

Background document for the VicHealth Violence Prevention Framework

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Key determinants of domestic violence/violence against women

Introduction

Contemporary scholarly accounts of men's violence against women take as given that this violence is "a multifaceted phenomenon grounded in an interplay among personal, situational, and sociocultural factors" (Heise 1998). Key social and economic determinants of intimate partner violence – including at individual, relational, community and organisational, and societal levels – are increasingly well documented. In the following, we group these determinants into three broad clusters: gender roles and relations, social norms supporting violence, and access to resources and systems of support.

Drawing on a now very substantial body of research, including both cross-sectional and longitudinal data, the following discussion focuses on risk factors for men's perpetration of intimate partner violence. There is far less evidence regarding risk factors for women's victimisation. Above all, this is because evidence of risk factors for victimisation is both sparse and inconsistent. There are few factors that reliably predict which women are at risk of intimate assault (Heise 1998), and the findings of research on factors correlated with marital violence victimisation are much more inconsistent than those for perpetration (Riggs *et al.* 2000). Nevertheless, we do note such evidence where it exists.

Gender roles and relations

The most well-documented determinants of men's violence against women can be found in gender norms and gender relations. Whether at individual, community, or societal levels, there are empirical relationships between the social organisation of gender and violence against women.

Individual gendered attitudes and beliefs

The most substantial body of evidence here concerns the relationship between individual men's perpetration of intimate partner violence and their gender-role attitudes and beliefs. A wide variety of studies have found that men's adherence to sexist, patriarchal, and/or sexually hostile attitudes is an important predictor of their use of violence against women. In a recent meta-analysis aggregating data across all studies relating an aspect of masculine ideology to the incidence of sexual aggression, Murnen *et al.* (2002) found that all but one measure of masculine ideology were significantly associated with sexual aggression. This analysis drew on 39 studies using 11 measures of masculine ideology. Murnen *et al.* (2002) found that the strongest attitudinal predictors of sexual aggression were attitudes based on hostile forms of masculinity or patriarchal ideology. Similarly, two earlier meta-analyses reported strong relationships between the perpetration of violence and traditional attitudes about women's gender roles (Sugarman & Frankel 1996) and attitudes that condone male partner aggression (Schumacher *et al.* 2001). In a third, (Stith, Smith *et al.* 2004) conducted a meta-analysis of risk factors for intimate partner physical aggression, drawing on studies of violence in marital and cohabiting relationships, to

calculate the overall influence of different risk factors identified in the literature.¹ Examining the combined results of 94 studies, they report that a strong correlate of intimate partner violence at the individual level was having attitudes condoning violence, while a moderate risk factor was traditional sex-role ideology.

More recent studies continue to demonstrate the role of patriarchal attitudes in men's perpetration of violence against women, including examinations among adult men in South Africa (Abrahams *et al.* 2006), among boys and young men in the US (Anderson *et al.* 2004), and for particular forms of violence such as sexual coercion of college women (Adams-Curtis & Forbes 2004). These quantitative investigations are corroborated by qualitative studies which document for example that men who have used violence against their female partners excuse and justify their violence with reference to discourses of uncontrollable male aggression, female provocation and weakness, and male privilege and 'rights' (Anderson & Umberson 2001).

This body of data suggests then that one of the most significant predictors of men's perpetration of intimate partner violence is their own patriarchal and hostile gendered attitudes. Putting this another way, some men are more likely to use violence than other men. Men who *do not* adhere to patriarchal and hostile gender norms are *less* likely than other men to use physical or sexual violence against an intimate partner.

In turn, violence-supportive attitudes are shaped by attitudes towards gender and sexuality. The gender gap in attitudes towards intimate partner violence has been consistently documented, with males showing greater support for, stronger agreement with, and poorer understanding of this violence against women than females (Flood & Pease 2006). This contrast is shaped not by biological sex but by gender orientations – by attitudes towards gender. The most consistent predictor of attitudes supporting the use of violence against women is attitudes towards gender roles – beliefs about appropriate roles for men and women (Berkel *et al.* 2004). Traditional gender-role attitudes, whether held by women or men, are associated with greater acceptance of violence against women. Conversely, egalitarian gender-role attitudes are associated with less acceptance of violence against women. This pattern has been documented in a wide range of communities and countries (Flood & Pease 2006), and is corroborated by VicHealth's own survey of community attitudes in Victoria [citation needed].

The violence-supportive attitudes and beliefs which feed into some men's perpetration of intimate partner violence are themselves grounded in wider social norms regarding gender and sexuality. These norms are based on assumptions about and judgments of men's and women's proper roles in families and relationships, their sexual behaviour and relations, and other aspects of men's and women's everyday behaviour and character. For example, men and women who believe that women should conform to traditional gender roles are more likely to blame rape victims who violate traditional norms (by dressing in 'provocative' ways or having sex outside of marriage) (Viki & Abrams 2002).

While we have begun our discussion of gender and sexual norms in a section on individual attitudes, their influence on intimate partner violence can be seen at every level of the social order. For example, the attitudinal support for and personal investment in power and control found among some men manifest themselves in intimate relationships. In discussing the motivations, reasons, and 'sparks' for men's use of violence against intimate partners, (Wilkinson and Hamerschlag 2005) note that one common motivation identified in the literature is men's sexual jealousy (precipitated often by a partner's innocuous behaviours such as having a casual conversation with other men or women or wearing the 'wrong' clothes). Men using physical

¹ To calculate composite effect size for any risk factor, Stith *et al.* (2001) required at least four studies using different samples and containing appropriate statistical data. They were unable to meet these conditions for a number of risk factors related to perpetration and victimisation.

violence in relationships report more opposite sex jealousy than non-violent men (Schumacher *et al.* 2001). Various studies also find that they tend to be less attached to their partners and feel less secure in the relationship (Schumacher *et al.* 2001). Another motivation is control, embodied in attempts to dominate the woman and the relationship, to change her behaviour, or to prevent her from leaving (Wilkinson and Hamerschlag 2005). Men using physical violence in relationships typically report greater needs for power and control than non-violent men (Schumacher *et al.* 2001).

Relationships and families

There are important determinants of intimate partner violence in the immediate context in which this violence takes place: intimate relationships and families. At this level, key determinants identified in the literature are the power relations between intimate partners – symmetrical or asymmetrical, egalitarian or dominated by one partner – and, associated with this, the character of the interaction between the partners. Heise's (1998) review identifies several key factors at the 'microsystem' level, of families and other intimate or acquaintance relationships. One of the most important determinants here is male dominance in the family.

Male dominance in relationships and families

Cross-culturally, male economic and decision-making dominance in the family is one of the strongest predictors of societies showing high levels of violence against women (Heise 1998). There are several dimensions to this. Wife abuse is more likely in couples with a clearly dominant husband. Cultures and contexts which have patriarchal norms approving of male dominance in the family have significantly higher rates of violence against wives. And men raised in patriarchal families, i.e. with traditional gender roles, are more likely to become violent adults, to rape female acquaintances, and to batter their intimate partners than men raised in more egalitarian homes (Heise 1998).

In a more recent review incorporating research from Western countries and others such as Peru, the Philippines, and South Korea, Heise (2006: 35) notes that across these, "Egalitarian relationships where men and women play equal roles in decision making appear to have the lowest rates of relationship conflict and the lowest levels of partner violence." The relationship between marital power structures and intimate partner violence is mediated by consensus between partners regarding decision-making:

In partnerships where women concede to men the right to make all decisions, levels of partner violence are lower than when men dominate decisions and women disagree with this paradigm. What appears to be most dangerous is when women assert decision making authority and men disagree or where men maintain strong marital control and women protest. (Heise 2006: 35)

Gendered inequalities of power also are a risk factor in girls' and young women's sexual and romantic involvements: studies find that male dominance of decision-making in 'dates', females' perceptions of male control, and age disparities involving older male partners all are associated with greater risks of physical and sexual victimisation (Vezina and Herbert 2007).

Cross-culturally, another overlapping factor here is male control of wealth in the family. Heise's (1998) review notes that wife-beating is most frequent in societies in which men control the wealth, especially the fruits of family labour. The influence of male economic control is mediated through male domestic authority and restrictions on women's access to divorce. From U.S. data, a wife's economic dependence on her husband is a major predictor of severe wife beating and of marital rape (Heise 1998).

Relationship and marital conflict

A third factor operating at the level of intimate relationships and families is relationship and marital conflict. As (Riggs *et al.* 2000) note, “Relationships in which violence occurs are typically more distressed, more conflictual, and characterized by more negative interactions than are nonviolent relationships.” Another review notes that every study in which relationship discord or conflict and male partner aggression are measured has found a significant relation between them (Schumacher *et al.* 2001). At the same time, relationship distress may be the outcome of violence rather than its cause. In assessing the role of relationship conflict in intimate partner violence, there is a problem that many studies, and common methods for measuring violence such as the Conflict Tactics Scale, assume that intimate partner violence occurs in the context of an argument or conflict between the members of the couple. This makes it hard to evaluate the extent to which conflict increases the risk of a violent event. Nevertheless, it does appear that violence is associated with high levels of relationship conflict (Riggs *et al.* 2000). Noting that marital conflict emerges repeatedly in the literature as highly predictive of wife assault, Heise (1998) argues that this conflict interacts with the power structure of the family. When conflict occurs in an asymmetrical power structure, there is a much higher risk of violence.

Separation and divorce

Situational variables can have a predisposing influence on intimate partner violence. (Wilkinson and Hamerschlag 2005) argue for the usefulness of a ‘situational’ or ‘event’ perspective focused on violent events and their context, to help to identify when a violent incident is likely to occur. Two key situational factors identified in the literature are relationship and marital conflict, discussed above, and separation and divorce.

Separated women are at elevated risk of violence by men, whether physical, sexual, or lethal, relative to women in intact unions (Brownridge 2006), and women are at risk of increasingly severe violence when separating from violent partners (Riggs *et al.* 2000). The risk of post-separation violence decreases with the passage of time since separation, and is greatest in the first two or three months after the commencement of the separation, at least from homicide data. Further situational variables influence post-separation violence. Leaving a marital or cohabiting relationship or trying to leave it increases women’s chances of being physically or sexually assaulted especially if they are connected to men with patriarchal and/or sexually proprietary attitudes (DeKeseredy, Rogness *et al.* 2004). Women are at greater risk of post-separation violence if they are more ‘available’ for victimisation: if they live in the same city as their former partner, and at riskier times such as court appearances and exchanges of or visits to children (Brownridge 2006). The presence of a new partner can be either a risk or a protective factor, as can children. For example, joint custody may become an opportunity for conflict and violence, may increase opportunities for violence at visitation and the exchange of children, and children may be used as tools for violence by abusive men (Brownridge 2006). The relationship between pre- and post-separation violence is shaped by other variables such as the duration of the union and the severity and frequency of pre-separation violence. There is evidence that post-separation violence often is a continuation of violence that occurred during the relationship *and* that a substantial proportion of such violence is a new phenomenon (Brownridge 2006).²

Peer and organisational cultures

The character of peer groups and organisational cultures has been demonstrated to be an important determinant of intimate partner violence. There is evidence of the influence of peer attitudes and

² Also see Walker, R., T. Logan, et al. (2004). An Integrative Review of Separation in the Context of Victimization: Consequences and Implications for Women. *Trauma Violence Abuse* 5(2): 143-193, DeKeseredy, W. S. and C. Joseph (2006). Separation and/or Divorce Sexual Assault in Rural Ohio: Preliminary Results of an Exploratory Study. *VIOLENCE AGAINST WOMEN* 12(3): 301-311, DeKeseredy, W. S., M. D. Schwartz, et al. (2006). Separation/Divorce Sexual Assault: The Contribution of Male Support. *Feminist Criminology* 1(3): 228-250..

norms, and also collective practices and relations, on men's violence against women, especially in relation to sexual violence. Adams-Curtis and Forbes (2004) describe this in terms of 'rape-supporting social relationships'. The three collective contexts in which most empirical research has been done in this area are sport, university fraternities (male residential colleges on campuses), and the military.

Research on sport and violence against women has moved from early generalisations about athletes' over-representation in the perpetration of intimate partner violence to increasingly sophisticated accounts of the precise risk factors which shape physical and sexual assault by male athletes. For example, the likelihood of involvement in violence is unevenly spread across sports, and can vary even within a particular sport, and research has shown that local and contextual factors can be influential. In one of the few empirical examinations of determinants of athletes' involvement in violence against women, among 139 male college students in the US, Brown *et al.* (2002) found that fraternity membership, conservative attitudes towards women, and viewing contact sports were significant predictors of sexual aggression against women (Brown, Sumner *et al.* 2002). In another US study, Humphrey and Kahn (2000) documented that fraternities and athletic teams with higher risks of sexual assault of women also had members with higher levels of hostility towards women and peer support for sexual violence. The authors of other US studies, using ethnographic and other qualitative research methods, argue that on campus cultures with high rates of sexual violence, some of the socio-cultural correlates (especially among college fraternities) include an ethic of male sexual conquest and 'getting sex', displays of masculinity through heterosexual sexual performance, heterosexism and homophobia, and general norms of women's subordinate status (Boswell & Spade 1996; Sanday 1996).

The influence of sexist peer norms and cultures on men's perpetration of violence against women has been documented also in military institutions. Using data from 713 married male soldiers at an Army post in Alaska, Rosen *et al.* (2003) found a statistical association between 'group disrespect' (the presence of rude and aggressive behaviour, pornography consumption, sexualised discussion, and encouragement of group drinking) and the perpetration of intimate partner violence, at both individual and group levels. Rosen *et al.* (2003) notes other authors' arguments that military contexts may promote violence against women through a 'culture of hypermasculinity', centred on male bonding, the objectification and denigration of women, values of dominance and aggressiveness, and adversarial sexual beliefs.

In such contexts, men's perpetration of intimate partner violence is shaped not merely by attitudinal variables but by collective practices and relations. In other words, it is shaped not only by peer norms and beliefs but by peer behaviours and interactions. For example, Rosen (2003) notes associations between various group behaviours (above) and intimate partner violence. He also argues that violence-supportive norms are promoted by the processes of informal acculturation in military cultures, including through leisure practices such as pornography use, sexual boasting, and strip shows. Similarly, rates of sexual violence appear to be higher in male campus fraternities involving greater gender segregation, high alcohol consumption, and use of pornography (Boswell & Spade 1996; Sanday 1996). In these contexts, men's individual likelihoods of perpetrating abuse against their female partners are shaped too by their relationships to the peer group, and these are mediated for example by group socialisation, group identification, and self-selection (Flood & Pease 2006).

More generally, there is consistent evidence that male peer support for intimate partner violence is an important predictor of men's perpetration of sexual and physical abuse. Schwartz and DeKeseredy (1997) define 'male peer support' in terms of "attachments to male peers who sexually and physically abuse women and the resources the peers provide that perpetuate and legitimate this abuse". Peer support includes informational support (peer guidance and advice from friends e.g. that women owe him sex or he should respond with force to girlfriends' challenges to his authority), attachment (emotional ties to male peers who use violence against women), and

peer patriarchal support (attitudinal approval for violence against women). In a series of studies in the US and Canada, these researchers find that male peer support for intimate partner violence is significantly correlated with sexual and physical abuse of women (DeKeseredy & Kelly 1995; Schwartz & DeKeseredy 1997; Schwartz & DeKeseredy 2000). This finding holds across a variety of contexts. For example, in an examination across different types of tertiary institution and in regions with different languages across Canada, Schwartz and DeKeseredy (2000) found a consistent relationship between male peer support and men's sexual and physical abuse of women.

Two further quantitative studies support the influence of men's peer and social relations on their perpetration of intimate partner violence. In a US study, again among university students, Reitzel-Jaffe and Wolfe (2001) used structural equation modeling to assess the influence of various possible predictors of relationship abuse. They report that negative peer associations did predict the occurrence of abuse towards a dating partner. In another study of 1,640 university students who had had at least one serious relationship, the perpetration of intimate partner violence was 'associated with embeddedness in a social network in which intimacy violence is employed, condoned, and rewarded' (Sellers *et al.* 2005). Thus, participation and investment in violence-supportive male peer groups intensify men's tolerance for violence against women and increase their likelihood of perpetrating intimate partner violence.

There is more general evidence of the impact of social networks on violence in young people's intimate relationships. Vezina and Herbert (2007) note that having friends, or knowing other young people, who are experiencing violence in their romantic relationships is a significant risk factor for violence. This may normalise violence, or may represent contact with delinquent peers. (See the discussion of antisocial peers below.) At least one study finds that this is a more important risk factor than being exposed to interparental violence (Vezina and Herbert 2007).

Communities, cultures, and nations

There has been little comparative empirical investigation of the determinants of intimate partner violence across different cultures or nations. Gender norms and gender relations vary among groups and communities in any one nation, and the incidence of intimate partner violence itself varies across communities. Therefore, using aggregate data for nations as a whole, it may be very difficult to demonstrate the influence for example of gender roles and relations on the character and extent of intimate partner violence at a cross-national level.

However, there is some cross-cultural evidence that the cultural values and beliefs and gender roles of cultures or nations have an influence on intimate partner violence. Heise (1998) cites three anthropological studies suggesting that rates of men's violence against women are higher in societies in which manhood is culturally defined in terms of dominance, toughness, or male honour. Given that 'hypermasculine' and patriarchal attitudes and beliefs have been linked to the perpetration of intimate partner violence at an individual level (see above), such macro-level findings are not surprising. Cross-cultural ethnographic research also suggests that societies with rigid gender roles have higher rates of violence against women, while societies without strongly defined gender roles are less likely to involve such violence (Heise 1998). In an early examination of 95 pre-capitalist societies for example, Sanday (1981) noted that some were 'rape-prone', while others were 'rape-free' (in the sense that sexual aggression is rare, socially disapproved, and severely punished). 'Rape-prone' societies were characterised by interpersonal violence, male dominance, and gender segregation.

There are few if any studies which compare both the incidence of intimate partner violence and its determinants across different nations. On the other hand, there is certainly evidence that community attitudes towards violence against women vary across countries, and these variations are explained in part by gender roles and relations. One of the few substantial cross-national examinations is Nayak *et al.*'s (2003) four country study of India, Japan, Kuwait, and the United States. Documenting cross-national variations in attitudes towards violence against women, Nayak

et al. argue that these reflect different beliefs about gender roles. Societies with a greater intolerance of violence were characterised by more gender egalitarian attitudes and behaviour. In addition, while the relationship between ethnicity and attitudes towards violence against women is complex, various studies find that variations in group and community attitudes are shaped for example by culturally specific emphases on traditional gender codes, male dominance in families, male honour, and female chastity and male virility (Flood and Pease 2006). For example, university students from ‘honour cultures’ are more tolerant of men’s violence to female partners than students from elsewhere (Vandello and Cohen 2003).

Approval of physical chastisement of women

Another factor which has been documented cross-culturally is social approval of physical chastisement of women. Heise (1998) notes that many cultures approve of physical punishment of women and/or children under certain circumstances: men are allowed to beat women if they transgress certain gender norms, such as disobeying a husband or being sexually unfaithful. While there is relatively little support for such beliefs in Australia, this factor may be more significant in some other cultural contexts and for some recent arrival groups.

Social Norms and Practices Relating to Violence / Violence Against Women

Domestic violence resources

There is evidence that when domestic violence resources – refuges, legal advocacy programs, hotlines, and so on – are available in a community and city, women are less vulnerable to intimate partner violence. While few studies have investigated such community-level factors, one study examined the relationship between intimate partner violence resources and policies and levels of intimate partner homicide across 48 large US cities. (Dugan, Nagin *et al.* 2003) focused particularly on legal protections, resources, and remedies (protection orders, pro-arrest policies, domestic violence police units and training, and so on), and found an association between their greater availability and lower rates of intimate partner homicide. They argue that such resources reduce ‘exposure’ to intimate partner violence, by reducing contact between intimate partners and thus the opportunity for violence. Strong domestic violence laws and resources may also strengthen social norms against violence and act as deterrents to its perpetration. At the same time, in some cases some legal interventions had provoked a ‘retaliation effect’, in stimulating increased aggression in the relationship without reducing victim exposure (Dugan, Nagin *et al.* 2003).

Violence in the community

There is some evidence that violence in the community is a risk factor for intimate partner violence. Among girls and young women, two out of four studies find a positive association between community violence (school and neighbourhood) and higher risks of victimisation (Vezina and Herbert 2007). Levels and patterns of community violence themselves are shaped by a variety of structural and socioeconomic factors (Markowitz 2001b). Members of disadvantaged communities may learn a greater tolerance of violence through exposure to violence by their parents, delinquent peers, and others in communities characterised by higher rates of violence in general. In Australia, indigenous communities have significantly higher rates of fatal and non-fatal violence than non-indigenous communities (Memmott *et al.* 2001). Indigenous and other disadvantaged communities are characterised by higher rates of interpersonal violence and crime in part because of factors associated with social organisation, namely poorer neighbourhood cohesion and collective efficacy, as we discuss further below.

Acceptance of interpersonal violence

Again at a cross-cultural international level in particular, men’s violence against women is more likely in cultures that condone the use of force as a way for adults to resolve conflicts. Where

interpersonal violence is tolerated in the society, women are at greater risk (Heise 1998). And this relationship operates at an individual level as well.

Childhood exposure to intimate partner violence

Childhood exposure to intimate partner violence contributes to the intergenerational transmission of this violence. It is well documented that children who either witness violence (such as their mothers) or are subjected to violence themselves are more likely as adults to adhere to violence-supportive attitudes and to perpetrate violence. Witnessing and experiencing violence often overlap among children, because 'marital violence is highly correlated with parent-child aggression' (Carr and Vandeuken 2002). As Markowitz (2001a) reports from a representative study of the US general population and a sample of ex-offenders, experiencing violence as a child is related to self-reported violence against children and spouses as an adult. An Australian national survey among young people aged 12 to 20 found that exposure to parental violence was the strongest predictor of young males' and females' own perpetration of violence in dating relationships (National Crime Prevention 2001: 131). Schumacher *et al.* (2001)'s review confirms the association between a history of child physical abuse and men's current physical aggression to an intimate partner, noting that childhood victimisation had consistent, small-to-medium effects in the findings of eight out of ten relevant studies. There is also some evidence that the experience of childhood verbal and psychological abuse is associated with the perpetration of intimate partner violence. Schumacher *et al.*'s (2001) review also confirms the influence of witnessing parental aggression in the family of origin, and notes some studies suggesting that witnessing *any* adult aggression against any victim is associated with male partner aggression.

The intergenerational transmission of intimate partner violence is apparent particularly among boys: it is boys, rather than girls, who are more likely to grow up to perpetrate violence against women having witnessed or experienced violence themselves (Markowitz 2001a). Similar patterns can be discerned for sexual violence in particular: male victims of childhood sexual abuse are more likely than other men to become sexual assault perpetrators in adolescence and adulthood (Abbey *et al.* 2004). As a survey among US colleges students found, young men who have both sexually and physically assaulted women also had witnessed more family violence, and those men who committed both forms of assault or sexual assault alone also reported more childhood sexual abuse (National Institute of Justice 2004).

While intergenerational transmission shapes intimate partner violence, prior exposure to family violence is neither a necessary nor sufficient condition for the future perpetration of abuse. Significant proportions of men who use violence against their wives or partners have neither witnessed nor experienced physical aggression as children, and some studies find no link between childhood victimisation and the adolescent or adult perpetration of violence (Lichter and McCloskey 2004; Sellers *et al.* 2005).

Among girls on the other hand, evidence for the impact of observing interparental violence or experiencing childhood physical abuse on subsequent victimisation is inconsistent (Riggs *et al.* 2000; Schumacher *et al.* 2001). Still, there is some evidence that women with histories of childhood sexual abuse are more likely to be adult victims of sexual coercion – perhaps because as adults they are then more likely to use ineffective forms of resistance to coercion (Adams-Curtis & Forbes 2004). In a recent US report on two studies among college students and low-income, primarily black, urban women, being sexually or physically abused *both* as a child and as an adolescent was a strong predictor of future victimisation. An Australian study noted that the best predictor of victimisation among youth aged 12 to 20 and in intimate relationships was having witnessed male-to-female adult violence in their households (National Crime Prevention 2001: 121). On the other hand, college women who were abused in childhood but not in adolescence were at no greater risk for victimisation in college (National Institute of Justice 2004). Rates of domestic violence and sexual victimisation are high also among women who report no victimisation as children (National Institute of Justice 2004). The authors of the Australian study

cited above note that while their findings give some support to the ‘cycle of violence’ thesis, the factors shaping the link between witnessing violence and victimisation (or perpetration) are numerous and a simple assertion that past exposure “‘causes’ present violence or victimisation should be rejected in favour of” more complex and dynamic models (National Crime Prevention 2001: 121). Beyond actual violence in families, a review by Tolan *et al.* (2006) suggests that individuals who grow up in families characterised by unskilled parenting and poor family functioning have higher rates of domestic violence perpetration.

Witnessing or experiencing violence plays a role in the later development of violent behaviours through at least four mechanisms, including social learning, family disruption, trauma and developmental influence, and interactions with adolescent delinquency and other involvements. First, intimate partner violence among adults in part is learnt through children’s (and especially boys’) experience of family life, including observational learning and acceptance of aggression, as well as their experience of wider contexts and communities (Flood & Pease 2006). Second, children are affected both directly and indirectly by the family disruption associated with interpersonal violence, including parental stress and the absence of effective parenting and family management, with effects on their cognitive, emotional, behavioural, and social development (Feldman and Ridley 1995: 325). Third, early victimisation also influences children’s developing personalities through exposure to trauma, with exposure producing symptoms of posttraumatic stress disorder and potential long-term patterns of poor regulation of affect, impulse control, excessive dependency, and so on (Feldman and Ridley 1995: 325; Heise 2006: 32). Finally, two studies suggest that childhood victimisation interacts with other influences and involvements, producing complex pathways to adolescent and adult males’ sexually coercive behaviour. Malamuth *et al.* (1995) argue that parental violence and child abuse often produce early delinquency. One path from this through to sexual aggression is via ‘macho’ and sexually hostile attitudes supporting violence, while another is through sexual promiscuity and boys’ emphasis on sexuality and conquest as means to peer status and self-esteem. Johnson and Knight’s (2000) study among juvenile sex offenders records similar patterns. In addition, Hilton and Harris (2005) note that while violence in the family of origin is associated with the *onset* of wife assault, at least two studies find that it does not predict recidivism, that is, ongoing assault.

Alcohol and substance abuse

Male alcohol consumption has been widely accepted as a risk factor for intimate partner violence (Riggs *et al.* 2000; Gil-Gonzalez, Vives-Cases *et al.* 2006). However, a recent meta-analysis of existing studies concludes that the evidence linking male alcohol consumption to violence against women is weak. The review included only those studies with two-by-two tables or odds ratios – that is, comparing the presence or absence of alcohol consumption with the occurrence or absence of intimate partner violence. The meta-analysis found that the evidence of a relationship between male alcohol consumption and intimate partner violence is of uneven quality, it may be biased by the publication of positive results (showing an association), and case-control and longitudinal studies are needed to determine whether there is an association (Gil-Gonzalez, Vives-Cases *et al.* 2006). Examining wife assault, Johnson (2001) reports that the importance of alcohol as a predictor diminishes once other important predictors, in particular men’s controlling behaviours and negative attitudes towards women, are accounted for. At the same time, other recent meta-analyses do show that alcohol or illicit drug abuse are risk factors for the perpetration of intimate partner violence. In a review which calculated overall effects sizes for various risk factors, (Stith, Smith *et al.* 2004) report that illicit drug use is a strong correlate of physical aggression to intimate partners, while alcohol abuse is a moderate risk factor.

On the other hand, findings regarding associations between women’s drug or alcohol use and their risks of victimisation are equivocal and mixed (Riggs *et al.* 2000; Schumacher *et al.* 2001). Most data is cross-sectional, not longitudinal. Alcohol and substance abuse may follow the violence as a coping strategy, and may appear predictive of violence only because it is correlated with husbands’

use. In short, alcohol and drug use by the perpetrator is likely to play a much greater role in intimate partner violence than use by the victim. (Riggs *et al.* 2000).

There is considerable debate regarding the role of alcohol consumption in episodes of intimate partner violence: whether intoxication directly facilitates violence, or alcohol use and violence are both related to a third variable such as an antisocial personality, or alcohol use only influences violence indirectly for example through its effect on relationship adjustment (Fals-Stewart *et al.* 2003). Most analyses use correlational data demonstrating for example that individuals who report more frequent alcohol or drug use also are more likely to report engaging in intimate partner violence, but there has been little examination of the relationship between drinking or drug use and actual episodes of violence. However, recent longitudinal investigations among men attending alcoholism or domestic violence programs in the US found that the odds of male-to-female aggression were more than eight times higher on days when men drank, and more than half of all violent episodes occurred within two hours of drinking (Fals-Stewart *et al.* 2003). In a further, broader study, the researchers found that the likelihood of male-to-female physical aggression increased on days when men had used alcohol or cocaine, but not when they had consumed cannabis or opiates. Again, most violent episodes occurred during or soon after drug use.

Questions remain regarding the causal role of alcohol or drug use in intimate partner violence. Alcohol and other drugs may contribute to violence through their psychophysiological effects, including both intoxication and withdrawal. On the other hand, their role may be to facilitate the avoidance of responsibility. Men may use drunkenness or intoxication to minimise their own responsibility and provide an excuse or time-out for violent and anti-social behaviour. In other words, it may be attitudes towards alcohol and the social context of its use which structure alcohol's relationship with intimate partner violence (Humphreys *et al.* 2005). Abbey *et al.* (2004) provide a useful overview in relation to sexual assault and alcohol: alcohol consumption can enhance men's misperceptions of women's sexual intentions and behaviour, reduce women's ability to assess risk, and some studies suggest that intoxicated perpetrators use greater force and violence and cause greater injuries. Some men use alcohol as a strategy for overcoming women's resistance to (forced) sex, and there is evidence that men (and women) make assumptions about women's alcohol use and intoxication which can facilitate sexual assault. Intoxication can disrupt higher-order cognitive processes and thus intensify men's readiness to interpret cues in ways which accord with their expectations. For example, in the context of pre-existing gendered assumptions and expectations about sex, a drunk man may be more likely to interpret a woman's friendly behaviour as a sexual invitation (Abbey *et al.* 2004).

The contribution of alcohol and alcoholism to intimate partner violence in Australia has been noted in particular in indigenous communities. The presence of alcohol and its consumption does not cause intimate partner violence *per se*. At the same time, it is clear that there are strong behavioural parallels between alcohol misuse and interpersonal violence, chronic and excessive alcohol use is grounded in personal and collective forms of coping and cultural norms, and heavy drinking is associated with an array of health and social problems which themselves are risk factors for intimate partner violence (Aboriginal and Torres Strait Islander Women's Taskforce on Violence 1999: 63-72; Memmott *et al.* 2006: 26-28).

Access to resources and systems of support

Low socioeconomic status, poverty, and unemployment

There is consistent evidence that certain demographic characteristics of individuals and communities are risk factors for intimate partner violence. Australian data suggests that rates of reported domestic violence are higher in areas of economic and social disadvantage, and men in blue-collar occupations and with lower levels of education have poorer attitudes towards domestic violence than other men (Flood & Pease 2006). For example, police data demonstrate correlations between the incidence of reported domestic violence and measures of relative disadvantage (Di

Bartolo and Carpenter 2001). US population-based studies typically demonstrate associations between domestic violence and lower socioeconomic status (as expressed by lower income or unemployment)³ (Holtzworth-Munroe *et al.* 1997; Riggs *et al.* 2000). Some studies find that employed men are less likely to be abusive, and that partners who are violent work less often and earn lower incomes than nonviolent partners (Riger and Staggs 2004). A meta-analytic review reports that there is a weak to moderate association between male partners' perpetration of physical aggression and their socioeconomic status, with income the most strongly related variable (Schumacher *et al.* 2001). In studies involving any male physical aggression (whether minor or severe), some studies find that abusive men had lower educational attainment than non-abusive men, while other studies find no association, but this review nevertheless concludes that both income and education show moderate associations with intimate partner violence perpetration (Schumacher *et al.* 2001). Similarly, a more recent meta-analysis finds that male unemployment, lower income, and lesser education are predictors, albeit only weak ones, of men's perpetration of intimate partner violence (Stith *et al.* 2004).

Data regarding the relationship between women's employment status and their risks of intimate partner violence victimisation is much more inconsistent. Some studies find associations between violence and unemployment, less employment, or less stable employment, and an association between chronic, severe domestic violence and a greater reliance on welfare. However, other studies have more mixed results (Riger and Staggs 2004). Tolman and Raphael's (2001) review found an inconsistent relationship between violence and women's employment, and more recent studies continue to do so (Riger and Staggs 2004). Some studies suggest that employment can have a protective effect, in which increased maternal employment and moving off welfare decreased subsequent reports of abuse. Employment and financial security may be important in facilitating women's ability to leave abusive relationships and protective against further violence (Costello *et al.* 2005). On the other hand, other studies find that work aggravated the abuse or made no difference. Heise (2006: 31) comments that women's economic independence and employment can increase or decrease their risk of violence, depending on the setting.

A number of American investigations have documented that the relationship between female and male partners' employment is important here. In some, women's employment decreased the risk of male partner aggression when her spouse was employed, but increased her risk when he was not employed (Schumacher *et al.* 2001). Others find that women with higher incomes than their husbands or greater occupational prestige are more likely to be abused (Atkinson, Greenstein *et al.* 2005). Such findings support 'relative resource' theories in which husbands with inferior relative status use violence to regain power. However, a recent investigation finds that such dynamics interact with husbands' gendered beliefs – that husbands with lesser relative resources are only likely to use violence if they also hold traditional beliefs about their roles as providers and about women's employment. When husbands hold more egalitarian beliefs, their relative resources have little effect on the likelihood of abuse (Atkinson, Greenstein *et al.* 2005). Similarly, another study documents the influence not only of actual work conditions, but of partners' views about each others' work hours and their perceptions of family and financial stress (Fox, Benson *et al.* 2002). This demonstrates the need to combine structural and cultural explanations of intimate partner violence: both structural constraints or opportunities *and* cultural forces (gender norms and identities).

Lack of social connections and social capital

³ 'Socioeconomic status' refers to a composite of demographic variables that represent an individual's overall standing and material wealth, typically educational attainment, employment status, occupational attainment, and/or annual income (Schumacher *et al.* 2001).

Among young women, there is evidence that involvement in social institutions such as schools and families is protective against intimate partner violence. In a recent review, Vezina and Herbert (2007) note that school involvement, academic achievement, and school connectedness are associated with lower rates of domestic violence among young women. On the other hand, dropping out of school is associated with domestic violence. Similar, young women with lesser feelings of closeness to their parents are at greater risk of intimate partner violence. Authoritative parenting – that is, parental encouragement and support and non-coercive rule-setting and monitoring – are protective, while harsh and punitive discipline is a risk factor (Vezina and Herbert 2007). While studies are evenly divided between those that find that family structure is a risk factor for domestic violence towards adolescent and young adult women and those finding no association, Vezina and Herbert (2007) suggest that living in a ‘broken home’ does appear to be a risk factor – perhaps because youth may have witnessed conflict in their families, may be less supervised and thus more able to engage in high-risk activities such as drug use.

Research on intimate partner violence in adult couples documents that social isolation is both a cause and a consequence of wife abuse (Heise 1998). The isolation of women and their families precedes the battering, but it tends to increase as the relationship becomes more violent (Heise, 1998: 275). As Wilkinson and Hamerschlag (2005) note, social isolation may affect both the likelihood of the man using the violence and the likelihood of the woman remaining in the violent relationship. Women with strong family and friendship networks experience lower rates of violence, while social isolation increases their vulnerability to intimate partner violence. Social isolation is relevant for perpetrators too: men who are separated, and thus more socially isolated and with less participation in social networks, face lower deterrents to their use of violence against a (former) partner (Brownridge 2006).

The risks of social isolation are heightened for particular populations of women such as immigrant women and for particular regions such as rural areas. Immigrant women may have less social support and greater dependence on their spouses for companionship and connections to their country of origin, greater reluctance and fear in relation to engaging police and legal systems, a lack of knowledge of services, and linguistic and other barriers to access (Menjivar and Salcido 2002; Kasturirangan *et al.* 2004). Extended family structures may be protective against intimate partner violence or intensify its risk, depending on family norms and relations (Kasturirangan *et al.* 2004).

Australian and international data document higher rates of intimate partner violence, including homicide, in rural areas. Rates of reported domestic violence in Australia are higher in rural and remote communities than in metropolitan settings, and higher in remote than rural areas (WESNET 2000: 8). Examining physical, sexual and psychological violence towards adolescent and young adult women (aged 12 to 24), Vezina and Herbert (2007) note evidence from three studies that living in a rural area is a risk factor for violence. This may reflect “rural patriarchal ideologies, social isolation, and lack of services and recreational activities” (Vezina and Herbert 2007). Similarly, some US examinations find that rural counties have higher rates of sexual assault (Annan 2006) and intimate partner homicide (Gallup-Black 2005) than urban counties, and rural isolation, conservative gender ideologies, lower education, and other factors may increase victimisation.

In the Australian context, factors identified as likely to be associated with intimate partner violence in rural and remote areas include isolation (including lack of access to transport or adequate telecommunications), poverty and disadvantage, social disintegration and other shifts associated with rapid socioeconomic change, the presence of firearms, women’s economic dependence and limited work opportunities, conservative norms of gender and family, lesser access to legal protections, under-resourced police responses and barriers to using them, and a lack of domestic violence services (Addison 2001; WESNET 2000: 14-18).

The influence on intimate partner violence of access to resources and systems of support is particularly significant also for women with disabilities. Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities, and those with cognitive disabilities are particularly vulnerable (Cockram 2003; Brownridge 2006; Cohen, Forte *et al.* 2005). This is the case even after factors such as age and marital and socio-economic status have been taken into account (Cohen, Forte *et al.* 2005). The best available estimate suggests that women with disabilities are 40 per cent more likely to be the victims of intimate partner violence than women without disabilities (Brownridge 2006). There is also evidence to suggest that women with disabilities suffer more severe and prolonged episodes of abuse (Young, Nosek *et al.* 1997). As is the case with non-disabled women, rates of abuse tend to be higher among younger women with disabilities than their older counterparts. Women with disabilities also experience specific types of abuse related to their disability such as the withholding of equipment, food and medication, limitations on their access to communication devices and threats of institutionalisation (Curry, Hassouneh-Phillips *et al.* 2001, Nosek, Foley *et al.* 2001). Compared with their non-disabled counterparts, restraint and control are more likely to be features of intimate partner violence affecting women with disabilities (Gilson, Cramer *et al.* 2001a).

The greater vulnerability of this group is understood to be due to the fact that many occupy positions of 'extreme marginalisation and exclusion' (Chenoweth 1996). Societal responses to women with disabilities – such as over-protection and segregation – and views of women with disabilities as asexual or promiscuous – often serve to increase this vulnerability (ibid, Carlson 1997, Cockram 2003). Further, women with disabilities are likely to have a greater level of physical, emotional and economic dependence on their intimate partners. There is also some evidence to suggest that some of the perpetrator risk factors identified elsewhere in this paper may be particularly influential in intimate relationships involving a woman with a disability. Brownridge (2006) found that male partners of women with disabilities were 2.5 times more likely to behave in a domineering manner and 1.5 times more likely to assume sexual propriety of their partners than were male partners of women without disabilities.

From cross-cultural studies, one of the strongest predictors of societies with low levels of violence is whether family and community members would intervene if a woman were being beaten or harassed. In contexts where others see intervention as their right and obligation, rather than seeing husband-wife relations as private, women face lower risks of ongoing violence (Heise 1998). The nature of the support available to the man and woman also is important: some third parties may offer 'mutual support' to both, encouraging resolution of 'conflict' rather than relationship dissolution, while others may offer more partisan support (Wilkinson and Hamerschlag 2005).

Neighbourhood characteristics: poverty, unemployment, and collective efficacy

A growing body of literature demonstrates that the collective characteristics of neighbourhoods and communities exert an influence on intimate partner violence. This is a relatively new field of inquiry, and some findings are mixed. Nevertheless, there is evidence that the characteristics of neighbourhoods – levels of poverty and unemployment, residential instability, and collective efficacy (such as neighbours' willingness to help other neighbours) – shape the onset of intimate partner violence and its progression or cessation, regardless of the characteristics of the relevant individuals in those neighbourhoods. For example, Browning (2002) found in Chicago neighbourhoods that community-level concentrated disadvantage was associated with rates of intimate homicide against women, and neighbourhood social cohesion and informal social control (defined in terms of willingness to intervene in anti-social or violent behaviour) mediated the relationship between disadvantage and homicide. Miles-Doan (1998) found that neighbourhoods with higher levels of poverty, of unemployed males, and of female-headed households with young children also have higher rates of intimate partner violence, suggesting that this may reflect the ways in which neighbourhood deprivation can increase and exacerbate interpersonal violence,

including in domestic settings. Heise (1998) suggests that it is unclear how low socioeconomic status increases the risk of abuse. It may not be the lack of income which increases the risk of abuse, but other variables which accompany this, such as crowding, hopelessness, stress, or a sense of inadequacy in some men. Poverty may provide fodder for marital disagreements, or make it harder for women to leave violent or otherwise unsatisfactory relationships (Heise 1998). However, in a more recent review, Heise (2006: 33) now argues that the relationship between domestic violence and poverty measured at the household level is unclear, with some studies finding no effect. Another US study found that the community availability of domestic violence resources decreases women's vulnerability to ongoing domestic violence (Dugan *et al.* 2003). On the other hand, Block and Skogan (2001) report that the degree of collective efficacy and community capacity in neighbourhoods in which an abused woman lives had no effect in their study on the cessation of violence against her.

Markowitz (2001b) argues that neighbourhoods vary in their capacity to constrain their residents from violating norms and to intervene in neighbourhood problems, and this variation is shaped by the size and density of their social networks. Neighbourhood cohesion also reflects various macro conditions such as poverty, family disruption, racial heterogeneity, and residential instability.

Personality characteristics (and antisocial behaviour and peers)

There is substantial evidence that particular personality characteristics are predisposing factors in men's perpetration of sexual assault. Based on data from incarcerated rapists and college students, Abbey *et al.* (2004) argue that several characteristics distinguish assaults from non-assaulters, including antisocial personality traits, impulsivity, high sexual arousability, low empathy, and poor social skills. For example, studies find that incarcerated rapists have a reduced capacity for empathy and are focused on their own feelings and needs, while studies among college men find that empathy can be a protective factor in preventing men from acting on desires to force sex on a woman (Abbey *et al.* 2004). Elevated levels of state anger (the amount of anger an individual is currently experiencing) and trait anger (how much anger he feels in general) and hostility, and various forms of psychopathology including depression, have been identified in a recent meta-analysis as important risk factors for male-to-female partner aggression (Schumacher *et al.* 2001). In another meta-analysis calculating overall effects sizes, anger and hostility, as well as depression, emerged as moderate risk factors for perpetration (Stith, Smith *et al.* 2004). A review by Tolan, Gorman-Smith *et al.* (2006) concurs that various forms of psychopathology predict men's domestic violence perpetration.

In a narrative (rather than statistical) review, Riggs *et al.* (2000) notes that men who have perpetrated violence against a spouse tend to have psychological characteristics which differ in degree from men who have not: they tend to be angrier and more hostile in general, and to respond to conflict with greater anger and hostility (Riggs *et al.* 2000). Various studies have found that spouse abusers have more psychological problems than nonviolent men, including borderline, mood disorders, and depression. Riggs *et al.* (2000) note that some findings reflect maritally violent men's tendency to over-report negative personality characteristics, suggesting that the correlates of intimate partner violence here concern self-reported psychological distress. While these findings concern correlates of marital violence rather than risk factors for it, other research documents that men with symptoms of depression, posttraumatic stress disorder, or borderline personality disorder are more likely to perpetrate intimate partner violence (Riggs *et al.* 2000). Longitudinal studies among diverse male populations in the US find that measures of borderline personality, anger, attachment style, and other psychological factors are predictive of later physical and psychological abuse of intimate partners (Dutton *et al.* 2001; Clift *et al.* 2005).

These findings should not be taken to mean that all men who perpetrate intimate partner violence necessarily are suffering from personality disorders, or that such disorders are a sufficient or even necessary condition for violence to occur. This would be to pathologise behaviour that is often consciously chosen, deliberately used, and planned. Pringle (1995) notes that men who abuse their

partners typically choose with great care how, where and when they will be violent. In addition, the personality characteristics identified here often are the outcome of particular environmental and social circumstances, including childhood trauma and neglect associated with poor parenting or exposure to violence and wider forces such as social and economic marginalisation and disadvantage. Both these, and many of the personality characteristics identified, are amenable to prevention and intervention.

Other studies among community samples of men find that adolescent delinquency – antisocial and aggressive behaviour committed during adolescence – is a significant predictor of later perpetration of sexual assault (Abbey *et al.* 2004). Perhaps related to this, men who have sexual experiences at an earlier age and have more consensual sexual partners in adolescence are more likely to commit sexual assault than less sexually active men (Abbey *et al.* 2004). Adams-Curtis and Forbes (2004) refer to ‘sexual promiscuity’ as one of four key variables distinguishing male perpetrators of sexual coercion from non-coercive men. Sexually coercive men tend to begin sexual activity earlier and have more sex than non-coercive men. While some have offered biological explanations in which these patterns reflect differences in sexual interest and motivation, Adams-Curtis and Forbes (2004) instead emphasise the influence of some men’s orientation towards impersonal sex and/or higher levels of sexual expectations which may then be thwarted.

Some studies find associations between intimate partner violence against women and *women’s* psychological characteristics or individual behaviours. For example, women who experience intimate partner violence are more likely to experience depression and other (Axis I) psychological disorders and to fear partner violence (Schumacher *et al.* 2001). Such associations are likely to be the effects of intimate partner violence, rather than contributors to its onset (Stith *et al.* 2004). On the other hand, Axis II disorders such as Antisocial Personality Disorder (APD) which are associated with a greater risk of victimisation are unlikely to be the result of male partners’ aggression. Schumacher *et al.* (2001) hypothesise that women with APD may be attracted to or spend time with APD men, and such men are more likely to commit intimate partner violence.

Relating this back to the earlier discussion of antisocial orientations, Tolan, Gorman-Smith *et al.’s* (2006) review notes the potential role of ‘assortative partnering’: if an individual with a history of aggression and antisocial behaviour enters a couple relationship with an individual with a similar history, domestic violence is more likely. While studies of victimisation in young women’s romantic relationships find mixed results regarding associations with women’s antisocial and delinquent behaviours, there is some evidence that delinquent and antisocial girls are more likely to choose similar romantic partners, and antisocial boys tend to be more violent towards their partners (Vezina and Herbert 2007).

Situational factors

Situational variables concern the more immediate, situational precipitators or contexts for violence, factors which can have a predisposing influence on intimate partner violence. Situational factors identified in the literature, some of which have already been discussed, include heavy consumption of alcohol or other drugs, peer pressure and peer support for perpetration, separation and divorce, social isolation, and among girls and young women on ‘dates’, more isolated settings and male decision-making (Abbey *et al.* 2004; Wilkinson and Hamerschlag 2005; Gil-Gonzalez, Vives-Cases *et al.* 2006; Vezina and Herbert 2007; Murnen *et al.* 2002). Some situational factors may be deliberately created or engineered by an individual to facilitate the perpetration of a sexual assault (such as intoxication or isolating the victim), while others are a function of social contexts, interactions, or relationship trajectories. Two key situational factors, separation or divorce and relationship and marital conflict, have been discussed above. Another situational factor is the presence of firearms: this increases the likelihood that a domestic assault will be fatal.

Another situational variable identified by some early studies as a risk factor for intimate partner violence is pregnancy. However, recent investigations have demonstrated that this apparent increased risk was attributable to the relatively young age of women that coincides with the time of pregnancy (Campbell *et al.* 2004). Research finds that the prevalence of intimate partner violence during pregnancy is lower for some women, with pregnancy a protective period, while for others the abuse began or worsened, and for others it stayed the same. Large-scale US studies find that the most common pattern is that abuse which started before pregnancy continues through and after pregnancy (Campbell *et al.* 2004). While some studies find that the frequency and severity of violence initiated by male partners against women is higher when those women are pregnant (Burch and Gallup 2004; Martin *et al.* 2004), others do not (Walsh 2008). Nevertheless, a recent qualitative study highlights the ways in which pregnancy may threaten abusive men, intensifying their emotional insecurity and jealousy and their efforts to enforce power and control (Bacchus *et al.* 2006).

In cross-sectional studies of intimate partner violence, one risk factor among women for their victimisation appears to be their own use of violence. Couples in which men are physically assaultive to their female partners also show higher rates of female violence (Stith, Smith *et al.* 2004). A review of domestic violence to girls and young women notes that girls who report inflicting violence on a partner are at higher risk of being victimised (Vezina and Herbert 2007). However, this association may be misleading, in that women's violence to male partners may be in self-defence.

Most studies find that girls and young women with greater numbers of sexual and romantic partners and relationships also are at greater risk of intimate partner violence and/or sexual coercion (Vezina and Herbert 2007). This may reflect simple probabilities: girls and women who have greater sexual and intimate contact with men also face a greater risk of violence. It may reflect other dynamics: that the sex reported by these females was forced, that having sex was associated with girls' greater emotional investment in the relationship, which may mean they are more tolerant of episodes of violence, and so on (Vezina and Herbert 2007).

Further thoughts

The preceding discussion has identified a wide range of risk factors for men's intimate partner violence against women. In accounting for intimate partner violence among women in general and among particular populations of women, interactions among these factors may be particularly important (Brownridge 2006). For example, the risks of victimisation faced by separated and immigrant women are shaped by interactions between multiple factors, from social isolation and social networks to wider patterns of social and economic disadvantage.

9. Prevention strategies

Introduction: Levels of intervention

Given that intimate partner violence is the outcome of a complex interplay of individual, relationship, community, institutional, and societal factors, violence prevention too must work at these multiple levels. The ‘ecological’ model of intimate partner violence provides not only a guide to key determinants of violence but also a means of understanding and organising violence prevention work. The violence prevention framework below addresses seven levels of intervention. Like other frameworks (Davis *et al.* 2006; Oregon Department of Human Services 2006; World Health Organization 2002), it describes a spectrum of primary prevention strategies. These strategies are intended to strengthen individual knowledge and skills, build healthy relationships and families, involve and develop communities, promote community norms of nonviolence, improve organisational practices and workplace and institutional cultures, lessen gender inequalities, and address the larger cultural, social and economic factors that contribute to violence.

Evaluations of effectiveness

In identifying the most promising strategies for the primary prevention for intimate partner violence, we must be guided by both research on the determinants of this violence and evidence for the effectiveness of particular interventions. In relation to the second source of guidance, we face two significant challenges. First, there has been very little evaluation of primary prevention strategies. Most evaluations of efforts with regard to intimate partner violence are focused on tertiary strategies which address such violence after it has already occurred: services for victims, legal responses to violence, treatments for perpetrators, and so on. Of the few rigorous evaluations in existence, many focus on legal interventions in response to intimate partner violence (World Health Organization 2002). Second, existing evidence regarding the effectiveness of *any* kind of intervention is sparse;

Few efforts have been adequately evaluated. Most have not had any evaluation, and of those that have been evaluated, many did not have an adequate design to permit valid determination of efficacy. When adequate outcome designs were applied, methodological issues such as failure to achieve randomization, inadequate power, inappropriate statistical models, and serious attrition rates often occurred. When these challenges were managed, the evaluation often limited the assessment of effects to variables associated with family violence, but did not actually test effect on family violence. Thus, despite extensive intervention efforts at multiple levels, representing many perspectives, there is scarce literature with adequate empirical qualities available to guide intervention efforts. (Tolan *et al.* 2006)

For example, in a recent review of interventions for the primary prevention of partner violence, the authors could find only 11 programs which had been rigorously evaluated (with a pre- and post-test design or a comparison group), and *all* of these addressed adolescent dating violence (Whitaker *et al.* 2006). Nevertheless, there are certainly a wide range of strategies of primary prevention which are promising or worthy of consideration, and there is some evidence with which to assess their effectiveness.

Of the seven areas for action identified in VicHealth’s primary prevention framework, there is a substantial body of evaluation evidence for four. For two of these, this evidence includes assessments of efforts directed at primary prevention: *Direct participation programs* (especially education programs among children and youth), and *Communication and social marketing*. For the other two action areas, the evidence is focused on efforts directed at secondary and tertiary prevention: *Organisational and workforce development*, and *Legislative and policy reform*. This contrast reflects the character of the interventions adopted for these areas. Strategies associated for

example with workforce development and legal reform have tended to focus on improving responses to victims, perpetrators, and incidents of violence, while strategies associated with school education programs and social marketing have tended to focus on preventing the occurrence of violence in the first place.

The following discussion nevertheless discusses each of the seven action areas in turn. Where possible, it orders existing strategies and interventions in terms of the level of evidence of their effectiveness;

- *Effective* strategies and interventions: with evidence of implementation, evidence of effectiveness, and a theoretical rationale;
- *Promising* strategies and interventions: with evidence of implementation and a theoretical rationale;
- Other *potentially promising* strategies and interventions: with a theoretical rationale only.

All the strategies identified have at the very least a theoretical rationale, making them ‘potentially promising’. Of these, some have been implemented, making them ‘promising’. And of these, some have been evaluated, making them ‘effective’ (if the results of their evaluations demonstrate some level of effectiveness). However, this should not be taken to suggest that the best and most important interventions can be found only among those strategies identified as ‘effective’, while those identified as ‘promising’ or ‘potentially promising’ necessarily are less valuable. Some of the strategies with the strongest theoretical rationale, such as community development and community mobilisation, have been implemented only rarely and evaluated even less often. At the same time, their strong rationale makes them critical elements in future violence prevention efforts. On the other hand, other efforts such as school education programs have a substantial body of evidence supporting their effectiveness, reflecting the fact that they are a common form of violence prevention. The level of evidence supporting their use is in part an artefact of their widespread adoption, as well as their genuine effectiveness. They are undoubtedly valuable, and at the same time they must be complemented by other promising strategies with equally compelling rationales.

This review includes strategies focused on intimate partner violence and those based on ‘making common cause’ with other strategies associated for example with general community strengthening, promoting responsible alcohol use, or marital counselling.

Areas for action

1. Direct participation programs

The most extensive body of evidence in the evaluation of primary prevention efforts concerns educational programs among children, youth, and young adults. These programs, as well as other strategies discussed below embody the recognition that children and adolescents are key population groups for violence prevention (Rosewater 2003).

From a series of US evaluations of violence prevention education, delivered in schools and universities in particular, it is clear such interventions can have positive effects on participants’ attitudes towards and participation in intimate partner violence (Flood 2005-2006). Male and female secondary school and university students who have attended rape education sessions show less adherence to rape myths, express less rape-supportive attitudes, and/or report greater victim empathy than those in control groups. Existing evaluations show that not all educational interventions are effective, changes in attitudes often ‘rebound’ to pre-intervention levels one or two months after the intervention, and some even become worse. Far too few interventions have been evaluated, and existing evaluations often are limited in methodological and conceptual terms (Cornelius and Resseguie 2007). However, education programs which are intensive, lengthy, and

use a variety of pedagogical approaches have been shown to produce positive and lasting change in attitudes and behaviours (Flood 2005-2006). For example, evaluations of the Safe Dates program among American adolescents (which included a ten-session school curriculum, a theatre production performed by peers, and a poster contest) found that four years after the program, adolescents who had received the program continued to report less physical and sexual dating violence perpetration (and victimisation) than those who had not (Foshee *et al.* 2004). Whitaker *et al.* (2006) come to similar, largely positive conclusions regarding the effectiveness of programs aimed at preventing adolescent dating violence, although they stress that such programs need much more work.

More information is required regarding the effectiveness of various aspects of the delivery of violence prevention programs in schools, such as their timing, locale, and content (Wolfe and Jaffe 2003). In relation to content, interviews with young people themselves suggest that violence and sexuality programs in schools should address skills in negotiating the complexity and fluidity of consent, and explore more widely the ethical negotiation of pleasure and danger (Carmody and Willis 2006: 64, 84).

There is some evidence too that education programs focused on primary prevention among college women can reduce women's risk of victimisation (Yeater and O'Donohue 1999). Such programs typically address the behaviours in which women can engage which will either decrease their risk of being sexually assaulted or increase their chances of escaping from a sexual assault. Recent narrative reviews of psycho-educational programs for young women aimed at identifying and avoiding high-risk situations have described their results as 'mixed', but Hanson and Broom (2005)'s cumulative meta-analysis finds instead that such programs have a small beneficial effect. For example, some US education programs aimed at primary prevention have been demonstrated to reduce college women's risks of subsequent victimisation. Self-defence programs may help to increase women's resistance particularly to sexual assault by strangers, but their efficacy is only poorly documented (Yeater and O'Donohue 1999). Less evidence is available concerning the effectiveness of violence prevention education among other young adult populations such as professional athletes.

There are other promising strategies of primary prevention among children and adolescents which take place outside school settings, although there is less evidence of their effectiveness. As Vezina and Herbert (2007) and Rosewater (2003) argue, prevention programs should not only address adolescents in schools, but those who have dropped out of school, and should address adolescents through other means and contexts associated with increased risks of victimisation. These include homeless youth, children living in poverty or in families receiving welfare, teenage mothers, and girls and young women under protective services care. Such programs, at least those which have been evaluated, are relatively rare. In a review of adolescent primary prevention programs, Whitaker *et al.* (2006) note that all but one of 11 programs were in school settings and universally targetted. They emphasise the need for culturally specific interventions, programs targetted to specific at-risk populations and environments, and using settings such as families, community and faith-based organisations, and media. Similarly, Vezina and Herbert (2007) argue for targetting the internalising and externalising problems among youth which are associated with domestic violence, such as depression, illegal and delinquent behaviour.

Prevention efforts among youth can address the associations between domestic violence and poverty, low work attachment, and low educational attainment, and other social factors. For young children, promising strategies include the provision of quality child care, home visiting programs, intensive clinical work with battered mothers and their young children, and encouraging parental involvement in children's early education and school. Among adolescents and young adults, relevant measures include mentoring programs, premarital relationship education, and welfare-to-work strategies. Given that parental and adult supervision is protective against girls' exposure to intimate partner violence, interventions among parents and other adults in adolescents' social

networks are important strategies. And, given that emotionally unsupportive and harsh parenting is a risk factor for domestic violence, interventions to encourage better parenting practices also are valuable (Vezina and Herbert 2007).

Among older populations, other direct participation efforts in the US in particular include responsible fatherhood programs and those addressing prisoners' reentry into communities (Rosewater 2003). Family policies and programs can support positive parenting and encourage shared power and decision-making. For example, some campaigns focus on expectant and new fathers, addressing them through prenatal education and obstetrics clinics (Gault 2006). Agendas aimed at engaging fathers have had little or no relation to those aimed at tackling intimate partner violence, although those individuals who are violent are often fathers and mostly men (Featherstone 2003: 248). At the same time, there are encouraging signs of an emerging dialogue between those who work with notions of fathers as risks and those who work with notions of fathers as resources (Featherstone 2003: 251). In Australia, the UK and elsewhere, there are some initiatives focused on developing collaborative policies and practices across domestic violence and fatherhood services (Fletcher *et al.* 2001: 14-15).

Premarital relationship education and couples counselling programs try to increase the skills and orientations which are protective against intimate partner violence, for example by teaching communication and conflict resolution skills. Few evaluations of such programs have been conducted, but there is some evidence that they reduce the likelihood of partner violence (Hamby 1998). With the significant exception of school-based education, there is little evidence with which to evaluate the effectiveness of these strategies in preventing intimate partner violence.

2. Research monitoring and evaluation

Ongoing research into the determinants of intimate partner violence is needed to extend our understanding of the risk factors for, dynamics of, and populations most at risk of violence. In addition, our efforts at primary prevention themselves must be subjected to rigorous scrutiny. Outcome-based evaluations of existing prevention programs, and investment in evidence-based prevention programs, are necessary in furthering our prevention efforts (Office of the Status of Women. and Urbis Keys Young. 2004). We should work to increase the effectiveness of violence program interventions by incorporating evaluation components in programs, increasing practitioners' understanding of and ability to implement program evaluation, engaging researchers in program evaluation, and identifying and disseminating successful and promising activities (Oregon Department of Human Services 2006).

3. Organisational and workforce development

Organisational and workforce strategies for the primary prevention of intimate partner violence are scattered and underdeveloped. On the other hand, organisations and workforces are a common site for the development of improved responses to the occurrence of such violence. These include training police, legal staff, and other personnel in appropriate responses to and interventions into intimate partner violence; developing coordinated community responses to intimate partner violence; and sensitising health care providers, encouraging routine screening for violence, and developing protocols for the proper management of abuse (World Health Organization. 2002). There is evidence that such efforts do improve professional responses to the victims and perpetrators of intimate partner violence, increase women's safety, and assist their processes of recovery. However, these strategies in organisations and workforces may also be complemented by more preventive approaches.

In relation to interpersonal violence, the most common primary prevention education that has occurred in workplaces in general concerns sexual harassment. Various studies have demonstrated that workplace training can improve attitudes towards sexual harassment, among employees in universities and in federal government workplaces (Antecol and Cobb-Clark 2003). In fact, such

training has been shown to have an effect on organisational cultures over and above the impact of individual training, in that more widespread training in a workplace is associated with a greater recognition of sexual harassment, regardless of whether or not individual training has been undertaken (Antecol and Cobb-Clark 2003). Workplace-based prevention could build on the substantial body of experience in secondary and tertiary prevention strategies established in training health care providers to diagnose and intervene in intimate partner violence.

Workplace education is one component of a broader effort to change the practices and cultures of community organisations and institutions. This can have a significant impact on community norms. A variety of potentially promising strategies are relevant: media outlets can restrict violence-supportive representations, healthcare institutions can adopt workplace policies modeling egalitarian relationships, and churches may encourage their members to relate in non-abusive ways (Davis *et al.* 2006). There is very little evidence of the effectiveness of such strategies. However, one of the most promising examples of an organisation's systematic orientation towards the primary prevention of intimate partner violence has been adopted by a national sporting body, the Australian Football League (AFL). This example is particularly important given the evidence that male-dominated and homosocially-focused sub-cultures in some sports, workplaces, and informal social groups involve elevated risks of violence-supportive norms and the perpetration of intimate partner violence (Flood and Pease 2006).

Following a series of allegations of sexual assault perpetrated by AFL players in 2004, the AFL adopted a "Respect and Responsibility" strategy, formulated and managed in collaboration with violence prevention agencies. The strategy includes the introduction of model anti-sexual harassment and anti-sexual discrimination procedures across the AFL and its Clubs, the development of organisational policies and procedures to ensure a safe, supportive and inclusive environment for women, changes to AFL rules relating to problematic or violent conduct, the education of players and other Club officials, dissemination of model policies and procedures at community club level, and a public education program (AFL 2005). Evaluation of the player education will be available in late 2007. Similar and substantial initiatives in other formal organisations and contexts – military institutions, university colleges, and workplaces – also would be desirable.

Another key form of violence prevention relevant to this area of action is increasing workforce and organisational capacity to prevent intimate partner violence. In particular, resources and technical assistance should be developed for individuals, organisations, policy makers, and communities who are already motivated to end intimate partner violence. Relevant strategies include expanding and publicising the pool of expert trainers in violence prevention, funding capacity-building efforts, and extending the availability of technical assistance and resources (Oregon Department of Human Services 2006).

Educating providers is another promising strategy for the primary prevention of intimate partner violence. Doctors, teachers, police, child care workers, and other professionals can play an important role in transmitting information, skills, and motivation to clients, community members, and colleagues, and they can be effective advocates for prevention policies (Davis *et al.* 2006). For example, the US Family Violence Prevention Fund (2006) encouraged coaches (and other adult men, including fathers, teachers, uncles, older brothers, and mentors) to teach boys that there is no place for violence in a relationship. Corporate alliances and public sector networks in the US have developed workplace programs regarding intimate partner violence. While most strategies focus on responses to victimisation (such as security measures, victim resources, and education), many companies also engage in activities designed to raise awareness in general of intimate partner violence (Lindquist *et al.* 2006).

4. Community strengthening

Given the evidence that social norms, gender roles, and power relations underpin intimate partner violence, strategies that address these will be critical to successful prevention efforts. There is a growing consensus that strategies of community engagement and community mobilisation are central to violence prevention (Family Violence Prevention Fund 2004a). The bulk of primary prevention efforts thus far have addressed individuals and their intimate relationships, while community and societal strategies have been under-utilised (Michau 2005). Violence prevention should build local communities' capacity to respond effectively to violence, encourage their ownership of the issue, and address the social contexts in which intimate partner violence occurs (Rosewater 2003). Given the evidence of implementation and a theoretical rationale for efforts involving community development and community mobilisation (further below), such strategies are promising ones.

There is growing experience, and sophistication, regarding violence prevention strategies at the community level. In developing these in east and southern Africa for example, organisations drew on the 'stages of change' theory of individual behaviour and scaled it up to the community level (Michau 2005). The US-based Family Violence Prevention Fund provides a useful overview of five key strategies for effective community engagement. These are;

1. Raise awareness of the problem of intimate partner violence and establish social norms that make violence unacceptable.
2. Develop networks of leaders within the community.
3. Connect community members to services and informal supports when they need help.
4. Make services and institutions accountable to community needs.
5. Change the social and community conditions which lead to violence. (Family Violence Prevention Fund 2004a)

In terms of community engagement and mobilisation, some of the first strategies for example are to find out about the community in question, develop community relationships (with groups, organisations, formal and informal leaders), and identify the community's needs (Family Violence Prevention Fund 2004a). The Family Violence Prevention Fund (2004a) identifies a range of ways in which to change community norms regarding violence. Promising community education strategies include community and media education campaigns, workshops and curricula in schools, 'community action teams' designed to involve communities in building strategies for community safety, awards programs for responsible media coverage and effective community leadership in violence prevention, and holding religious and political leaders accountable for providing clear messages that intimate partner violence is unacceptable (Davis *et al.* 2006). In terms of changing the social and community conditions which lead to violence, one key strategy is to link violence to other issues which influence community well-being, such as poverty, affordable housing, access to health care, and economic development.

In developing comprehensive community approaches to violence prevention, the 'spectrum of prevention' provides another useful guide to key levels of intervention (Davis *et al.* 2006). This and other guides call for fostering coalitions and networks to increase the 'critical mass' behind particular prevention efforts, improve collaboration on interventions, and reduce unnecessary competition among organisations. Coalitions are required between researchers and community providers, among art and music organisations, between grassroots organisations and sectors of government, and with businesses and workplaces (Davis *et al.* 2006). In Australia, perhaps the most well developed instances of community capacity building in relation to intimate partner violence have occurred in indigenous communities, with a variety of projects implemented and evaluated (PADV 2003: 78-86). Further guidelines for implementing community-based violence

prevention come from more general discussions of the effectiveness of community-based efforts (Stith, Pruitt *et al.* 2006).

5. Communication and social marketing

Communication and social marketing campaigns are one of the more common means of primary prevention of intimate partner violence (although they often also are used for secondary and tertiary interventions, such as assisting victims to access services). A recent review by Donovan and Vlasis (2005) documents a wide variety of Australian and international campaigns, aimed at diverse groups and including government-funded and grassroots efforts. Despite their widespread use, few campaigns have been evaluated. However, there is evidence that social marketing campaigns can produce positive change in the attitudes and behaviours associated with intimate partner violence. Soul City, a multimedia project in South Africa, is one of the most thorough and well-evaluated examples of this strategy. It combined prime-time radio and television dramas with other educational activities, and the evaluation “found increased knowledge and awareness of domestic violence, changed attitudes and norms, and greater willingness on the part of the project’s audience to take appropriate action” (World Health Organization. 2002). Given the evidence that some messages, appeals, and campaign elements will be more effective than others, social marketing efforts should draw on available guides to effective communication (Campbell and Manganello 2006; Donovan and Vlasis 2005; Wray 2006).

Three further approaches are promising ones for the primary prevention of intimate partner violence, with both a theoretical rationale and evidence of implementation. More local campaigns have been developed to shift community norms in particular contexts regarding intimate partner violence. Using the ‘social norms’ approach, US campaigns have highlighted the gap between men’s perceptions of other men’s agreement with violence-supportive and sexist norms and the actual extent of this agreement. By gathering and publicising data on men’s attitudes and behaviour, they seek to undermine men’s conformity to sexist peer norms and increase their willingness to intervene in violent behaviour (Flood 2005-2006). Using a ‘bystander intervention’ approach, other campaigns have sought to place “a sense of responsibility and empowerment for ending sexual violence on the shoulders of all community members”. They teach skills in de-escalating risky situations and being effective allies for survivors and foster a sense of community responsibility for violence prevention (Banyard *et al.* 2005). In a ‘media advocacy’ approach, journalists and news media have been encouraged to portray intimate partner violence in appropriate ways, for example as social problems requiring public intervention (Ghez 2001; Ryan *et al.* 2006; Wray 2006).

6. Advocacy

Advocacy refers to strategies of primary prevention which go beyond community engagement towards collective mobilisation, fostering and sustaining groups, networks, and social movements dedicated to the prevention of intimate partner violence. The women’s movements and feminism have long identified violence against women as a key expression of men’s power over women, and this violence has been a central focus of women’s political activism and feminist organising for many years (Maynard & Winn 1997). Such collective advocacy formed the foundations of contemporary service and policy responses to intimate partner violence.

Advocacy remains a key strategy of primary prevention. In Australia, women’s groups and networks, campaigns, and events such as Reclaim The Night play a critical role in raising community awareness of intimate partner violence, undermining violence-supportive social norms, and fostering cultures of respect, consent, and gender equality. As part of such work, women’s groups have developed or lobbied for social marketing campaigns (as discussed above).

One significant development in contemporary violence prevention advocacy is the growing use of ‘social mobilisation’ approaches. As mentioned in the discussion above of community

mobilisation, these can involve recruiting, training, and empowering community leaders to conduct primary prevention work (Wray 2006). Another important development is the emergence of campaigns organised by men. The most widespread example is the White Ribbon Campaign, in which men are encouraged to show their opposition to men's violence against women by purchasing and wearing a white ribbon. Another well developed example is EngenderHealth's Men As Partners program, which uses community education, grassroots organising, and advocacy for effective policy implementation. These campaigns, like a host of other campus-based or grassroots men's groups and networks, work to engage men in personal and collective efforts at violence prevention (Flood 2005).

7. Legislative and policy reform

Legal and policy reforms in relation to intimate partner violence have been largely concerned with tertiary responses to intimate partner violence. Yet law and policy also are crucial tools of primary prevention, at national, state, and local levels. At the broadest levels, national and state-based plans of action for eliminating intimate partner violence are necessary elements in any systematic prevention effort. As a recent review of Australian prevention efforts emphasised, violence prevention requires a whole of government approach, with a national funding base, involving integrated prevention plans at national and state levels (Office of the Status of Women. and Urbis Keys Young. 2004). Policies and platforms aimed at preventing intimate partner violence have been implemented in international contexts (WHO 2004), at national levels in developing and developed countries (Family Violence Focus Group 2002; Fanslow 2005; Secretary General 2006: 74-81; United Nations Population Fund 2006; WHO 2004), and at local and state levels (Oregon Department of Human Services 2006).

Law and policy are promising tools too in establishing and disseminating particular strategies of primary prevention. For example, they are necessary in establishing and spreading violence prevention curricula for schools and universities (including sexuality education addressing sexual violence prevention), influencing the availability and consumption of alcohol, determining the content of advertising, pornography, and other media, and restricting gun use.

10. Population groups

We move now to a discussion of specific specific populations to whom primary prevention interventions need to be targeted or tailored, the rationales for these, and the issues that arise in optimising effectiveness in primary prevention interventions with particular groups.

Children and young people

There is a strong rationale for directing violence prevention efforts at children and young people. First, males' and females' adult relationships are shaped in important ways by the norms and practices they take on in adolescence (National Campaign Against Violence and Crime 1998), and interventions at this stage can change young people's personal and relationship trajectories. Second, violence-supportive attitudes are already well established in adolescence and patterns of physical and sexual violence are evident in some young people's intimate relations. Younger males are particularly likely to endorse violence against women, some gender norms among adolescents 'normalise' sexual coercion, and while adolescent boys' endorsement of violence does lessen, substantial proportions of young men continue to be tolerant of intimate partner violence (Flood and Pease 2006). This does not mean that violence prevention strategies among adolescents necessarily are 'too late', but it does mean that they must address already existing patterns of dating violence and normative supports for this.

The third element to the rationale for focusing on children and youth is that violence prevention education among this population has been shown to work. Evaluations particularly from North America show that more intensive and long-term education programs do produce lasting change in attitudes and behaviours (Flood 2005-2006). In Australia, very little of the violence prevention efforts underway in primary and secondary schools has been evaluated, and school-based education requires expansion, technical development (training and resources), and systematic evaluation. In addition, as was argued above, there are sound reasons for also enacting interventions with children and youth in non-school settings.

Among children and youth, it has been recommended that violence prevention efforts include interventions targetted to specific at-risk populations and environments. As Rosewater (2003) notes in the US context, the youth who are most vulnerable to domestic violence (whether as victims, perpetrators, or witnesses) are those who are out of school and unemployed, live in poverty, have incarcerated parents, are receiving welfare, are leaving juvenile detention or foster care, or are young parents. Indigenous young people are an important priority for violence prevention, given their high levels of exposure to violence. Interventions should be linked to other family healing strategies, address issues of drug and alcohol abuse, and encourage indigenous youth's participation in secondary and tertiary education (PADV 2003). Noting that a range of internalising and externalising problems are associated with domestic violence, and many are more visible than domestic violence, Vezina and Herbert (2007) argue that they should be targeted in interventions among children and youth. These include depressive symptoms and suicidal behaviour, and high risk behaviours including illegal drug use and delinquent behaviour.

Women

Historically, girls and women have been the focus of primary prevention efforts addressing intimate partner violence. Girls and women are taught in school programs and elsewhere to watch out for the 'warning signs' of abuse in relationships, to avoid risky situations or respond effectively to them, to use clear and effective communication in sexual and intimate situations, and to reject violence-supportive myths and norms (Hanson and Gidycz 1993). While such strategies have an obvious rationale, they have also been criticised for potentially exacerbating victim-blaming. They may imply that it is women's responsibility to avoid being raped or assaulted, not men's to avoid raping or assaulting. And they can result in self-blame when some women inevitably are unsuccessful at applying the skills and lessons learnt (Yeater and O'Donohue 1999).

On the other hand, it would be problematic to focus education efforts exclusively on men. Not all men will participate in education programs, those who do are likely to have a lower potential of perpetrating intimate partner violence, and even if all men participated, no intervention is 100 per cent effective (Yeater and O'Donohue 1999). Failing to direct violence prevention efforts to women would be to miss the opportunity to increase women's critical understandings of intimate partner violence and to build on women's already-existing skills in recognising, resisting, and rejecting violence. In addition, educating women can change men: by shifting women's expectations of partners and intimate relations, interventions may increase the pressures on and incentives for heterosexual men to adopt non-violent practices and identities. As Adams-Curtis and Forbes (2004) argue, interventions can harness men's motivations to be accepted and liked by women, by encouraging women's unwillingness to associate with sexist and aggressive men. Yes, this is unfair, but it is no more unfair or damaging than the consequences of current gender relations.

Primary prevention strategies addressing the potential victims of men's intimate partner violence, that is, women, are a desirable component of violence prevention programming, and there is evidence that they can lessen women's risks of victimisation and re-victimisation. Yeater and O'Donohue (1999) provide a useful discussion of ideal elements of education programs in this context. They suggest that women's and men's education programs should complement each other, to create synergistic effects which will accelerate shifts in social norms and gender relations. Primary prevention efforts among women also can move beyond education programs towards forms of community-based empowerment and mobilisation. Among immigrant and refugee women in Canada for example, such strategies have proved effective in empowering women and perhaps in shifting community norms.

Men

There is a threefold rationale for engaging men (and boys) in efforts to prevent intimate partner violence. First, violence prevention must address men because, while most men do not perpetrate intimate partner violence, intimate partner violence is perpetrated largely by men. Second, constructions of masculinity play a crucial role in shaping some men's perpetration of physical and sexual assault. Third, and more hopefully, men have a positive role to play in helping to end men's violence against women (Flood 2005-2006). The last element here embodies the recognition that violence is an issue of concern to women and men alike and that men have a stake in ending violence against women.

The increasing focus on men as targets of prevention efforts represents a significant shift in the field of violence prevention. While men have long been addressed in secondary- and tertiary-based interventions as perpetrators, now they are also being addressed as 'partners' in prevention (Flood 2005-2006). Whether in accounts of violence prevention in indigenous, immigrant, or other communities, it is common to find an emphasis on the need to engage men in this work (Michau 2005). There is a growing body of experience and knowledge regarding effective violence prevention practice among boys and young men, often grounded in wider efforts to involve men in building gender equality.⁴

Efforts to engage men in the primary prevention of intimate partner violence have focused on face-to-face educational interventions and on social marketing. While both forms of strategy are vital, some advocates suggest that we must also move beyond them to foster more activist involvements (Peacock *et al.* 2006). Men's groups and networks, oriented towards wider social change and workign in collaboration with women and women's groups, are needed to change the social norms

⁴ See for example publications by Bannon and Correia (2006); Esplen (2006); Family Violence Prevention Fund (2003, 2004b); Flood (2005-2006); Funk (2006); **Greig and Peacock (2005)**; **Instituto Promundo (2002)**; and **Ruxton (2004)**.

and power relations which underpin men's violence against women. In addition, actively involving men in efforts to end violence against women enhances the effectiveness of this work and men's sense of a personal stake in this project (Kaufman 2001).

As with interventions in any population group, prevention programs among men and boys should be tailored for levels of risk for intimate partner violence. Interventions may be briefer among general populations of males (with the caveat that they be intensive or lengthy enough to create lasting change), more extensive among males showing violence-supportive attitudes or other risk factors, and most intensive (involving extensive psychosocial and legal interventions) among males who are already using violence against intimate partners or others.

Rural communities

Violence prevention efforts in rural communities must address the local features of such contexts, moving beyond homogenised stereotypes and assumptions to recognise community diversities and specificities (Hastings and MacLean 2002; Immigrant Women's Domestic Violence Service 2006). Promising strategies will engage community groups and informal networks, 'mainstreaming' issues of intimate partner violence to encourage community ownership and participation (Hastings and MacLean 2002). In rural and remote contexts where professional responses to domestic violence are less likely or feasible, it is particularly important to assist communities to develop active, community-based responses (WESNET 2000: 20-22).

Indigenous communities

The issue of violence "relates to almost every aspect of policy making and service delivery to Indigenous communities" (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission 2006).

An evaluation of prevention efforts in indigenous communities emphasises that

any response to family violence in Indigenous communities needs to acknowledge the social, cultural and historical context of that community... Historically, programs have been ineffective because they have: ignored the impacts of colonisation on community, spiritual and cultural identity and wellbeing; compartmentalised the associated problems of family violence; lacked a whole-of-community focus; not adopted a developmental approach to service delivery and community involvement and ownership. (PADV 2003)

Prevention strategies addressing intimate partner violence (or other forms of 'family violence') in indigenous communities are rare, and evaluated interventions are even rarer. Nevertheless, a variety of promising interventions have been enacted, including education programs among and packages for children and youth, community resource centres, media campaigns and community forums, local theatre, and community development approaches including men's and women's camps and night patrols (PADV 2003; Cunneen 2002). Blagg (2001) describes a range of other prevention strategies aimed specifically at indigenous men, including mentoring programs, father-son initiatives, men's meeting places, and healing camps and journeys. Memmott *et al.* (2006) provide a useful overview of evaluated interventions in indigenous communities.

There is a growing consensus that programs to address 'family violence' in indigenous communities must be community-driven, based on partnerships between and among community and government agencies, and based in holistic approaches to community violence (Aboriginal and Torres Strait Islander Women's Taskforce on Violence 1999; Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission 2006; Department of Aboriginal and Torres Strait Islander Policy and Development 2000; PADV 2003). This is supported by evaluations of 'good practice' initiatives documented in North America, New Zealand and Canada (Memmott *et al.* 2006). They must be culturally appropriate, with this reflected in program characteristics and practices (Memmott *et al.* 2006; Oregon Department of

Human Services 2006). Memmott *et al.* (2006) identify the practices, principles and systems of organisation associated with successful violence prevention programs in indigenous communities.

Immigrant and CALD communities and refugees

Immigrant women are another important population for intervention. Their heightened vulnerability to violence is shaped by intersections between ethnicity, class, and disadvantage. (Menjivar and Salcido 2002) note that immigrant-specific factors “exacerbate the already vulnerable position — as dictated by class, gender, and race — of immigrant women in domestic violence situations”. Social and political forces and circumstances, including histories of racial and ethnic discrimination and prejudice, limit immigrant and minority women’s abilities to find housing, employment, or training and thus their ability to leave abusive relationships (Kasturirangan *et al.* 2004). Immigrant women often live with an uncertain legal status and harmful legal consequences (such as loss of legal status, or deportation with the abuser) if they end a violent relationship or file charges (Menjivar and Salcido 2002).

A small but significant proportion of new arrivals enter Australia as refugees. While it is difficult to establish with certainty whether this group experience higher rates of intimate partner violence than migrants or the Australian born, there is an expert consensus that this is highly probable (Pittaway 2004; Kaplan and Webster 2003). Both men and women from refugee backgrounds have a higher rate of exposure to many of the risk factors for intimate partner violence identified elsewhere in this paper. In addition to those associated with the migration process and exposure to culturally specific norms associated with the perpetration of partner violence (factors affecting all new settlers), these include exposure to generalised and state sanctioned violence and associated trauma, and disruption to family, community and cultural connections and relationships which might otherwise be protective (Pittaway 2004; Kaplan and Webster 2003). There is strong evidence that refugees are particularly vulnerable to social and economic marginalisation both prior to and in the early years of settlement.

Reflection and research on violence-related interventions among CALD communities has concentrated on tertiary responses, particularly the delivery of services and other aspects of intervention into and the management of intimate partner violence (and other forms of domestic and family violence). This suggests that ‘one size’ does not ‘fit all’. Instead, domestic violence services and responses should be tailored to, and even developed specifically for, particular CALD communities (Department of Community Development 2006).

There has been very little investigation of effective strategies of primary prevention in immigrant and CALD communities in Australia. Nevertheless, some guides to effective practice are available. A recent literature review recommends that community education strategies should be targeted in such communities; education on intimate partner violence, the law, and services should be provided; interventions should engage key community and religious leaders; men in particular should be targeted; and all this should be part of a comprehensive package of family support for migrant communities and refugees (Department of Community Development 2006). Another research paper and overview suggests that community education efforts should be framed in culturally and linguistically relevant ways and address community issues and values, and provides recommendations regarding their development (Partnerships Against Domestic Violence 2000). It notes that “positive messages reinforcing community values, such as family harmony and healthy relationships, may be much more effective than confronting and aggressive messages”. In addition, various initiatives in primary prevention in CALD communities have been documented, including the production of local resources, art exhibitions, radio programs, community forums, and relationship and family counselling and skills programs for men (Department of Community Development 2006; Stewart 2005). A recent report by the Immigrant Women’s Domestic Violence Service (2006: 38) emphasises that key priorities for action include building relationships and networks among immigrant and refugee women themselves and between such women and their local communities and services. As mentioned above, whether in immigrant and CALD

communities or elsewhere, effective violence prevention in communities depends on documenting local conditions, engaging community members, addressing communities' perceived needs, involving leaders, and changing the social and community conditions which lead to violence.

There are challenges in violence prevention work which are heightened in addressing violence in indigenous and immigrant communities. One is to do so without intensifying racism. Community reactions even to general violence prevention campaigns illustrate the ease with which existing racist assumptions about violence and ethnicity can be reinforced (Braaf and Ganguly 2002; Flood 2002). Another is associated with support for and celebration of cultural diversity. On the one hand, if we support cultural traditions which normalise or justify intimate partner violence we may be complicit in abuse. On the other hand, if we intervene to undermine particular cultural traditions, we may perpetuate colonialism and paternalism. (Braaf and Ganguly 2002) suggest that solutions lie in both respecting cultural diversity and rejecting notions of violence as culturally legitimate. They note that community members themselves are likely to draw on cultural values and beliefs in articulating a rejection of violent behaviour, and that an important strategy is to assist women (and men) to draw on such values. Prevention initiatives may be designed to support cultural sustainability, particularly among cultural groups and communities undergoing rapid change, and (Braaf and Ganguly 2002) note that some strategies based for example in traditional sanctions may not do enough to protect women's safety.

Women with physical and cognitive disabilities

Programs which seek to address the economic and social marginalisation of women will be critical to reducing intimate partner violence affecting women with disabilities (Olkin 2003). Of particular importance in this regard are community strengthening and empowerment programs which seek to prevent social isolation among, and build the connections of, women with disabilities so that they are better able to effectively manage their lives (Copel 2006).

Education programs targeted to women with disabilities and their families and caregivers have been developed and positively evaluated (Johnson and Hillier *et al.* 2001, Macklin 2005, Cattalani 1993, Hassouneh-Phipps and Curry 2002; Bruder and Kroese 2005). These programs generally emphasise the teaching of protective behaviours and include both information giving, interactive activities, role playing and modelling. Such programs have been developed for young women with disabilities in schools as well as adult women. Incorporating screening of disabled women attending mainstream and disability services, while primarily an *intervention* strategy, may also be useful in raising awareness among providers of the violence affecting women with disabilities.

Another promising approach is the formation of partnerships and collaborations between disability services, domestic violence services and other relevant services with an interest in addressing violence to improve inter-agency coordination and build work force skills. Recent pilots of this approach in both Victoria and NSW have demonstrated it to be successful in improving *intervention* in violence affecting women with disabilities (Jennings 2003, Clancy 2004, Macklin 2005). There may also be benefits in building on the approach for the purposes of developing primary prevention and early intervention activity. Macklin (2005) also argues for the importance of communication and social marketing programs to both address the issue of violence against women with disabilities and to counter some of the negative social norms which contribute to their particular vulnerability.

Particular settings which should be targeted for primary prevention of violence affecting women with disabilities include schools, residential settings and service providers with whom women with disabilities are likely to have contact, especially disability care workers (Carlson 1997; Olkin 2003; Nosek 2001; Johnson 2001).

Conclusion

In working to prevent intimate partner violence in indigenous, immigrant, or culturally and linguistic diverse communities, the literature recommends that interventions should be ‘culturally appropriate’ – sensitive to cultural diversities, responsive to the character and constitution of violence in that particular cultural context, and using culturally appropriate strategies (Menjivar and Salcido 2002; Kasturirangan *et al.* 2004). However, arguably *all* efforts at violence prevention must be culturally appropriate. Gender and sexual norms and relations vary across all communities, and the factors sustaining intimate partner violence and the resources available for its prevention will vary in each. Thus violence prevention interventions in any context must be responsive to local gender cultures (Flood 2006a). More generally, effective engagement in any community depends on beginning with community conditions and community needs, as was discussed under “Community strengthening” above.

[Then some kind of overall conclusion...]

References

(Note that some references which are already listed in Flood and Pease (2006) have been omitted from the following list.)

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