



POLICY BRIEF SUMMARY
SEPTEMBER 2014



Reducing Intimate Partner Violence through Leveraging Cultural Values

“Previous public health experience suggests that the more precisely the target group is bounded, the more effective the campaign. Precision makes it easier to deliver a message that tells people exactly what they need to know, in their own language, through sources they trust and respect.”¹

Intimate Partner Violence (IPV) is a serious problem that affects communities nationwide, but mainstream interventions do not address the specific needs of immigrant and refugee communities. In an effort to advance the prevention of IPV for vulnerable populations, the Robert Wood Johnson Foundation invested in *Strengthening What Works*, a pioneering effort to evaluate eight IPV prevention programs for immigrants and refugees. This summary condenses results of the SWW initiative. Implications of the results will be suggested as well as recommendations for policy from the brief will be summarized here.

Background to IPV Prevention

PRIMARY PREVENTION OF INTIMATE PARTNER VIOLENCE

Preventing intimate partner violence (IPV) through interventions that address it after it has occurred are unlikely to be successful.² Efforts that focus on arresting the perpetrator or supporting the victim after the fact have been shown to have little or no impact on recidivism, much less on rates of perpetration.³ Instead, **the focus must move to preventing IPV before it happens**, ideally by working towards a world in which individuals do not feel the need to resort to violence, and where society (at macro and/or micro levels) does not condone, permit, or ignore its perpetration. When operationalized into prevention activities, those goals take the form of interventions to promote and support healthy gender identity, gender equity, and healthy intimate partner relationships starting from the teen years. These programs also work to positively refocus the social norms and cultural values that have been seen to allow IPV to take place.

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OVERVIEW OF THE IPV PREVENTION LITERATURE

Two major approaches to IPV prevention emerged from the recent literature:

- Programs targeting youth and adolescents
- Programs to change social norms that condone or permit IPV to take place

The potential for leveraging cultural values in preventing IPV has received some attention at the theoretical level, but has not been developed much past that point. The few existing programs have not been evaluated. Evaluations of prevention programs are scarce, methodologically challenged, and equivocal in their findings. A small number of dating violence prevention programs have been deemed effective based on the evidence.

YOUTH DEVELOPMENT AND HEALTHY RELATIONSHIPS

A dominant theme in the recent literature on IPV is the trend away from a focus on men as perpetrators and women as victims, and towards a focus on the couple as a dyad. In this model, **preventing IPV can be accomplished by providing the foundation for healthy relationships at an early age**. Thus, the prevention literature is largely devoted to understanding and finding ways to prevent dating violence among youth and adolescents. Promising practices include communication and relationship skills training, and programs to address cultural norms that support IPV.

SOCIAL NORMS

The other dominant theme in the IPV prevention research literature is the idea of changing the social norms that support or permit IPV to occur. However, much of the literature on this subject analyzes survey data that link certain beliefs and values to higher rates of IPV.⁴ Furthermore, most studies on the link between social norms and IPV were conducted outside the U.S., where they generally took a women's empowerment perspective. No reports of actual programs that attempted to change social norms, much less evaluations of them, were found for this review.

There is some evidence that norms are changing on a global level. A review of data from the Demographic and Health Survey found increasing rejection of IPV in many countries over a five year period due to a decrease in women's willingness to accept justifications for IPV.⁵ This supports the concept that prevention is tied to changes in norms and values that support or allow IPV.

The SWW grantee interventions fell largely into the two approaches outlined above: changing cultural norms and promoting healthy relationships. And, in a number of cases, the approaches were interlinked; healthy relationships were promoted in the context of affirmative cultural norms.

Synthesis of Findings from Strengthening What Works (SWW)

In the SWW initiative, an important distinction that was observed was the difference between **intimate culture** and **community culture** in addressing IPV. Intimate culture is defined as the cultural space of interpersonal interactions between spouses; partners; parents and children; within extended families; and/or friends and neighbors. The differentiation is between those defined as inside (intimate) and outside by the key actors. The closer a topic or concern is to central values of a culture (family relations, parenting, roles) the greater the need for interventions to be focused on the role of intimate culture as opposed to community culture. These two cultures may be closely aligned, however to



prevent IPV may require a realignment of one or both. And, if the intimate culture changes to prevent IPV, it is critical that the community culture be supportive of the changes and so come into alignment, or minimally be neutral in relationship to the values of the intimate culture.

Every SWW IPV prevention program had as a fundamental purpose changing or reframing the cultural and social norms that allowed or justified violence, and many focused on strengthening healthy relationship values. The social and cultural norms varied by group but the programs were grounded in understanding the norms of the specific immigrant or refugee community and designed their interventions to respond to those norms. Importantly, those programs that largely focused on the strengthening or revitalizing of existing norms and healthy relationships, some of which had been dormant or hidden, found a significant increase in attendance to their prevention activities. Others concentrated on developing or refocusing the norm so that it denied the possibility of IPV being culturally or individually appropriate or acceptable.

“[We learned] what violence and self-esteem are, and how much we are worth--as men and women--and that communication is fundamental in marriage.”

Participant, Enlace Case Study

Elements in Effective SWW IPV Prevention Interventions

Grantees approached IPV as the symptom, diagnosing within the appropriate cultural contexts the causes and supports and then addressing those through affirmative intimate culture (couple and individual) development as well as community development, as initiative objectives.

Interventions were carefully constructed to function within cultural values and language. As appropriate, interventions also reflected thoughtful reinterpretation of mainstream programs and the selection of knowledge elements that could be introduced within the cultural structure and values of the specific community. The approaches were often synergistic, with healthy femininity and healthy masculinity supporting healthy relationships and gender equity a part of both. And, all were conducted through the leveraging of affirmative cultural values.

FIGURE 1.
Elements in Effective SWW IPV Prevention Interventions.



HEALTHY MASCULINITY & HEALTHY FEMININITY

Most grantees worked to leverage positive cultural values to affect knowledge, attitudes, beliefs, and behaviors around healthy femininity and healthy masculinity intended to, among other things, prevent IPV. Grantees began with a view that the culture(s) of those with whom they worked had positive values that could provide the basis for **healthy gender roles** which were seen as critical to IPV prevention. Several of the grantees developed interventions specifically focused to men in which the notions of culturally



supported masculinity were explored and recast largely away from dominating and punishing as masculine virtues to strength through self-discipline, supporting of the family, and cooperation/collaboration with others. Culturally supported notions of subservience and unworthiness were recast toward understanding the values of strength and equity in which all stakeholders benefit from the change.

Important grounding for most interventions was the concept of **gender/partner equality** whether implicit or explicit. The implicit hypothesis was that perceived equality will reduce potential for IPV suggesting that IPV may be more likely to exist where inequality is real or perceived. In leveraging positive cultural values, all of the SWW grantees who utilized this approach were focused on inclusion rather than exclusion; of men and women, in particular, being better at who they are rather than becoming something else. Young men and women, both directly through specific youth initiatives and through anticipated benefit from adult participation were seen as a critical audience. Many grantees saw youth engagement as central to prevention as their norms, values, and behaviors are still tractable, and peer influence is particularly strong.

SANCTIONED SPACE

All grantees created safe, sanctioned space in which participants in interventions could discuss difficult or stigmatized issues. Without this groundwork, the likelihood of interventions being able to attract and engage the populations of interest was seen to be very limited. In all cases, **the safe space provided the setting in which challenging topics could be explored, often deeply personal information could be revealed, and in which the group was pledged to confidentiality**. The sanctioning of the discussions and the changes that were implicit in the undertaking came from the position of the organization within the community and often from the authority and respect for those who endorsed the conversations. And, in some cases, safety was imbued in an otherwise unsafe space as a result of the act of sanctioning.

HEALTHY RELATIONSHIPS SKILLS

Many grantees worked specifically to provide skills and tools to develop and maintain healthy relationships, and as one consequence, prevent IPV. Healthy relationships as a practical, demonstrable concept generally included information and skills development around such issues as:

- Respect for self and others
- Communication skills
- Conflict avoidance and management
- Anger management

In most cases, the discussion of these issues was grounded in the group culture and explored group norms for behavior. These explorations allowed, supported, and encouraged both men and women to discuss the ways in which they adopted cultural roles and where the supports for those roles diverged from the strongest, most affirmative foundations of their cultures.

An important feature of many of the interventions was working to generalize the information contained in programs and to engage in advocacy with key leaders so that changes might be more generally taken up within a community or group. Identifying and engaging with key formal and informal opinion-makers and gatekeepers within the community was important in order for some or all of the following:



- Informing the development of the interventions;
- Sanctioning engagement in the interventions;
- Reinforcing messages from the interventions with participants; and,
- Expanding the circles of information and influence around core intervention issues.

Analysis

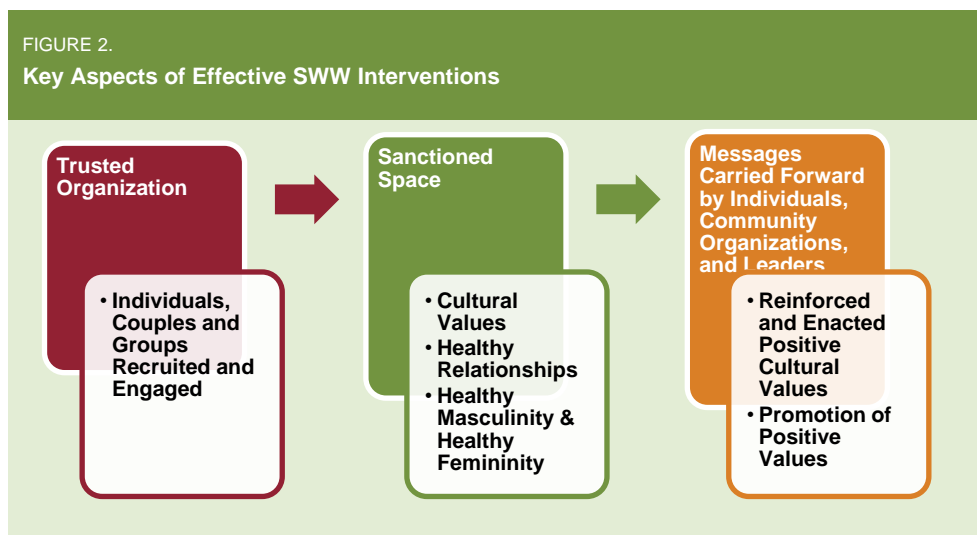
SWW APPROACHES & THE FIELD OF IPV PREVENTION

In some instances, the SWW grantees reinterpreted cultural values in a new context which may act to expand the boundaries of the cultural value. By leveraging cultural values, the SWW grantees have gone past the field as reflected in the literature. And, there are general approaches found across grantee interventions that are important for informing the field. The evaluation of grantee interventions through SWW emphasized the importance of **cultural and linguistic intervention design**, and the critical role that **informed program design** must play in order to ensure the appropriate intervention development so that a community's cultural values form the base of the intervention. The SWW grantees additionally addressed adults and used deep cultural knowledge to go beyond changing social norms to leveraging and supporting affirmative cultural values.

The approaches that SWW grantees developed for preventing IPV are in line with the current direction of the general IPV prevention field. That is, as noted in the review of the literature, many are emphasizing:

- Programs targeting youth and adolescents emphasizing healthy relationships
- Programs to change social norms that condone or permit IPV to take place

FIGURE 2.
Key Aspects of Effective SWW Interventions





Key Recommendations

- Funders and policymakers seeking to prevent IPV in communities should solicit ideas from the field for the development of initiatives that are responsive to particular populations.
- Funders and policymakers seeking to prevent IPV in ethnic and minority communities should solicit and support interventions that seek to prevent IPV through working with both intimate and community cultures to create and sustain affirmative cultural values that support healthy relationships.
- For those seeking to engage young populations in order to prevent IPV through healthy relationships and positive gender roles, the resources and representatives that they find credible, accessible, and interesting should be regular aspects of programs. All social media should be regularly evaluated for currency and resonance.
- Assessments of populations for IPV prevention should be carefully and periodically conducted to determine the current cultural, linguistic, social, and gender construction. Changes in populations over time may weaken or invalidate the effectiveness of programs developed for past groups.



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Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316
www.rwjf.org

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6930 Carroll Ave
Suite 700
Takoma Park, MD 20912
www.ltgassociates.com



NOTES

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