The Little Book of VIOLENCE PREVENTION

Lindsay Youansamouth, Siobhan Collingwood, Susannah Clarke, Suzanne Coyne, Clare Jackson, Daniel Wolstencroft, Tom Dalton, Sue Irwin and Debbie Brennand

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This book is dedicated to the late Imre Thomas who deeply inspired the work of the Lancashire Violence Reduction Network.

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Contents

What this little book tells you

As the title suggests, this Little Book is about preventing violence. We have written it intending to contribute to an ongoing national and transnational debate on how to secure safe environments for everybody, regardless of their background or beliefs.

Violence and the fear of violent crime are rising rapidly up the list of issues causing widespread public concern; it feels as if the issue is seldom out of media headlines and in many areas young people and their families live in fear of falling victim to violent crime.

In May 2019, the Government for England and Wales announced £100 million in funding to reduce violence.[1] Following concerns about an increase in homicides, gun crime and knife crime,[2] much work is being planned and initiated across agencies and communities to create safe communities.

Lancashire is one of the 18 areas to receive funding to create a Violence Reduction Network (VRN), which involves partners across different sectors, including police, local authorities, the private and voluntary sector, working together to prevent violence. The Lancashire VRN is supporting and developing work programmes that focus on preventing violence and creating caring and nurturing cultures. This book has been written by a number of multi-agency, frontline practitioners who are members of the Lancashire Violence Reduction Network. The book has been co-produced with people who have lived experience of violence as both victims and perpetrators.

Our vision is for every person to feel and be safe from violence. Globally, there is a movement to stop violence in all its forms by addressing its roots within and across society. Without addressing the underlying causes, we will simply change the symptoms. The growing energy and commitment to

[1] Home Office (2019) Police granted funding boost for action on serious violence - https://www.gov.uk/government/news/police-granted-funding-boost-for-action-on-serious-violence

[2] HM Government (2018) Serious Violence Strategy - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

preventing violence presents an exciting opportunity to work across partner agencies and communities, making our communities become places where we can all live well and thrive.

Reducing violence requires the following commitments:

- A long-term strategy;
- Placing communities at the heart of our work;
- Leadership and strategic co-ordination of local responses;
- A multi-agency approach;
- *Focus on early intervention and prevention.*

In response to an evolving understanding of the causes, incidence and manifestation of violence within communities, we advocate for a consistent commitment to seeing the whole person with whom we are working, not as a "service user" or as a "client", but as a fellow human being. The emphasis on developing programmes of work aims to create and strengthen approaches that build more trauma-informed services; services that develop positive relationships with people; that focus upon what they are able to do, rather than what they are not able to do; that meet community needs collaboratively and that consider not what is wrong with a person but what happened to them and how to support them to heal. A violence reduction approach promotes professional growth and development across all services and sectors, helping to build kind communities that care for each other.

In writing this Little Book, we have divided it into four parts:

- Part one sets out the definition of violence, drawing upon the work of the World Health Organization (WHO).
- Part two (the main body) sets ten important principles that can be adopted to promote and develop a positive culture to forge strengths-based, collaborative and non-judgmental relationships between people. The application of these principles can support agencies and wider society to prevent violence and assist all members of our communities

to live safer and happier lives.

- Part three consists of two ‘real-life’ stories which demonstrate how violent behaviours can develop over a life course.
- Finally, part four provides examples of how existing violence can be managed to uphold the law.

Part One: Defining Violence

Violence is an extremely complex phenomenon. What is acceptable or unacceptable in terms of behaviours – and what constitutes harm – is socially constructed and changes as values and norms evolve (e.g. previous use of the cane in British schools). The challenge is to define violence in a way that captures a wide range of behaviours and the subjective experiences of individuals, without becoming so broad that the concept loses meaning. The Lancashire VRN adopts the World Health Organization (WHO) definition of violence, as follows:

> '*Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.*'

This global definition encompasses interpersonal violence, as well as self-directed acts, suicide and armed conflict. The use of the word 'power' broadens the nature of violent acts to include threat, intimidation and neglect or acts of omission. The definition associates intentionality with the committing of an act itself, regardless of the outcome. It covers a broad range of outcomes, including psychological harm, deprivation and maldevelopment. The wide definition reflects a growing recognition of how acts of violence do not always result in physical injury or death, but present a substantial burden on individuals, families, communities and economies worldwide.

In their *World Health Report in Violence and Health*,[3] the WHO also present a typology of violence, which can be a useful way of understanding the different forms of violence and the interactions between types of violence. The typology distinguishes between four modes in which violence is inflicted: physical, sexual, psychological and deprivation or neglect. It further divides the generic definition of violence into three sub-types according to the victim-perpetrator relationship:

1. Self-directed violence refers to violence whereby the perpetrator and victim are one and the same (e.g. self-abuse and suicide);
2. Interpersonal violence refers to violence between individuals (e.g. child maltreatment, intimate partner violence, elder abuse and community violence);
3. Collective violence refers to violence committed by larger groups of individuals to achieve social, political or economic objectives (e.g. armed conflicts, genocide and terrorism).

[3] The World Health Organization (2002) World report on violence and health - https://www.who.int/violence_injury_prevention/violence/world_report/en/

Part Two: Principles

International evidence generated over at least the past four decades tells us that a number of approaches (or what we call 'principles') form the 'golden threads' to help us work together to prevent and reduce violence. In what follows, we provide a brief explanation of each of the ten principles. All the principles are interrelated, complement one another and can be built on using local knowledge.

Principle 1: Public Health Approach

Public health is about helping people to stay safe and healthy.[4] Traditionally, violence has been viewed as a job for the police and wider criminal justice service (e.g. courts, prisons and probation). However, responding to different forms of violence often requires multi-disciplinary expertise. For example, child neglect – as one type of violence (see Part One) – calls for children's social care involvement. Often different forms of violence necessitate involvement across different sectors, such as local authorities, education and the criminal justice system.

Violence also contributes huge costs to the health sector because of its impact on victims' mental and physical health (e.g. post-traumatic stress and injuries presented at accident and emergency departments). Due to the burden and its impacts, violence is now widely understood as a public health problem.

[4] See full definition of public health services on the World Health Organization website: http://www.euro.who.int/en/health-topics/Health-systems/public-health-services

Generally, the response to violence has most often happened after violence has already occurred. However, a public health approach places emphasis on *preventing* violence, rather than dealing with the consequences. A public health focus is not on individuals, but on the health of communities and populations. The aim is to take what is called a 'population health approach' by understanding and focusing on groups of people at greatest risk of violence.

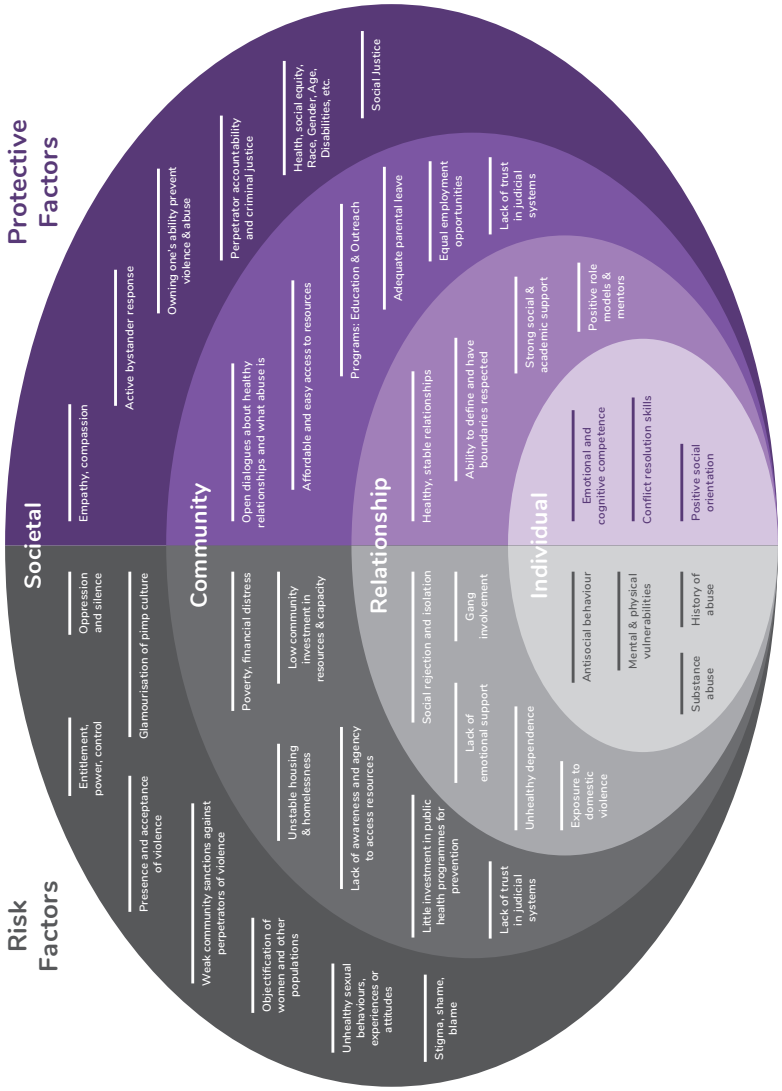
Risks are factors that can predict an increased likelihood of violence (e.g. unemployment, poverty, unstable housing, homelessness, social isolation, stigma, shame and blame). Protective factors are those that reduce the likelihood of violence[5] (e.g. doing well at school, healthy relationships, positive role models, academic support, employment opportunities and social justice).[6] Often risk and protective factors are broken down into different categories: individual, relationships, community and societal, as shown in Figure 1. Risk and protective factors can also be thought of along a continuum; poor parenting is identified as a risk factor and at the other end of the spectrum, good parenting is identified as a protective factor. Often risk and protective factors are referred to as 'social determinants of health'. Social determinants are the conditions, in which people are born, grow, live, work and age, which contribute to a person or group being more likely to be involved in violence (as either a perpetrator or a victim). You might have heard the phrase '*causes of the causes*',[7] which is another way of referring to the underlying factors that contribute to violence.

[5] Local Government Association: https://www.local.gov.uk/sites/default/files/documents/15.32%20-%20Reducing%20family%20violence_04_WEB.pdf

[6] Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html

[7] The phrase 'causes of the causes' was used by Marmot, see link to article: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32848-9/fulltext

Figure 1. Risk and Protective Factors for Violence[8]



[8] Adapted from the West Midlands Violence Reduction Unit webpage: https://vpa.barquestest.uk/we-are/

A public health approach to violence reduction is typically broken down into the following four key questions, which can be helpful to guide people working to prevent violence (e.g. frontline practitioners, strategic leads, analysts and researchers):

1. What is the problem?
2. What are the causes?
3. What works and for who?
4. How can success be widened?

These questions can be addressed in four corresponding steps:

Figure 2. 4-Step World Health Organization Approach[9]

The four-steps are designed to be repeated in a continual iterative cycle to facilitate ongoing monitoring, learning and adaptation.

[9] Adapted from the World Health Organisation: https://www.who.int/violenceprevention/approach/public_health/en/

Principle 2: Prevention Approach

As mentioned in 'Principle 1', a public health approach places emphasis on preventing violence before it occurs, rather than dealing with its consequences. A prevention approach is typically broken down into three levels: primary, secondary and tertiary.

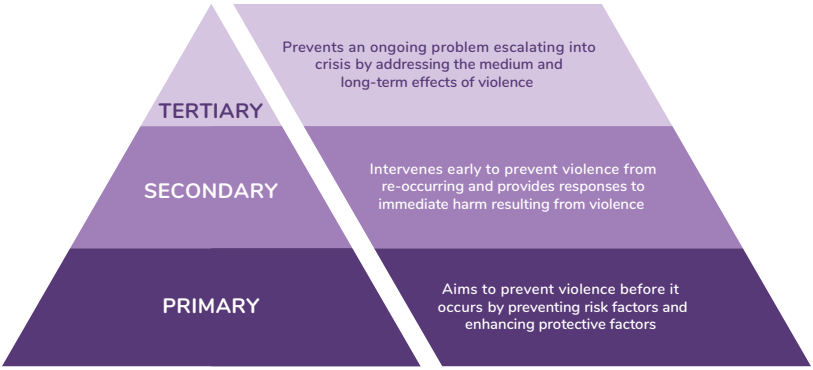


Figure 3. Public Health Approach to Prevention[10] [11]

The three prevention levels provide a whole host of opportunities to work with people, from preventing the causes of violence in society to early identification and provision of support for those who have committed violence and are in crisis.

Often these three levels are broken down more simply into two broad areas of intervention: upstream and downstream prevention. Upstream

[10] Meade (2009) Inside Out: An organisational map for primary violence prevention: https://www.who.int/violenceprevention/inside_out.pdf

[11] Adapted from Social Care Institute for Excellence; Campus, Advocacy, Resources and Education and the Centers for Disease Control and Prevention https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/principles-of-coproduction.asp / http://wgse.sa.ucsb.edu/care/how-we-educate/our-public-health-approach / http://wgse.sa.ucsb.edu/docs/default-source/care_docs/svprevention-a.pdf?sfvrsn=feaf4a93_6

prevention refers to actions to prevent violence and downstream prevention refers to actions to reduce the impact of violence.

Internationally, there are a number of consistently referenced interventions that are considered to have the 'best' evidence for preventing violence or violence associated risk factors, as summarised in the following table.

Primary prevention to avoid involvement in violence in individuals not already involved	Secondary and Tertiary prevention interventions to lessen harm and reduce future risk of violence in those already involved in violence*
• Parenting programmes • Good quality early education • Life and emotional skills training • Bullying prevention programmes • Therapeutic approaches for young people at greatest risk of becoming involved in violence • Changes to firearms policy • Hotspots and community or problem-oriented policing	• Therapeutic approaches for young people already involved in violence • Hotspots and community or problem-oriented policing • Restorative justice

*Secondary and tertiary prevention have been grouped together given the overlap between these approaches

Figure 4. Interventions with the best evidence for effectiveness in preventing violence associated risk factors from an international perspective[12]

Principle 3: Community Co-Production and Lived Experience

Co-production is fundamental to reducing violence. The idea that we need to work with individuals and communities is not new. Definitions of exactly what co-production means vary but generally, the term is gaining momentum as a way to describe working in partnership with people or communities in order to improve services.

[12] Roberts, S. (2019) Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence. London, Public Health England.

The following four principles (although there are many more) are critical to putting co-production into action.[13]

1. **Equality:** Co-production is founded on the ethos that no one person or group is more important than any other person or group; everyone is equal and everyone has assets (qualities, knowledge, skills and abilities) to contribute to reducing violence.
2. **Diversity:** Diversity and inclusion are key to co-production. We need to work extra hard to involve people or groups who might be more likely to be excluded because of certain characteristics (e.g. black or ethnic minority communities and people experiencing mental distress) or living conditions (e.g. homeless people and people in prison).
3. **Accessibility:** Accessibility is about ensuring that everyone has the opportunity to take part and contribute to reducing violence. Thinking about access can include removing physical barriers, as well as changing our language, which can often be problematic when people use jargon (words or expressions used by a profession or group that are difficult for others to understand). Getting the language right is the foundation of helping everyone to understand and feel comfortable communicating with each other.
4. **Reciprocity:** Co-production should be a two-way process; everyone involved should get something out of contributing (e.g. learning, relationships, an improved service or payment).

Whilst community co-production involves any person or group – who may or may not have been involved in violence – *lived experience* (sometimes referred to as '*experts by experience*') is specifically about the contribution of knowledge and understanding that you gain when you have experienced violence as a victim or perpetrator either directly (e.g. being assaulted or raped) or indirectly (e.g. children who overhear violence occurring

[13] Social Care Institute for Excellence (2013) Co-production in social care: What is it and how to do it https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/principles-of-co-production.asp

between parents from another room or see a parent's injuries or distress after an incident).

There is rich evidence that people who have lived experience are uniquely positioned to help plan and develop services. Experts by experience can tell us why they ended up involved in violence, why they may have found it difficult to change their lives, what it feels like to be a victim or perpetrator of violence from a first-hand perspective and what might have helped them escape violence earlier. Working together with experts by experience can help us to improve the quality of services, identify ways of preventing violence at an earlier opportunity and evoke change. Co-production through lived experience seeks to shift power towards people who are in need of support or those who already use services, including wider family members affected by violence.

Principle 4: Whole Systems Approach

A whole systems approach is based on the work of a sociologist called Talcott Parsons in the 1950s and biologist Ludwig von Bertalanffy in the 1960s. Since its origins, systems thinking has been applied to a whole range of different disciplines, including public health. A systems approach is based on the idea that if something happens or changes in one part of the system, other parts will also be affected. One of the founding beliefs of systems theory is that it is not the individual elements that are important but the relationships and interactions between the parts, which enable a system to function. We can take a bicycle as an example. A bike is made up of lots of separate parts, including wheels, a handlebar, a chain, pedals, a frame and brakes but no one part makes the bike ride on its own (see Figure 5).

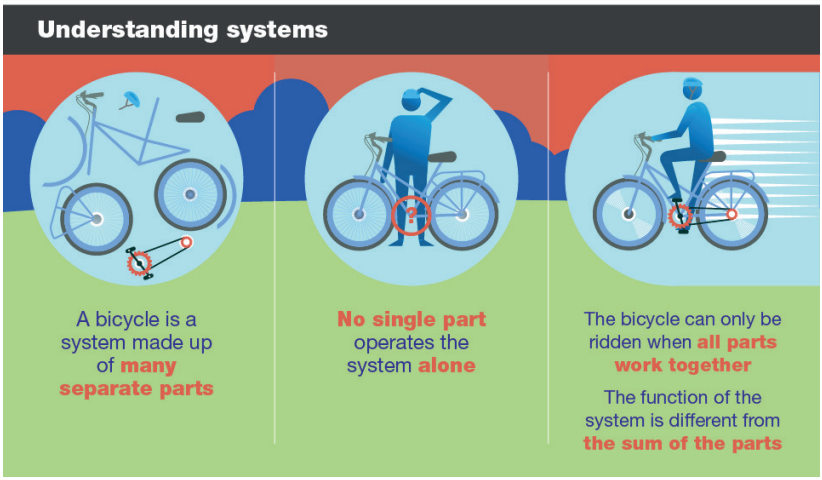


Figure 5. A Bicycle as an Example of a System[14]

One version of a systems approach is the 'Vanguard Method' (developed by psychologist John Seddon and colleagues). The Vanguard systems approach uses a 'check-plan-do' cycle to organise, manage and progress work, as follows:

- ***Check:*** Look at the system and understand how the system is currently working;
- ***Plan:*** Re-design a new purpose and system from the expertise and perspectives of people who use services;
- ***Do:*** Implement the plans, evaluate its success and assess the sustainability of the new system.

[14] Image sourced from Public Health England (2019): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

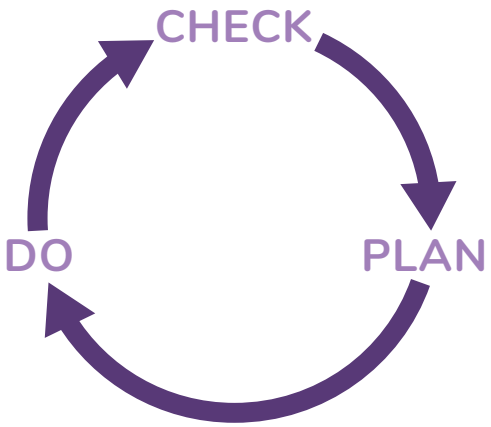


Figure 6. Check-Plan-Do Systems Cycle

In order to reduce violence, we don't just complete these three steps once but we engage in a cycle of improvement as we repeat the process over and over again to keep updating the system.

Principle 5: Life Course Approach

A life course approach (also called a 'life course perspective' or 'life course theory') is an approach developed to analyse people's lives, within social, economic and cultural contexts[15]. The approach looks back across an individual's or a group's life experiences – often across generations – for clues to patterns of health, or in this case patterns of violence. Research tells us that the roots of violence often start long before the first incident of violence. A series of experiences and interactions occur through a person's life (and generations) that either increase or decrease the risk of violence.

Using a life course approach enables us to identify critical points in life when specific risk factors could be targeted to prevent violence.

[15] The Life Course as Developmental Theory: https://www.jstor.org/stable/1132065?seq=1#metadata_info_tab_contents

For example, recognising the strong evidence between adverse childhood experiences (see the Little Book of ACEs for further details[16]) and the likelihood of perpetration of violence helps us to target interventions to ensure a safe and secure start in life, in order to break the intergenerational cycle of violence. We also know from research that adolescence is one of the most rapid phases of human development and a key period for exploration and risk-taking behaviours. Therefore, it is important that during adolescence, young people are supported as they may be particularly vulnerable to negative influences and exploitation, which in turn can lead to engaging in violent behaviours.

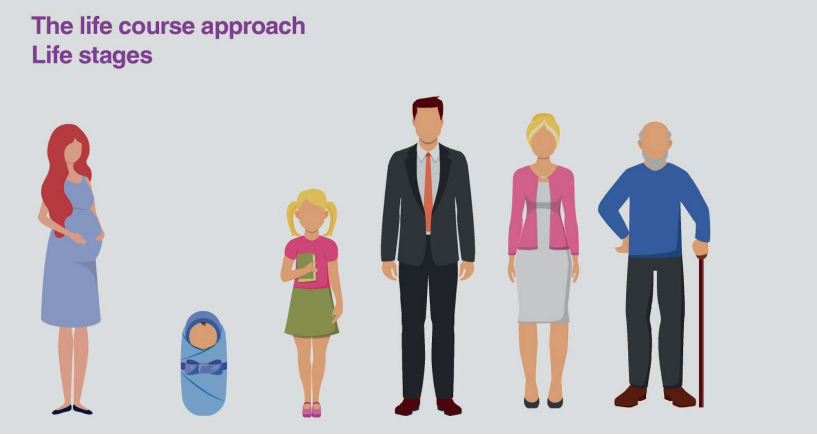


Figure 7. The life course approach: Life stages[17]

[16] Weblink to the Little Book of ACEs: http://www.lancashiresafeguarding.org.uk/media/52165/Little_Book_of_ACEs_Final-2-.pdf

[17] Image sources from Public Health England: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

Principle 6: Adoption of a Trauma-Informed Approach

We advocate the adoption of a trauma-informed culture. The following section is divided into two: firstly, we consider what is meant by trauma-informed approaches; secondly, we describe a process of culture change.

Trauma-informed approaches

Decades of work have generated multiple definitions of trauma. The Lancashire VRN has adopted SAMHSA's[18] definition, which was produced following a review of existing trauma definitions and consultation with an expert panel.

> *'Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.'*

A trauma-informed approach is fundamental to reducing violence. A trauma-informed approach:

- **Refers to an understanding of and responsiveness to the impact of trauma;**
- **Realises the prevalence and potential impact of trauma,** including how trauma can affect a person's neurological, biological, psychological and social development;
- **Recognises that anyone we come into contact with,** in our personal or professional lives, **may have experienced trauma;**

[18] Image sources from Public Health England: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

- **Moves away from a blaming and judging people** for their behavioural and psychological reactions, which may play out in acts of violence, to recognise that these responses may be a result of trauma;
- **Understands that people with a history of trauma may find it more difficult to engage with people,** particularly professionals who are often seen to be in a position of power and authority;
- **Promotes strengths, protective factors and resilience** in order to break the cycle of trauma;
- **Recognises the importance of relationships** in preventing and recovering from the effects of trauma;
- **Emphasises the importance of support mechanisms for professionals and families to reduce the impact of vicarious and secondary trauma.** Vicarious trauma can occur when a professional's perceptions of the world become distorted as a result of their particular area of work. Secondary trauma is when another person's experience of trauma starts to affect you.

A trauma-informed approach is based on various key principles (see examples below):

Examples of Trauma-Informed Principles		
Key Principles	**Service perspective: example**	**Lived experience perspective: example**
1) Recognise trauma	Find out if a person has experienced trauma	*"I am being seen, spoken to, listened to and believed"*
2) Safety	Throughout the organisation, people accessing services and staff feel culturally, physically and psychologically safe	*"I don't feel scared or threatened and am confident that you are available to support me"*
3) Avoid traumatisation	Be conscious to prevent triggering feelings of powerlessness	*"You are not like the people that hurt me"*
4) Person-centred	Recognise that every person's experience of trauma is unique and requires an individualised approach	*"You understand me and my identity"*

5) Trust	Organisational procedures and decisions are transparent, including providing timely, accurate and honest information about what is happening, what will happen next and why	*"When you say you will do something you do it"*
6) Collaboration	Understanding power imbalances and working to 'flatten the hierarchy' and make shared decisions	*"We are working through this difficult stuff together"*
7) Empowerment	Enable people to feel valued, recognise their strengths, develop new skils and become independent	*"I am taking control of my life now"*
8) Choice	Promote choice	*"I feel I have a choice in how I am supported"*

Other researchers and organisations group and label these principles slightly differently. For example, Sweeney and Taggert[19] (2018) refer to 10 principles. SAMHSA[20] (2014) refers to six principles: (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment and choice; and (6) cultural, historical and gender issues. Meanwhile, the NHS Education for Scotland[21] (2017) refer to the following five principles: (1) choice; (2) empowerment; (3) safety; (4) trust; (5) collaboration. All of these principles provide a useful guide for developing trauma-informed approaches. It is less important to spend time debating the exact wording but more important that we prioritise interacting with people in a caring, compassionate and empathic manner and that we develop positive relationships, built on trust.

[19] Sweeney, A. and Taggert, D. (2018). (Mis)understanding trauma-informed approaches in mental health. *Journal of Mental Health*, 27, 383-397.

[20] Substance Abuse and Mental Health Services (SAMHSA) (2014). *Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, Maryland.

[21] NHS Education for Scotland (2017). *Trauma Informed Organisations*. Available at: https://www.nes.scot.nhs.uk/media/4285891/flower%20-%20NESD0984%20Trauma-informed%20Graphic%20SQ-2019.pdf

In fact, many of the trauma-informed principles are interrelated and overlapping with other ways of implementing good practice, such as coproduction with experts by experience, collaboration within and across agencies, shared decision making, having a positive and safe environment and strengths-based services. Hanson[22] (2013) argues that there is nothing specific about trauma-informed care that is specific to a history of trauma; the need to be sensitive and humane is just good care. We uphold Hanson's (2013) argument that regardless of whether a person has suffered trauma or not we should treat all people in a humane way.

Culture Change

We advocate the adoption of a trauma-informed culture. By culture we mean, the beliefs, attitudes, social norms and behaviours of a particular group or society. When we work in an organisation and live in a community, we begin to adopt or internalise the culture of the 'group' through experience, observation and instruction.

A trauma-informed approach (see Principle 6) demands a positive belief about the potential of people. Philosopher, Valerie Fournier talks about three components necessary to drive change, which can apply equally to cultural change:

1. Cultivate positive anger and passion;
2. Challenge that things must always be this way;
3. Create a positive vision by trialling and sharing alternatives.

Sharing the stories of traumatised individuals and communities is essential if we are to recognise the fundamental needs of people that are not being met. We must see the damage that trauma inflicts on people if we are to prevent perpetuating problems; this involves recognising how inequity and life experience contributes to violent behaviours. We recognise that

[22] Hanson, A. (2013). Recovering from trauma-informed care. *Clinical Psychiatry News*. Available at: https://www.mdedge.com/psychiatry/article/77807/recovering-trauma-informed-care

unmet need will drive crises within our communities (including serious violence) and that trauma-informed responses that build protective factors and positive relationships will drive down unmet need, preventing people from reaching crisis point.

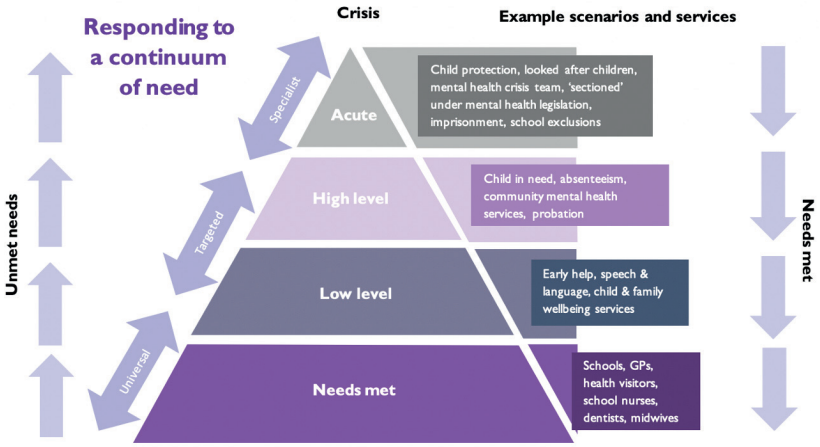


Figure 8. Responding to a Continuum of Need

By acknowledging the above, we can challenge the assumption that violence is inevitable and inherent. Culture change will be needed at every level, the change management process will recognise and respect the diversity and challenges of each organisation and community. What is important is that the trauma-informed principles are weaved through all aspects of each organisation's or community's culture.

Learning from positive trauma-informed practice helps us on the journey (see image below) to promote cultural transformation where the people we support are encouraged to be the best version of themselves. Trusting others to challenge our existing practice demands that we are open to the success of others and willing to reflect, learn and adapt our practice accordingly.

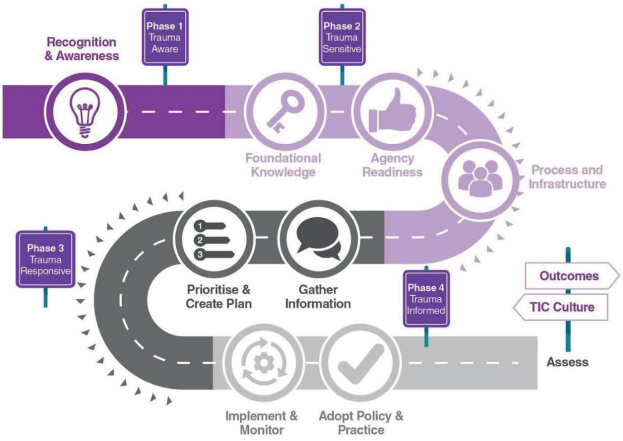


Figure 9. Road Map to Trauma-Informed Care[23]

In the following text box, we provide ideas generated by the Lancashire Violence Reduction Network of ways to develop a trauma-informed culture.

Possible ways of developing a trauma-informed culture

- 'How to?' sessions, which support professionals to cascade learning within their own practice.
- Create opportunities to introduce change, challenge existing practices, sustain commitment and share resources (e.g. conferences, workshops and 1:1 drop in sessions).
- Reflective practice to recognise and build current strengths, as well as to identify what needs to change (reflexivity is a concept used to describe a process of ongoing evaluation and learning in order to adapt and improve practice).
- Training to include a focus on:
  - Relationships;
  - Protecting the wellbeing of the workforce;
  - How to align procedures to trauma-informed principles.

[23] Image sourced from: https://traumainformedoregon.org/roadmap-trauma-informed-care/

- Multi-agency learning networks to share good practice, evidence and learning.
- Use of freely available trauma-informed toolkits.
- Identifying 'agents of change' to model, share and support implementation of the principles of a trauma-informed approach and provide challenge when resistance to change occurs.

Principle 7: Relationships-Based Approach

Relationship-based practice is founded on the argument that relationships are of paramount importance and should be at the heart of all good practice. Relationships are the 'bread and thread of life'; they are typically the strongest determinant of happiness. Children rely upon relationships with caregivers to have their needs (e.g. food, water, shelter, clothing and safety) met, whilst adolescents form a sense of identity through their peer interactions. In adulthood, romantic relationships can provide intimacy and a sense of connection. Our self-perceptions are built upon how we think others perceive us; this notion has become known as the 'looking-glass effect' (see the work of Charles Horton Cooley).

Figure 10. The Looking Glass Effect[24]

[24] Adapted from 'Introduction to Sociology': https://study.com/academy/lesson/charles-horton-cooley-theory-microsociology.html

In this context, relationships act as a mirror through which we view ourselves. Positive relationships can provide nurture, love, security and belonging. Negative relationships can traumatise and shatter a person's self-esteem.

Physically, emotionally and sexually abusive relationships; emotionally and physically neglectful relationships; interpersonal conflict (e.g. domestic violence and abuse); relationship breakdown (e.g. separation or divorce); and bereavement are all examples of traumatic events, which increase the risk of being a victim or perpetrator of violence. Unsurprisingly given their importance throughout life, relationships also play a fundamental role in preventing, triggering and responding to violence. Relationships play a pivotal role in rebuilding a sense of safety, trust and self-esteem. For these reasons, we must build healthy and supportive relationships to enable people to recover from trauma. 'Unconditional positive regard' is a foundation for healthy, supportive and trauma informed relationships. The concept was developed by Carl Rogers, a psychologist, to emphasise the importance of never giving up on people, acceptance and supporting a person regardless of what a person says or does.

Principle 8: Strengths-Based Approach

Strengths-based practice is a collaborative approach between a person supported by a service and those supporting them. The approach focuses on working together to draw upon a person's strengths and resources (otherwise called 'assets') to achieve positive outcomes. When people experience trauma, it is understandable that they may reach a crisis point, where they lose sight of their own strengths. For example, a person may have been physically abused during childhood or emotionally abused as an adult; these situations can mean that a person lacks self-esteem and may struggle to recognise their strengths.

People who are victims of violence often have low self-confidence or may

feel unworthy. Similarly, perpetrators can often feel a sense of guilt that they have broken moral standards. Whilst guilt refers to having been involved in wrongdoings ("*I have done bad things*"), shame is seen as more destructive and long-lasting, where an individual believes "*I am a bad person*". Both guilt and shame are emotions that can prevent people from seeing their strengths.

Enabling a person to recognise their strengths can be key to changing a person's self-perception and building protective factors (e.g. having the confidence to apply for a job). A strengths-based approach demands a move away from labelling, blaming, othering, stigmatising and judging people who have experienced adversity and significant trauma – including people who have risk factors or might be perpetrators of violence – to focus on capitalising on available personal and community assets to enable them to find turning points to live safer and happier lives.

Principle 9: Evidence-Informed Approach

Evidence is key to identifying effective and efficient approaches to reducing violence. Robust evaluations can help to provide better quality service and save money by identifying 'what works' to prevent and reduce violence, rather than wasting money on initiatives that don't address violence or its associated risk and protective factors.

Evidence-based practice has often been about using academic research to design and improve interventions. However, over recent years it has increasingly been emphasised that learning should be a two-way process, where practice informs evidence and evidence informs practice. Most people, when thinking about evidence, might think about the type of evidence produced by research experts. But to reduce violence, there are multiple forms of evidence upon which we can draw to guide our approach, including community perspectives and lived experience; professional experience and expertise; local, national and international data; and published and non-academic (what is referred to as 'grey') literature.

An evidence-informed approach aims to make use of evidence, theory and data to reduce violence by:

- **Considering the 'best' available evidence;**
- **Harnessing evidence and data through inter-agency collaborations and information sharing to foster learning and knowledge exchange;**
- **Contributing to the development of 'new' evidence and data to address violence and violent associated risk and protective factors.**

Three key principles are put forward to underpin an evidence-informed approach:

1. **Constant evolution:** of evidence as practice and evidence develops, we must re-evaluate and adapt our responses;
2. **Continual monitoring:** of practice and evidence to gain new data and insights, as well as 'horizon scanning' (knowing what's going on in the policy and practice environment for example) to check how any changes might impact on evidence and what we do in response;
3. **Recognising evidence as part of a bigger picture:** including the need to consider the availability of resources and the diverse needs of different local populations.

To use evidence to guide practice, it is important to:

- Establish the extent to which relevant evidence-informed approaches:
    - Are currently provided;
    - Have been evaluated and what the findings suggest;
    - Could be implemented.

- Target resources, establish their effectiveness and assess the potential for further development (see World Health Organisation 4-step approach under Principle 2).

- Establish underlying causes of local patterns of violence and select evidence-informed approaches that address the presenting issues, however, if there is a lack of evidence it is important to:
    - Scan the literature, to check the availability and quality;
    - Pilot new approaches, whilst ensuring robust evaluations.

- Continue to monitor the development and implementation of interventions.

- Keep up to date with emerging and changing data and evidence.

Principle 10: Integrated Approach

An integrated approach is based on the idea that preventing violence is beyond the capability or expertise of any single person or agency. Violence is influenced by a whole host of different risk factors, with no single cause or solution. Therefore, in order to identify risks of violence, and respond accordingly, we must work in collaboration. As mentioned in Principle 3, a collaborative approach means bringing together communities, people with lived experience and professionals (from public and third sectors). We must draw on a broad range of disciplines, across practice and research, at all levels of organisations to jointly develop approaches and take ownership of preventing violence.

Preventing violence moves beyond *multi*-agency working, where multiple people, groups or organisations work in parallel. Instead, we propose an *integrated* approach, which is associated with a greater degree of engagement, interaction and combining ideas to form new practices. We are on a journey to challenging traditional power dynamics between 'service users' and professionals, between 'us and them', to work together effectively and jointly deliver interventions, evaluate impact, learn and adapt.

Part Three: Lived Experience Stories

As described in Principle 3, we advocate for the value of learning from lived experience. We have chosen to include life course stories, to reflect on the child within the adult and how trauma might lead to socially unaccepted behaviours, including violence. Please note that where requested, we have changed the names and any other identifying features to preserve the identity of the person.

Tom's Story

Ever since I can remember, my dad has always been a heavy drinker. His alcohol issues led to my parents splitting up before getting back together on so many occasions. Dad also had an affair when I was little. I found out about him cheating when I witnessed my mum assault the woman he was having an affair with; I was about 9 or 10 at the time. I remember my mum being stood in the front doorway and my dad out on the street. There was a lot of screaming and shouting. I was stood in between them pulling my dad's arm as hard as I could to get him to come back inside, at the same time my mum was pushing him out. I desperately wanted my dad to stay at

home so we could still be a family.

Me and my dad went to stay with my uncle and my mum took my younger brother to live somewhere else, I think it was in the North East. I didn't have any contact with my mum or my brother for about a year. I felt sad, hurt and missed them both. I wish I'd been told more about what was happening and why. I didn't want to make my dad upset or angry by asking him. Dad carried on drinking and used to slap me, bend my arms back and often made me cry.

At school, I was bullied because both my parents were deaf. I felt scared, nervous and lacked confidence. All the worries and uncertainty made my tummy feel funny. I developed a habit where I made myself sick, which still lives with me now. It helps me to feel some control. The bullies found out and made funny noises and gestures to mimic me being sick. I had no friends so used to eat on my own at school. I wish someone had noticed and done something about it. It made my life hell.

After about a year, my mum and dad ended up getting back together but it didn't feel the same as before. I didn't trust my mum; she'd already abandoned us once. A few months later, I came home from school and found her in the hallway with two big black bin liners full of stuff. When I asked her what she was doing she told me to "go away". I wish she'd just been honest with me. I knew what was happening; she was about to split up the family again, only this time it was for good.

For the next few years, I ended up bounced between my mum and dad. I didn't know who I wanted to be with. I just wanted us all together again. In the end, my decision was made for me; dad met his new partner and moved away. I didn't see him again until I was 15.

It was around this time that I started going off the rails. I got in with the boys on the estate, was fighting in school, thieving, started smoking cannabis and began carrying knives. For the first time in my life, I felt that I belonged. I gained status, which boosted my ego and my new lifestyle gave me a sense of power. Looking back, my life had started spiralling out of control. I was often in trouble at school, placed on a report for my bad behaviour, put in isolation and received endless detentions. I never opened up about what was really going on in my head – about all the anger, hurt,

pain, fear of rejection – all they seemed to do was punish me.

I ended up permanently excluded in year 8. They put me in a pupil referral unit but I was still always in trouble and used to skip school. I started pulling my knife out on people when I felt angry, it frightened them and stopped them from hurting me; the knife gave me protection. As a teenager, I got arrested on a number of occasions, but again nobody bothered to ask me what was going on.

When I was 15, my mum couldn't handle my behaviour anymore, so she sent me to live with my dad, but nothing changed. I still felt angry and hurt. Dad hadn't bothered to see me for years. But this time I wasn't a powerless child anymore; one time, I grabbed a broken pint glass in a rage and almost ended up stabbing my dad. He threw me out and I ended up homeless before I turned 16. My feelings of abandonment, rejection and pain came flooding back. I struggled to cope or manage my emotions and the need to find a sense of control came back, I reached for the knife and took a life.

Today I find myself in prison for a fatal stabbing. I have been here since I was 19. I didn't see the problems until I came into prison and took an honest, hard, long look at myself and realised the crime didn't just happen, there was a build-up of anger and hatred that needed to come out but in a wrong way and at the cost of a life. It has long-lasting effects that can't be shaken off.

On the Beacon, I have been given the opportunity to talk about my past and to learn ways of coping with my feelings and emotions. I had picked up a learnt behaviour, an unhealthy behaviour. Nowadays I've learnt to communicate everything, no matter how little or big. It's key to change and shape the future I am learning about how to express myself by communicating, rather than through unhealthy behaviours and violence.

The Beacon is an innovative, prison-based assessment and treatment service in Lancashire. A programme of interventions is designed to improve prisoners' psychological wellbeing and reduce their risk of reoffending.

Danny's Story

Ever since I can remember, my dad has always been a heavy drinker. His My dad was in the army so he was away from the family when I was little. My mum struggled; she was only 15 when she had me. There were always people in the house drinking and taking drugs. One weekend my aunty came round but my mum wasn't there; she'd left a note on the fireplace saying she'd gone. My aunty found me upstairs in my cot. I was about 18 months old. Mum had left on the Wednesday and it was the Saturday by the time I was found, I was taken into care.

My case was taken to court by social services. Neither Mum or Dad turned up. I got placed with my grandparents. I lived with my dad's parents Monday to Friday and my mum's parents at the weekend. Dad's mum and dad were very poor, there were seven kids and my grandparents living in a two-bedroom house; Mum's side of the family were well off. It felt weird going from one family to another.

From around the age of five, my 'weekend' grandad started bathing me. He said because my dad wasn't around, he had to teach me how to wash myself. He took it in stages, before sexually abusing me, he used to masturbate over me in the bath. My grandma used to fall asleep on the couch and he'd say it was time for a bath. I knew what was coming. This happened for 5 years until I was 10 years old, until one day I ran upstairs and I locked the bathroom door. He realised that I knew what he'd been doing to me was wrong. The sexual abuse stopped from then.

I ended up going to nine different primary schools and was passed around the family. I didn't really belong to anybody. Because I'd been moved around so many schools, I couldn't do maths, I couldn't write properly, I couldn't do my times tables; I still can't do my times tables. I was always distracted, my head felt messed up.

I had no contact with my mum during my childhood, nobody mentioned her. Just before I started secondary school my dad came back with this woman. He sat me down and said "this is your new mum" then he left me with this woman and went back to the army. I wondered what on earth was going on.

My behaviour started getting worse and I started running away from home. My dad came out of the army to look after me because everyone else said they'd had enough of me, he blamed me for ending his career, he used to beat me. I remember when he broke my nose, I went to school and nobody said anything. Dad would go out and when he got home, he would wake me up and tell me I was to blame for mum leaving. I thought everything was my fault. I hated being at home.

Throughout secondary school I continued to find learning hard. I didn't have the foundations so was already behind. When I was in 4th year, I was befriended by a drug dealer whose friend had threatened me with a knife, he said he was going to protect me, but was really grooming me. Around the same time the police came to school to talk about the dangers of drugs, they gave us a brochure to show the range of drugs that were prevalent. I thought they all looked exciting and wanted to work my way through as many of them as possible. The guy who befriended me got me onto smoking and selling cannabis, then crack and heroine. I started working for him, he even taught me to drive. He used to say that because my dad wasn't always around and didn't seem to care, he would look after me. The guy was right, there was no relationship at home with my dad. I'd go out and not come home from Thursday until Sunday. Dad wouldn't even ask where I'd been.

I didn't like what this guy was doing to me. He'd pull my pants down in front of people and tickle my leg when I was driving. He'd play a game where he used to put a tablet into a person's drink, knock them out and take them upstairs. He was spiking my drinks and raping me. I was hooked on drugs, I was working for him, I was living at his house; I felt completely tied to him. Nobody intervened. I only escaped when I got locked up in prison.

After years of being in and out of numerous rehabilitations and mental health assessments, I ended up clean on a number of occasions (sometimes for years at a time). I delivered group and peer support sessions and got a job as a drugs worker. But it was only a matter of time before I turned back to drugs because I hadn't dealt with any of the underlying issues. Everything started coming back. I struggled to cope.

In the meantime, my mum got in touch. All this time, I'd wanted my mum. I'd built up an image of her, she was like Mary Poppins. She lived in a nice house and was 'practically perfect'. When I turned up I was shocked; the house was a mess and my bedroom was a caravan in the back garden. Mum was selling drugs and driving my brothers around so they could burgle people's houses at night. When Mum tried to get me involved in committing crime, I decided I needed to leave; I have never spoken to her since.

I decided I would confront my grandad, but my uncle had news for me, my grandad had died. I felt angry even though he was dead, my opportunity for closure had gone. I ended up back on drugs.

One day, my drugs worker asked if something had happened to me when I was younger and told me about what had happened to him. It gave me hope. I thought he's a manager, doesn't take drugs but he'd also been sexually abused. The drugs worker who was also a trained psychotherapist offered me 20 sessions of therapy; it really helped. He invited me to support groups and put me through counselling and other qualifications.

I am now a father to two children, who live with my partner and I. With a colleague, I have set up a project, which includes providing peer support to people who have experienced child sexual abuse (CSA). We also educate professionals about the impact of CSA. However, the impact of childhood trauma continues to leave me with scars as a grown adult, which can be mentally and emotionally exhausting. Being part of a support group helps me feel less lonely or stressed and provides me with a sense of control over my situation.

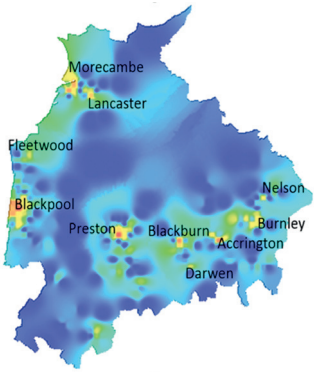
Part Four: Managing Violence and Upholding the Law

In an ideal world, law enforcement would be unnecessary; the world would be completely free of violence. At second best, upholding the law involves detecting and deterring people *before* violence is committed. Generally speaking, law enforcement is about getting people to follow rules to prevent acts of violence. That said, when we think about law enforcement, we also often think about what happens when people don't follow the rules. What we're referring to here is consequences for breaking the law, police, arrests, sentences and prisons. The following text box provides two practical examples of police tactics, which can be used to prevent violence and uphold the law.

Examples of police tactics for preventing violence and upholding the law

Hot spots policing

Often the police use techniques to identify the prevalence and trends in violence to intervene. One technique for doing so is 'hot spots' policing. 'Hot spots' are areas on a map that have high crime intensity (high numbers of serious violence). This tactic recognises that crime is not evenly spread but can cluster in particular locations. In response, a 'hot spots' approach focuses resources and activities to the places most affected by violence.



Stop and search

Another approach to preventing violence is the police power to 'stop and search'. The Police and Criminal Evidence Act 1984 in England and Wales provide legal grounds for a police officer to stop and search a person or vehicle if the police constable has **reasonable grounds to suspect** that they will find a weapon (as well as other items, such as stolen goods). A search can only be conducted for weapons when in a public place or in any other place that is not a dwelling (unless the police officer has reasonable grounds to believe the person does not reside there and has no permission to be there).

From a trauma-informed perspective (Principle 6) it is fundamental that an officer recognises that anyone that is stopped and searched may have experienced trauma and the process of searching a person could re-trigger feelings and memories of trauma; there are some striking similarities between being abused and being searched.

For example, when a person is physically abused as a child or raped as an adult, they lack power and control; their body is touched without their choice, often leaving a person feeling unsafe, fearful and violated. Similarly, when a person is searched – whether or not the person is or is not in possession of a weapon (which we know people can carry to feel that they have a sense of protection) – they may be searched unexpectedly and without choice; the power lies with the police. This process can lead to feelings of a lack of control, fear and threat, mirroring feelings of trauma.

It is especially important to provide a sense of safety and trust by communicating honestly and transparently about the stop and search process. This includes thinking about how we conduct ourselves (e.g. tone of voice, body language, facial expressions), explaining what is about to happen, what will happen next and the reasons why.

But detecting crime is not just a job for the police. It is the responsibility of everyone: communities and multi-agency professionals. Deterring people from crime can involve providing support or having a conversation with a neighbour, friend or family member, between a mental health care co-ordinator and a 'service user', a social worker and a parent or a teacher and a child.

In the situation where a person ends up committing violence, people often expect them to be punished in return; this is what is called 'retribution justice'. A punishment focus has come about (in part) due to a public fear about violence, fuelled by sensational media reports, which often place blame on people who are already excluded in society (e.g. homeless people,

people experience substance 'abuse' and individuals with mental health issues).

Law enforcement through punishment might provide 'payback' for a specific incident of violence, however, a public health approach encourages us to think about the 'greater good' and a longer-term vision. Enforcing the law by locking people up – as we have tended to do – has not solved the problem of violence. Excluding people from mainstream society may prevent people committing crimes for a given period of time, however, there is a recognition that violence is a continuing issue within our prisons and that people released following custodial sentences have high rates of re-offending.[25] In turn, re-offending rates carry huge economic and human costs.[26]

The inefficiency of punishment necessitates a different approach to upholding the law. The high financial and social costs have forced us to turn our attention to alternative ways to practice enforcement. From a violence reduction perspective, we adopt a social justice approach for the benefit of the whole population. Whilst we do not accept or excuse violence, we seek to understand and address the root causes, in order to prevent its occurrence.

[25] MoJ (2020) Proven reoffending statistics quarterly bulletin, England and Wales, January 2018 to March 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861994/proven_reoffending_bulletin_January_to_March_18.pdf

[26] Newton, A., Xennor, M., Eames, S., and Ahmad, M. (2019) Economic and social costs of reoffending. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814650/economic-social-costs-reoffending.pdf

Alternative ways of supporting people to 'live life by the law'

1. **Restorative practices** aim to:

    - Build relationships;
    - Draw on social capital (e.g. people, families and communities);
    - Provide opportunities to prevent or repair harm.

Whilst restorative justice is reactive, consisting of formal and informal responses to crime and other wrongdoings (secondary and tertiary prevention), restorative practices also include processes that precede wrongdoing, in order to prevent violence (primary prevention). Restorative practices are used to prevent and reduce crime and violence, improve behaviour and strengthen society.

Example 1: Restorative justice conferences are used in criminal justice to allow victims, offenders and their respective families and friends to come together to explore how everyone has been affected by an offence and to decide how to repair the harm.

Example 2: Family group conferencing is used in social work practice to make a plan to support a family to meet their needs and address concerns by drawing on immediate and extended family and friendship networks.

Example 3: In education, restorative practice involves supporting a child or group of children to think through their behaviours, the consequences and what they can do to make it better (rather than a teacher telling a child what they have done wrong).

Alternative ways of supporting people to 'live life by the law'

2. **Therapeutic interventions** aim to improve the wellbeing of a person or group of people. The intervention can be:

    - Psychological;
    - Physical;
    - Pharmacological (medication).

Multisystemic therapy (MST) is one example of a therapeutic intervention for families with a young person aged 12-17, who is at risk of going into care or custody due to serious anti-social behaviour or offending (including violent offending). The MST team focuses on the whole world of the young person: their homes, families, schools, teachers, neighbourhoods and friends. The staff go where the families live and work with them intensely for 3-5 months, including being on call for 24 hours per day, 7 days per week. MST has been assessed by the Early Intervention Foundation (a 'What Works' Centre for research in the U.K.) to have a 4* rating, which means it has been found to have evidence of long-term positive impact through multiple rigorous evaluations.

We now have access to research that documents the link between experiencing trauma and later violence, particularly trauma experienced in childhood, such as abuse and neglect.[27] Having this understanding means that it is important that we find ways of working with people to heal trauma, in order to prevent people from breaking the law and committing violence. In response, we adopt a rehabilitation focus, which supports individuals who become involved in violence to develop skills and learn to manage their mental health, rather than resorting to further harmful behaviours, such as substance abuse and aggression, which in turn are associated with violence.

In common with deterrence and detection, rehabilitation necessitates a support network, including family, friends and multi-agency professionals (e.g. probation, offender managers and psychologists). You may have heard the saying 'it takes a whole village to raise a child'; the phrase reminds us that an entire community of people must work together to create a supportive, safe and healthy environment to reduce violence and be jointly accountable for upholding the law. If people resort to violence and fall short of the law, we must equally be there to support the person – not only for their own benefit but for the 'greater good', for their children, their parents and the wider community – in order to prevent violence from escalating into crisis or re-occurring on a long-term basis.

[27] Bellis et al. (2013) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. https://academic.oup.com/jpubhealth/article/36/1/81/1571104

Conclusion

The global emphasis on reducing and preventing violence by applying a public health approach creates an exciting opportunity for all of us to work together to make our lives safer and more fulfilled.

We believe that by focusing on prevention, taking collective responsibility for the positive development of all members of our society and addressing the causes of violence at their route; we can stop violence without simply changing the form in which it manifests.

This requires a change in mindset within our society, from that of fear, blame, anger and punishment to trauma-informed, restorative and shared responsibility for looking after each other. This is not a call to "go soft" on violence: we accept that enforcement of laws to protect us from violence are vital. However, it is obvious that preventing violence in the first instance is preferable for both victim and perpetrator.

We hope that this book will be useful to support discussion and development of support services and within communities and that it helps to create a more positive narrative within Lancashire and beyond.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