Issues in Domestic Violence: Prevention of Domestic Violence

Introduction

Start Strong

In 2009, The Robert Wood Johnson Foundation launched Start Strong: Building Healthy Teen Relationships, the largest initiative ever funded to target 11- to 14-year-old youth to promote healthy relationships as the way to prevent teen dating violence and abuse. The program has been facilitated in 11 communities across the country and is being used to identify and evaluate the most promising pathways to stop dating violence and abuse before it starts. Start Strong takes a public health approach to prevention by working outside the individual to affect communitywide change and promote positive health behaviors.

Start Strong is creating a unique learning community composed of health centers, community and domestic violence organizations, youth programs, middle schools and high schools that will create innovative prevention models that can be replicated across the country. Each community has developed a comprehensive plan that focuses on four core strategies involving in-class curriculum, policy change, work with mentors and communications strategies to empower youth to develop healthy relationships.

Start Strong Boston, for example, hosted “Break-Up Summit 3.0,” a conference that brought together teens and adults to tackle teen dating abuse and explore healthy relationships including how to break up in a healthy way. The summit looked at steps teens can take to increase the likelihood of having a respectful split, such as talking face-to-face, sharing positives about the person, discussing the reasons for ending the relationship and setting healthy boundaries. Workshops included “Breaking-Up In The Internet Age,” “The ‘What Are We?’ Conversation,” “It’s Complicated,” and “Represent Yourself,” all of which were designed to help teens engage in respectful break-ups and promote healthy relationships. The Boston program also released a list of the top 10 healthy and unhealthy relationship songs.

Powerful Choices

In 2011, the Seattle Human Services Department funded a program targeting female and female-identified teens between 10 - 17 years to develop positive relationship skills aim at reducing their vulnerability to dating violence and sexual exploitation by third parties. The program is called Powerful Choices.

The program targets low-income, truant middle school age girls who are at risk of running away or homelessness and are most vulnerable to exploitive relationships. The program also has a community site targeting female-identified LGBTQQ youth. All programs provide 30 hours of group work.
Intimate partner violence/domestic violence is clearly a significant public health problem. Intimate partner violence profoundly damages the physical, emotional, and social well-being of individuals and families. Many of our societal responses to domestic violence have been largely centered on crisis intervention, on providing services to individuals and families already impacted by domestic violence in order to prevent further harm (Wolf et al., 1997). While crisis intervention is a necessary response to intimate partner violence, it cannot be the only way to address the complex dynamics of domestic violence. There is a need for proactive prevention strategies.

As the program descriptions highlighted at the beginning of this training material demonstrate, there are compelling ways to target the issue of partner violence. The programs described above target teens, a group that we are recognizing is especially vulnerable to intimate partner violence. According to the Centers for Disease Control and Prevention, nearly 1.5 million high school students nationwide experienced physical abuse from a dating partner in a single year. Another study released by the Multisite Violence Prevention Project revealed that half of all sixth graders say they are dating and 42.1 percent of these children report being victims of physical dating violence.

Domestic violence is defined as the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another (National Coalition Against Domestic Violence). This is an inclusive definition that transcends age, gender, sexuality or ethnicity. Additionally, the consequences of domestic violence can cross generations and last a lifetime. There is a positive however: all forms of intimate partner violence are preventable.

Preventing domestic violence requires addressing complex issues with comprehensive approaches. It involves addressing the underlying causes of problems and using strategies and approaches known to be effective in addressing those causes. This course will introduce mental health professionals to the prevention of intimate partner violence. Specific and noteworthy programs will be highlighted throughout this document in order to inform mental health professionals about the array of available approaches to prevention.

Upon completion of this course participants will:

Objectives

1. Describe three levels of prevention and provide an example of each
2. Describe the use and effectiveness of public awareness campaigns
3. Discuss various approaches to primary prevention with children and adolescents
4. List risk factors for domestic violence
5. Discuss aspects of secondary prevention

Types of Prevention Strategies

Looking at the examples presented in the introduction, a fact that should already be clear is that there are many approaches to prevention. Prevention of domestic violence is not a “one size fits all approach.”

Experts identify three levels of prevention: primary, secondary and tertiary. These labels are used to distinguish interventional strategies and do not reflect that any one strategy is more effective than any other. They also are not unique to domestic violence but apply to many types of public health concerns.

Wolfe and Jaffee (1999) describe a public health model of domestic violence prevention in which they discuss primary, secondary and tertiary interventions that can be applied to children, adolescents and adults.

- **Primary prevention** efforts seek to “prevent the onset of a targeted condition.” In the field of intimate partner violence, primary prevention is aimed at preventing the initial occurrence of domestic violence. Examples of primary prevention include public awareness campaigns and educational programs about domestic violence. Primary prevention can also focus on changing environments so that they are safer for women, who are most often the victims of domestic violence. Interventions that do not have a particular focus on violence, but address its underlying causes (such as gender inequality and poverty), are also primary prevention interventions. Mental health professionals may be involved in primary prevention by participating in and supporting mass media and awareness-raising, school-based approaches (including violence awareness and alternative conflict-resolution skills and basics of healthy relationships) and policy changes.

- **Secondary prevention** (or early intervention) efforts target individuals and groups who exhibit early signs of perpetrating violent behavior or of being subject to violence. They can be aimed at changing behaviors or increasing the skills of individuals and groups. Early intervention may also be targeted to environments in which there are strong signs that violence may occur or has begun to occur (e.g. subcultures, such as peer groups or sporting clubs in which there is a strong culture of disrespect of women). The *Powerful Choices* program offered by the Seattle Human Services Department (described at the start of the training material) is an example of secondary prevention because it targets a specific at-risk group. Some would argue that any program specific developed for teens could be an example of secondary prevention. Secondary prevention
initiatives could also include counseling for children who have experienced or been exposed to violence (which may prevent “at-risk” boys from becoming perpetrators and “at-risk” girls from becoming victims). Many mental health professionals are experts at secondary prevention, while they may not realize that they are engaging in these strategies. For example, a clinician may identify that a client is in a current at-risk relationship, and engage them in a discussion of components of healthy relationships.

- **Tertiary prevention** efforts are implemented after violence occurs. They aim to deal with the violence, prevent its consequences (such as mental health problems) and to ensure that violence does not occur again or escalate. Tertiary prevention includes intensive family preservation, mental health counseling, shelters, prosecution of perpetrators and rehabilitative programs.

It is not always possible to make a clear distinction between these strategies. For example a policy reform, such mandating arrest of perpetrators, is designed to facilitate intervention after domestic violence has occurred. However it can also have a primary preventative effect (by communicating to the wider community that violence against women is a serious issue) and an impact on early intervention by deterring potential perpetrators.

**Primary Prevention**

Primary prevention efforts are targeted to populations before domestic violence occurs.

**Public Awareness Campaigns**

For adults, the most common approach to primary prevention involves public awareness campaigns. These types of campaigns have been used both domestically and internationally. The goals of general campaigns are to raise awareness in hopes that some members of the public will avoid victimization. Even within these efforts, there is variability in how they are approached. These include:

- Deterrence appeals are targeted towards the general public and meant to dissuade them from using violence in relationships. These members of the general public may include current or potential perpetrators. The message of deterrence appeals is that should the individual perpetrate violence, he or she would face the threat of being caught and/or of suffering severe penalties.
Victim-oriented appeals include providing the public-at-large, including potential victims of domestic abuse with information about the nature of what constitutes domestic violence, ways to help keep them safe, including self-protection techniques, ways to report domestic violence, and resources that can be used to help them. These types of programs may include the idea of “breaking the silence” surrounding family violence or on stressing the negative impact on children. The poster below is a copy of one distributed free by the Connecticut Coalition Against Domestic Violence and can be downloaded from http://www.ctcadv.org/ResourceCenter/DomesticViolenceAwarenessMaterials/tabid/189/Default.aspx. It stresses the multifaceted nature of domestic violence.

Bystander education campaigns utilize posters, flyers, and other advertising that is aimed at increasing pro-social and appropriate bystander behaviors. Many of these campaigns have been aimed at college campuses, where problems with intimate partner violence are just beginning to receive recognition.

Campaigns aimed at police, judiciary, medical and other professionals are based on the premise that women are more likely report violence if they feel they will receive a sympathetic and effective response. Such programs may include free continuing education.

Public awareness campaigns are frequently used, and there has been some research on their overall effectiveness. Self-Brown et al. (2008) looked at the use of these campaigns in prevention of child sexual abuse. The researchers used a
quantitative survey to assess participants' comfort level, knowledge gain, and likelihood of behavioral change in response to a media campaign. Focus group results suggest that the media campaign had a positive impact on public knowledge of child sexual abuse. Gadomski et al. (2001) conducted a study on whether a public health education campaign targeting domestic violence in a rural county could effect change. They implemented a comprehensive campaign using radio advertisements, posters, articles, and printed advertisements. The researchers evaluated attitudinal and behavioral changes in the intervention and comparison counties before and after the campaign. They found statistically significant increases in slogan and advertising recognition occurred in the intervention county, particularly among men. They also reported that those people who saw the ads were significantly more likely to take action if they heard a neighbor being abused. These actions included talking to the victim, consulting with friends or talking to a doctor.

Potter et al. (2009) evaluated the efficacy of a poster campaign to determine if college students increased in terms of positive bystander behaviors and willingness to intervene in instances of sexual violence after viewing a series of campaign posters where student actors modeled behaviors. The results of a preliminary evaluation indicated promising variation in the awareness of students who reported seeing the campaign compared to those who did not.

At-Home Support

Primary prevention efforts can be implemented at all life stages, including infants and preschool-age children. This generally involves home visitation: public health nurses and trained paraprofessionals assisting new parents.

School-Based Primary Prevention

For children and adolescents, school-based primary prevention efforts are the most common type of interventions. Miller and Jaffee (1990) state that schools are ideal places to introduce primary prevention programs to wide ranges of children, because much of children’s social learning takes place in schools, and social learning can play a role in the development of behaviors and attitudes that support domestic violence. Teachers are an important influence in the lives of children thus and are in an ideal position to motivate students to consider new ways of thinking and behaving. Such school-based awareness and skill development programs involve collaborative efforts by schools and communities to teach violence awareness and alternative conflict-resolution skills. For children of high-school age, these school-based programs often emphasize issues related to dating violence and forming healthy intimate relationships.

There are a number of excellent examples of school-based primary prevention. Some of the national programs include Break the Cycle, Strategies for Healthy Youth Relationships and Lessons From the Literature. These programs are
briefly described below to introduce the diversity of approaches to child/adolescent primary prevention.

- **Break the Cycle** - provides comprehensive dating abuse prevention programs. Their school-based curricula is called *Respect WORKS!* They have also developed February as *Teen Dating Violence Awareness & Prevention Month* and there are public awareness initiatives and increased efforts in the schools. Break the Cycle has also implemented *Hear My Voice* a campaign to raise awareness about dating abuse among LGBTQ teens and young adults.

- **Strategies for Healthy Youth Relationships** - promotes healthy adolescent relationships and reducing risk behaviors. *Strategies for Strategies for Healthy Youth Relationships* is listed on SAMHSA's National Registry of Evidence-Based Programs. These best practice approaches target multiple forms of violence, including bullying, dating violence, peer violence, and group violence.

- **Stand & Serve** is a peer-leadership initiative. The program includes a number of components, but one that sets it apart is its focus on peer education, mentoring and modeling. Stand & Serve stresses values including empowering community values and youth as resources, positive peer influence in which members model and teach healthy behaviors and build skills to prevent sexual violence as well as the importance of respect, equality and safety.

- **Lessons from the Literature** - enlists English teachers to use books (such as *Their Eyes Were Watching God* and *Lord of the Flies*) to facilitate discussion and build awareness about physical, verbal and sexual abuse. *Lessons from the Literature* provides teachers with a manual, teaching points and materials, and a community of peers implementing this program.

**Secondary Prevention**

Secondary prevention efforts are targeted to individuals at risk for domestic violence or following early signs of domestic violence.

**Risk Factors for Domestic Violence**

Understanding the risk factors associated with domestic violence helps to frame interventions and select appropriate responses. Of course the presence of these risk factors does not automatically mean that a person will become a victim of domestic violence or an offender. Secondary domestic violence
**Age/Gender.** Females, ages 16 to 24, are at highest risk for domestic violence victimization (US Department of Justice, 2008). Among undergraduate college students, 22 percent of female respondents reported domestic violence victimization. Estimates of teen dating violence prevalence vary widely because studies define and measure violence differently over different periods of time for different populations. According to the Youth Risk Behavior Survey, an annual nationally representative survey of youth in grades 9-12, approximately one in 10 adolescents report being a victim of physical violence from a romantic partner in the last 12 months (CDC, 2010).

**Socioeconomic Status.** Unemployed and low SES men have a high risk of offending, and this increases if the partner is employed or has a higher SES at the same time; lower education is also associated with domestic violence (Wilson, 2012).

**Race.** Blacks experience higher rates of victimization than other groups: black females experience intimate violence at a rate 35 percent higher than that of white females, and black males experience intimate violence at a rate about 62 percent higher than that of white males and about two and a half times the rate of men of other races. Other survey research, more inclusive of additional racial groups, finds that American Indian/Alaskan Native women experience significantly higher rates of physical abuse as well (Center for Problem Oriented Policing, 2012).

**Other Risk Factors.** A verbally abusive partner is one of the most robust risk factors for intimate partner violence. Women whose partners are jealous or tightly controlling are at increased risk of intimate violence and stalking. There is a strong link between threats of domestic violence and perpetration of domestic violence, suggesting that abuser threats should be taken seriously (Tjaden & Thoennes, 2000).

**Secondary Prevention Efforts for Adults**

Many of the secondary prevention programs aimed at adults are offered under the umbrella of community-based early intervention. Individuals exposed to violence are identified at the earliest possible opportunity and provided with appropriate, coordinated services. Community-based domestic violence services have grown significantly since their emergence in the 1970s. Now more than 2,000 in number, domestic violence organizations have expanded their range of programs. In addition to crisis-oriented services, many of these agencies provide mental health or vocational services or referrals (Saathoff & Stoffel, n.d.) or offer specific programs targeted to cultural groups, such as blacks and Latinas.
Bradley Angle

Located in the Portland, Oregon area, the Bradley Angle program is based on the growing awareness that community based services and public education about domestic violence make a significant difference, and that early intervention and support is critical. They offer prevention-oriented support that allows participants to take active steps toward safety, self-care and positive family relationships. They also offer two specialized programs, the Healing Roots program, which addresses the specific needs of African-American survivors of domestic violence and the Healthy Relationships program, classes tailored to the LBGT community. Healthy Relationships classes teach participants how to identify and communicate personal values, set boundaries, negotiate and handle conflict. Couples and partners can attend together.

Bradley Angle also does community outreach and education. They offer prevention-oriented workshops about the dynamics of domestic and sexual violence to churches, community service groups, businesses and local government agencies. Workshop topics include anti-oppression, racism, domestic violence, stalking, rape culture, sexual assault advocacy, dynamics of abusers, sexual and gender minority oppression and domestic violence and kids.

Secondary Prevention Efforts for Children and Adolescents

While the statistics and descriptions above highlight prevention efforts for adults, programs aimed at children and adolescents are also important. Studies estimate that 10 to 20 percent of children are at risk for exposure to domestic violence (Carlson, 2000), and that as many as 10 million teenagers are exposed to parental violence each year (Strauss, 1992). Children/adolescents’ exposure to domestic violence typically falls into three primary categories:

- Hearing a violent event;
- Being directly involved as an eyewitness, intervening, or being used as a part of a violent event (e.g., being used as a shield against abusive actions);
- Experiencing the aftermath of a violent event.

These children and adolescents may experience a variety of behavioral, social, and emotional problems. For the purposes of this training module, however, what is key in this exposure is that exposure to domestic violence may result in increased tolerance for and use of violence in adult relationships (Ganley & Schechter, 1996).

Intervention strategies for school-age children and adolescents that are “at-risk” or who have been exposed to violence include crisis support, individual counseling, and educational groups. Adolescent prevention strategies emphasize healthy dating relationships. The Start Strong and Powerful Choices programs
featured at the beginning of this training material are examples of secondary prevention programs.

**Infants and Preschool Age Children**

Secondary prevention strategies for infants and preschool children focus on ensuring that children receive a healthy start, including freedom from emotional, physical, and sexual abuse, and from the trauma of witnessing domestic violence. In order for children to grow to be nonviolent, productive adults, they must be cared for by supportive and nurturing adults, have opportunities for socialization, and have appropriate protective boundaries (Boonstra, 2009, Wolfe & Jaffee, 1999). Prevention programs targeting infants and preschool children have developed from the public health and nursing fields. They involve efforts to provide support for new parents through home visiting. These programs focus on healthy relationships and family strengths. Community-based services are less stigmatizing, than more directive or punitive approaches mandated through child welfare services or law enforcement.

One often-cited program that has been widely evaluated is Hawaii’s **Healthy Start** program.

**Healthy Start**

Healthy Start has been operating since 1984. Families are identified for participation in the program by looking at characteristics such as marital status, employment, income level, housing, education, psychiatric care, family problems, substance abuse, and parents’ childhood histories. The program begins with an assessment of the strengths and needs of families at the time of birth, outreach to build trust and acceptance of services. Parents are coached in problem-solving skills, expanding their support systems, healthy child development and building positive parent-child relationships.

The program’s home visitors respond to early warning signs of domestic violence by assisting mothers to develop safety plans, and helping offenders to register for specific treatment programs. Evaluation results, described below, suggest that early-childhood home visitation may be a promising strategy for reducing domestic violence.

Blait-Merritt et al. (2010) conducted a comprehensive evaluation of **Healthy Start** and its effectiveness in reducing domestic violence. Researchers studied six hundred forty-three families with an infant at high risk for child maltreatment. Home visitors provided direct services and linked families to community resources. Home visits were to initially occur weekly and to continue for at least 3 years.
Mothers who were offered early intervention were compared with a control group. The mothers who participated in the intervention program reported lower rates of victimization and significantly lower rates of perpetration. Women in the intervention group also reported significantly lower rates of physical assault. These evaluation results are promising in terms of prevention.

**Tertiary Prevention**

Tertiary prevention is targeted to victims and perpetrators after domestic violence is evident. These services often differ from primary and secondary prevention in that they may be mandated rather than voluntary.

Research indicates that the harmful effects of domestic violence can negatively influence parenting behaviors. Parents who are suffering from abuse may experience higher stress levels and be preoccupied with avoiding the abuse. This may lower their ability to provide safety, support, and nurturance to their children. Domestic violence perpetrators may exhibit behaviors that negatively effect children including authoritarianism, lack of involvement, undermining the victim and manipulation.

**Intervention with Children and Adolescents**

As with at-risk children, abused victims and their children are often offered home visitation by child protective service caseworkers. Caseworkers support healthy parenting by educating parents about the effects of their behavior on their partners and children, providing intensive parenting skills programs that emphasize the needs of children affected by domestic abuse, offering safe exchange and supervised visitation programs. They may also recruiting nonviolent fathers to mentor domestic violence perpetrators.

Prevention efforts for older children and adolescents who are exposed to domestic violence are supportive and specific to the emotional and behavioral problems are offered specific mental health services that address the underlying trauma. Many of these services are offered to children whose parent is seeking shelter services.
Someplace Safe Children’s Support Group

Someplace Safe, Inc. located in Ohio, offers group and individual support services to children newborn to age 18. Support groups provide children with the chance to share their feelings, meet other children who have been in a home where family violence has occurred and learn new skills. Topics that the children may discuss include safety planning, anger management, feelings, self-esteem and healthy relationships/friendships. If a child needs extra help, they receive individual support services. Issues that are worked on in support services vary based on the child’s needs. Anger management, self-control, understanding family violence and lessening the effects of witnessing violence are often addressed.

Adults

Community-based intervention for chronic domestic violence includes intensive police, court, and community collaboration to address situations of chronic domestic violence. Victims may receive an array of services to support future prevention, such as support with safety planning, counseling, psychoeducation on dynamics of abuse and healthy relationships. In order to be most effective these services should be strengths-based and support change. Perpetrator programs target behaviors and reduce recidivism.
References


