



Briefing Document for Mini-Inquiry into Relationship and Sexuality Education Northern Ireland: Healthy Young Adult Relationships (HYAR) Education

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BRIEFING DOCUMENT

HEALTHY YOUNG ADULT RELATIONSHIPS (HYAR) EDUCATION

This document provides a summary brief of two large research studies conducted in Northern Ireland which have focused on topics of violence and abuse. Following these studies, the researchers implemented the Healthy Young Adult Relationships (HYAR) Research Project which explored the needs of a diverse range of young people aged 16-20 years, parents/ carers of young people, and youth providers regarding education about HYAR including intimate partner violence (IPV) and coercive control. The HYAR project involved a cross-sector Research Oversight Group (ROG) made up of community and statutory stakeholders as well as involvement of young people as co-researchers. Reflecting on the available evidence and findings of the HYAR research, the team developed the HYAR intervention framework which outlines context specific requirements of future HYAR education.

WITNESS DETAILS: Dr Susan Lagdon is a Senior Lecturer in Psychology (Mental Health) at Ulster University. Dr Julie-Ann Jordan is a Senior Researcher at the IMPACT Research Centre Northern HSC Trust. Drs Lagdon and Jordan intend to present some of their underpinning research evidence which has focused on gender based violence topics including coercive control and violence against women and girls more broadly. Establishing NI specific context, Drs Lagdon and Jordan will proceed to share insights from the HYAR Project.

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SUMMARY OF UNDERPINNING RESEARCH

Public Understanding of Coercive Control In Northern Ireland

During 2019, Dr Lagdon and Dr Jordan, in partnership with the Northern Health and Social Care Trust IMPACT Research Centre, Institute Of Mental Health Sciences UU and Queen's University Belfast, applied for funding via the R&D Division of PHA to explore public understanding of coercive control in Northern Ireland ahead of legislated changes. The study involved the design of a module to be included in the Northern Ireland Life and Times Survey (NILT) and Young Life and Times (YLT) Surveys.

Following stakeholder consultation (e.g. Northern Health and Social Care Trust; Adult Mental Health and Children services; Causeway Women's Aid; Barnardo's NI; Nexus NI; and Department of Justice NI), the research team designed a coercive control module which included different relationship scenarios followed by related questions. Scenarios included case examples of (1) obvious and (2) less obvious instances of control within intimate relationships. These were further adjusted to present the 'perpetrator' as either male or female. Half of the sample were presented with versions of scenarios 1 & 2 which described a male perpetrator/female victim and the other half saw versions of 1 & 2 implying a female perpetrator/male victim. Participants (Approx. $n = 1300$) completed the NILT survey between October – Dec 2020 either online or via telephone interview following Covid-19 related guidance.

36% of respondents reported a lack of understanding of what coercive control meant. This proportion was higher for 18-24-year olds (60%). Those who had not heard of coercive control at all were more likely to be on a lower income, less qualified and younger when compared to those who said they knew what the term meant. For less obvious scenarios many struggled to identify that domestic abuse had occurred, particularly for male victims. For obvious scenarios, recognition that abuse had occurred, including associated physical and mental health risks, was very good. The results suggested that people tend to underestimate the commonplace nature of coercive control within relationships. However, most people agreed that the behaviours presented should be a crime and should be reported to the police.

Looking at the findings of the Young Life and Times Survey (YLT) survey ($n = 2,069$), 60% of the young people who took part in the survey indicated that they had not heard of the term coercive control and did not know what it means. One-quarter of respondents

indicated that they had heard of the term but did not know its meaning (24%), This means that only 16% of young people indicated that they had heard of the term and understood its meaning. A lower proportion of female respondents (13%) said that they knew what coercive control means, whilst males (19%) were more likely to have heard the term and know what it means. YLT respondents agreed that the scenarios (whether with a male or female victim) were abusive and likely to result in negative outcomes. They also agreed coercive behaviour should be viewed as criminal, and as such, victimisation experiences should be shared with friends and family as well as reported to police, although this view was disproportionately less common in relation to male victims.

Findings are therefore twofold, young people taking part in the survey comprehend the abusive nature of the obvious and deliberate coercive and controlling behaviours described, but they do not recognise the terminology related to this and therefore the important nuances which separate a 'normal' relationship from coercive and controlling one. Indeed, for many young people there is a fine line between violence or control and 'acts of passion or care' (Barter et al., 2018; Harland & McCready, 2012). This highlights a significant gap in the links between knowledge and understanding of this form of abuse, (particularly identifying the early and more subtle signs), with significant potential to stifle future help-seeking behaviour. Additionally, findings also revealed that females, compared to males, were less likely to have heard of the term coercive control and know what it means (19% Vs 13%). Whilst we did not ask further questions regarding what is known about IPV, these findings remain a concern given that young women represent a higher proportion of IPV victims.

The lack of awareness of coercive control found in our sample of young people provides a strong rationale for building on work described by Stanley et al. (2015) to develop and evaluate early educational interventions which focus on all elements of both healthy and unhealthy relationships. "Knowing the signs of a healthy relationship is an important mediator towards identifying unhealthy and harmful behaviours, as is knowing and navigating support services if they are needed". (Lagdon et al., 2021, p.4). Providing young people with the language and tools to communicate with parents, guardians, peers about unhealthy relationship practices will create wider pathways to support. Relatedly, bystander awareness with parents, guardians, peers and youth focused professionals will support a readiness to respond.

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Every Voice Matters: Violence Against Women In Northern Ireland

During 2022, Drs Lagdon, Jordan and colleagues at Ulster University and the Northern Health and Social Care Trust IMPACT Research Centre were commissioned by the Executive Office EVAWG Team to complete a piece of research exploring violence against women in Northern Ireland. Using a mixed methods approach inclusive of survey and interviews, the team spoke with 34 women and surveyed a further 542 more to explore lived experiences and impacts of violence against women.

The research findings demonstrated the extensive nature of violence and abuse against women and girls living in Northern Ireland. Survey findings showed that of the participants taking part, 98% had experienced at least one form of violence or abuse in their lifetime. Categories of violence and abuse measured within the study included: Harassment/ sexual harassment, Stalking, Digital abuse, Sexual violence, Physical violence, Psychological and emotional abuse and Troubles related abuse.

Experiences of at least one form of violence or abuse were common before age 11 years (50%), between ages 11-18 years (87%) and in adulthood (91%). Psychological and emotional abuse was reported to be common during childhood (34%), adolescence (63%), and adulthood (70%). This form of abuse was a recent experience, happening in the last 12 months for 42% of the participants.

Perpetrators of the violence and abuse were most often only men (50%) but it was not uncommon for respondents to report perpetration mainly by men but also by some women (33%). The worst experience of violence or abuse was most commonly committed by strangers (29%), however often the perpetrator was known to the victim (romantic partner 23%; friend or acquaintance 19%) and occurred in their own home (26%).

The early experience of violence and abuse, under the age of 18 years, was found to be a strong predictor of violence and abuse experiences in adulthood. This relationship holds for all forms of violence and abuse. Of those who reported any form of violence or abuse, 24% reported high levels of traumatic stress and 32% high levels of psychological distress. Impairment in participant's ability to work (12%), socialise (23%), and carry out everyday activities (17%) was also reported.

A review of interview data further highlighted the significant impact of violence and abuse on women, their children and wider society. Women who took part discussed

their fear of reporting, particularly when there was a lack of physical evidence as they worried they would not be believed.

When asked about what more could be done to tackle the issue of violence against women and girls, education regarding safe and healthy relationships was noted as key for both prevention and intervention efforts. This type of awareness should be targeted at the whole of society, including professionals tasked with responding to and supporting victims. Our study participants also highlighted the importance of government leadership in this endeavour. As one participant notes: *“There’s a huge responsibility on our government to help shape our communities. They are the ones at the top. Helping to shape what goes out and what policies we have in place”* (VAWG16)

- Lagdon, S., Owczarek, M., McCartan, C., Anyadike-Danes, N., Shevlin, M., & Jordan, J.-A. (2023). *Every Voice Matters! Violence Against Women in Northern Ireland*. Advance online publication. Link: https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/violence_report_singles.pdf

- Lagdon, S. (2024) “Coercive control: do you know what it means?” (Link to Talk Here: <https://www.youtube.com/watch?v=1CGVsWxfI2Q>)

SUMMARY OF HEALTHY YOUNG ADULT RELATIONSHIPS (HYAR) PROJECT

The World Health Organisation estimated that 1 in 4 females aged between 15-19 years have already been subjected to some form of intimate partner violence (IPV) in their lifetime; less is known about young males' experiences, with even further knowledge gaps regarding LGBTQ young people. The issue of violence against women and girls is a significant issue for Northern Ireland, our previously discussed research has established this. We have also found that while more subtle forms of harm such as psychological and emotional abuse are significant risk factors of future harm, many struggle to identify these behaviours as abusive, particularly during early stages within relationships. Knowledge and understanding of healthy intimate relationships are important for identifying when a partner is being abusive, as is help-seeking and navigating support services, Prevention programmes addressing intimate partner violence (IPV) are available within some school settings, although delivery is inconsistent, and evidence of programme effectiveness is limited. Further, while parents/carers, peers and communities are acknowledged as important stakeholders in IPV intervention, their inclusion in Relationships and Sexuality Education (RSE) programmes is somewhat piecemeal.

The Healthy Young Adult Relationships (HYAR) project aimed to respond to this public health challenge by further exploring the needs of a diverse range of young people aged 16-20 years, parents/ carers of young people, and youth providers regarding education about healthy young adult relationships including IPV and coercive control. This included identifying characteristics and components of user-informed interventions designed to increase knowledge and skills about healthy and unhealthy relationship practices. Additionally, the team worked with this target group to:

- Identify preferred modes of educational delivery regarding young people's interpersonal relationships;
 - Identify differing ways of understanding how to report, monitor, and respond to IPV within young people's relationships which are effective for parent/guardians and professionals
 - Identify how to promote healthy relationships and reduce the risk of IPV and associated negative outcomes with a whole community approach in mind;
- and

- Generate an intervention framework (inclusive of a web-based app) to promote HYAR

A summary of key findings from focus groups and interviews with young people, parent/ carers and youth professionals from across Northern Ireland as they relate to education have been outlined below:

Young People and Relationship Education

- We held 6 focus groups with 30 young people from a diverse range of backgrounds. Findings from focus groups suggest current RSE provision within formal education is not fit for purpose nor inclusive. Indeed, those who identified as LGBTQ, those reporting with special educational needs and those not situated within the traditional institution of formal education (i.e. homeschooled), all felt left behind.
- Although young people reported some aspects of RSE as useful, it was also perceived as inconsistent, delivered too late and lacking in engaging, relatable and practical content. Fundamentally, young people believe that not receiving proper relationship education may lead to normalising and experiencing abuse in the future.
- While young people did not have much to say about the benefits of currently available RSE, they had lots of insights to offer about what would work for them. They reported that having a strong sense of self, knowing what ‘real’ relationships look like (and for different types of people) are important for building the foundations of their future healthy relationships. Pragmatically, also knowing where to go and who you can approach for help, as well as the law around the topic were flagged as important components of future RSE.
- Healthy relationship education should be fun, enthusiastic and everywhere. Young people see the benefits of having RSE in school, but also within youth organisations and groups. They thought that sometimes it's acceptable to speak to males and females separately and then bring everyone together, however, whichever dynamic is chosen should be the one that maximises engagement for the group in question.
- Crucially, those charged with the delivery of RSE should be knowledgeable, confident and prepared to discuss healthy and unhealthy relationships openly and honestly.
- Last (but not least), is the consideration of technology as an assistant to RSE information and awareness among young people. In an age of technological growth

and usage, it is perhaps unsurprising that young people also want access to RSE components online. Indeed some of the young people shared their concerns about needing such content but lacking in reputable online sources to access it. A supplementary web-based app which sits alongside RSE programme delivery offers such a solution, bolstering accessibility and flexibility of safe and healthy relationship education.

Parents and Carers' Perspectives on Relationship Education

- We completed 8 interviews with parents/ carers. Parents/ carers saw the importance of parent-child communication about healthy and unhealthy relationships, however, they were very aware of the barriers to this, which included their own lack of education and young people's reluctance to engage in communication with them. Additionally, parents/ carers recognised that time was a significant barrier to engagement for those with caring responsibilities.
- Most parents/carers had not received any formal education on coercive control or how to understand and respond to young people's intimate relationships. All parents/carers advocated the need to develop multi-modality education and awareness raising for parents/carers, young people, professionals and the general public around these topics.
- Parents/carers welcomed education for young people online, in schools and in other community settings covering topics such as communication, internet safety, boundaries, self-esteem and self-love. Some parents/carers also discussed the need for age-appropriate education in the early years.
- Parents/carers advocated a joined-up approach to education about coercive control, including existing voluntary and statutory organisations.
- Similarly, parents/carers recognised the difficulties that young people may face disclosing coercive control and advocated a joined-up approach that would allow young people to obtain confidential and non-judgemental support following disclosure.

Youth Work Professionals on Relationship Education

- We interviewed 11 different youth-focused professionals. Many professionals recognised coercive control as being a sensitive topic for discussion, particularly if parents and young people had lived experience of abuse. There was also a sense that educating young people on intimate relationships more broadly remains taboo as a result of wider societal attitudes. Nonetheless, this type of education is necessary.
- Professionals advocated for education and training to increase young people's awareness of coercive control. However, it was felt that broader life skill development, such as building confidence, facilitating self-discovery and improving conflict resolution skills, should be a focal component of education for young people.
- Increasing parents' knowledge of coercive control and equipping them with the confidence to approach and navigate conversations relating to this with their children were perceived by professionals as being key parental education and training needs.
- Professionals were also keen to improve their own ability to identify instances of coercive control and navigate disclosures through profession-specific training. Clarification on the scope of their role in relation to disclosures was also deemed necessary.
- Although professionals agreed that the establishment of a 'safe space' would be crucial for education and training delivery, no consensus was reached on an ideal delivery setting. Instead, most advocated for collaborative delivery involving a variety of stakeholders, and highlighted that training delivery should be versatile to encourage meaningful engagement across various populations of young people.

HYAR Project Conclusions

The HYAR research findings have further solidified the evidence base for Northern Ireland regarding not only the education needs of young people regarding relationship education but also the education and training needs of the adult allies around them. The research has also highlighted the important role of youth organisations as an informal source of education delivery and a safe space within communities in which to do so.

Based on our engagement and learning throughout the HYAR project we have developed our HYAR intervention framework (See Figure 1) which provides suggested topic areas and target psychosocial variables which can support behaviour change outcomes. These key areas of focus have derived from some of the existing evidence (Stanley, et al. 2020, Formby & Donovan, 2020) as well as by exploring context specific requirements through our own research with young people, parents/ carers and youth work professionals.

We know from previous research (Lagdon et al. 2023; McAlister et al. 2023, Barter, 2018; Whitaker, et al. 2009) as well as insights offered by our own research participants that there are particular risk factors associated with the experience of violence and abuse, including coercive control. Often these stem from a collective of a person's biopsychosocial environment. The I-Change Model (De Vries, 2017) posits that these predisposing factors as well as social/ cultural and information factors (quality, channels, sources used), all contribute to motivational processes in behaviour change. The model assumes four phases in the behaviour change process, three of which the HYAR intervention, including proposed weekly topics/ sessions would build upon:

- (I) AWARENESS of one's self, healthy and unhealthy relationship practices and impacts of IPV, including coercive control.
- (II) MOTIVATION and readiness to protect against IPV by increasing positive attitudes towards self, conflict resolution tactics, promoting healthy models of relationships, reducing social norms regarding acceptance of violence, aiding in the identification of sources of social support when facing unhealthy relationships (own or others), and increasing self-efficacy in both help-seeking and the bystander role.

(III) ACTION and intention to implement personal boundaries, healthy relationship skills (primary behaviour change goal), as well as readiness and willingness to seek support or respond to youth-related IPV if necessary.

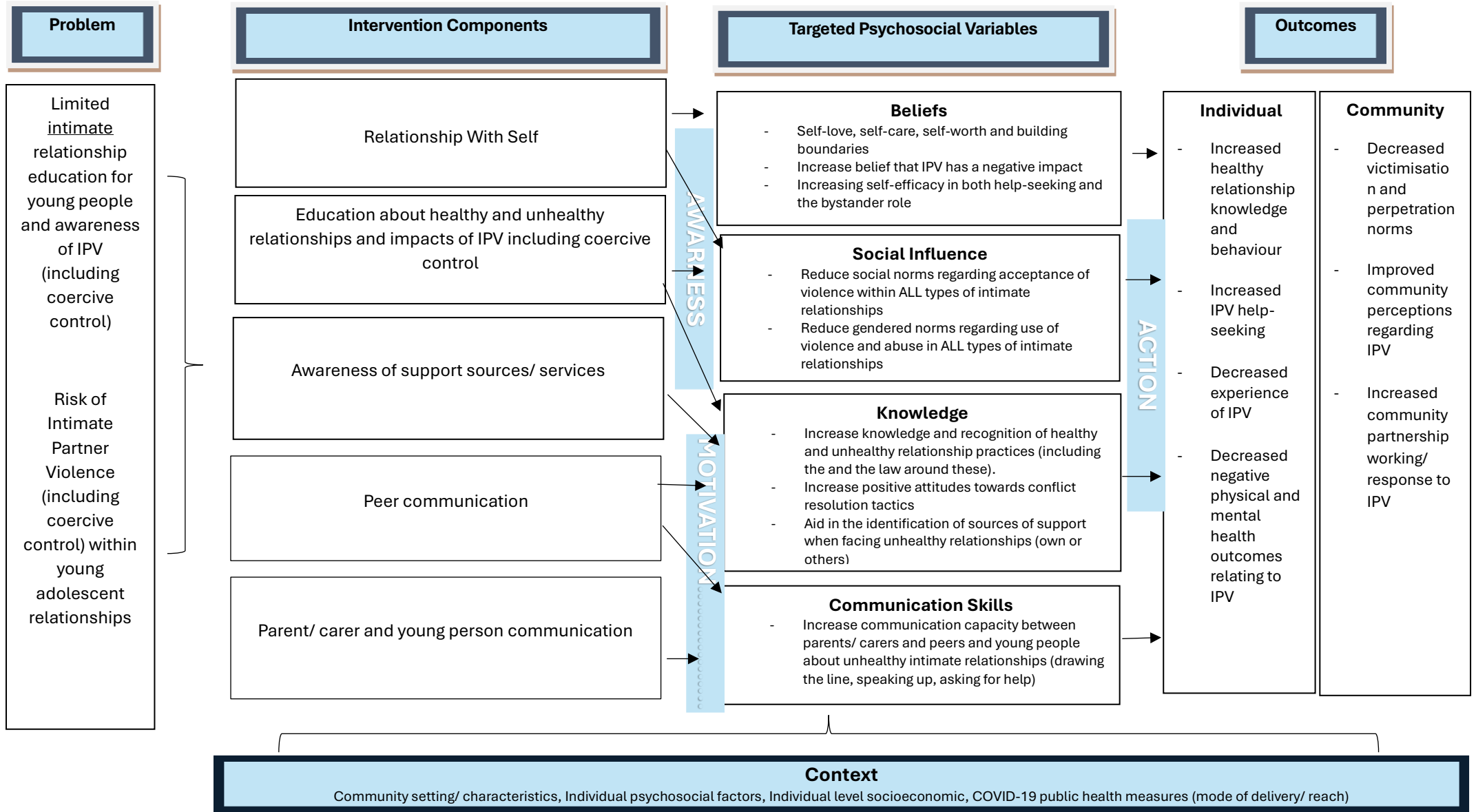
Further HYAR Education Recommendations:

- There is strong support for the enhancement and implementation of relationships education as a key factor in supporting young people to understand what is acceptable and not acceptable in relationships. This requires a consistent approach to the delivery of RSE and the only way to do this is by legislating it into the curriculum.
- While the HYAR framework reflects research insights and theory, further design and implementation of appropriate resources are required as well as process evaluation to monitor successful implementation. Indeed, it is often the places, spaces and people that make such education a success.
- Relatedly, the design and implementation of HYAR education programmes should consider the needs of the target audience and their capacity to engage in these discussions.
- Digital media and web applications have also been identified as offering an important supplementary mechanism for access and delivery of HYAR education. Our own HYAR web-based app design (Launch 14th November 2024) demonstrates such potential.
- There continues to be significant effort around the delivery of some of the proposed HYAR key topic areas via bespoke training and education packages available across Northern Ireland but young people, parents/carers and professionals often view these as separate topics and limited in their accessibility to particular groups. The integration of these key topics within and across programmes would bolster theory to application success.
- All HYAR participants agreed that safe and healthy relationship education should start earlier and should be available within both formal and informal education settings. A collaborative and partner based approach to relationship education is suggested. This model of working also offers shared responsibility and support

among professionals as well as the reduced burden on one sector, organisation, school or professional to effectively deliver alone.

- HYAR education should take a whole of community approach in its delivery. Indeed parents/ carers and peers of young people emphasised their willingness and desire to do more and act as a 'standing-by ally' for young people who may be experiencing unhealthy relationships.
- Last but not least is our readiness to respond effectively. Knowledge and understanding of unhealthy relationships is a vital step in preventing IPV but this does not negate the need for intervention and prevention efforts. Signposting to referral pathways which end in services and supports for young people specifically is essential.

Figure 1: Healthy Young Adult Relationships (HYAR) Intervention Framework



APPENDIX

HYAR Research Team Members

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- Dr Lucia Klencakova (Ulster University)
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- Dr Áine Aventin (Queen's University Belfast)
- Prof. Cherie Armour (Queen's University Belfast)
- Prof. Dirk Schubotz (Queen's University Belfast)
- Dr Paul Best (Queen's University Belfast)
- Becca Hume (IncluTech)
- Lagmore Youth Project

Figure 2: Research Oversight Group Members



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