

Current practices to preventing sexual and intimate partner violence

Michael Flood

Intimate partner violence (IPV) and sexual violence are the outcome of a complex interplay of individual, relationship, community, institutional, and societal factors. Given this, violence prevention too must work at these multiple levels. This is recognized in common models of violence prevention, including the “ecological” model popularized by the World Health Organization (WHO), and other frameworks such as the “spectrum of prevention” (Davis *et al.* 2006; WHO 2002).

This chapter describes and assesses a range of strategies of primary prevention—strategies to prevent initial perpetration or victimization. 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 organizational practices and workplace and institutional cultures, lessen gender inequalities, and address the larger cultural, social, and economic factors that contribute to violence. The chapter takes as given that much intimate partner and sexual violence concerns men’s violence against women (VAW). It uses the term “violence against women” for a range of forms of VAW experiences, including physical and sexual assaults and other behaviors which result in physical, sexual, or psychological harm or suffering to women. At the same time, the chapter draws on scholarship regarding prevention of a range of forms of interpersonal violence, including those perpetrated by females and against males.

Evaluating prevention

What are the most effective strategies with which to prevent IPV and sexual violence and sexual violence? While there is an increasingly robust body of experience and scholarship with which to answer this question, there are also significant challenges. Few primary prevention interventions have been evaluated. In addition, many existing evaluations do not have an adequate design to allow assessment of their efficacy (Tolan *et al.* 2006). A number of weaknesses are typical in existing evaluations (Flood 2011: 361–2):

To the extent that impact evaluations have been undertaken, often they are poorly designed, limited to retrospective reports of participants’ satisfaction,

or only assess proxy variables associated with VAW rather than this violence itself In most cases, post-intervention assessments are made only immediately after the program or only weeks later and there is no longer-term follow-up. Evaluations often assess only attitudes, not behaviours or social and sexual relations, and do not address the intervention's impact on perpetration or victimisation. Evaluations rarely examine the mediators of changes in attitudes, behaviours or other factors, that is, of the causal processes through which the program achieves change.

For example, in a review of interventions for the primary prevention of IPV, 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). In a more recent view of published studies over 2000–11 of programs addressing adolescent dating violence, only two of the nine programs used a comparative design with a control group (Leen *et al.* 2013: 169). Nevertheless, there is 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.

The following discussion arranges prevention interventions by broad type of strategy, but also arranges these loosely by the level or domain of the social order to which they correspond. It moves from micro to macro, from interventions focused on individuals and relationships to those focused on communities or entire societies (Davis *et al.* 2006). Where possible, the discussion describes existing strategies and interventions in terms of the level of evidence of their effectiveness, including:

- *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; Flood 2011: 362).

Forms of intervention

Community education (face-to-face education)

Intervention efforts based on direct participation in face-to-face education programs represent one of the most widely used strategies for violence prevention,

and partially as the result of this, they also have the most extensive body of evidence of effectiveness.

Violence prevention education programs can have positive effects on participants' attitudes toward and participation in intimate partner and sexual violence. A series of evaluations demonstrate for example that 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. In a review by Whitaker and colleagues (2006), for example, nine of eleven violence prevention programs in high schools reported at least one positive effect (in knowledge, attitudes, or behavior), with five of the nine programs measuring attitudes reporting positive changes. In a systematic, evidence-based review of sexual assault prevention programs, based on English-language evaluation publications between 1990 and 2003 regarding programs among university, high-school and middle-school populations, 14 percent of the 59 studies showed exclusively positive effects on knowledge and attitudes, although none used behavioral outcomes regarding perpetration or victimization. Three-quarters (80 percent) reported mixed effects, and 6 percent reported only null or negative effects (Morrison *et al.* 2004). A review of 69 education programs for university students on sexual assault found evidence that these programs increased participants' factual knowledge about rape and improved their rape-related attitudes, although they were not effective in increasing levels of rape empathy or in preventing assaults (Anderson *et al.* 2005).

Particular violence prevention education programs in North American schools have been well evaluated, with positive results. For example, four years after the Safe Dates program, adolescents who had received the program continued to report less physical and sexual dating violence perpetration (and victimization) than those who had not. Two other school-based programs for preventing dating violence, originating in Canada, show positive impacts in reducing boys' self-reported perpetration and children's incidents of physical and emotional abuse (World Health Organization and London School of Hygiene and Tropical Medicine [WHO and LSHTM] 2010: 44–5). At least one training program among adult men and women, implemented in low- and middle-income countries, also has shown positive impacts in rigorous evaluations. In South Africa, men's perpetration of physical or sexual IPV was reduced compared to controls, while in Gambia, couples' quarrelling and men's acceptance of wives' refusals to have sex were reduced (WHO and LSHTM 2010: 49).

At this time, there are significant weaknesses in efforts in violence prevention using face-to-face education. Existing evaluations show that not all educational interventions are effective, the magnitude of change often is small, changes in attitudes often “rebound” to pre-intervention levels one or two months after the intervention, and some even become worse. Most evaluations address only attitudes and not only behaviors, whereas there is mixed evidence regarding where improvements in attitudes lead to reductions in perpetration. Some strategies appear to be ineffective: They provide “factual” information alone in addressing rape, educate women about self-defense without teaching actual skills,

and use confrontational styles in addressing participants (WHO and LSHTM 2010: 46–7). Far too few education-based interventions have been evaluated, and existing evaluations often are limited in methodological and conceptual terms (Cornelius and Resseguie 2007; Murray and Graybeal 2007; Whitaker *et al.* 2006: 160–1).

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). Given that multi-component programs in schools—combining teacher training, parenting education, community involvement, and other strategies—have been shown to be more effective in reducing other forms of violence, they are likely also to be more effective in relation to IPV and sexual violence (WHO and LSHTM 2010: 45–6).

There are other promising strategies of primary prevention among children and adolescents that 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 victimization. These include homeless youth, children living in poverty or in families receiving welfare, teenage mothers, and children and young people under the care of children's services after abuse. Such programs, at least those which have been evaluated, are relatively rare, and most prevention programs are in school settings and universally targeted (Leen *et al.* 2013: 169; Whitaker *et al.* 2006).

There is a case for programs aimed at specific at-risk populations and environments, and for targeting the internalizing and externalizing problems among youth which are associated with IPV (Vezina and Herbert 2007). It is possible that early identification and treatment of conduct and emotional disorders in children will lead to reductions in violence in later adolescence and adulthood (WHO and LSHTM 2010: 42). Psychological interventions for children and adolescents subjected to maltreatment or exposed to IPV are valuable, with some evidence that they enhance the prevention of IPV. More generally, cognitive-behavioral skills training and social development programs that teach social and emotional skills and pro-social behavior may have the potential to prevent subsequent IPV and sexual violence. Given that bullying programs have been shown to be effective in reducing both bullying and being bullied, they may have some influence on other forms of violence, although evidence is lacking (WHO and LSHTM 2010: 42–4).

There is some evidence too that education programs focused on primary prevention among college women can reduce women's risk of sexual violence victimization (Yeater and O'Donohue 1999). Such programs typically address the behaviors 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. Hanson and Broom's (2005) cumulative meta-analysis finds that such programs have a small beneficial effect, with some demonstrated to reduce

college women's risks of subsequent victimization. Self-defense 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 populations such as professional athletes, coaches, and teachers.

Prevention efforts among youth can address the associations between IPV 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, and interventions among adults to encourage better parenting practices (Vezina and Herbert 2007). Home visitation and parent education programs have been shown to be promising in reducing child maltreatment, and it is possible therefore that they may lessen IPV and sexual violence among the grown-up children of parents involved in such programs (WHO and LSHTM 2010: 41).

Some responsible-fatherhood programs support positive parenting and encourage shared power and decision making, and these may have promise in reducing the violence associated with asymmetries of power in relationships and families. Premarital relationship education and couples counseling programs try to increase the skills and orientations which are protective against IPV, 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 IPV (Hanby 1998).

Communication and social marketing

Communication and social marketing campaigns are a second widely used strategy for the primary prevention of IPV and sexual violence. A review by Donovan and Vlais (2005) documents a wide variety of international campaigns, aimed at diverse groups and including government-funded and grassroots efforts. There is evidence that social marketing campaigns can produce positive change in the attitudes associated with IPV. Soul City, a multimedia project in South Africa combining prime-time radio and television dramas with other educational activities, produced positive change in knowledge and attitudes (WHO 2002). Another well-known example is Men Can Stop Rape's "My strength is not for hurting" campaign. This used media materials, in tandem with school-based Men of Strength (MOST) Clubs for young men and other strategies, to build norms of sexual consent, respect, and non-violence, with a United States evaluation showing positive impacts on attitudes (Kim and White 2008). It is less clear if such campaigns are effective in changing behavior.

Three further approaches are promising ones for the primary prevention of IPV. Using a “social norms” approach, campaigns gather and publicize data on men’s attitudes and behavior to undermine men’s conformity to sexist peer norms and increase their willingness to intervene in violent behavior. After a social norms initiative on a US university campus, college males reduced their overestimation of other males’ sexist beliefs and comfort with sexism. “Bystander intervention” approaches involve individuals as bystanders to violence and violence-supportive behaviors or situations, encouraging and teaching skills in pro-social intervention. Experimental evaluations among US undergraduates show that approaching men and women as potential bystanders or witnesses to behaviors related to sexual violence can improve knowledge of sexual violence, acceptance of rape myths, bystander self-efficacy, and self-reported bystander behaviors (Flood 2011). Finally, in a “media advocacy” approach, journalists and news media have been encouraged to portray IPV in appropriate ways, for example as social problems requiring public intervention.

Community engagement and development

Given the evidence that social norms, gender roles, and power relations underpin IPV, strategies that address these will be critical to successful prevention efforts. Strategies of community engagement and community mobilization are seen by some as central to violence prevention (Family Violence Prevention Fund 2004). The bulk of primary prevention efforts thus far have addressed individuals and their intimate relationships, while community and societal strategies have been under-utilized. 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 IPV occurs (Rosewater 2003).

Community development and community mobilization are promising strategies—they have been tried and they have a strong theoretical rationale. Effective community engagement requires developing community relationships (with groups, organizations, formal and informal leaders), identifying community needs, connecting members to services and informal supports, and above all, changing the social and community conditions which lead to violence (Davis *et al.* 2006; Family Violence Prevention Fund 2004; Stith *et al.* 2006). Other community-based strategies which may be promising in reducing intimate partner and sexual violence address moderating or contributing factors such as alcohol use, thereby reducing alcohol availability, regulating alcohol prices, and treating alcohol-use disorders (WHO and LSHTM 2010: 51–2).

Advocacy

Advocacy refers to strategies of primary prevention which go beyond community engagement toward collective mobilization, fostering and sustaining groups, networks, and social movements dedicated to the prevention of IPV. Collective

advocacy by the women’s movements and feminism formed the foundations of contemporary service and policy responses to IPV. Advocacy remains a key strategy of primary prevention. In various countries, women’s groups and networks, campaigns, and events such as Take Back the Night, V-Day, and Slutwalk play a critical role in raising community awareness of intimate partner and sexual violence, undermining violence-supportive social norms, and fostering cultures of respect, consent, and gender equality.

An important development is the emergence of campaigns organized by men. The most widespread example is the White Ribbon Campaign, in which men are encouraged to show their opposition to men’s VAW by purchasing and wearing a white ribbon. Another well-developed example is EngenderHealth’s Men As Partners program, which uses community education, grassroots organizing, and advocacy. 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.

Community mobilization strategies can catalyze broader social change by shifting social norms and power relations (Flood 2011). Still, they have been evaluated only rarely. For example, there are only a handful of studies globally of men’s involvements in community-based violence prevention. Nearly all are from North America, few are longitudinal, most rely on self-reports, and none assesses the impact of men’s involvement using pre- and post-involvement measures of impact. Nevertheless, these studies provide some support for the claim that men who participate in men’s anti-violence activism undergo positive change (Flood, *in press*).

More widely, efforts to empower and mobilize communities, and in particular to increase women’s economic and social power, have potential to reduce IPV and other violence (WHO and LSHTM 2010: 49). For example, initiatives which combine women’s economic empowerment with other strategies fostering gender equality—such as the Intervention with Microfinance for AIDS and Gender Equity (IMAGIE) and Stepping Stones programs—have been effective in reducing IPV.

Organizational and workforce development

There is a strong rationale for prevention efforts which change the practices of organizations and workforces, both to “scale up” these efforts and to transform violence-supportive cultures (Flood 2011: 370–1). Thus far, primary prevention strategies addressing organizations are under-developed. Education programs in workforces have been shown to improve attitudes toward sexual harassment, and this approach may have promise in changing attitudes toward other forms of violence and abuse. Workplace education is one component of a broader effort to change the practices and cultures of community organizations and institutions, and this can have a significant impact on community norms (Davis *et al.* 2006).

There is very little evidence of the effectiveness of such strategies. Nevertheless, there are some examples of organizations' systematic adoption of prevention programming. In Australia, for instance, after a series of sexual assault scandals, a national sporting body—the Australian Football League (AFL)—developed a program including model anti-sexual harassment and anti-sexual discrimination procedures across the sport, organizational policies and procedures to ensure a safe and inclusive environment for women, changes to AFL rules relating to problematic or violent conduct, the education of players and other officials, dissemination of policies and procedures at community club level, and a public education program. Another key form of violence prevention relevant to this area of action is increasing workforce and organizational capacity to prevent violence.

Legislative and policy reform

Law and policy are crucial tools of primary prevention. At the broadest levels, national and state-based plans of action for eliminating violence are necessary elements in any systematic prevention effort. Violence prevention requires a whole-of-government approach, with a national funding base, involving integrated prevention plans at national and state levels. Law and policy are promising tools too in supporting particular strategies of primary prevention, whether these concern school curricula, alcohol availability, media content, or gun use.

Challenges

There are two broad sets of challenges that confront the violence prevention field. The first concerns challenges of definition, measurement, and conceptualization, and the second concerns challenges of programming and policy.

Challenges of definition, measurement, and conceptualization

First, there are increasingly intense debates over how to define, measure, and explain the very phenomena with which this field is concerned. For a start, there is debate over whether to define violence in relationships and families in narrow or broad terms. In the “narrow” camp, definitions of IPV and sexual violence focus on physically aggressive acts and on sexual assaults involving forced penetration, using instruments such as the Conflict Tactics Scales to measure these. In the “broad” camp, definitions include a greater range of physical and sexual behaviors which cause harm, as well as non-physical behaviors such as psychological and verbal abuse, and a variety of controlling and coercive strategies, and use instruments which gather data also on the intensity, impact, history, and meaning of violent behaviors.

Overlapping with this debate is an even more heated debate regarding the patterns and prevalence of interpersonal violence. There is fundamental disagreement in the scholarship regarding IPV and gender. One body of scholarship, focused on “conflict” in families, typically finds gender symmetries at least in the use of violence. On the other hand, feminist studies, crime victimization studies, and other scholarship find marked gender asymmetries, arguing that men's VAW is far greater in frequency, severity, and impact than women's violence against men (Allen 2011). Overlapping with this is increasing discussion of diverse patterns of IPV, from “coercive controlling violence” to “situational couple violence.” These debates have powerful implications for how to prevent violence, including the populations and risk factors to address.

Challenges in prevention programming and policy

There are also significant challenges in *how* to conduct violence prevention. This chapter focuses on four. First, the most effective interventions in IPV and sexual violence are “comprehensive”—they use multiple strategies to address multiple behaviors, in multiple settings, and at multiple levels (Casey and Lindhorst 2009: 98; Nation *et al.* 2003). For example, interventions may incorporate strategies addressing individuals, peer groups, and communities and have multiple strategies addressing the same outcome. Because both the strategies and the factors they address are interrelated, such interventions are more effective than less comprehensive efforts. Overlapping with this, there is a need for integrated programs and systems for prevention. In schools, for example, violence prevention programming and policy should be integrated (a) across developmental stages (across age spans and years); (b) across levels of prevention and treatment, from universal, classroom programs to “indicated” or “secondary” prevention efforts to targeted groups and individuals; and (c) across the institutional structures of schools and community agencies (Greenberg 2004). Similar approaches are needed in other institutions or settings such as the military, sports, and workplaces. However, comprehensive and integrated interventions are rare in the violence prevention field, and political and funding support for them typically is absent.

A second key challenge concerns the transferability of violence prevention initiatives and strategies across contexts, communities, and cultures. Most efforts to prevent intimate partner and sexual violence have taken place in high-income countries, including those for which there is evidence of effectiveness. It is not clear to what extent and in what ways such efforts can be transferred to and adopted in other contexts. Access to the resources and infrastructure associated with effectiveness in high-income contexts may not be available in low- and middle-income settings, and the factors and dynamics associated with intimate partner and sexual violence themselves may be different in such contexts. In any country or context, there are challenges in dealing with the intersections of multiple forms of social difference and inequality. While the demand that violence

prevention efforts be "culturally appropriate" has been made most often in relation to efforts with non-White and non-English-speaking participants and communities, an attention to social and cultural specificity is necessary in work with *any* group in *any* cultural context (Flood 2005/2006).

The third challenge is in identifying and implementing the most effective forms of programming and pedagogy. Focusing on face-to-face education in schools, for example, there is a growing consensus that particular features of pedagogy are more likely to generate substantial and sustained change: the use of quality teaching materials; interactive and participatory classroom processes; attention to cognitive, affective, and behavioral domains; skills development; and sufficient duration and intensity. In addition, more effective programs adopt a whole-of-school approach, have a program framework and logic or theory of change, and are based on content which addresses the factors known to be antecedents to violent behavior (Flood *et al.* 2009). However, evidence regarding effectiveness for other dimensions of pedagogy is absent, mixed, or dependent on the purpose or character of the prevention effort. Should single-sex or mixed-sex classes be used? Should education be provided by teachers, community educators, or peer educators? Does the sex of the educator matter? More research is needed regarding these issues, which raises the fourth challenge.

The final challenge concerns evaluation. Minimum standards for evaluation of violence prevention interventions include the assessment of the intervention's impact on violence-related variables (such as attitudes and behaviors), the use of standardized measures, a pre-test/post-test design, and a dissemination process that includes both academics and service providers. Ideally, evaluations will include assessment of impact on behaviors in particular, the use of both quantitative and qualitative measures, longitudinal assessment, measures of contexts and settings, program implementation and fidelity, and experimental or quasi-experimental designs incorporating control or comparison groups or settings.

The gold standard of evaluation in much health promotion research is the experimental design, ideally through a randomized controlled trial. However, this design often is inappropriate for evaluation of the community-based projects and programs typical in violence prevention. Community organizations often do not have the capacity to conduct evaluations of this nature, the programs they implement typically have features which rule out an experimental design, and experimental designs may be politically and practically inappropriate. In response to the evaluation challenge, in the violence prevention field there has been an increasing emphasis on building local evaluation capacity—on nurturing evaluation knowledge, attitudes, and skills to build sustainable evaluation practice among individuals and in organizations.

Conclusion

The violence prevention field is an increasingly mature one. It shows growing diversity and sophistication in the methods it uses to prevent initial perpetration

of or victimization in IPV and sexual violence. The field steadily is accumulating a substantial body of scholarship attesting to the effectiveness of particular strategies and the potential value of others, and it is adopting increasingly rigorous assessments of these. At the same time, the field faces significant challenges. There are widespread debates regarding the very phenomena which define the field. There is much which is not known about effective strategies for preventing and reducing violence. Above all, there is the challenge of shifting the entrenched social and structural inequalities which are at the root of IPV and sexual violence.

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New approaches to violence prevention through bystander intervention

Ann L. Coker and Emily R. Clear

There are now many bystander intervention programs being implemented in the United States and internationally. This chapter describes bystander programs that have been applied to student populations to reduce violence against women and have reached a level of evidence that characterizes them as promising or effective strategies and interventions for reducing such violence. We review the evidence for bystander interventions' efficacy and describe the challenges and opportunities faced by researchers and practitioners in the ultimate quest to prevent violence against women. Bystander programs specifically targeting men will not be discussed, as other authors address these programs (Kaiz, this volume).

Defining bystander interventions

Past research has sought to understand why some individuals intervene when they witness (either seeing or hearing) a potentially risky, dangerous, or emergency situation, and why others do not. These witnesses, referred to as "bystanders," are those who see or hear an act of violence, discrimination, or other unacceptable or offensive behavior. Within crime prevention and social psychology research, the terms "active" and/or "pro-social" bystander are commonly used to refer to the individual who takes action to intervene in response to the actual incident, or who observed or overheard an incident (VicHealth 2011).

The objective of applying bystander interventions universally is to involve all members of a community to change a culture that may silently support the use of violence. For bystander intervention programming, "community" has been defined primarily as a college campus, a middle or high school, a sports team, or a fraternity or sorority. Community also could be defined based on residence, such as a residential community. The primary aspect of a community is that members are engaged with each other and thus are committed to the goals of the intervention. Because bystander interventions approach participants not as potential victims or perpetrators but as potential allies, defensiveness particularly among men is reduced, as are victim-blaming attitudes (Banyard *et al.*, 2004; Berkowitz 2002). Active bystander intervention approaches acknowledge the positive role of men in women's lives and the fact that most men are not violent toward women. This shift invites men to become more personally engaged in

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Professor Betsy Stanko OBE, Head of Evidence and Insight, Mayor’s Office for Policing and Crime, London and Emeritus Professor of Criminology, Royal Holloway, University of London, UK

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Dedication

To all those whose energy, courage, and creativity are helping to build and sustain a world where women and girls have the right to live free of violence.



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