Emerging Strategies in the Prevention of Domestic Violence

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Abstract

Responses to domestic violence have focused, to date, primarily on intervention after the problem has already been identified and harm has occurred. There are, however, new domestic violence prevention strategies emerging, and prevention approaches from the public health field can serve as models for further development of these strategies. This article describes two such models. The first involves public health campaigns that identify and address the underlying causes of a problem. Although identifying the underlying causes of domestic violence is difficult—experts do not agree on causation, and several different theories exist—these theories share some common beliefs that can serve as a foundation for prevention strategies. The second public health model can be used to identify opportunities for domestic violence prevention along a continuum of possible harm: (1) primary prevention to reduce the incidence of the problem before it occurs; (2) secondary prevention to decrease the prevalence after early signs of the problem; and (3) tertiary prevention to intervene once the problem is already clearly evident and causing harm. Examples of primary prevention include school-based programs that teach students about domestic violence and alternative conflict-resolution skills, and public education campaigns to increase awareness of the harms of domestic violence and of services available to victims. Secondary prevention programs could include home visiting for high-risk families and community-based programs on dating violence for adolescents referred through child protective services (CPS). Tertiary prevention includes the many targeted intervention programs already in place (and described in other articles in this journal issue). Early evaluations of existing prevention programs show promise, but results are still preliminary and programs remain small, locally based, and scattered throughout the United States and Canada. What is needed is a broadly based, comprehensive prevention strategy that is supported by sound research and evaluation, receives adequate public backing, and is based on a policy of zero tolerance for domestic violence.

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D omestic violence has been part of the fabric of many societies and cultures worldwide—it is so commonplace, in fact, that it has often gone unnoticed and failed to receive the level of concern it deserves in light of the devastating effects it can have on children and families. (For information about the effects of domestic violence on children, see the

article by Fantuzzo and Mohr in this journal issue.) When there have been societal responses to domestic violence, they 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.[1]

While crisis intervention is a necessary response to domestic violence and can be highly effective at particular points in time, it alone cannot address the complex dynamics of domestic violence. There is also a strong need for proactive strategies of prevention. Recent changes in public policy, legislation, and service delivery illustrate a growing commitment to finding ways to reduce the harmful effects of domestic violence.[2] However, few comprehensive strategies that address the prevention of domestic violence have been developed, and even fewer have been evaluated.

This article describes theoretical frameworks, including two public health models, that can inform the future development of domestic violence prevention strategies. It also provides examples of innovative prevention strategies currently being implemented across the country, and discusses results from evaluations, when available.

Underlying Causes of Domestic Violence

Public health campaigns to eliminate health risks and to encourage healthy behaviors among particular segments of a population can serve as one type of model for domestic violence prevention strategies. Approaches within this model identify and address the underlying causes of this health problem and often also use positive messages about what constitutes healthier behavior to promote change to those healthier behaviors.[3] Similarly, domestic violence prevention strategies must include some understanding of the underlying causes of domestic violence as well as a vision of what constitutes a healthy, nonviolent family.[4]

It is very difficult to identify the underlying causes of domestic violence; experts in the field do not agree as to what these causes are. As a result, there are several different, and at times overlapping, theories of causation.[5] Despite these differences, all these theories share some commonalities, which can serve as a foundation for domestic violence prevention strategies.

Biological Theory

According to this theory, violent behavior is biological and organic and can be explained by genetics, biochemistry, and changes in brain development due to trauma. For example, it is believed that some abusive men have histories of head injuries, which have affected their ability to solve problems and control impulsivity.[6] Researchers in this camp have linked the trauma of early exposure to chronic violence to changes in a child's brain functioning that lead to violent behavior as an adult.[7]

Individual Psychopathology Theory

From this perspective, domestic violence is rooted in individual psychopathology or dysfunctional personality structures, which are more likely than biological factors to be learned and shaped by early childhood experiences. Research in this area includes studies of male batterers, showing that witnessing domestic violence or being the victim of abuse undermines one's ability to trust and to regulate emotions and results in hostile, dependent, insecure individuals with little ability to develop healthy relationships.[8] Similar research shows that male batterers are more likely than nonbatterers to score poorly on mental health tests (for example, anxiety, depression, mania, psychosis) and criminality indicators (for example, antisocial personality and stranger violence).[9]

Couple and Family Interactions Theory

This theory suggests that domestic violence is rooted in the faulty interactions of a couple and family system, and that an individual's violent behavior cannot be

addressed without understanding the context, characteristics, and dynamics of the familial relationships.[10]

Social Learning and Development Theory

This perspective suggests that domestic violence is learned behavior that is modeled, rewarded, and supported by families and/or the broader culture. Analyses based on this theory focus on the ways children learn that aggression is appropriate to resolve conflicts, especially within the context of intimate relationships.[11] Researchers have found that batterers are much more likely to have had violent fathers than are nonbatterers.[12] Developmental research shows that early intervention with children from violent households may restore normal developmental processes, such as empathy and self-control, and minimize the risk of further harm caused by exposure to abusive adult models.[13]

Societal Structure Theory

According to this view, domestic violence is caused by an underlying power imbalance that can be understood only by examining society as a whole. The analysis focuses on patriarchy or male domination over women and children through physical, economic, and political control. Domestic violence reflects women's inequality in the culture and the reinforcement of this reality by various institutions.[14]

Commonalities Across Causation Theories

Despite the diversity of views regarding the underlying causes of domestic violence, there are some beliefs common to all these theories. They include: (1) that domestic violence has been ignored as a major social problem until recently and remains poorly understood;[15] (2) that domestic violence is a complex problem impacted by multiple variables;[16] (3) that childhood trauma, either through exposure to violence or some other trauma, influences the likelihood of domestic violence;[17] and (4) that as long as domestic violence is condoned as accepted behavior by public attitudes and institutions, there is little chance of preventing it.

Types of Prevention Strategies

Another public health model that can inform the development of domestic violence prevention strategies divides prevention efforts into three categories: primary, secondary, and tertiary.[18] Primary prevention involves efforts to reduce the incidence of a problem in a population before it occurs. The goal of secondary prevention is to target individuals to decrease the prevalence of a problem by minimizing or reducing its severity and the continuation of its early signs. Tertiary prevention
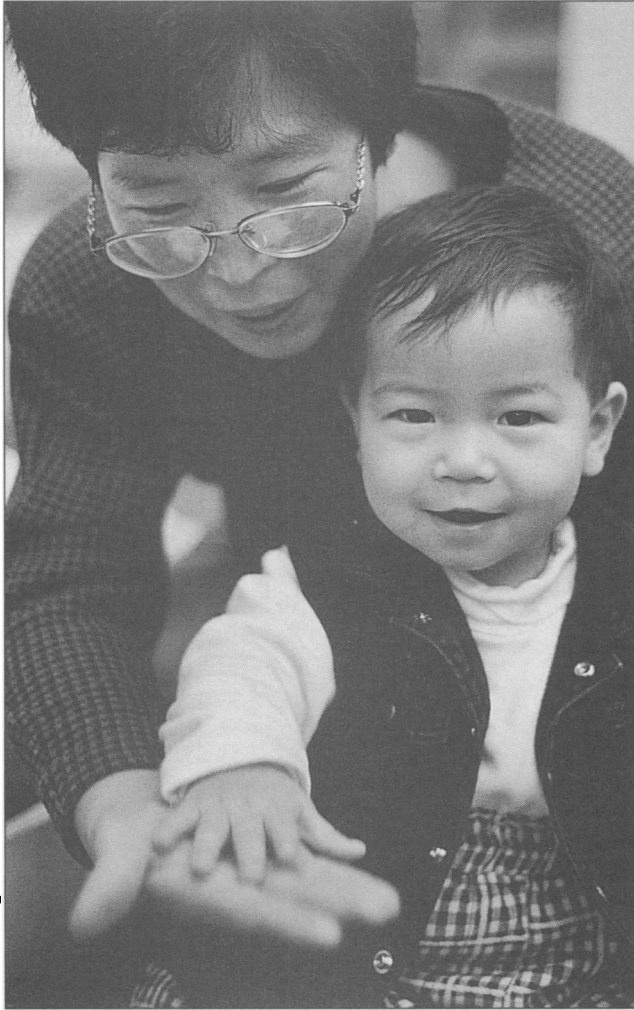
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involves attempts to minimize the course of a problem once it is already clearly evident and causing harm.

Primary prevention strategies can introduce to particular population groups new values, thinking processes, and relationship skills that are incompatible with violence and that promote healthy, nonviolent relationships. For example, resources can be used to focus on respect, trust, and supportive growth in relationships.[19] These efforts can be targeted at populations that may be at risk for violence in their intimate relationships but who have not yet shown symptoms of concern, or they can be directed universally at broad population groups, such as school-age children or members of a particular community.

In contrast to a population-based focus, secondary prevention efforts in domestic violence address identified individuals who have exhibited particular behaviors associ-

ated with domestic violence. An example of secondary prevention is a clear protocol for the way teachers can assist students who have discussed witnessing domestic violence in their homes but who do not show serious signs of harm.[20]

Tertiary prevention efforts are the most common and emphasize the identification of domestic violence and its perpetrators and victims, control of the behavior and its harms, punishment and/or treatment for the perpetrators, and support for the victims. Intensive collaboration and coordinated services across agencies may be vital in tertiary prevention efforts to address chronic domestic violence and to help prevent future generations of batterers and victims. However, tertiary efforts can be very expensive and often show only limited success in stopping domestic violence, addressing long-term harms, and preventing future acts of violence.[21]

Table 1 uses the primary, secondary, and tertiary prevention paradigm to categorize a broad range of domestic violence prevention strategies. Several of the strategies mentioned in the table are described in greater detail in the following section, which discusses innovative primary and secondary prevention strategies currently being tried in the United States and Canada. (For information regarding tertiary prevention efforts for children exposed to domestic violence, see the articles by Lemon, by Findlater and Kelly, by Saathoff and Stoffel, by Culross, and by Groves in this journal issue.)

Innovative Primary and Secondary Prevention Efforts

Existing primary prevention efforts are often directed toward particular population groups, and secondary efforts toward identified individuals within those groups. Programs for children typically target specific age groups and utilize, in their design, what is known about child development at that particular age. As a result, programs for very young children are markedly different from programs for adolescents, for example.

Unfortunately, there is no information currently available regarding the total

Table 1

A Public Health Model for Domestic Violence Prevention			
Life Stage	Primary (Targeted to Populations Before Domestic Violence Occurs)	Secondary (Targeted to Individuals, Following Early Signs of Domestic Violence)	Tertiary (Targeted to Victims and Perpetrators After Domestic Violence Is Evident)
Infants and preschoolers (0 to 5 years)	**Home visitation.** Public health nurses and trained paraprofessionals assisting new parents.	**Home visitation with high-risk families.** Support and services for family members identified as being at high risk of perpetrating or becoming victims of domestic violence.	**Home visitation with abused victims and their children.** Specialized services for those identified by domestic violence specialists as having been harmed by domestic violence.
School-age children (6 to 12 years)	**School-based awareness and skill development.** Collaborative efforts by schools and communities to teach violence awareness and alternative conflict-resolution skills.	**Community-based early intervention.** Children exposed to violence are offered crisis support, individual counseling, and educational groups.	**Disorder-based treatment services.** Children who show emotional and behavioral problems are offered specific mental health services that address the underlying trauma.
Adolescents and high-school-age youths (13 to 18 years)	**School-based awareness and skill development.** Same as above, with emphasis on issues related to dating violence and forming healthy intimate relationships.	**Community-based early intervention.** Same as above, tailored for adolescents exposed to violence and emphasizing dating relationships.	**Disorder-based treatment services.** Same as above, with the possible involvement of the juvenile justice system as an identification and access point for treatment.
Adults (18 years and older)	**Public education.** Media campaigns promoting awareness of domestic violence and providing information about local resources and how to respond to domestic violence situations.	**Community-based early intervention.** Individuals exposed to violence are identified at the earliest possible opportunity and provided with appropriate, coordinated services.	**Community-based intervention for chronic domestic violence.** Intensive police, court, and community collaboration to address situations of chronic and dangerous domestic violence.

number of primary and secondary prevention programs that address domestic violence. The programs described below are highlighted because they illustrate the points being discussed, not because they necessarily represent the most successful programs. Comprehensive, evaluative information with regard to domestic violence prevention programs is also very limited but is presented when available.

Infants and Preschool-Age Children (0 to 5 Years)

Primary and 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. Development of such strategies begins by defining the principles of a healthy child-rearing environment. Though there are dif-

fering opinions about the details of such a healthy environment,[22] all experts agree that in order for very young children to thrive and grow to be nonviolent, productive adults, they must be cared for by supportive and nurturing adults, have opportunities for socialization, and have the freedom within protective boundaries to explore their world.[23]

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 programs.[24] (For more information on home visiting programs, see the spring/summer 1999 issue of *The Future of Children.*) Home visiting support and assistance can be delivered on a universal basis whereby all new parents receive basic in-home services for a specified time period. However, no pro-

at risk for child abuse are also at risk for domestic violence. Moreover, families at risk for domestic violence may be more receptive to home visitation, with its focus on healthy relationships and family strengths, than to more directive or punitive approaches through child welfare services or law enforcement.[20] However, there are potential problems with the use of home visiting programs to address domestic violence. These include concern for the safety of the home visitor and the victim, and the possibility that any trust between the home visitor and the family will be breached if domestic violence is discussed.[29]

School-Age Children (6 to 12 Years)

Schools are ideal places in which to introduce primary prevention programs to wide ranges of children, because most children attend school. In addition, much of children's social learning takes place in schools, and research has shown that social learning can play a role in the development of behaviors and attitudes that support domestic violence. Teachers, who typically represent the second most important influence in the lives of children, are in an ideal position to motivate students to consider new ways of thinking and behaving.[30]

grams with a universal approach currently exist in North America.[25] Alternatively, home visiting services can be delivered to selected groups, such as families or neighborhoods, that are at greater risk for domestic violence. There are home visiting programs that currently target families identified as being at risk for child abuse,[26] and include efforts to improve parenting skills[27] and to prevent social isolation.[28] Hawaii's Healthy Start Program is a well-known example of a prevention effort, with home visits provided to infants born to high-risk families to help prevent the incidence of child abuse and to promote other aspects of healthy child development. (See Box 1.)

To date, home visitation programs have not focused on domestic violence prevention. Yet, such programs hold promise in this area because of their emphasis on creating a healthy environment for children and because many of the families served who are

In a 1998 comprehensive review of model programs for battered mothers and their children, several community agencies reported the development of primary prevention efforts in collaboration with schools.[31] One of the key values inherent in all of these primary prevention programs is the belief that every student needs to be aware of domestic violence and related forms of abuse. Even if students never become victims or perpetrators of domestic violence, they may have opportunities in the future, as community members, to help others in preventing or stopping it.[32] Because these programs consider domestic violence a community and societal problem, many of them also involve parents and other members of the broader community.

One of the first programs to document efforts to prevent domestic violence by working with children in the schools was implemented by the Minnesota Coalition for Battered Women.[33] (See Box 2.) The

Box 1

Hawaii's Healthy Start Program

Hawaii's Healthy Start Program, initiated in 1984, offers a comprehensive assessment of the strengths and needs of families at the time of birth, outreach to build trust relationships and acceptance of services, teaching of problem-solving skills, expanded support systems, and promotion of healthy child development and positive parent-child relationships. Screening tools for selecting participants look at variables such as marital status, employment, income level, housing, education, psychiatric care, family problems, substance abuse, and parents' childhood histories. The program's home visitors currently respond to early warning signs of domestic violence by assisting mothers to develop safety plans, and helping abusers to register for specific treatment programs. Home visitors are prepared to work with law enforcement and the criminal justice system, if needed. General program results are encouraging—the intervention promotes a more nurturing family environment in which mothers report that they are more involved and sensitive to children's cues and use less punishment. Results specific to the prevention of child abuse are mixed. There are no evaluative data regarding the effectiveness of this strategy for preventing domestic violence.

Source: Duggan, A.K., McFarlane, E.C., Windham, A.M., et al. Evaluation of Hawaii's Healthy Start Program. *The Future of Children* (Spring/Summer 1999) 9,1:66–90. See also Center on Child Abuse Prevention Research. *Intensive home visitation: A trial, follow-up, and risk assessment study of Hawaii's Healthy Start Program.* Chicago, IL: National Committee to Prevent Child Abuse, 1996; Earle, R.B. *Helping to prevent child abuse and future criminal consequences: Hawaii Healthy Start. Program Focus.* Washington, DC: National Institute of Justice, October 1995.

ideas and successes of this early program have spawned similar efforts across North America.[34] Preliminary evaluations of these newer programs are promising and indicate that key elements of successful school-based programs include: identifying relationship violence as a form of societal violence; acknowledging that domestic violence is an abuse of power and control; creating a high enough level of trust so that children can disclose exposure to domestic violence and teachers can make appropriate referrals; teaching safety skills about what to do when domestic violence occurs; and encouraging the development of social skills such as anger management and conflict resolution as alternatives to violence.[35]

Adolescents (13 to 18 Years)

Adolescence is a time of important cognitive and social development. Teens learn to think more rationally and become capable of thinking hypothetically. They also develop a greater understanding of the possible risks and consequences of their behaviors and learn to balance their own interests with those of their peers and family members. Conformity to parental opinions gradually decreases throughout adolescence, while peers become increasingly influential until late adolescence.[36] Romantic relationships become more important by mid-adolescence.[37] Thus, early- and mid-adolescence offer unique windows of opportunity for primary prevention efforts that make teens aware of the ways in which violence in relationships can occur, and that teach healthy ways to form intimate relationships.[38] When offered opportunities to explore the richness and rewards of relationships, youths become eager to learn about choices and responsibilities. Clear messages about personal responsibility and boundaries, delivered in a blame-free manner, are generally acceptable to this age group, whereas lectures and warnings are less helpful.[39]

Primary prevention programs delivered universally through high schools often involve activities aimed at increasing awareness and dispelling myths about relationship violence. Such activities might include school auditorium presentations involving videotapes, plays, professional theater groups, or speeches from domestic violence or teen dating violence survivors;

Box 2

> ## "My Family and Me—Violence Free"
>
> In an effort to ensure that all children knew about alternatives to domestic vio-
> lence, in 1987 the Minnesota Coalition for Battered Women (MCBW) developed,
> in collaboration with educators, a program and curriculum for elementary school
> students. (The MCBW also has a secondary school program that uses a different
> curriculum.) The goals of the curriculum for children grades K–6 include: raising
> their awareness of different concepts of family and how problems impact family
> members; defining different forms of violence in families and understanding the
> effects; developing personal safety plans in abusive, emergency situations; learning
> to express feelings and opinions based on the values of equality, respect, and the
> sharing of power; practicing nonviolent conflict resolution; and gaining a sense of
> self-worth regardless of family problems. In pre- and posttests, children showed an
> increase in knowledge about family violence and what to do when it occurs,
> although results about attitude changes were mixed. The teachers' evaluations of
> the curriculum were positive; they observed integration by the children of the con-
> cepts and some positive behavioral changes.
>
> Source: Jones, L. The Minnesota School Curriculum Project: A statewide domestic violence prevention project in secondary
> schools. In Dating violence: Young women in danger. B. Levy, ed. Seattle: Seal Press, 1991, pp. 258–66.

classroom discussions facilitated by teachers or domestic violence services professionals; programs and curricula that encourage students to examine attitudes and behaviors that promote or tolerate violence; and peer support groups. Some school-based programs have resulted in youth-initiated prevention activities such as theatrical presentations to younger children, and marches and other social protests against domestic violence.[40]

Preliminary data from evaluations of six school-based dating violence prevention programs report increases in knowledge about dating violence issues, positive changes in attitudes about dating violence, and self-reported decreases in the perpetration of dating violence. Though preliminary, these data indicate that adolescents are receptive to school-based prevention programs.[41]

In addition to school-based programs for adolescents, there are also community-based programs with primary prevention goals similar to those of the school-based programs. Many of the community-based programs also provide secondary prevention services to teens who have displayed early signs of violence. (See Box 3.)

Adults

Public-awareness campaigns such as public service announcements and advertisements are common approaches to primary prevention of domestic violence by adults. These campaigns typically provide information regarding the warning signs of domestic violence as well as community resources for victims and perpetrators. One comprehensive public education campaign, developed by the Family Violence Prevention Fund (FVPF) in collaboration with the Advertising Council, included television advertisements delivering the message that there is no excuse for domestic violence, and making referrals to local domestic violence services.[42]

The evaluation of the campaign included collecting public-opinion data through telephone surveys in 1994 and again in 1996. These data showed decreases over the two years in the number of people who said they: (1) did not know what to do about domestic violence; (2) did not believe it was necessary to report incidences of domestic violence; (3) felt that it was no one else's business when a husband beats his wife; and (4) believed that the media exaggerated the problem of domestic violence. Though these results indicate that, in general, Americans increasingly view domestic

Box 3

The Youth Relationships Project

The Youth Relationships Project is a community-based program developed to help youths at high risk for committing dating (or later domestic) violence to understand how the abuse of power can lead to relationship violence, and to utilize this understanding to improve their own relationships. The project, established in 1993, serves 14- to 17-year-olds who have experienced violence in their own families. The youths are referred to the program from active child protection cases, usually by their caseworker. Youths participate in an 18-week, small-group program that builds on their current strengths and teaches them how to select appropriate alternatives to abuse and violence. The program helps youths to understand the critical issues related to healthy versus abusive relationships, to develop skills to build healthy relationships, and to use new attitudes and skills through community involvement and social action. An evaluation of the program is currently under way; results will be available in the year 2000.

Source: Wolfe, D.A., Wekerle, C., Gough, R., et al. *Youth relationships manual: A group approach with adolescents for the prevention of woman abuse and the promotion of healthy relationships.* Thousand Oaks, CA: Sage Publications, 1996. See also Center on Child Abuse Prevention Research. *Intensive home visitation: A trial, follow-up, and risk assessment study of Hawaii's Healthy Start Program.* Chicago, IL: National Committee to Prevent Child Abuse, 1996; Earle, R.B. Helping to prevent child abuse and future criminal consequences: Hawaii Healthy Start. *Program Focus.* Washington, DC: National Institute of Justice, October 1995.

violence as an important social issue, the data also revealed differences by ethnic group and gender. For example, men were more likely than women to believe that women provoke men into physically abusing them, and more likely to feel that the media exaggerated the prevalence and harms of domestic violence. These variations imply a need for public education campaigns tailored to particular segments of the population.[43]

Conclusion

We are currently positioned at the starting gate of domestic violence prevention efforts in North America. Progress will depend on the level of public and governmental commitment to making prevention a long-term priority. While the increase in the number of domestic violence prevention programs is encouraging, information about what works, and resources for programs, remain limited. It is now necessary to move beyond small, local programs, scattered across various communities, to comprehensive evaluations and research that will support broader prevention efforts.

Although evaluative data are limited, early results point to promising strategies and theories that can be applied to the pre-vention of domestic violence. They include: home visitation,[44] collaborative efforts among child protection agency personnel and domestic violence services providers,[31] prevention efforts that address violence both in homes and in communities,[45] school-based programs,[32] and public education campaigns tailored to address the unique perspectives of specific segments of the population.

Despite early indications of positive results, domestic violence prevention programs remain a hard sell.[46] Though there is much to be learned from public health prevention models, differing opinions about the causes of domestic violence make them difficult to adopt. The commitment of resources to crisis intervention limits the availability of resources for prevention. And, because domestic violence prevention requires fundamental changes in attitudes and behavior, it confronts societal and individual resistance to change.

Prevention of domestic violence on a broad level will require a clear commitment from all levels of government, with the goal of establishing a consistent, coordinated, and integrated approach for each commu-

nity. A national policy of zero tolerance for domestic violence is necessary. Given the pervasiveness and harms of domestic vio-

lence, such a policy and the prevention efforts to support it cannot be postponed any further.

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29. Family Violence Prevention Fund. Child abuse and domestic violence prevention: Finding the nexus. Minutes from a national meeting. June 3, 1996. Available by contacting FVPF at (415) 252-8900.

30. For an overview of these issues in schools, see Sudermann, M., and Jaffe, P. Prevention of general violence and violence against women: School and community-based strategies. In *Determinants of health: Settings and issues*. National Forum on Health, ed. Sainte-Foy, Quebec: Editions MultiMondes, 1998; see also note no. 2, Peled, Jaffe, and Edleson, pp. 209–31.

31. National Council of Juvenile and Family Court Judges. *Family violence: Emerging programs for battered mothers and their children*. Reno, NV: NCJFCJ, 1998.

32. See note no. 30, Sudermann and Jaffe, pp. 273–310.

33. See note no. 2, Peled, Jaffe, and Edleson, pp. 209–31.

34. For example, the Women's Center and Shelter of Greater Pittsburgh has developed extensive violence prevention programs for public school children between kindergarten and grade 12. Through collaboration with evaluators in public health, a major study has been recently undertaken to assess the impact of this and other comprehensive programs on students. Descriptive findings to date point to promising outcomes that support this initiative. For more information regarding the Pittsburgh program and the comprehensive study, contact the Women's Center and Shelter of Greater Pittsburgh, P.O. Box 9024, Pittsburgh, PA 15224.

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40. These youth-initiated activities occurred in the A.S.A.P. program in London, Ontario. See note no. 35, Sudermann, Jaffe, and Schieck, pp. 23–25.

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43. These findings may have been affected by the extensive publicity about the O.J. Simpson trial that dominated the media during this period. However, a public opinion poll of 4,000 men, women, and adolescents in Canada yielded similar results. See note no. 14, Canadian Panel on Violence Against Women. The Los Angeles Commission on Assaults Against Women (LACAAW) conducts public education campaigns similar to that of the Family Violence Prevention Fund. Although there is no systematic evaluation of these efforts to date, anecdotal reports show a sharp increase, following these campaigns, in the number of requests for domestic violence services by victims. Further information can be obtained from the LACAAW by contacting Leah Aldridge at (213) 955-9090.

44. See note no. 3, Sherman, Gottfredson, MacKenzie, et al.; see also Waller, I., Welsh, B.C., and Sansfaçon, D. *Crime prevention digest 1997: Successes, benefits, and directions from seven countries*. Ottawa: International Center for the Prevention of Crime, 1997.

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