CHAPTER 11

Primary Prevention

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The World Health Organization (WHO), a specialized agency of the United Nations established in 1948 to coordinate international health and public health matters, released the first *World Report on Violence and Health* in 2002 (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The *World Report* documented the health-related burden of violence and defined and described the worldwide impact of violence against women. The purpose of the first *World Report* was to challenge the secrecy, taboos, and feelings of inevitability that surround violent behavior. More important, the report emphasized that violence is preventable. Providing an international platform for public health practitioners to recognize and address violence, the report offers a framework for organizing, developing, and evaluating strategies to *prevent* violence.

This chapter reviews fundamental aspects of a public health approach to prevention, including the application of population-based strategies across a continuum of approaches directed to achieve multidimensional outcomes. We posit in this chapter that commonly the prevention of violence against women is grounded in poorly established, narrowly defined concepts and constructs. This chapter challenges readers to consider a shift in the paradigm for preventing violence against women. Using data to identify populations affected by violence and the social conditions that cause violence, we argue that this shift requires solutions that impact individuals, families, communities, and multiple sectors of society. Offering insight and examples, we conclude this chapter with suggestions and recommendations supporting a philosophical and theoretical framework that expands the understanding and application of prevention science.

Prevention: A Classic Tale

A classic tool used to convey the evolution of prevention is the following story:

> A woman is sitting beside a river when suddenly she hears a shout for help. This shout for help is quickly followed by her observation of a woman struggling, arms and legs

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flailing, as she comes down the river. Unable to stand by and watch this woman in crisis, our fisherwoman jumps into the river and pulls the struggling woman to the shore. Just as she is beginning to provide the necessary care to the woman she has just rescued, she is astonished to hear yet another cry for help. Another woman, flailing and in crisis, is coming down the river. She again jumps into the river and pulls this woman out. This happens time and time again until she is no longer surprised to hear the cry for help, at which point the cries multiply. She sees that it is now no longer just one woman in crisis but many women coming down the river, arms and legs flailing. Exhausted and with little incentive to continue these rescue efforts, except her personal motivation and concern for the well-being of these women, she continues to rescue those that she can, realizing sadly that there are many, many more that she is unable to reach, unable to assist. As she grows ever more frustrated with the never-ending stream of women in crisis, she realizes that if she is going to ultimately stop the flow of women coming down the river in crisis, she needs to go upstream and determine what circumstances, conditions, or forces are causing the women to fall into this river.

This parable is salient to those working to prevent violence against women because it acknowledges the importance of providing life-changing, life-saving support, yet recognizes that efforts to address the needs of victims are insufficient to prevent violence. This parable represents "the beginning" of every prevention success celebrated today. Each prevention success story starts with a similar set of questions: Who is impacted by violence against women? What are the circumstances associated with violence against women? What conditions promote, encourage, or facilitate violence against women? Finally, are there forces or actions that deter violence against women? Answering these questions helps us to understand the relationship between social and cultural norms, institutional practices or policies, and regional (state or national) and global policies and laws, and whether they effectively exacerbate or ameliorate circumstances associated with violence against women. Our fisherwoman is likely to find a *complex set* of interrelated circumstances, conditions, and forces; this complexity must be critically analyzed, and effective, multidimensional strategies must be employed to ensure the reduction or elimination of violence against women.

Prevention Science: Unpacking Complex Problems

A public health approach to prevention navigates complexity by examining multiple factors, and it can reveal characteristics initially not apparent. For example, the National Violence Against Women Survey (Tjaden & Thoennes, 2000) and other research indicate that one in four women experiences intimate partner violence or sexual violence in her lifetime, and within that group, the majority are girls and young women (Basile, Chen, Black, & Saltzman, 2007; Rennison & Welchans, 2000). However, a more complex analysis and the consideration of a broader range of factors are required to understand and begin to address questions such as how female genital mutilation, which is an accepted practice in some countries and has been imported to the U.S., continues to be practiced in some cultural or ethnic subgroups; how cultural norms that condone or promote violence against women are reflected in the media's portrayal of the objectification and abuse of women; and how lack of economic viability creates situations in which women are beholden to or dependent on others, most often men, for family and individual security. Examples such as these begin to build a picture of an intricate interplay of contributing factors.

Data are essential to a more complex analysis and to the subsequent design and implementation

of effective strategies. Even when limited, data are useful for "unpacking" complex problems. Unpacking is the breaking down of a concept into orderly and manageable sets or component units (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008; Sartori, 1970). Unpacking helps to inform decisions including the following:

- *Who* a particular strategy or tactic will reach;
- *When,* within the trajectory of violent behavior, the strategy or tactic "intervenes";
- *What* the impact of this change will look like, if successful; and
- *Where* we can expect to look to determine our impact or success.

Deliberate consideration helps not only to clarify decision making related to an approach or set of tactics; it allows for clarity regarding the breadth and scope of a strategy and the gaps that may remain.

A Population-Based Approach to Prevention: Answering the Question *Who?*

One of the first questions to consider when working within a prevention framework is, "*Who* is affected by the problem?" Answering this question requires data that distinguishes among and between various groups or populations of interest. WHO defines three distinct population approaches important in understanding and addressing the prevention of violence*: universal, selected,* and *indicated* (Krug et al., 2002; see Table 11.1).

For example, efforts aimed at preventing high school boys from perpetrating teen dating violence are *universal* if all boys, regardless of the teen dating violence experience, are included. The design of a universal approach is not dependent on whether or not some of the high school boys have already perpetrated teen dating violence, as it is likely that some will have some experience. *Selected approaches* require prevention practitioners to identify specific risk factors, such as hostility toward women or hypermasculinity, and devise strategies that address members of a population who, by virtue of having expressed these particular risk factors, may be at greater risk for perpetrating teen dating violence. Finally, efforts directed to boys who have perpetrated teen dating violence are *indicated approaches* and might include disciplinary action, such as arrest and adjudication in juvenile court or referral to a teen batterer intervention program.

As this example suggests, *selected* and *indicated* population strategies must be informed by an understanding of risk factors (e.g., What puts groups at heightened risk for perpetrating or experiencing violence against women?). Data of interest include factors that are associated with the individuals impacted as well as data related to the conditions, context, or environment that increase or decrease risk. In every case, when considering risk factors there are some factors that

Table 11.1 Population Approaches to Prevention

Universal: Approaches aimed at groups or the general population regardless of individual risk for perpetration or victimization. Groups can be defined geographically (e.g., a school or school district) or by characteristics (e.g., ethnicity, age, gender).

Selected: Approaches aimed at those who are thought to have a *heightened risk* for perpetration or victimization.

Indicated: Approaches aimed at those who have already *perpetrated* or have been *victimized*.

will be and others that will not be modifiable. For instance, when concerned with sexual violence, the data related to rates of victimization clearly indicate heightened risk among women and children. Similarly, the rates associated with perpetration of physical violence, particularly violence resulting in injuries, are disproportionately represented among males. Yet, neither age nor sex are modifiable. Furthermore, the majority of women and children are not victimized, and the majority of men are not perpetrators of violence against women. Thus, effective prevention requires consideration of additional data that define and may help to understand additional factors that underlie or contribute to increased risk for victimization and for perpetration.

Risk reduction strategies focused on factors associated with victimization may be effective in preventing some women from experiencing violence but are likely insufficient to effectively end violence against women. Focusing prevention efforts on the complex interplay of risk factors associated with the perpetration of violence against women may lead to reductions in violence against women.

Important to understanding risk is an understanding of known risk factors for perpetration or victimization that are correlated with violence against women but do not predict or indicate, with certainty, violent behavior. Likewise, no single factor completely explains risk for perpetration of or victimization resulting from violence against women.

The literature related to violence against women identifies a range of risk factors that may contribute to perpetration or victimization (Blum & Ireland, 2004; Loh, Gidycz, Lobo, & Luthra, 2005; Macmillan & Kruttschnitt, 2005; National Institute of Justice, 2004). However, risk factors are not the cause of violence. For instance, data may show that males with dominant attitudes of hypermasculinity, negativity, and superiority toward women are at increased risk of perpetrating acts of violence against women, but that is not the same as the factors that *cause* those attitudes or beliefs. Attitudes, beliefs, and resulting behaviors are learned. In understanding this distinction, it is important to consider whether or not your prevention strategy is directed at changing the societal and cultural norms that form, reinforce, and perhaps, in some instances, even reward these dominant attitudes. Such an approach would be *universal* prevention because the aim is to change the values or norms of the entire group. However, if your prevention strategy is directed to males who already hold dominant attitudes, and you are attempting to decrease the likelihood of their attitudes resulting in violent behavior rather than change their attitudes, then your approach is *selected*.

As the definitions and examples suggest, prevention strategies do not focus exclusively on considering populations affected by violence, but rather emphasize the need to understand risk and the relationship of conditions that contribute to violence within population groups. Defining and refining the population of interest can be an important consideration, given limited prevention resources. In addition, as more and more funding agencies and organizations demand accountability, including the ability to measure or detect impact or change, specificity is needed. However, the population of interest is only one characteristic that needs to be clearly defined within a prevention strategy. The next section addresses the need to define *when*, within a continuum of violence, a prevention strategy is intended to intervene.

The Prevention Continuum: Answering the Question *When?*

Defining *who* a strategy is intended for is one important component of prevention planning. However, if prevention planning were to end at this point, there would remain many ambiguities. For a strategy to be accountable, it must also clarify *when*, within the trajectory or continuum of violence, the prevention effort is designed to intervene. The distinction between types of prevention is specific to

when (or whether) violence occurs and is different from the universal, selected, and indicated population categories discussed above. The types of prevention most commonly described are primary, secondary, and tertiary. *Primary* prevention includes activities or approaches that take place before violence has occurred, to prevent initial perpetration or victimization. Primary prevention activities are directed at universal or selected populations, with the goal of preventing the occurrence of violence against women. Activities to decrease or mitigate risk factors and increase protective factors may also be directed at selected audiences for whom risk is greater. These activities are considered primary prevention as long as perpetration or victimization has not yet occurred. *Secondary* prevention includes the immediate response after violence has occurred, to deal with the short-term consequences of violence. *Tertiary* prevention is the long-term response after violence has occurred, dealing with the lasting consequences of the violence.

A common misunderstanding is the substitution of the population concept *universal* (who), with the prevention concept *primary* (when). Efforts to reach a population regardless of risk (universal) are only primary prevention if the outcome of the strategy prevents the initial perpetration of violence or victimization. Therefore, efforts such as educating populations about their rights, available services, or hotlines are universal and secondary or tertiary.

The ability to distinguish primary, secondary, and tertiary strategies and work to ensure they are universally available is important. For instance, as stated, primary prevention includes efforts that result in lower risk for first occurrence of either victimization or perpetration or the elimination of an unwanted behavior. Primary prevention can be focused on reducing or eliminating victimization or perpetration, but these are not one and the same. Often, strategies directed at girls or women provide information, skills, resources, or tools designed to prevent victimization. When the information, skills, resources, or tools are effective, the prevention of abuse for that individual is appropriately labeled as primary. Efforts to prevent perpetration may also include the provision of information, skill building, or resources and tools directed at boys or men and, when effective, they stop that individual from inflicting harm or abuse on any number of potential victims.

Determining *when* is important to ensure that the strategies implemented are appropriate to the context of the problem. Attempts to change conditions may be ineffective if the full context is ignored. For example, teaching healthy relationship concepts to someone in immediate danger from a partner is unlikely to achieve its desired outcome. Comprehensive community-level prevention strategies often combine all three *when* levels of prevention (primary, secondary, and tertiary), adding a dimension to each that recognizes that even within a given level, the range of outcomes is variable.

The Ecology of Prevention: Answering the Questions *What?* and *Where?*

Effective prevention strategies also require deliberate planning and consideration of *what* change is desired and *where* meaningful indicators of the desired change will occur. As has already been stated, preventing violence requires an understanding of the circumstances and factors that influence its occurrence. Many different theoretical models attempt to describe the root causes of violence against women, including biological models; psychological models; cultural models; and grassroots, feminist power-based models (Baron & Strauss, 1989; Sokoloff & Dupont, 2005; Yllo, 1998). Each of these models contributes to a better understanding of violence against women and helps in the development of strategies to sustain protective factors and reduce modifiable risk factors. These models help to answer the question, "*What* change are we trying to realize?"

Ecological models are often used in an effort to recognize, plan, and organize a coordinated approach and answer the question, "*What* change is desired?" While many ecological models exist,

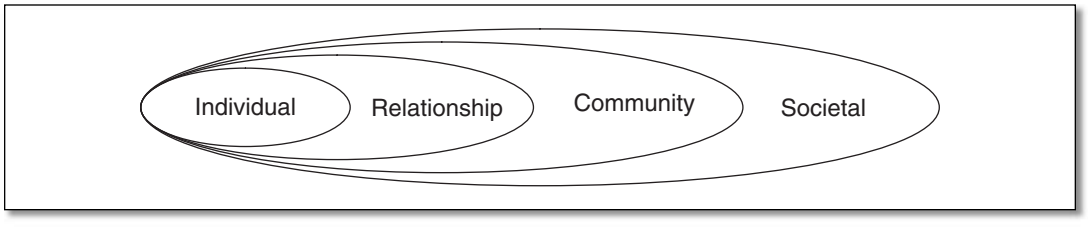
the one used here is a four-level model presented in the *World Report on Violence and Health* (Krug et al., 2002). This model offers a framework for understanding the interplay of the individual, relational, social, political, cultural, and environmental factors that influence violence and provides key points for prevention and intervention (Powell, Mercy, Crosby, Dahlberg, & Simon, 1999). Each of the broader ecological niches can have an impact on the niches within it (Stokols, 1992, 1996), allowing psychological models about individual risk factors and feminist models about societal risk factors to be incorporated into a comprehensive strategy. Presented in Figure 11.1, this model includes the following:

- *Individual level:* Biological and personal history factors that increase the likelihood an individual will become a perpetrator or victim of violence are the focus at this level (Krug et al., 2002). Efforts are often designed to target social and cognitive skills and behavior and include approaches such as counseling, therapy, and educational training sessions (Powell et al., 1999).
- *Interpersonal relationship level:* Factors that increase risk as a result of relationships with peers, intimate partners, and family members and shape an individual's behavior and range of experience are the focus at this level (Krug et al., 2002). Efforts include family therapy, bystander intervention skill development, and parenting training (Powell et al., 1999).
- *Community level:* This level focuses on the characteristics of community settings and institutions in which social relationships take place, including schools, workplaces, and neighborhoods. It includes organizational or institutional efforts that influence the norms and values of communities and reinforce beliefs and behaviors (Krug et al., 2002). Community-level efforts are typically designed to impact the climate, systems, and policies in a given setting (Powell et al., 1999).
- *Societal level:* The larger, macro-level factors that influence violence against women, such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people are the focus at this level (Krug et al., 2002). Societal-level efforts typically involve collaborations by multiple partners to change laws and policies related to violence against women or gender inequality. Efforts to determine societal norms that reinforce, promote, or simply accept violence and the identification of strategies for changing those norms can also be societal and are often influenced by the laws or policies promulgated and enforced (Powell et al., 1999).

Thus, the ecological model supports a comprehensive public health approach that addresses not only an individual's risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for violence against women.

Applying the ecological model to prevention planning helps answer the question, "*What?*" However, this model can be mistakenly used to

Figure 11.1 Ecological Model



address the question, "*Where*?" One common example of this misperception is a strategy designed to educate students, teachers, and school or university staff that is represented as a community-level strategy because a school is a community institution. However, if a strategy is designed to reach students, faculty, or staff and the outcome is a change in knowledge, attitudes, or behavior, then it is an individual- or group-level strategy. In this case, the community institution (i.e., the school) serves as the stage or platform for the strategy. A community-level strategy is specifically designed to change some aspect or dynamic of the organizational or institutional context. Thus, the focus is specific to a set of conditions or changes in the context or environment believed to support or reinforce unwanted behavior. An example would be the implementation of school policies that prohibit sexualized harassment and the extent to which they are enforced.

For the purposes of public health planning, and ultimately measuring the impact of any public health intervention, the concept of *where* is related to measurement (e.g., the documentation of the desired change and resulting impact). Thus, the question to be asked and ultimately answered is "*Where* are there markers or indicators that will demonstrate that the desired change is occurring?" For instance, it is important to know where individual or group knowledge, attitudes, or behavior can be measured, monitored, or assessed. Likewise, if a prevention strategy is designed to address community or societal levels of the social ecology, prevention planners need to know where they can find data or information to demonstrate that the desired change(s) has occurred (e.g., community or societal norms, climate, or standards).

Developing a Prevention Paradigm: Barriers and Challenges

In working to advance a public health agenda for preventing violence against women, the U.S. Centers for Disease Control and Prevention (CDC) has engaged in dialogue, consultation, planning, and the development of strategies and recommendations at the international, national, state, and local levels. These efforts have identified significant work occurring across the continuum of prevention, led and coordinated by many stakeholders, and coordinated among partners representing multiple domains. Thus, the growth and advancement of work to prevent violence against women benefits from the experience and experimentation of many who ask the question, "How do we *stop* violence against women from occurring?" However, this collective experience consistently identifies a set of common barriers and challenges to meaningful prevention efforts. Inherent in each of these is a gross oversimplification of the complex analysis required for meaningful and sustainable change. The following highlights each of these briefly:

Prevention as Increasing Awareness, Educating, and Informing

A common prevention paradigm equates prevention with the development and dissemination of effective messages or accurate information. Approaches include curricula designed to provide information or campaigns designed to raise awareness or inform a priority population. At the community level, efforts to educate community members about the extent of the problem often entail the expectation that this information will drive community-level change. Widely accepted theories of change among individuals and within organizations or communities recognize and include a role for accurate information made available in a manner that contributes to heightened awareness, and awareness is one component of early phases of adoption or diffusion (Rogers, 1995, Chapter 1).

Unfortunately, too often what is found within the practice of prevention is that efforts never progress beyond the awareness-raising phase. A disproportionate reliance on awareness-raising or educational approaches suggests a belief that

information provided to a potential perpetrator or victim will modify behavior. This is rarely supported theoretically or empirically. The inclusion of accurate and compelling messaging as a component of any prevention approach is necessary, but not sufficient. Effective prevention efforts are multifaceted; they deliberately build upon foundational work that may involve the provision of information or transfer of knowledge, but they necessarily include additional levels of effort directed at a broader range of outcomes. Leaders within the field of prevention of violence against women recognize that it is awareness combined with action that leads to the desired social change.

A tool for thinking about and engaging in primary prevention activities is the Spectrum of Prevention (Davis, Fujie Parks, & Cohen, 2006). Recognizing that norms shape and are shaped by organizational practices and policies, the Spectrum of Prevention provides examples of prevention strategies using an ecological model.

Prevention as Reaching Youth

A second prevention challenge is the common misperception that directs prevention strategies primarily to youth. Prevention strategies based on

Table 11.2 The Spectrum of Prevention

Level	*Definition*	*Sample Strategies*
1. Strengthening individual knowledge and skills	Enhancing an individual's capability of preventing injury and violence and promoting safety	Programs that strengthen individuals' communication skills using role play, peer discussion, etc.
2. Promoting community education	Reaching people with information and resources to prevent violence and promote health and safety	A Peace Walk promotes the message of nonviolence, and the media coverage will reach a broad audience
3. Educating providers	Informing providers who will transmit skills and knowledge to others and model positive norms	Campus health care providers work with fraternities and resident hall directors to promote positive bystander behavior
4. Fostering coalitions and networks	Bringing together groups and individuals for broader goals and greater impact	Officials from state or local departments of health, education, and justice form a network with community representatives and leaders working together to advance prevention efforts
5. Changing organizational practices	Adopting regulations and shaping norms to prevent violence and improve health and safety	State or local school boards integrate gender equity education, including media literacy, within core curriculum
6. Influencing policy and legislation	Enacting laws and policies that support healthy community norms and a violence-free society	School policies against hate crimes, harassment, and bias; work toward establishing a peaceful and respectful climate

Source: Adapted from Davis et al. (2006).

an analysis of individual-level risk factors are likely to identify early life experience with both perpetration and victimization. Thus, if risk factors for violence are present at a young age and violence often occurs to or is perpetrated by youth, then there seems an inherent logic in reaching youth before they become perpetrators or victims. The strategic flaw in focusing exclusively on youth is the known association between violent behavior and the cultural and societal norms that either reinforce or deter behavior (Bandura, 1998; Cohen, Scribner, & Farley, 2000; Emmons, 2000; Smedley & Syme, 2000). Effective public health prevention strategies may include specific strategies directed to youth but should also include strategies directed to factors that influence youth (Schmid, Pratt, & Howze, 1995; Sorenson, Barbeau, Hunt, & Emmons, 2004; Thombs, Wolcott, & Farkash, 1997). Efforts focused on influencers (e.g., parents, teachers, coaches, mentors, bystanders) and changes to community and cultural systems (e.g., media/music; standards and expectations set and reinforced by practice, policy, or regulation) are examples. Even when broadening this construct, it is important to recognize that successful efforts consistently engage and empower youth, increasing their cognitive and emotional intelligence as it relates to a particular area and allowing them to challenge existing norms or standards.

An increasingly popular strategy for prevention is youth leadership and engagement. The following case provides an example of a youth-led prevention effort, highlighting the role and importance of adult and institutional support:

> Recognizing the increased influence of peers in the middle school and high school years, a community engages youth in a violence prevention leadership initiative where the students progressively build knowledge and skills in peer-led groups to address gender and social norms regarding relationship violence. They plan and implement an annual teen summit and serve as mentors throughout the year for the younger students. The high school students mentor middle school students, who in turn mentor elementary school students with age-appropriate activities. School personnel, parents, and local businesses, themselves trained as leaders, support these efforts. A teen Web site provides information and a venue for lively discussions about sexual harassment policies and personal and group challenges related to gender roles and violence prevention. The youth are instrumental in the establishment of sexual harassment policies in the schools. The local Men Ending Violence group supports their efforts by advocating with the school district personnel to institute the changes. All of the activities are action oriented, with an eye to making changes at the individual, school, and community levels.

This example places an emphasis on prevention programming that fully engages youth and influencers in a manner that is empirically valid (Blum & Ireland, 2004).

Prevention as Blaming the Victim

In planning violence against women prevention efforts, a concern commonly expressed is the fear that an analysis of risk factors represents a form of victim blaming. Yet, examination of the circumstances and conditions associated with violent victimization is not intended to hold victims responsible or accountable for those conditions. Effective primary prevention requires a thorough analysis of risk factors for victimization and should be linked directly to specific efforts to understand and address the risk and protective factors associated with the perpetration of violence against women.

It is this nexus that is of particular importance for the effective prevention of both initial perpetration and repeat perpetration. Alcohol, as a risk factor, is one example we can use. Research clearly establishes the relationship of alcohol use to increased risk for both victimization and perpetration of violence against women. However,

although understanding this relationship is helpful in assessing and possibly even addressing high-risk situations, it does not lead to the conclusions nor the approaches needed to modify the underlying values, beliefs, or norms that are the basis for the violence.

Prevention as Distraction From Intervention

Perhaps most unfortunate is the dichotomy that represents the prevention of violence against women as an "either/or" dynamic between the provision of services for victims and the assurance of accountability for perpetrators. Many prevention efforts are rooted in the experience of survivors or service providers. They recognize the need for effective response but also feel an obligation to prevent violence against women and the resulting physical, emotional, and social consequences. Yet, this obligation makes demands on limited or declining resources. Additionally, an increase in the number of victims can lead to the conclusion that prevention does not work. This belief is likely reinforced by limited prevention experience, focused on inadequate prevention efforts such as one-time education sessions or individual-focused programs. In addition, insufficient funding for community-level prevention research or trials that can adequately saturate, over a sufficient period of time, a community with a diverse set of prevention approaches has led to a poorly established empirical basis for prevention programming.

The necessary and important work of supporting victims and of holding perpetrators accountable must persist, particularly as the prevention challenges described in this chapter contribute to and reinforce a narrowly defined and ineffective prevention paradigm. These barriers, including the inadequate conceptualization of prevention, lead to the implementation of strategies that lack a theoretical or empirical basis and are absent the strategic, long-term, comprehensive approach necessary to sufficiently address such complex social problems as violence.

Redefining the Prevention Paradigm

The barriers described are some of the challenges that must be overcome if violence against women is to be prevented. Overcoming these challenges requires a shift or expansion of the prevention paradigm. This shift is dependent on at least three key constructs. First is the necessary *leadership,* second is the need to mobilize and engage *communities,* and third is the need to redefine success based on capacity and a commitment to *social change* milestones.

Leadership

Leadership for the prevention of violence against women manifests in formal and informal, direct and indirect forms. The leadership of the women's movement laid the foundation, yet success is likely dependent on the inclusion of leaders, not only among those directly affected, but from the greater proportion of society that believes itself to be unaffected. Efforts to educate the unaffected about how they could become affected, what it is costing them, or why they should be concerned about violence against women provide limited impact. Sustainable prevention efforts involve leaders who support skills building for individuals, commit agency or organizational support, generate alliances across and among sectors, and advance programs and policies that lead to action (Johnson, Hays, & Daley, 2004). Framing issues in terms that express shared values and commonly held beliefs has been shown to be effective in moving social and political will (Dorfman & Wallack, 2007; Dorfman, Wallack, & Woodruff, 2005). Experience suggests that prevention leadership must not focus on who owns the

issue, but rather on what the prevention of violence against women looks like when viewed through a multitude of community and societal lenses. Thus, the next generation of leaders working to prevent violence must have the skills to work with partners and in these alliances be prepared to negotiate the common ground necessary to change the underlying norms and conditions that lead to violence against women. Future leaders must be willing to build bridges across a multitude of prevention efforts to maximize scarce resources, both human and financial.

Community Mobilization

Community mobilization approaches help us to understand the relationship between individuals, an organized group process, and social change outcomes (Reppucci, Woolard, & Fried, 1999). Models of community mobilization may reflect community empowerment, defined as a shift toward greater equality in the social relations of power (who has resources, authority, legitimacy, or influence), or may be more specific to advancing particular policy or program objectives (Laverack & Labonte, 2000).

Effective community mobilization can expand the base of community support for the prevention of violence against women. Engaging a community, particularly when using community data, can help a community overcome denial and promote local ownership and decision making. Benefits often include enhanced collaboration between individuals and organizations that may limit competition and redundancy of services and outreach efforts. In addressing violence against women, community mobilization helps to create public pressure to implement laws, policies, and practices that support access to or realignment of funding for organizations and promote long-term, organizational commitment to prevention (Treno & Holder, 1997a, 1997b). The goal of a community mobilization effort is to engage multiple sectors of the population to address a health, social, or environmental issue; to empower individuals and groups to define a standard or criteria the community desires; and to collectively act upon that standard in a meaningful way to facilitate change.

The "active ingredients" of effective community mobilization generally include developing consistent, cohesive messages; conducting assessments and creating action plans; building coalitions and increasing partnerships; influencing and engaging stakeholders and decision makers; developing community leadership; and monitoring the progress being made (CDC, 2008; Goodman et al., 1998).

A case example of community mobilization is the work of the Institute for Community Peace (ICP; http://instituteforcommunitypeace.org/icp/). ICP applies many of these principles when working with communities across the country in collaborative efforts to prevent violence (Bowen, Gwiasda, & Brown, 2004).

ICP commonly responds to communities' concerns after a violent event and presents a case example of how sustainable community prevention efforts evolve. ICP's community mobilization efforts focus initially on crime prevention, acknowledging the impact of violence on the community, addressing criminal behavior, and providing services for those affected. These efforts would be categorized as secondary or tertiary prevention; violence has occurred and the community organizes to begin dealing with its aftermath. Activities may include candlelight vigils or community events that honor victims of violence against women and organizing shelters for battered women or community-level sexual assault response teams.

Following a community response, ICP works to engage the community, seeking clarity about when and where violence occurs and its consequences for the community. This includes forming multi-sector coalitions and seeking participation from those most affected by the violence. Universal awareness is often raised, community resources are assessed, and community-led solutions are identified. Many

communities begin to address gaps in health (physical or mental), legal, and other services. Often targeted at selected or indicated populations and focused on secondary or tertiary prevention, this represents a continuation of the community response to violence.

In considering a hierarchy of needs, these early community efforts are likely critical to expand secondary prevention efforts and move toward primary prevention. Yet again, they are not sufficient to create or assure safety. Leadership and civic engagement that develops policies to respond to violence and organize change within community systems and structures supports prevention efforts. The institutional and societal change that supports and reinforces individual- and group-level change emerges.

As concerted efforts shift to promote a culture of equality and nonviolence, the root causes and "isms" that support violence often begin to be addressed. This shift represents community- and societal-level change, as the engaged communities begin to address the interrelationship among forms of violence. Likewise, through this shift communities are more likely to hold residents, institutions, and society accountable for change. Achieved through community support and advocacy that promotes a just and civil society, the desired change is more likely sustained as a result of an effective and participatory citizenry.

Community mobilization is often used outside the United States as a strategy for change. Raising Voices, a Uganda-based nongovernmental organization, uses community education, capacity building, media campaigns, workshops, policy reform, and service delivery as part of a comprehensive strategy to prevent violence against women. Raising Voices' approach to community mobilization includes systematically focusing on primary prevention using a holistic approach. The combination of workshops, community education, and media provides repeated exposure to prevention ideas through varied strategies. The change process used by Raising Voices recognizes community attitudes and plans for a phased approach to community mobilization that fosters community ownership and is grounded within a human rights framework (Michau, 2007).

Integrating approaches to include human rights, health and well-being, and the prevention of violence in U.S. communities may offer opportunities for expanded, inclusive prevention efforts. Communities mobilized to address domestic and sexual violence, unwanted pregnancy, and alcohol and drug abuse may wish to create collaborative efforts that work toward the mitigation of shared risk factors. Likewise, such collaborative community efforts could work toward increasing shared protective factors such as self-efficacy, family support, or resistance to negative media messages. Understanding that prevention does not exist in a vacuum, and that primary violence prevention compliments appropriate community-based secondary and tertiary prevention (intervention) services, acknowledges that working to reinforce norms to support peaceful relationships, homes, and communities is a long-term process that demands participation from individuals, agencies, organizations, and institutions.

Social Change Movements

Significant to the work of preventing violence against women is that much of the work is rooted in social change and advocacy movements. It is at this nexus that prevention overcomes the challenges described previously. Through a social change or advocacy movement lens, primary prevention is a natural and logical extension of the decades of work and generations of leaders who have guided efforts to address and prevent violence against women.

Sustainable social change movements require a keen awareness of and sensitivity to cultural norms and dynamics. Culture is defined as

> the integrated pattern of human knowledge, belief, and behavior that depends upon the

> capacity for learning and transmitting knowledge to succeeding generations; and the customary beliefs, social forms, and material traits of a group; a shared set of attitudes, values, goals, and practices that characterize an institution or organization; and the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic. (Merriam-Webster Online, 2009)

Norms are the regularities within communities and societies that shape the behaviors with which people comply and that people disapprove of when deviance occurs (Ullmann-Margalit, 1990).

Understanding, recognizing, and engaging population groups in a culturally appropriate, relevant, and respectful manner is a desired competency for prevention practice. The relevance of a prevention strategy to a particular community or culture is critical to its efficacy. That all communities in a nation, state, region, or county adopt the same prevention strategies is antithetical to the violence prevention paradigm. When members of the dominant culture impose themselves on communities without negotiating differences, prevention efforts often fail and the community may be blamed for lack of will. Prevention practitioners and leaders must be mindful of the power they wield as change agents and, at the same time, have the capacity to negotiate differences in a manner that honors, respects, and values the rich diversity of local communities.

Cultural competence is often represented as a process of developing proficiency in effectively responding in a cross-cultural context. Less commonly emphasized is the importance of applying this proficiency not only to an individual's culture but to understanding and respecting the culture, belief systems, norms, values, practices, and behaviors of groups, organizations, and communities. The multifaceted approach to prevention benefits from efforts that integrate cultural competency as a process by which individuals, agencies, and systems integrate and transform awareness of assumptions, values, biases, and knowledge about themselves and others to respond respectfully and effectively across diverse cultures, language, socioeconomic status, race, ethnic background, religion, gender, sexual orientation, and ability. This process recognizes, affirms, fosters, and values the strengths of individuals, families, and communities and protects and preserves the worth and dignity of each (Wisconsin State Council on Alcohol and Other Drug Abuse, 2008).

This approach to cultural competency considers a range of desired outcomes across the ecological model and considers the competencies required to meaningfully integrate and advance outcomes to prevent violence against women within those cultures. One example is the consideration of culture within a community organization. Schools and other community institutions have distinct cultures and subcultures (teachers, students, administrators, staff, etc.). Thus, whether a school is serving as a point of access to individuals for prevention efforts (e.g., reaching students through a school-based curriculum) or as the target of specific prevention efforts (e.g., developing and enforcing sexual harassment or teen dating violence prevention policies within a school), understanding the characteristics that define the context or "culture" may be important to achieving and sustaining the desired change.

Prevention as a Social Change Paradigm

Throughout this chapter, a more complex paradigm for prevention, one that has been successfully applied in other areas (tobacco control, drunk driving, etc.) has been described. Yet, embracing a more complex model for preventing violence against women may be analogous to swimming upstream. The preponderance of data available that identify behaviors to prevent (e.g., bullying, sexual violence, intimate partner violence, stalking) coupled with a lack of data,

research, and consensus on outcomes or standards to promote (e.g., self-esteem or self-respect, community responsibility, supportive adult mentorship, nonviolent role models and messaging) reinforces downstream efforts. Yet, increasingly, communities are going upstream to develop programs that address violence before it occurs and to actively create social change movements that lay the foundation for sustainable, long-term outcomes. Communities are actively electing to promote behaviors, policies, and procedures that reflect gender equity and safety and, as such, emphasize and promote health.

Promoting a desired condition or state is often referred to as a *health promotion effort.* Health promotion is any combination of educational, organizational, economic, and environmental supports for the conditions of living and the behavior of individuals, groups, or communities that are conducive to health (Daniel & Green, 2002). Health promotion assumes that appropriate changes in the social environment will produce changes in individuals and that the support of individuals in the population is essential for implementing environmental changes (McLeroy, Bibeau, Steckler, & Glanz, 1988). An example of a health promotion approach is a strategy to engage men and boys in preventing violence against women. This promotion approach is based on data that supports that the majority of men do not perpetrate violence against women. Promoting positive behaviors such as honesty, respect, and communication and providing role models for young males may aid in developing active allies in preventing violence against women (CDC, 2008). Programs such as Coaching Boys into Men (http://www.endabuse.org/content/features/detail/811/); Mentors in Violence Prevention (http://www.sportinsociety.org/vpd/mvp.php); Boys Will Be Men: Raising Our Sons for Courage, Caring, and Community (http://www.plu.edu/~mav/doc/boys-will.pdf); and Men of Strength Clubs (http://www.mystrength.org) represent efforts to define men's shared leadership role and reinforce norms to prevent violence against women. These practices, if implemented within the context of a comprehensive approach, contribute to movement upstream.

Encouraging men to take responsibility for promoting respect for women and mentoring boys to adopt attitudes, beliefs, and behaviors that support a culture free of violence is a health promotion perspective. However, challenges remain. Approaches directed to boys and men are primarily individual or group approaches. The important aspects of a health promotion approach, directed to policy, organizational, economic, regulatory, and environmental interventions are largely absent. Efforts to define and promote the shared responsibility of institutions, groups, and individuals remain largely focused on the standard for those institutions working with victims or perpetrators. Men need to define and refine their role and men's work to prevent violence against women, within the broad ecological framework. Women, especially those who have worked in and led the violence against women movement, need to understand and believe that prevention work is being accomplished on their behalf, not at their expense. The need for efforts led by women and men, institutions and communities will not end until violence against women ends. There remains a need for women to advocate on behalf of themselves and others, and there will continue to be a role for women to coach and guide male allies as they work together to develop shared understanding and common outcomes of interest. Getting women and men to work on collective action that moves beyond individual or group strategies to more collective community and societal action is likely the only approach that will yield meaningful and lasting change.

Conclusion

This chapter attempts to make the case for preventing the perpetration of violence against women by recognizing that focusing exclusively on

victimization will never lead to the end of violence. In addition, it offers a perspective on prevention that encourages broadening and redefining the paradigm used. However, for prevention practitioners to meaningfully address the perpetration of violence against women, they need data and research that describes behaviors and conditions related to perpetration. Institutions, including CDC, that support prevention efforts must encourage, support, and synthesize this type of research. Researchers must improve empirical methods to quantify and qualify perpetration and conduct robust research addressing individual, organizational, social, and political factors associated with violence against women.

A collective promotion of equity and respect is likely to define the next phase of efforts to prevent violence against women. Applying a positive, health-promoting approach to the prevention of violence against women offers many unknown opportunities and challenges. Yet it is only through the innovative efforts of those working to promote well-being and prevent violence against women that the paradigm of prevention will continue to evolve and strengthen.

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Personal Reflection

Esta Soler

It was decades ago that I became interested in preventing domestic, sexual, and dating violence. In many ways, it was a natural outgrowth of my longtime civil rights work. I always had a keen interest in helping those whose rights are being violated, trampled, or ignored, and I quickly recognized that a woman who is being battered or raped by a partner—and a child growing up in a home in which that kind of violence occurs—needs champions.

In those days, there weren't a lot of people stepping up to do that work. The ones who did are my heroes to this day. For the most part, the focus then was on the critical work to make services available to victims. We'll never be able to count the lives saved by the domestic violence services we put in place in communities across this country.

In addition to supporting that work, I wanted to focus on advocacy, public policies, and social change. There was a need. At that time, domestic violence was considered a criminal justice issue—a women's issue—and a private problem. And not much else.

We began the Family Violence Prevention Fund with a small federal grant. It was tough in the early days. I remember visiting members of Congress who had never been approached on this issue. The things they said and jokes they made make me angry to this day. I remember approaching media about reshaping their news coverage and not being taken seriously. I remember approaching funders who saw no role for foundations or other donors in addressing this issue and no hope for change.

We've proved them all wrong, I think. A lot of us who dedicated our lives to this work have transformed the way the country understands and perceives this violence. As a nation, we really have come a long way. But there's still much more work to do.

I think what I've brought to this movement is a focus on advocacy, social norms change, public education, and prevention. The Family Violence Prevention Fund was among the first domestic violence organizations to create a role for men who want to be part of the solution. We are proud of that and proud that the field is embracing that work.

But we also know that, at a time when four women are being murdered each day by current or former husbands or boyfriends, when rape and sexual assault plague college campuses, when reproductive coercion is ignored and misunderstood, when battered immigrant women cannot count on culturally appropriate services, when asylum seekers fleeing gender-based violence cannot count on refuge here, and when the funding for vital services is in jeopardy, as much work lies ahead as is behind us. So perhaps my proudest accomplishment, like that of many of my peers, is building a strong, durable organization that will be ready to meet the next round of challenges.

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