

Chapter 10

Before It Occurs: Primary Prevention of Intimate Partner Violence and Abuse

Prevention is a *systematic* process that promotes safe, healthy environments and behaviors, reducing the likelihood or frequency of an incident, injury, or condition occurring. Ideally, prevention addresses problems *before* they occur rather than waiting to intervene after incidents occur. Such an approach, called *primary* prevention, has been successfully applied to other health-related conditions, such as tobacco use and car crash injuries, but has yet to be widely utilized as a substantial response to IPVA. To date, most organized and funded efforts have been focused on secondary and tertiary responses to IPVA. While efforts at all three levels of prevention – primary, secondary, and tertiary – are important and can be mutually supportive and reinforcing, *focusing on primary prevention is the only way to eliminate the violence*. The goal of primary prevention in IPVA is to create environments in which we never need to question whether people are in danger in their relationships. In identifying what must be done to successfully implement such efforts, George Albee said it best: “No epidemic has ever been resolved by paying attention to the treatment of the affected individual.” This illuminates the importance not only of working before treatment is needed, but also that the unit of analysis must be the community or the population, not the individual.

Past primary prevention successes have generally focused on changing the environment, which in turn influenced individual behavior. Mass behavior change never occurs because of information alone. Norms change, shaped by changes in policies and organizational practice, is generally the tipping factor to change behavior. Likewise, the key to preventing IPVA is to tip the norms that contribute to it. While it is certainly not the norm that IPVA is fully condoned or practiced, in total, we have a set of norms that promulgate a toxic environment (oppression, violence is the answer, boys are tough, IPVA is private) in which IPVA is able to take place and inhibit appropriate action and promulgate inappropriate inaction. In other words, we have a set of norms that in some ways encourages IPVA and inhibits people from speaking out against it. If we are to make major strides in preventing violence, we must tip the balance in communities, building community-wide solutions that acknowledge and replace current norms with norms that promote respect and equality. This chapter presents a framework for initiating meaningful health sector involvement in initiating the norms change necessary to stop the violence *before* it occurs.

Health care professionals have a vital role to play beyond direct patient care. As sources of credibility and regular interaction, they can insist on solutions that more systematically prevent IPVA *before* the violence occurs rather than having to deal with an endless stream of preventable crises. Within clinical settings, practitioners play an already critical role in IPVA related to intervention and treatment. In addition, they can contribute to primary prevention by injecting more of an emphasis on primary prevention, such as by talking to all patients about healthy relationships and fostering a norm that relationships should not be violent. Also, since health care institutions and professional associations shape and reinforce norms, it is critical that they establish and promulgate regulations, practices, and cultures that contribute to IPVA reduction, such as by including anti-harassment policies and training on and modeling of egalitarian relationships and appropriate ways of handling conflict. Finally, having witnessed the health consequences of IPVA firsthand, health care professionals can be particularly effective advocates for prevention when speaking to legislators, media, and the broader public. By speaking up in public meetings, serving as experts to the media, and testifying to legislators, health care providers can shape issues, influence the debate, and challenge public and political discourse to promote primary prevention.

All of these efforts can help support primary prevention, and the greatest changes will come about when action is taken as part of an overall strategy to change the environment – especially norms. The Spectrum of Prevention is a tool encouraging people to move beyond the educational or “individual skill-building” approach to address broader environmental and systems-level issues. As a tool to help think strategically about the range of activities needed to achieve environmental change, the following table provides an IPVA prevention framework delineating health care strategies for health care providers along each of the six levels of the Spectrum.

IPVA Prevention Activities for Health Care Professionals Based on The *Spectrum of Prevention*

Spectrum levels	Examples
<p>1. Strengthening Individual Knowledge & Skills Enhancing individual capacity.</p>	<ul style="list-style-type: none"> • Offer advice about appropriate and healthy relationships • Raise awareness among parents about gender socialization • Talk to parents about the consequences of viewing repeated violence in the media • Screen for risk factors: <ul style="list-style-type: none"> □ Are family members safe in the home? □ Is there a firearm in the house? □ Is alcohol commonly used? □ Social history of witnessing IPV or experiencing maltreatment as a child
<p>2. Promoting Community Education Reaching groups with information and resources.</p>	<ul style="list-style-type: none"> • Use credibility to be a spokesperson to speak about violence and its prevention • Promote the notion that "Intimate partner violence is a community concern." • Speak out against sexism and provide role models of acceptable behavior • Educate the community about pro-active bystander roles • Help aggregate data from a community hospital, clinic or practice to provide "local" data related to the problem and debunk the "not here" myth
<p>3. Educating Providers Informing providers who influence others.</p>	<ul style="list-style-type: none"> • Offer violence prevention training in medical, nursing, dental schools • Provide ongoing professional development and continuing education in violence prevention • Providing training for all staff on healthy and violence-free relationships
<p>4. Fostering Coalitions & Networks Convening groups and individuals for greater impact.</p>	<ul style="list-style-type: none"> • Be active in professional organizations and hold them accountable for helping to define and promote the necessary change • Be active in local communities and community coalitions • Work to ensure that community efforts include representation from the populations most at risk for IPV • Partner with businesses to raise awareness among employees and give them an understanding of what they can do
<p>5. Changing Organizational Practices Adopting regulations and shaping norms.</p>	<ul style="list-style-type: none"> • Encourage major health care institutions and schools to recognize violence as a major health issue • Change the policies of institutions to ensure work across all levels of the <i>Spectrum of Prevention</i> • Foster organizational cultures that are egalitarian and model healthy interaction and communication for clients and patients • Speak out against media images that degrade women and promote violence • Promote research efforts within healthcare institutions and partner organizations that will support and strengthen IPV primary prevention efforts
<p>6. Influencing Policy & Legislation Developing strategies to change laws and policies.</p>	<ul style="list-style-type: none"> • Play a role in supporting laws and legislation to promote prevention including writing letters and testifying • Get professional health associations to sponsor violence prevention legislation such as that related to: firearms, alcohol, media, and the safety of women • Call for more research funding to be directed to primary prevention