for all forms of violence. Violence remains a significant problem and it may not be possible to conclude that all sections of society have benefitted from a reduction in the likelihood of becoming a victim.

Violence is multifarious, the causes and risk factors are complex but violence is not inevitable. In this framework we seek, in line with previous work by Conaglen and Gallimore (ScotPHN, 2014),[2] the Faculty of Public Health,[3] and Bellis et al,[4] to restate that violence is a public health problem and to advocate for a 'public health approach' to prevention that emphasises the importance of primary prevention, i.e. preventing violence before it has an opportunity to occur.

This framework is not an attempt to systematically review the literature around violence, or to provide an in-depth assessment of violence prevention and reduction across all forms of violence. Instead it seeks to provide a brief overview of the scale of violence in Scotland, how we might prevent violence, and highlights potentially useful interventions across several violence sub-types, within the context of a public health, primary preventive approach.

2. What are the causes of violence?

Various theoretical explanations have sought to shed light on the aetiology of violence and criminal behaviours and these include biological factors, and more recently, biosocial theories that consider genetics, evolutionary psychology and neurobiological factors as well as the broader environment, i.e. the interaction of nature and nurture as a means of understanding human behaviours. Sociological theories have placed violence and crime within a broader context to include e.g. 'anomie', the undermining of social regulation and cohesion in society that contributes to criminal and deviant behaviours, and 'strain' theories.

'Strains', generated by inequality of opportunity in societies characterised by the pursuit of monetary and status oriented goals, contribute to anomie. Inequality, disadvantage and inadequacy of structures (education, employment) to support individuals to achieve these goals, results in frustrations that push some groups to strive for 'success' via illegitimate means, in response to the predominant social and cultural values.

Similarly, 'sub-culture' explanations frame lower class groups as unable to share the same aspirations as their middle class counterparts, leading to other methods of attaining respect. Socialization theories such as 'control theory' emphasise the importance of strong social bonds as an explanation for not engaging in criminal activities, and 'self-control theory' focuses on the differences in individual levels of self-control, deemed to be linked to family or carer influence in early childhood. 'Rational

choice theory', for example posits that those who engage in criminal behaviours are rational actors who chose to do so; other explanations centre on the contribution of the neighbourhood to crime and violence, over the role of the individual.[5] [6] [7] [8] [9]

Feminist perspectives place male violence, experienced by women, within the context of wider gender based inequalities. Central to feminist theories of the domestic abuse, sexism and the inequality that women and girls experience is the wider sociocultural context, particularly the patriarchal beliefs and behaviours that define gender roles, and that place men in positions of power both across wider society and within the family.[10]

This is a simple synopsis of a range of competing and complex theories with an extensive literature but having an awareness of and engaging with the broader contemporary academic debate, although not the aim of this framework, is nevertheless useful in informing how we understand and interpret the origins of violence and how we may target prevention. The public health approach to violence prevention and reduction, as will be shown below, is sufficiently broad to accommodate a range of explanations but it seeks to place the risk factors for violence not solely at the level of the individual, but also at the level of their relationships, their experiences within their communities and as a consequence of the impact of wider societal influences. It requires that we place violence in Scotland within the context of wider societal change in the longer term as well as within the contemporary economic and social experience, if we are to understand trends in the prevalence of violence and who might experience it.

Trends in violence in Scotland and the UK are complex; differing pictures emerge dependent on the statistical evidence used but nevertheless the evidence points to a long-term decline in violence and crime in Scotland and the UK, reflecting trends in other high-income countries.[11] [12]

How long-term trends in violence have been shaped in Scotland, and by which factors, remains relatively elusive.[13] [14] The explanations for the long-term decline in violence and crime are subject to academic debate. However the mechanisms, broader societal change and socio-economic conditions that might have contributed to falling levels of violence in the UK and Scotland include:

- the level, nature and success of policing;
- certainty of sanction for those involved in violence;
- unemployment rates, wage levels and consumption levels;
- alcohol consumption, affordability and availability;
- availability and use of illegal substances;
- mental health treatments;
- the position of women in society;
- demographic change impacting on the number of potential offenders;
- wider cultural changes;
- unintended side effects of other policies; and
- interventions aimed specifically at preventing and reducing violence.[15] [16] [17] [18] [19] [20] [21] [22]

How the contemporary socio-economic backdrop might be shaping current and future violence risks is unclear. It may be possible to state that declining levels of violence in Scotland, including after the 2007 financial crisis, seems to run in opposition to theoretical explanations for violence for example that have sought, supported by empirical evidence, to couple rising levels of inequality to rising levels of violence.[23]

Not all forms of violence in Scotland appear to be declining however, but how far we might be able to attribute this to the broader socio-economic landscape, characterised post-2007 by austerity is clearly problematic, given the complex range of factors that impact on violence. Remaining mindful however of the broader context is essential and this includes acknowledging the challenging economic and social environment for many communities, individuals, families, and their children, posed by a range of factors including:

- austerity and cuts to public expenditure;
- rising levels of inequality in terms of income and wealth;
- welfare reform (with evidence of a differential, negative impact on women particularly lone parents, those with disabilities, ethnic minorities and those with mental health problems);
- an entrenched gender pay gap, reflective of a range of factors, and that is only slowly narrowing;
- increasing levels of child poverty;
- the rise of in-work poverty which means that more people in poverty live in working households than in non-working households;
- no to little improvement in living standards within the last decade;
- under-employment in spite of a significant growth in job creation; and
- lack of affordable housing.[24] [25] [26] [27]

3. Who experiences violence?

Currently, *estimates* for violence reported to the *Scottish Crime and Justice Survey* (SCJS)[1] indicate that adults experienced 172,000 violent crimes (with a wide confidence interval, between 125,000 - 219,000 crimes) during 2017/18, representing a decrease of 46% since 2008/09, but unchanged on the estimate for 2016/17 (231,000 violent crimes, with a confidence interval between 172,000 – 290,000). The fall in violent crime from 2016/17 is deemed not statistically significant. Violent crimes were typically minor assault with no negligible injury, followed by minor assault with injury.[28] [29]

1 Method: SCJS is a large-scale cross-sectional social survey which asks people about their experiences and perceptions of crime. The surveys from 2016/17 onwards are based on interviews with 6,000 adults (down from 12,000 in previous years). Source: https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey

A tremendous disparity exists between the incidence of violence reported to the SCJS and that recorded by the police. However recorded crime statistics also indicate that non-sexual crimes of violence have been falling since 2002/03, although they have experienced an increase within the last three years, to 7,251 in 2017/18. These crimes formed 3% of all recorded crimes, and within this category, attempted murder and serious assault formed 58% of all non-sexual crimes of violence. Attempted murder and serious assault fell by 35% between 2008/09 to 2017/18, although rose from 2014/15 before levelling out. Robbery accounted for 21% of non-sexual crimes of violence. The number of robberies decreased by 47% between 2008/09 to 2017/18, with an 8% increase between 2016/17 and 2017/18.

Homicide formed 1% of non-sexual crimes of violence. This crime decreased by 7% from 105 in 2016/17 to 98 in 2017/18, primarily due to a drop in murder. Other forms of violence accounted for 19% of all non-sexual crimes of violence, and included, primarily, cruel and unnatural treatment of children, threats, extortion and abduction. These fell by 54% between 2008/09 to 2017/18.

Recorded sexual crimes, which accounted for 5% of all crimes recorded in Scotland in 2017/18, are at their highest level since 1971 (12,487 in 2017/18), experiencing a 13% increase on the figure for 2016/17, possibly reflecting increased reporting, better recording and investigation. The Sexual Offences (Scotland) Act 2009 is thought to have led to an increase in recorded crime figures, e.g. by widening the definition of rape, but the increase in sexual crimes remains under-researched.[30]

Based on the findings of the Scottish Crime and Justice Survey and the National Survey of Sexual Attitudes and Lifestyles, the evidence indicates that sexual crimes are under-recorded and that women are much more likely to be the victim of rape and sexual assault, (recorded crime statistics in Scotland say little about gender).[31] It has also been estimated that at least 40% of all victims of recorded sexual crimes in Scotland are under the age of 18.

Sexual assault accounted for 39% of sexual crimes in 2017/18 increasing by 66% since 2011/12. Rape and attempted rape accounted for 18% of sexual crimes (2,255 rapes or attempted rapes – there were 247 prosecutions in 2017/18, with 136 of those proceeded against acquitted, although the number of convictions for sexual crimes has increased since 2010/11[32]), with an increase of 99% in the recording of these crimes since 2010/11 (the Sexual Offences (Scotland) Act 2009 makes comparisons prior to this date problematic).

Crimes associated with prostitution, 1% of all sexual crimes, have been falling (most convictions were of females, prostitution in public settings however has been eclipsed by the growth of internet and phone enabled prostitution thus reducing the risk of prosecution[33]) while 'other sexual crimes' (42% of all sexual crimes) including communicating indecently, taking and possessing indecent images, sexual exposure

and causing to view sexual images have been on an upward trend since 2010/11, having increased by 198% within that time, including a 14% increase from 4,630 in 2016/17 to 5,270 in 2017/18.

The Abusive Behaviour and Sexual Harm (Scotland) Act 2016 means that new crimes of disclosing or threatening to disclose an intimate image were recorded in 2017/18, accounting for part of the increase in 'other sexual crimes' since 2016/17. The vast majority of victims of 'other sexual crimes' are female and perpetrators male (with internet enabled crime contributing significantly to the growth in these crimes) with most victims under the age of 16, and perpetrators with a median age of 29.[34] [35] [36]

Recorded incidents of domestic abuse have been stable since 2011 (58-60,000 each year), but establishing the true level of domestic abuse (and, for example, how many children might be exposed to this form of violence), and the direction of the trend, is problematic given the under-reporting of this offence. Where information about gender has been recorded, around four of every five incidents of domestic abuse during 2017/18 had a female victim and a male accused.[37] In terms of gender, deprivation, income and domestic abuse, while it is accepted that domestic abuse impacts on women across all socio-economic groups the available evidence indicates that women living in the most deprived areas of Scotland[38] (and England and Wales[39] [40]) appear more likely to be victims.

Therefore, violence has been declining but not necessarily for all forms, particularly sexual crimes.

Key statistical sources indicate that:

- Emergency hospital admissions for assault decreased by 55% between 2008/09 (5,286 admissions) and 2017/18 to 2,383 admissions (96% were adults). The number of admissions have stabilized since 2014/15. Males are considerably more likely to be an emergency admission due to assault (ISD data)[41]
- Violent crime is rare. 2.3% of adults experienced violent crime in 2017/18 (SCJS 2017/18)
- 1.6% of adults were victims of a single violent incident within a year. They experienced 41% of all violent crime committed against adults (SCJS 2017/18)
- 0.7% of adults experienced repeat victimisation (2 or more violent crimes). They experienced 59% of all violent crime committed against adults (SCJS 2017/18)
- 0.1% of adults were high frequency repeat victims who experienced 5 or more incidents. They experienced 20% of all violent crime committed against adults (SCJS 2017/18)

- Adults living in the 15% most deprived areas were almost twice as likely to have been victims of violence and the prevalence rate in those areas has not changed since 2008/09, but has fallen for those elsewhere in Scotland (SCJS 2017/18)
- Alcohol is a significant feature in violence perpetration but its role may be declining (SCJS 2017/18)
- Females are more likely to be the victim of sexual assault (SCJS 2017/18)
- Recorded crime statistics indicate that a substantial minority of victims of sexual crimes are under the age of 18[42]
- Females are more likely to experience domestic abuse, both psychological and physical (SCJS 2017/18) and as reported by the recorded crime statistics[43]
- The likelihood of experiencing violence decreases with age. 5.8% of those aged 16-24 (this age group has experienced the largest reduction in violence, down from 12% in 2008/09) and 0.4% over the age of 60 experienced violence (SCJS 2017/18)
- Some hate crimes[2] may have fallen (race, disability) but others increased (sexual orientation, transgender, religion) but these crimes are likely to be under-reported, with particular concerns around disability hate crime[44]
- Suicide is declining but the rate is more than two times higher in deprived areas, and 3 times higher among men[45] [46] [47]
- The numbers on the Child Protection Register (2,631 in 2016/17) had increased but may now be falling.[48] [49]

Gaps in the statistical evidence (e.g. it's difficult to say a great deal about the age, gender and socio-economic background of those who experience or commit particular forms of violence or abuse, or about the violence children witness or experience in the home or community[3]), the absence or partial nature of the available statistics, limited data about long-term trends in Scotland for multiple violence types,[50] and limits around

2 Hate crime motivated by the female gender of those who experience this crime is not currently recorded in the UK. However Crime Survey of England and Wales data indicates that gender hate crime forms more than half of all hate crimes women reported experiencing in the previous year, followed by age (also not recorded) and then race. Sources:
https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=a7c1f163-4995-4bb9-b00a-c596ad2d63ee
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/009335numberofcsewincidentsofhatecrimesper12monthsenglandandwales2015to2018

3 The WHO, even where countries have reliable detection and surveillance systems, estimates that around 90% of child maltreatment goes unnoticed. Source: http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

the data that sheds light on how victimisation and poverty are linked,[51] means that gaining a strong sense of how much more likely some groups are to experience violence than others, and how the nature of violence and who experiences it has changed in the longer-term, is problematic.

However we can state that who becomes a victim of violence and what form, varies by age, gender and deprivation and the available evidence indicates that younger people and those living in the most deprived areas experience a higher proportion of violence, with variation in the form of violence experienced by gender i.e. females are more likely to be the victim of domestic abuse and sexual crimes.

Furthermore, as McVie points out, violence appears to be increasingly concentrated among small groups of individuals. So while most Scots have benefitted from falling rates of crime and violence, a smaller pocket of those described as 'chronically affected' have not and continue to be at a higher risk.[52] [53]

4. How can a 'Public Health Approach' support violence prevention?

Violence is expensive, it generates multiple concomitant short and long-term harms (mental, physical, social and economic) for those who experience violence, their families, communities, employers and the state. As can be inferred from the available statistics, violence also represents an inequality in that it is not uniformly experienced across the population.

The application of a 'public health approach', as defined by the World Health Organisation (WHO), if effectively applied in Scotland would provide a coherent, logical backdrop necessary to support an enhancement of our understanding of the scale and nature of violence, who it harms, the risk and protective factors for violence and how we might develop and test interventions appropriate to the Scottish context. The WHO public health approach is predicated on the use of a four stage process:

1. Define violence and understand its scale
2. Establish the risk factors for violence
3. Find out what works to prevent violence
4. Implement effective interventions.

The approach requires that we apply routine surveillance in a robust and consistent way across Scotland, by generating, sharing and interpreting data, statistics and evidence about the magnitude, scope, characteristics and consequences of violence and that we understand, based on good quality evidence and research, the factors that increase or reduce the risk of violence.

These steps are essential if we want to inform activity about the design, implementation and evaluation of interventions in Scotland, whether targeted or universal, that address the risk factors for violence at the wider societal, community, relationship or individual level.

Evaluation provides the means by which we can gauge what works to prevent violence in Scotland and it's this activity that will allow us to implement and scale-up the most effective interventions with ongoing monitoring and evaluation to further inform the process.[54]

5. What is Primary Prevention?

Primary prevention in the public health approach applies programmes, policy interventions and advocacy to prevent violence before it occurs, guided by the four stage process, i.e. a statistical and theoretical knowledge of violence and its risk factors, with testing of interventions and evaluation of what works. This is distinct from 'secondary prevention', intervening to prevent the further escalation of violence where it has not been prevented, and 'tertiary prevention' focused on care, rehabilitation and reintegration, post-violence.[55]

Those interventions that seek to address violence before it takes place, thereby reducing new cases of violence, pursue an approach that is primary preventive. Where violence does take place, effective secondary and tertiary preventive interventions must be applied to prevent further acts of violence.[56] So while all forms of prevention are important, if we actively want to reduce new cases of violence in Scotland, significant weight must be placed on a shared understanding of the public health approach with the effective pursuit of primary prevention as a key constituent of this.

The public health approach aims to improve the health, safety and wellbeing of all individuals (and it is a human right for us all to achieve the highest attainable standard of health[57]) by addressing the underlying causes, risk and protective factors that increase, or reduce, the likelihood of becoming a victim or a perpetrator of violence.[58] In practice, it provides an opportunity for those working on the ground to prevent violence to ask the right questions across the four stage process and these might include:

- defining the problem: who is affected by violence? who experiences the problem? when and where?;
- risk and protective factors: what are the risks of becoming a victim or a perpetrator of violence? what are the protective factors?;
- development and testing of interventions: are there effective violence prevention strategies based on the best available evidence? if not, how can I develop a strategy based on my understanding of the problem and the risk factors?

- evaluation: where can I find partners to support the evaluation of the selected strategy? is the strategy effective?; and
- dissemination and implementation of strategies: who would benefit most from this strategy? how can I ensure the strategy reaches those who would most benefit from it? who can assist me in supporting the implementation, ongoing monitoring and evaluation of the strategy?[59]

To support the further development of a public health approach in Scotland it's useful to frame current violence prevention and reduction activity within the context of the WHO's four stage public health approach, identified above i.e. to gather and interpret data and evidence, identify risk factors, develop interventions and evaluate and scale-up the most effective interventions in order to briefly assess where the gaps in current activity might be.

6. How can we prevent violence in Scotland?

There is no single overarching Scottish Government strategy focused on how violence may be prevented although a range of legislative and strategy developments impact directly and indirectly on violence prevention, reflecting its significance across a range of policy areas. New or enhanced laws have been introduced to address gaps in legislative provision, to better identify abuse and violence, to strengthen the criminal justice response to particular crimes and offences and to influence the cultural norms that support some forms of violence. A need to address root causes, to prevent crime and violence via primary prevention, is acknowledged through this activity.[60]

This incorporation of understanding around root causes and primary prevention is clearly important but how far we might be able to state that we are pursuing a public health, primary preventive approach to violence in Scotland is unclear if we trace the extent to which current violence prevention activity corresponds with the actions set out in the four-stage public health approach.

- <u>Define violence and understand its scale (stage 1)</u>

At the outset, an effective public health, primary preventive approach requires that we generate, share and interpret data and evidence about the scale of violence. The extent and nature of violence in Scotland is challenging to measure and how far the available statistics present a true picture of violence will always be subject to debate, including in relation to reporting of prevalence (experiencing violence) versus frequency (how often violence is experienced), the reporting and recording of domestic abuse and sexual crimes, the under-reporting of violence and abuse by victims, significant gaps in the statistics, and how much weight may be attached to police recorded crime data.[61] [62]

We need, as far as possible, a robust statistical evidence base to determine trends, and the success or otherwise of policy change, legislation and interventions. A public health approach must engage with those generating data at local and national level, and those critiquing the processes including from academia, to inform an understanding of how incidents of violence are captured, defined and recorded, and how we might adequately use the available statistical evidence to better identify trends and what might work at local and national level to prevent and reduce violence.

Additionally, the incorporation of data generated about incidents of violence and captured by health services for use in violence prevention has been of interest to those within the public health community for some time. As work carried out by Bellis et al[63] has identified, the use of local data on violence (hospital admissions, emergency department and ambulance data) can contribute to our understanding of how violence impacts on local populations, who is most at risk and how preventive activity may be targeted.

Conaglen and Gallimore have previously recommended the use of such data, that if successfully utilised, with technical barriers to data linkage overcome, could better capture the nature and extent of violent incidents in Scotland.[64] There are challenges, e.g. in the collection and sharing of emergency department data that impacts on its usefulness for policing, as research undertaken in England has already indicated, but health service generated data could still be useful in monitoring local area progress in reducing violence and in providing a focus for various agencies to work together to meet shared objectives.[65]

In Scotland it may be possible to state that the capturing of data from emergency and other healthcare settings has not been sufficiently prioritised and invested in, with a national approach identified and pursued for data sharing and linkage. Moreover there is a need to overcome barriers in terms of generating better understanding around the potential usefulness of such data (for clinicians and police alike), increase clinician understanding that by supporting data sharing and linkage, awareness of the nature of violence and crime could be broadened, and there is a need to address and resolve concerns about data use and confidentiality.

- Establish the risk factors for violence (stage 2)

A public health primary preventive approach in Scotland must by necessity be focused on an understanding of the risk and protective factors for violence, at individual, community, societal and relationship level. The growing evidence base, much of it international, specifically U.S. in focus, with considerably less to say about the U.K. or Scottish experience, means that although the Scottish, and U.K., evidence base is slim, we still have a broad overview of the factors that increase risk of violence.

Risk is predicated on complex interactions across a wide range of factors but understanding of those risks can provide a valuable basis from which to hang primary preventive activity and must inform the theories and ideologies that underpin interventions and wider policy in Scotland.

Risk is complex and there are multiple risk factors (not solely those identified below); some of these both increase the risk of becoming a victim or perpetrator, and some contribute to specific forms of violence or multiple forms of violence.

Examples of risk factors, necessarily broad in scope to encompass a range of factors located at the level of the individual and their relationships with others and those associated with external factors and the broader socio-economic and physical environment at community and societal level, are outlined by the WHO's 'ecological' framework and these include:

At <u>individual</u> level:	At <u>relationship</u> level:
○ being a victim of child abuse ○ having a psychological or personality disorder ○ exhibiting delinquent behaviour ○ using and depending on alcohol and drugs.	○ exposure to poor parenting practices ○ violent parental conflict ○ marital discord ○ low socioeconomic status ○ delinquent peers and gangs.
At <u>community</u> level: ○ exposure to poverty ○ high unemployment ○ high crime levels ○ local illicit drug trade ○ inadequate services for victims.	At <u>societal</u> level: ○ exposure to economic inequality ○ gender inequality ○ cultural norms that support violence ○ weak economic safety nets.

Source: WHO[66]

In practice, the evidence links violence and lower socio-economic status, and as Bellis points out, the clustering of factors in deprived areas such as unemployment, low education, teenage parenting, higher crime rates and substance use, contribute to this risk.

Where circumstances aren't particularly favourable in childhood as a consequence of parental substance abuse, poorer experiences of parenting and violence within relationships, the violence risk is increased, and is also increased into adulthood.

Alcohol consumption increases risk across a number of forms of violence; the greater the consumption, the greater likelihood of experiencing violence as a perpetrator or victim. Psychiatric disorders, and childhood conduct disorder, and seeking out other delinquent peers, increases the risk of engaging in or becoming a victim of violence.

Cultural and social norms, both across the population or linked to specific cultural or social groups might support beliefs that contribute to violence e.g. honour based violence. The dependence of some groups (e.g. older or disabled people) on care from others, as well as stigmatising attitudes, are a further source of risk.[67]

The Scottish evidence base is relatively sparse but it indicates, for example, that those most likely to have been the victim of assault related sharp force injuries during 2001 and 2013 were male, younger age, living in the west of Scotland and in areas of socio-economic deprivation. Those from the most deprived areas were considerably more likely to be victims than those in the least deprived neighbourhoods.[68] The lives of young people involved in gangs, including those carrying or using knives and weapons, have tended to be characterised by socio-economic disadvantage, environments with limited resources, lacking recreational, social and economic resources, with few links to resources beyond the local area.[69] Violence among those in their early teens has been more closely associated with lower household socio-economic status.[70]

The 'ecological' model is not intended to suggest that interventions and policy address risk factors at one level, e.g. at the level of the individual, but given that risk is distributed across a number of dimensions, concurrent activity should take place across all of those where risk arises, with primary preventive activity potentially targeted at:

- social and cultural norms e.g. that support violence against women and girls (societal level);
- significant socio-economic inequalities that exist between groups (societal level);
- parenting, family and peer programmes (relationship level);
- improving the local economic, social and physical environment (community level); and
- activity that advocates for attitudes and behaviours opposed to violence (individual level).[71]

Risks are mutable however and will be further shaped by changes for example in the broader socio-economic and cultural landscape and as already noted, maintaining our awareness of how such changes, at local and national level, might contribute to increasing risk is important in determining how we can develop and target policies and interventions.

As recent research for the Scottish Government by Eisenstadt has shown, considerable economic uncertainty surrounds the lives, particularly of many young people in Scotland around their engagement with and attachment to the labour market in terms of higher unemployment rates (particularly young men), lack of advancement

in the workplace and lower quality insecure work by comparison with previous generations and more difficult transitions for those leaving school. This is particularly the case for those from the most deprived areas whose educational attainment is lower. As is pointed out, all of this is taking place against a backdrop of increasing health and income inequalities.[72]

Violence isn't an inevitability however; the nature, severity and blend of risk and protective factors and how these interact will determine if an individual, or the wider community, engages in or experiences violence. Having an understanding of the risk and protective factors and for whom, as well as the wider economic, social and cultural forces, that might further shape those risks is essential for a public health, primary preventive approach that must develop, test and scale-up effective, universal and targeted policy and interventions in response to those risks.

- What works to prevent violence (stage 3)
- Implement effective interventions (stage 4)

The violence prevention and reduction landscape in Scotland is complex. One aspect of that is the plethora of local and national violence-specific (near) universal and targeted interventions delivered by multiple providers. These are in receipt of funding from a range of agencies, working directly or indirectly to prevent or reduce various forms of violence, the incidence and causes of which will vary from place to place. Our recent engagement with frontline staff working across a range of primary, secondary and tertiary oriented interventions provides a snapshot of activity and evidence of: innovative approaches; partnership working based on regular contact with a shared sense of purpose; information sharing; some engagement with academia around evaluation; and the adoption and adaptation of intervention methods applied in other jurisdictions.[73]

However they also highlight frustrations including:

- complexities around data gathering and sharing;
- limited capacity for multi-agency partnership working, as a consequence of dwindling funds and staffing levels;
- funding that by-passes established multi-agency partnerships and that dis-incentivises collaborative working;
- lack of consistent messages in primary preventive work;
- perceived constraints around funding for work with most at risk groups and for primary preventive work and evaluation;
- activity that gives preference to secondary and tertiary, over primary prevention;
- patchy provision of some forms of anti-violence activity; and
- long waiting times for service provision (post-violence).

Therefore, the broader context in terms of funding for interventions and for evaluation, staffing, partnership working and data sharing and interpretation is not always advantageous.

Moreover the most effective forms of intervention and appropriate blend of activities, within a Scottish context, needs further engagement, discussion and refinement, in order to determine how far interventions and policy are actively preventing violence, as well as providing secondary and tertiary forms of prevention, and where this is not taking place, how it might best be achieved.

Importantly, gaining a sense of which violence-specific interventions are particularly effective in preventing violence is not straightforward given the very limited evidence base within a Scottish context, around potentially promising interventions, how they work, why, and for whom. Some interventions have undertaken some form of evaluation (although this activity is not always funded or is insufficiently funded) and this provides the best means by which we can identify the most effective interventions. Greater emphasis on this activity would allow us to better identify, implement and scale-up the most effective interventions, and to form effective collaborative activity, to share ideas and to innovate.

Part II: Primary Prevention

1. Introduction

A significant body of research has identified how a plethora of individual, community, societal and relationship related risk and protective factors for violence might interact at various stages of life (e.g. in childhood) or on specific population groups (e.g. elders). In this section we present the risk factors for various forms of violence and highlight potentially effective primary preventive forms of intervention.

It's not the intention of this current activity to undertake a wholesale appraisal of the evidence base. Existing secondary sources including those generated by WHO,[74] Conaglen and Gallimore,[75] the Faculty of Public Health,[76] Bellis et al[77] and Di Lemma et al[78] are contributing to our understanding of which interventions, whether applied universally or targeted at specific groups, are thought most likely to work to prevent violence. Based on the findings and recommendations of this work we know that preventive activity would be most usefully focused on the early years, supporting parents, alcohol and substance use, children and young people most at risk of engaging in violence, and the cultural and social norms that support violence. Some of these will be discussed in further detail below.

1.1 Alcohol

Some risk factors, including alcohol, impact on multiple forms of violence and any consideration of how we might prevent violence in Scotland must focus on how interventions that impact on the availability of alcohol, as well as affordability, might prove useful as a form of primary prevention across all forms of violence.

Alcohol in the UK has been increasingly affordable in recent decades; 64% more affordable in 2018 than it was in 1987. The volume of pure alcohol sold per adult in Scotland increased over the 1990s and 2000s before falling and then levelling out. However more pure alcohol (9% more) was sold per adult in Scotland in 2018 compared with England and Wales.[79] Evaluation will seek to determine the outcome of recent Minimum Unit Pricing legislation in Scotland on various outcomes including consumption, hospital admissions, as well as crime, safety and public nuisance.[80]

Affordability however is only part of the picture, and in terms of availability, the number of alcohol outlets has been increasing in Scotland. Moreover there are 40% more outlets in the most deprived neighbourhoods than in the least deprived.[81] A small but growing Scottish evidence base is focused on alcohol outlet availability and associated harms[82] [83] [84] and recent research indicates that in some local authority areas, crime rates are up to 7.9 times higher in neighbourhoods with the most alcohol outlets than in those with the least.[85]

As has been pointed out, Scotland's 2005 Licensing Act includes provision for Licensing Boards to take account of 'protecting and improving public health' in making licensing decisions, but there is little evidence that this provision is frequently utilised, even though Scotland, in line with WHO Europe recommendations, should be seeking to limit or reduce alcohol outlets, requiring effective engagement across a range of local and national partners, to address alcohol availability at community level.[86] [87]

Primary prevention interventions:

Given that alcohol use is a recurrent risk factor in many forms of violence, reducing access to alcohol and the density of outlets as well as reducing affordability, alongside initiatives such as trained staff, and physical improvements in drinking environments could impact positively on the occurrence of many forms of violence.[88] [89]

Therefore we recommend engagement and discussion around how far current alcohol interventions in Scotland are consistent with a public health, primary preventive approach and we further recommend the adoption of a primary preventive approach to alcohol to more effectively respond to the violence sub-types described below.

1.2 Childhood and early life experiences

Risk factors for childhood violence include those associated with the individual (such as under the age of 4, or special needs, e.g. disability), parental factors (poorer parenting circumstances, skills or choices, substance misuse, mental health problems, low levels of education), family risk factors such as domestic abuse and social isolation, and community risk factors located in socio-economic disadvantage.[90]
Establishing an overview however of the extent of violence experienced by children in Scotland from the available statistics is problematic but we do know that the number of children on the Child Protection Register was 2,631 in 2016/17, and has fallen in recent years. In terms of sexual assault, recorded crime statistics for 2017/18 point to 626 sexual assaults experienced by those aged 13-15, 632 experienced by those under the age of 13, 658 crimes were recorded for taking, distributing and possessing indecent photos of children and almost 1,000 more crimes were recorded for sexually coercive conduct against a child, with a further 391 other sexual crimes committed against those aged 13-15. It is estimated that at least 40% of the 12,487 sexual crimes recorded in 2017/18 by the police related to a victim under the age of 18.[91]

The impact of violence and abuse in childhood may be physical, psychological or behavioural, as well as the broader social and economic costs that stem from this, with the additional risk of poorer health outcomes, i.e. inequalities in health and well-being, for victims in the longer-term.[92]

It's important to recognise that many of the factors that increase the likelihood of violence in later life arise as a consequence of such early life experiences and those exposed to or victims of, in childhood, violence and abuse, bullying, physical or emotional neglect, mental ill-health, parental separation or divorce, parental imprisonment or parental drug or alcohol abuse,[4] are much more likely to experience interpersonal and self-directed violence into adulthood.[93] [94]

A recent systematic review, of cross-sectional, case-control, and cohort studies identified that those who experience childhood adversity, such as those identified above, with at least four forms of adversity are at increased risk of a host of other poorer health outcomes as adults, but particularly interpersonal and self-directed violence, compared with those with no adverse experiences.[95]

The processes by which the risk of violence might be increased are complex and based on the interaction between protective and mediating factors and risk. Risk of involvement in violence for children and young people who have experienced childhood adversity and / or are living in communities characterised by deprivation, social and economic inequality, high crime levels, the presence of delinquent peers

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4 See NHS Health Scotland: http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces

and gangs, may be heightened because of these factors, but supportive parenting, strong social cohesion and personal resilience can help to moderate this risk. For those who experience childhood adversity the risks of violence might be raised, but violence is not inevitable.[96] [97]

A better understanding of childhood adversity is required in Scotland, and this is reflected in a growing awareness across a range of sectors and communities, and its recognition in the current programme for Scottish government.[98] A public health approach to adversity in childhood frames such experiences within the socio-economic context in which people live their lives. To prevent childhood adversity, actions need to take place at a societal level, as well as at individual level, including addressing economic inequality, poverty, social isolation, household adversity (e.g. substance misuse, domestic abuse), parental and family risk factors, that sustain and perpetuate adverse experiences[99] and that contribute to the risk of violence.

Primary prevention interventions:

The Scottish policy landscape linked directly or indirectly to preventing and reducing violence in childhood is complex and extends across multiple domains including maternal and child health, poverty, housing, education, childcare, internet safety, trafficking, sexual exploitation, gender and violence, domestic abuse, parenting, child protection and looked after children.[100] It is supported by various legislation (the Scottish Government is also seeking to incorporate the *United Nations Convention on the Rights of the Child* into Scots law[101]) including the Children and Young People (Scotland) Act 2014,[102] with aspirations to place children at the centre of planning and service delivery and to ensure respect for their rights, and *Getting It Right for Every Child*.[103] The latter, placed on a statutory footing by the Act, to improve child well-being has been viewed as a far reaching, cross-sector policy seeking to make a transformational shift to early intervention, universal service provision, and multiagency coordination as opposed to a reactive approach centred on child protection concerns.[104] [105]

Determining how far current activity in Scotland might be geared towards preventing violence in childhood, and how effective this might be, given that activity is being channelled across a range of policy areas, is challenging but it is clear that embedded through ongoing or planned activity is some focus on a preventative approach. This includes, for example, the use of the *Family Nurse Partnership*, a home visiting programme aimed at young, first time mothers with the aim of improving social mobility and breaking intergenerational cycles of disadvantage.[106] It is currently being tested and rolled out to first time teenage mothers in ten local authority areas, and later to be rolled out across Scotland, as well as to those in their early 20s.[107]

The *Triple P* (Positive Parenting Programme) aims to strengthen parental skills, confidence and knowledge. This has been offered e.g. by NHS Greater Glasgow and Clyde and evaluated, its effectiveness disputed.[108] The *Incredible Years* programme, provides parents and teachers with strategies to manage child aggression and skills to help children control their emotions and strengthen their social skills.[109] The *Psychology of Parenting Project* (NHS Education for Scotland) aims to improve the availability of parenting interventions (the *Incredible Years Pre-school* and Level 4 Group *Triple P*) for families of the 10% of 3-6 year-old children in Scotland who have concerning levels of behaviour problems.[110]

An enhanced home visiting programme for pre-school children (the *Universal Health Visiting Pathway*) is increasing parent and home visitor contact, with routine enquiry, for example, around gender based violence within the home at several points along the pathway.[111] The *Sure Start* programme in the UK, and possibly in Scotland, has / had offered pre-school programmes to improve parenting skills, family relationships and child behaviours and to reduce the likelihood of child maltreatment.[112] [113] (As has been suggested during the course of this work, *Cedar* (Children Experiencing Domestic Abuse Recovery) groups in Scotland seek to support recovery from the trauma children, young people and their mothers experience as a consequence of domestic abuse. *Cedar* might be a particularly useful first step prior to any successful engagement with parenting programmes for mothers who have experienced domestic abuse.[114])

There is some evidence that parenting and home visiting interventions might contribute to reducing the risk of adverse childhood experiences and of child maltreatment,[115] and evidence that targeting parents of infants and toddlers as well as preventing child maltreatment, may be useful in preventing child conduct problems in older children and reducing delinquency, and conduct problems and arrests and other risk factors for youth violence in the longer term (where parenting programmes are aimed at older children).[116]

Evidence from the U.S. indicates that the *Chicago Child-Parent Center*, working with children in deprived areas and that provides parent training, pre-school enrichment, outreach and support when a child enters school has been associated with less violent offending among children who participate in the programme by early adulthood.[117]
Such multi-component early childhood development interventions, working with vulnerable families and delivered in various community settings, from birth to age 5, providing family support, pre-school education, childcare and health services (including the *Chicago* programme, the *High Scope / Perry Pre-School Programme*, *Head Start and Early Head Start* and the *Abecedarian Programme*, all U.S. based) appear to reduce, in the longer term, youth violence and arrests for violent crimes and strengthen, with low to moderate effect, the factors that protect against youth violence including cognitive skills and academic achievement.[118]

Recent work by Di Lemma et al points to further potentially worthwhile approaches to preventing and reducing the risk of adverse experiences in childhood and these include: mentoring interventions such as the *Big Brothers Big Sisters* programme that provides children and young people with an adult role model; community interventions e.g. *Communities That Care*, delivered in some areas of the UK, to mobilise activity around prevention; and school based behaviour management interventions for primary school children e.g. the *Good Behaviour Game*[5] and *Promoting Alternative Thinking Strategies* and *Families and Schools Together* (all are running / have run in the U.K.) used to strengthen resilience through building relationships. In terms of identifying children at risk of adversity at an early stage, Di Lemma et al point to the need for targeted psychosocial screening tools and programmes applied such as during pregnancy and onwards.[119]

The picture in Scotland in terms of programmes that might impact positively on behaviours in childhood and beyond is not clear. While there are several (non-universal) programmes active in Scotland, the evidence base around what works and why remains weak. There is however some evidence that the *Roots of Empathy*[120] programme to prevent bullying and aggressive behaviour delivered in a selection of schools[6] in deprived areas can have positive impacts on emotional and cognitive empathy. The benefits appear greatest for younger children, and for those living within areas of high deprivation.[121]

In terms of other forms of primary prevention that might have applicability to Scotland, recent U.S. work points to the importance of interventions that seek to strengthen household economic security and parental income or that target housing instability, evictions and unaffordable housing as a means of reducing parental stress to then, in turn, reduce the risk factors for violence perpetration. To shape the social norms that support violence, campaigns focused on positive parenting as well as legislative approaches including around corporal punishment might be effective.[122] [123]

Corporal punishment and physical abuse are not necessarily different forms of behaviour and the former appears linked to an increased risk of child physical abuse with increased odds for other forms of violence and abuse.[124] [125] Further headway therefore in reducing the likelihood of violence in childhood might be achieved via The Children (Equal Protection from Assault) (Scotland) Bill, currently at stage 2 in the

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5 The evidence for the effectiveness of the *Good Behaviour Game* appears to be mixed. See White J. Addressing school violence and bullying: Evidence review. Edinburgh: NHS Health Scotland; 2018. Available from: http://www.healthscotland.scot/media/2316/addressing-school-violence-and-bullying-evidence-review.pdf

6 Of interest, and recently introduced, and aimed at older primary and secondary school audiences is Education Scotland's Compassionate and Connected Classroom resource that seeks to raise awareness of the impact of adversity and trauma in shaping outcomes for children and young people. Source: https://education.gov.scot/improvement/learning-resources/compassionate-and-connected-classroom

Scottish Parliament, which seeks to remove the defence of ‘reasonable chastisement’, used to justify using physical force by parents and carers.[126]

1.3 Youth

Violence tends to be experienced by younger people (aged 16-24). The likelihood of being a victim diminishes with age, although the proportion of younger adults becoming victims of violence has fallen since 2008.[127] Factors associated with an increased risk of violence for youths include substance or alcohol misuse, emotional distress or attention deficit disorders and poor academic performance. At family and relationship level, risk might stem from low parental involvement, harsh or lax parenting, low parental income, parental divorce and peer influence, and community factors might be centred on economic deprivation and social dislocation.[128]

The evidence base for Scotland is relatively limited but in terms of youth and risk, it points to socio-economic disadvantage as a key risk factor and recent modelling work, for example, based on the *Edinburgh Study of Youth Transitions and Crime* longitudinal study that followed 4,300 young people indicates that the risk of engaging in violence, for those in their early teens, is more closely associated with lower household socio-economic status for both boys and girls. [129] [130]

Primary prevention interventions:

Useful primary preventive activities might include, as already identified, interventions that impact on the availability, and affordability of alcohol as well as the environments within which alcohol is consumed. Furthermore, the evidence provided above indicates that reducing the likelihood of violence among young people might be achieved via investing in support for families via use of pre-school activities and programmes, i.e. home visiting, multi-component and family and parenting support interventions.

The WHO, using international evidence, suggest that school-based programmes can contribute to the prevention of youth violence. For example, life and social skills school programmes (e.g. problem solving, critical thinking, effective communication, decision-making, relationship skills, empathy, coping skills) may be effective in reducing or preventing aggression. Programmes aimed at bullying prevention appear to have some success in reducing perpetration and victimisation. After-school or structured extracurricular leisure activities, post-school or in holiday periods, may be beneficial e.g. in generating positive social behaviours and better academic achievement and might contribute to reductions in delinquency and violence. Gender based violence in personal relationships (physical, sexual and emotional violence) programmes (such as *Safe Dates* in the U.S.) might be effective to some extent in preventing (self-reported) perpetration of dating violence, although the evidence is mixed.[131]

Within a Scottish context, there is evidence of activity to prevent and reduce violence in schools. For example, the Rape Crisis Scotland sexual violence prevention programme, aimed primarily at secondary school pupils, appears to have had a positive impact on young people's knowledge and attitudes.[132] Generating changes in the frequency of sexual violence in the longer run is clearly an aspiration of the programme and this is considerably more difficult to track and measure.

For other programmes, there isn't necessarily robust evaluation to determine effectiveness. For example, the available evidence indicates that *Mentors in Violence Prevention* (Education Scotland) aimed at preventing violence and gender based violence in Scottish secondary schools, using the 'bystander' approach, appears to have led to some improvements in awareness of gender based violence, and behaviours and attitudes but limited feedback from staff and pupils about the impact of the programme means that it is difficult to determine programme effectiveness.[133]

1.4 Sexual violence / domestic abuse

The wider policy and legislative landscape in Scotland around sexual and domestic abuse and other forms of violence experienced primarily by women, including commercial sexual exploitation has been strengthened. *Equally Safe: Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls* (2018) [134]and *Scotland's National Action Plan to Prevent and Eradicate FGM* (2016)[135] seek to prevent violence. The Domestic Abuse (Scotland) Act (2018),[136] The Human Trafficking and Exploitation (Scotland) Act (2015),[137] and The Abusive Behaviour and Sexual Harm (Scotland) Act (2016)[138] aim to better recognise and define violence, harm and abuse, identify and support victims and to punish perpetrators. The provisions of the Air Weapons and Licensing (Scotland) Act 2015[139] which relate to the licensing of sexual entertainment venues (SEVs) came into force in April 2019. The licencing of SEVs is not mandatory but Local Authorities will be able to determine if they wish to licence SEVs and if the number of those premises should be limited.

The level of recorded sexual crimes however has been increasing, and / or is being more effectively reported and detected, particularly 'other' sexual crimes (e.g. communicating indecently) where victims tend to be females under the age of 16. As noted, recorded sexual crimes are at the highest level since 1971, a continuation of a long-term trend. Moreover domestic abuse, in spite of reported stability in terms of the trend, is recorded by police in Scotland around 60,000 times each year. Scottish recorded crime statistics will capture some sexual violence, and domestic abuse, but many incidents will go unreported. The burden of sexually motivated crime is borne primarily by females, as well as domestic abuse, and the estimated costs for the year ending March 2017 of the latter (as research for England and Wales has shown) are substantial (£66bn+) in terms of anticipating, dealing with and responding to abuse. The estimated yearly costs for a single victim of domestic abuse are £34,015.[140]

A complex set of risk factors determine the likelihood of becoming a perpetrator of sexual violence including wider societal factors, specifically policies that maintain socioeconomic inequalities between men and women and social and cultural norms that fail to address violence against women. Interwoven with this are individual, family and community risk factors including alcohol and drug use, delinquency, individual and peer group hostility towards females, adherence to gender role norms, and exposure to media, including pornography, that routinely objectifies and harms women. Tolerance of sexual violence by communities and societies and failure to provide strong policy and criminal justice responses to male superiority, dominance and sexual entitlement are also influential. Many of those factors overlap with those for perpetration of domestic abuse as well as additional factors at relationship level e.g. marital conflict and dominance within relationships by one partner and at individual level in the form of aggressive or delinquent behaviour as a youth, unemployment and young age.[141] [142] [143]

Primary prevention interventions:

Clearly legislative developments in Scotland can be a useful preventive tool in addressing the cultural and social norms that support sexual violence and domestic abuse, in better defining violence and abuse and in dealing more effectively with perpetrators. At the secondary and tertiary end of prevention the *Caledonian System* is seeking to encourage men convicted of domestic abuse to recognise their abuse and reduce offending.[144] Activity centred on supporting those who have experienced violence and abuse include e.g. the *ASSIST* domestic abuse advocacy service (Community Safety Glasgow), *Safe and Together* (NHS Lanarkshire), the *Freedom Programme* (Dundee Women's Aid) and to support those engaged in commercial sex work, *Another Way* (SACRO), *Routes Out* (Community Safety Glasgow) and *TARA* (Trafficking Awareness Raising Alliance).[7]

In terms of applying effective measures at primary preventive level, as *Equally Safe* fully acknowledges and is currently working towards, these must seek to challenge the key social, cultural and economic inequalities that underlie the physical and sexual violence and sexual harassment women and girls are predominantly victims of.

This involves targeting activity across the following areas in order to address:

- the entrenched poorer employment opportunities for women, the vertical and horizontal segregation in the labour market that contributes to poorer working opportunities and the gender pay gap; and the 'gender residual' which means that women are disadvantaged in the labour market simply for being a woman;
- institutional sexism;

7 See Arnot J. Examples of projects to prevent and reduce violence in Scotland. ScotPHN. Available from: https://www.scotphn.net/wp-content/uploads/2018/09/2018.10.08-ScotPHN-Violence-Prevention-JA-Report-ES-ammended.pdf

- the disproportionate levels of female economic dependence; and
- to reduce demand for commercial sexual exploitation (prostitution, lap dancing etc.) and the ubiquitous nature of pornography, and the ease of accessibility to it, that reflects and upholds the exploitation of women and girls.[145] [146] [147]

Sexual violence:

In terms of how primary prevention might translate into activity, useful strategies some of which could be, or have been applied in Scotland, might include:

- improving the economic situation for women via the labour market. *Equally Safe* makes the link to addressing female poverty, economic dependence and labour market inequalities as a means of preventing and addressing violence against women.[148] Various activities are proposed or underway in Scotland to address gender inequality in the workplace[8] - although as the Scottish Women's Budget Group would argue, there remains considerable scope for the shaping of national and local budgets using a gendered analysis to impact on employment, tax and welfare policies etc. in ways that could improve women's lives;[149]
- improving the economic situation for women via the tax and benefits systems e.g. as *Engender* have advocated, by mitigating the impact of UK welfare reforms that are viewed as merely entrenching already existing gender based inequalities within the welfare system;[150]
- the provision of leadership and empowerment opportunities for girls;[151]
- establishing and pro-actively applying workplace policies that challenge sexual harassment, e.g. Zero Tolerance highlight the violence, in the form physical and mental violence, and the sexism women experience in the workplace in Scotland, and the workplace cultures that passively support this by failing to support female employees;[152]
- seeking to change social norms that support or are indifferent to sexual violence e.g. by encouraging men and boys to be allies in the rejection of sexual violence, such as the example of the *White Ribbon* campaign in Scotland shows;[153]
- addressing sexual violence via public education campaigns, such as those developed and led by Rape Crisis Scotland;[154]
- reducing demand for commercial sexual exploitation, and pornography, and the attitudes that support that demand (see the Women's Support Project[155]), and by seeking e.g. to identify an approach that moves away from censuring those engaged in prostitution in higher numbers than those who solicit services from prostitutes, i.e. who purchase sex.[156] (There is clearly an ongoing, contentious debate around how Scotland should respond to prostitution centred on the

8 See Scottish Government. Gender equality in the workplace: https://www.gov.scot/policies/gender-equality/workplace-gender-equality/

criminalisation of the purchase of sex, the decriminalisation of the selling of sex and decriminalisation of the sex industry[157]);

- wider community level interventions that reduce alcohol consumption, via price, and that reduce alcohol outlet density;[158] and
- in schools (based on U.S. evidence), effective prevention might take the form of social-emotional learning programmes, safe dating interventions (e.g. *Safe Dates*), modifying unsafe school physical environments (e.g. *Shifting Boundaries*)[159] and as already noted above, Rape Crisis Scotland and Mentors in Violence Prevention programmes are seeking to address sexual violence, and gender based violence in general, in a number of Scottish schools.

Domestic abuse:

For domestic abuse, specific interventions might include healthy relationship programmes for couples (e.g. *Pre-marital Relationship Enhancement Program*) but there is clearly an overlap with some of the approaches potentially useful in preventing sexual violence. These include: securing economic gains for families, and empowering women in the process, both economically and socially; seeking the support of men and boys as allies against domestic abuse; gender based violence in dating relationship prevention programmes; effective workplace responses; and the modification of environments, e.g. unsafe school environments and wider community modifications such as alcohol interventions.

Domestic abuse prevention might also be located in childhood and for example, the *Family Nurse Partnership* is potentially useful in disrupting the developmental pathways to violence for child participants thereby reducing the risk of violence in the long-term (into adulthood). Pre-school enrichment programmes such as *Child Parent Centers* and *Early Head Start*, may have a similar effect.[160]

1.5 Elder abuse and those with disabilities

Violence can be located in an individual's dependence on others e.g. among older people and those with disabilities, who rely on others for care and support. The extent and nature of this violence in Scotland is not easily identifiable, and much of this violence will remain hidden and under-reported.

Various factors contribute to the risk of becoming a victim of violence among older people, specifically high levels of dependence on others, carer alcohol or substance misuse, inadequate carer coping skills, wider negative beliefs about ageing, lack of social or formal support, limited service provision such as respite care and heavy reliance on family members for the provision of care without external support. In institutional settings, chronic staffing problems, stress and staff burnout may be further risk factors.[161]

In terms of primary prevention, rigorous evaluation of programmes has been sparse.[162] However peer and professional support groups for carers, respite care for carers, anger and depression management programmes for carers, professional awareness campaigns to help health care workers recognize the signs of elder abuse, carer training on dementia and residential care policies to define and improve standards of care are all potentially useful forms of primary prevention.[163] [164]

Disabled adults and children appear more likely to be victims of violence than their non-disabled peers and the risk factors that contribute to this include stigma, discrimination, and ignorance about disability, lack of social support for those who care for disabled people, and the placement of disabled people within institutional settings.[165] [166] In terms of review level evidence that could provide some indication of potentially useful primary preventive activity to reduce the risk of violence for disabled people, the evidence base remains sparse.

2. Conclusion and recommendations

This framework can only provide a very brief overview of a complex problem but a number of tentative conclusions can be drawn. We can say therefore that there is considerable, positive activity across Scotland to prevent and reduce violence but the problem remains significant, as a symptom of and a contributor to inequalities, and violence is sustained and perpetuated by a wide range of factors.

Problematically however the evidence base in Scotland is extremely limited in terms of what we might be able to say about what works to prevent violence, why and for whom, as well as around the experiences and views of those whose lives are impacted on by violence. This represents a significant gap in our understanding.

Understanding the scale of violence, the risk factors, developing and testing interventions, and re-incorporating learning from evaluation is essential if our ambition in Scotland is to apply a public health, primary preventive approach. Interventions targeting various population groups, and the relationship, individual and behavioural factors that contribute to violence, can't take place without concomitant activity and policy initiatives that seek to address the wider social and economic determinants at community and societal level (work, income, welfare, education, skills, resources, housing, physical and social environment, community cohesion). These determinants can be protective against violence but where opportunities and experiences don't allow individuals and communities to flourish, can generate and sustain those inequalities that contribute to violence.[167]

Understanding risk, developing and testing interventions, incorporating an understanding of how activity to prevent violence needs to be co-ordinated across a range of policy areas, as well as effecting change across the wider socio-economic

determinants, is a significant challenge dependent on a range of partners and agencies working together in a collaborative, strategic and coordinated way.

Recommendations:

In terms of generating realistic ambitions for our current activity to prevent violence, based on this violence prevention framework, engagement with frontline staff, and previous research activity undertaken by Conaglen and Gallimore we need to:

- re-affirm the need for violence prevention to be defined as a public health priority;
- frame violence as a form of inequality; a product of existing inequities and a contributor to inequality;
- have a clear understanding of the nature and benefits of a public health approach and primary prevention and advocate for investment in this approach;
- advocate for better data collection, sharing and linkage to increase understanding of the burden of violence as well as a broader understanding of, and engagement with, the statistical evidence base;
- advocate for effective engagement with those who have lived experience of violence, in order that our activity incorporates and reflects their expertise;
- advocate for a wider understanding of the root causes of violence, and support the need for intervention at individual, relationship, community and societal level; and
- advocate for in-built evaluation, with funding to support this, within violence prevention interventions in Scotland to develop the evidence base around what works.

Furthermore, based on our engagement with the violence prevention sector, there is a clear interest in ScotPHN's violence prevention activity and this provides an opportunity to consider how we might develop a network with a longer-term aim of encouraging collaborative activity across a range of partners, agencies and stakeholders geared towards primary prevention and within the context of the emerging whole systems approach to public health.

This would create opportunities to:

- stimulate a shared understanding of the public health approach and primary prevention;
- the sharing of expertise, evidence, knowledge, data and intelligence to shape solutions;
- the alignment of strategies to achieve shared goals; and
- consideration of how resources may be shared and utilised effectively for maximum effect.

We recommend therefore the development of a network of those currently engaged in preventing and reducing violence through public health actions that seeks to:

- create a shared vision for violence prevention activities;
- encourage and support the existing activities of agencies and organisation;
- foster greater collaboration; and
- engage with evidence and experience from other jurisdictions (including the U.S.) around how large-scale multi-agency and partnership working around violence has been developed and sustained in city and regional contexts.

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