

Primary Prevention and Adult Domestic Violence

Jeffrey L. Edleson, Ph.D.

MINCAVA – Minnesota Center Against Violence & Abuse
School of Social Work
University of Minnesota

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Violence by intimate male partners against women is evident in records dating to the Roman Empire (Dobash & Dobash, 1979), yet it is only in the last two and a half decades that sustained public concern for battered women has existed and resulted in widespread development of social interventions (see Schechter, 1982; Dobash & Dobash, 1992; Pence & Shepard, 1999). Responses to battered women, their children, and perpetrators of adult domestic violence have mostly focused on protection of victims during crisis periods and criminal justice interventions to contain the behavior of perpetrators. In recent years, battered women's shelters have expanded their services to include more comprehensive programming. Financial and job assistance, legal advocacy, transitional housing, and other support services focused on support of battered women have all been added or expanded (Sullivan & Gillum, in press). Batterer intervention programs have been widely adopted and evaluations have shown some success (see Tolman & Edleson, 1995). A variety of interventions both within shelters and in communities have been launched to address the impact of adult domestic violence exposure on children's development (see Peled, Jaffe & Edleson, 1995; Peled & Davis, 1996; Osofsky, 1997).

In contrast to efforts described by Daro and Cohn Donnelly (2000) and Tolan (2000) in the companion reviews to this paper, there has been little systematic attention to *primary* prevention in the area of adult domestic violence. Most domestic violence programs in the United States have set prevention of domestic violence as a part of their missions. This goal is most often achieved, however, through under-funded local efforts, such as presentations in places of worship and schools, training of social service and criminal justice professionals, through informational campaigns in health service settings, and the like.

The focus of this paper is *primary* prevention of adult domestic violence. The definitions of adult domestic violence vary widely based on the degree to which non-physical abuse is included. For the purposes of this paper, adult domestic violence will be defined as "any act carried out with the intention of, or perceived intention of, causing physical pain or injury" to another adult in an intimate relationship (Gelles & Straus, 1979).

This paper briefly examines the available research and practice literature on frameworks for understanding domestic violence, risk and protective factors for adult domestic violence, and the few efforts geared toward primary prevention in this domain. It mentions secondary and tertiary prevention efforts in this field but does not review them. It ends by pointing to program and policy directions for future primary prevention efforts. In developing the conceptual underpinnings and identifying risk and protective factors, this paper draws heavily on recent reports from the National Research Council

(National Research Council, 1996; 1998) and earlier reviews by Heise (1998), Kaufman Kantor and Jasinski (1998), Saunders (1995); Wolfe and Jaffe (1999), and others.

Conceptual Frameworks in Adult Domestic Violence

Many theoretical constructs and conceptual frameworks have been proposed to explain adult domestic violence. These include intrapersonal, interpersonal, and social-cultural explanations (National Research Council, 1996; National Research Council, 1998). The social welfare scholar Dennis Saleebey (1999) has suggested that “for each devoted aficionado, however, a cranky and disbelieving critic lurks” (p. 652). This is particularly true in the domain of adult domestic violence where no one theory has yet proven adequate to explain all forms of adult domestic violence nor gained widespread acceptance.

Perhaps, given the focus here on primary prevention, the more important to consider is the widely used ecological framework within which other theoretical constructs are applied. A number of authors have applied this concept of social ecology to human development and problems of interpersonal violence. Brofenbrenner (1977, 1979, 1986) is probably one of the most widely read and cited authors concerning the ecological framework. Building on his work, a number of others have applied the framework to child abuse and neglect (Belsky, 1980) and to adult domestic violence (Carlson, 1984; Dutton, 1988; Edleson & Tolman, 1992; and Heise, 1998, National Research Council, 1998).

The ecological framework suggests that behavior is shaped through interactions between individual human beings and their social environment. Development is a result of interactions at various levels of social organization, from within the individual (ontogenetic), to interactions with family, friends, and colleagues in the near environment (microsystem), interactions between these others in the near environment that affect the individual (mesosystem), the impact on an individual of actions by policy makers, employers, school boards and the like (exosystem), and the influence of largely held cultural attitudes and beliefs regarding one’s behavior (macrosystem).

An ecological framework does not provide the predictive value of a more formal theory, but it does provide potential points of prevention within which individual protective and risk factors may be located. For example, prevention efforts may be aimed at individuals or their near environments, such as families, informal social networks, and colleagues at work. Primary prevention may also be achieved through changes in policies and practices of social institutions, such as education systems, employers, police, and child welfare systems. And at the most abstract level, prevention efforts may be aimed at long held beliefs and attitudes of the society about appropriate roles and behavior in relationships between men, women, and children.

Ecological frameworks also suggest that change can be achieved in multiple ways through efforts within and between systems. For example, promoting nonviolence in relationships may be achieved through direct education of an individual and reinforced through multiple messages from others in his or her near environment, by sermons in places of worship, by public education efforts in the media, and the like. Each effort is likely to reinforce the other if the messages are consistent. As Tolan (2000) points out in his companion piece, efforts that combine multiple forms of prevention may be the most promising.

Designing primary prevention efforts often begins by pinpointing specific risk and protective factors that are associated with the presence or absence of a problem. The next section reviews the literature on these factors in the case of adult domestic violence.

Risk and Protective Factors in Adult Domestic Violence

Factors that have been empirically associated with greater risk for adult domestic violence or that appear to be protective or moderate this risk are identified within five primary systems: individuals, near environments, interactions within near environments, larger systems, and social attitudes and beliefs. Most of the research to date has identified risk but not protective factors. In addition, most of the risk factors identified are located within the individual or the person's near environment.

Individuals

A number of individual demographic factors are associated with increased risks for adult domestic violence. These include age, gender, income, personality, violence exposure in family of origin, courtship violence, and substance abuse.

National data indicate that *younger men* are significantly more likely to abuse their partners than are older ones (Fagan & Browne, 1994). Gender is also consistently a risk factor in intimate violence, with *men more often the perpetrators* of violence and intimate homicide (Bachman & Saltzman, 1995). Hotaling and Sugarman (1990) report that adult domestic violence is more frequent and severe *among lower socioeconomic* groups. When controlling for socioeconomic differences, race and ethnicity appear to be less important predictors of violence (National Research Council, 1998).

Dutton (1994) has argued that the interaction between psychopathology and larger socio-cultural factors shows promise for explaining why some men are violent in intimate relationships and most men are not. A great deal of research on typologies of men who batter has yielded some information on differences between men (see Holtzworth-Munroe & Stuart, 1994). Apparently, "most abusers in treatment programs show clinical elevations on at least some subscales" of standardized mental health tests (Saunders, 1995, p. 72; see also National Research Council, 1998). These problems include clinically elevated levels of distrust, isolation, insecurity, and alienation. A recent study

by White and Gondolf (2000) found, however, that current typologies were not able to predict men's progress in treatment.

One of the most consistent and significant risk factors found for both perpetrators of adult domestic violence as well as victims is *witnessing* domestic violence as a child (Hotaling & Sugarman, 1986). This is especially true for men who severely abuse their wives but has not held true for victims of severe violence (Hotaling & Sugarman, 1990). Men who were *sexually abused* as children are also more likely to severely abuse their adult partners (see Heise, 1998; Saunders, 1995). It should be noted here that in at least one study of 2,245 children and teenagers (Song, Singer & Anglin, 1998), recent exposure to violence in the home was a significant factor in predicting a child's violent behavior in the community. In addition, having an absent and rejecting father showed some strength as an individual risk factor among perpetrators for adult domestic violence (see Heise, 1998).

Prior courtship violence and co-occurring substance abuse also appear to be associated with an increased risk for adult domestic violence. For example, in a number of studies large percentages of couples experiencing violence also reported *violence in prior dating relationships* (see Kaufman Kantor & Jasinski, 1998). In addition, while substance abuse does not consistently co-occur with violent events, perpetrators of adult domestic violence are also frequently found to be *substance abusers* (Bennett, 1998).

Near Environments

Looking beyond the individual there are a series of factors in the near environment of the family and community that appear associated with increased risk of adult domestic violence. Within intimate relationships, these factors include the stage of marriage, male dominance in the relationship, status inconsistency between partners, economic dependence of a victim, and extreme verbal conflict. While some of these may also be considered individual factors, they are included here because they all occur within the context of a relationship with another adult. In addition, a perpetrator's general use of violence, social embeddedness, and peer associations are factors that have been associated with increased risk.

Within Intimate Relationships. Kaufman Kantor and Jasinski (1998) reviewed the literature on length of relationships and concluded that the *newer the relationship* the more likely it is to contain violence. This is, perhaps, associated with the fact that younger men are more likely to be perpetrators, as mentioned earlier in this paper. There is also evidence that violent behavior decreases or desists as perpetrators age.

Male dominance in relationships is also mentioned frequently as a contributing factor to adult domestic violence (Heise, 1998) but the research findings are mixed on whether this is an important risk factor (Dutton, 1994). There is some evidence to support the fact that when *women's status in the family* is higher than men's and thus

inconsistent with some social norms there is a greater risk of violence (Kalmuss & Straus, 1984; see Kaufman Kantor & Jasinski, 1998). Hotaling and Sugarman (1990) did not, however, find this “status inconsistency” to be a potent predictor of violence victimization among women. Frieze (1983) also found that marital rape victims were more likely to be *economically dependent* on their partners’ income than were other women.

Finally, marital conflict and especially *severe verbal conflict* have been frequently found to be a risk factor associated with adult domestic violence (see National Research Council, 1998; Heise, 1998). The National Family Violence Surveys have found that couples with extremely high conflict are much more likely to experience violence (Straus & Gelles, 1990); the frequent assumption being that the existence of severe verbal abuse precedes and sets the stage for physical violence.

Outside of Intimate Relationships. Several factors are associated with a heightened risk for adult domestic violence, including a wider use of violence beyond the intimate relationship by a perpetrator, the perpetrator’s social connectedness to his or her community, and peer associations by a perpetrator.

Several studies have shown that some male perpetrators of adult domestic violence only target family members while others are more generally violent. Saunders (1995) reviewed the literature on men’s use of violence and found that *generalized use of violence* is a risk factor for more severe domestic assaults.

The *isolation* of a woman and her family from other systems also appears to put her at risk for adult domestic violence. Heise’s (1998) review of the literature in this area suggests that isolation precedes violence and becomes more severe as violence continues. Additionally, Sherman and his colleagues (Sherman et al., 1992) found in the National Institute of Justice’s Spouse Abuse Replication Project (SARP) studies that men who were less connected to the larger society were more likely to increase their violence when criminal justice intervention occurred. Social isolation or disconnection from social institutions appears to be a consistent risk factor for both perpetrators and victims.

Finally, there is data to suggest that *peer behaviors and attitudes* encourage boy’s and men’s use of violence (see Heise, 1998). This may be especially true for those who have witnessed adult domestic violence. For instance, Spaccarelli, Coatsworth and Bowden (1995) found that adolescent boys who had been exposed to family violence and incarcerated for violent crimes believed more than others that “acting aggressively enhances one’s reputation or self-image”(p. 173).

Interactions Within the Near Environment

Interactions between others in a person’s near environment are technically referred to as the mesosystem. These interactions are often overlooked and there is virtually no research on risk or protective factors for adult domestic violence at this level

of the social ecology. Yet this is the domain in which many current interventions aimed at curbing perpetrator violence and supporting victims is based. Near environment interactions may include other family members' direct interactions with friends, extended family, church groups, police, school and medical personnel, battered women's advocates, lawyers, and others. These interactions between other individuals and systems in the near environment are then seen to influence the behavior and thought of the individual. Edleson and Tolman (1992) suggest that this domain may be one of the most fruitful for lessening family isolation, providing consistent sanctions to perpetrators and support to victims, and changing social messages about attitudes and values that individuals and families receive. This also would seem to be an important location for protective factors, such as social networks and formal systems close to the family. This is an arena where cross-training and cross-communication between systems may change so as to deliver consistent messages to the individual and family.

Larger Systems

Larger systems have been the focus of much attention in recent years. Major efforts by the American Medical Association, American Bar Association, and other professional organizations have focused on changing the way the systems in which they work respond to adult domestic violence. There are, however, few studies to suggest that the behavior of larger systems is a direct or indirect risk or protective factor for individual behavior related to adult domestic violence. Perhaps this is because most research at this level has focused on evaluation of interventions in these systems.

Other larger system factors have been identified as risks for adult domestic violence, including *lower education, lower-status occupations, partial employment or unemployment*, and especially *lower income* (Kaufman Kantor & Jasinski, 1998). Heise (1998) presents data from around the world indicating that as a family's economic situation deteriorates violence against women increases. The co-occurrence of poverty, its attendant factors, and domestic assaults is an important larger system issue that must be addressed. The interaction between poverty and other risk factors such as isolation and social connectedness may also be important avenues of study.

Social Attitudes and Beliefs

Many of the factors identified so far reflect a larger set of social attitudes and beliefs that are acted upon by individuals, families, social networks and institutions. Sometimes it seems difficult to locate these factors exclusively in one level or another of the ecology. Several risk factors at this level of analysis that have been identified include: masculinity and dominance; rigid gender roles, entitlement and ownership of women, social approval of physically chastising women, and social support for the use of violence to settle differences. A number of the factors, such as male dominance, rigid gender roles regarding status and income, and peer support have already been discussed

in earlier subsections. Heise's (1998) review of international studies strongly suggests that all of these factors lay an important macrosystem framework upon which violent behavior may be predicated. The difficult aspect of claiming these as risk factors is that so many individuals are exposed to these same systems of belief and attitude but not all become perpetrators. They also are often not strong statistical predictors of assaultive behavior (see Dutton, 1994). These more "distal" risk factors are more likely to be part of a multivariate explanation of why some individuals use violence and not others. They are unlikely to be sole or even the strongest explanatory factors.

What Works and What Do We Need to Learn?

Formal, large-scale efforts in primary prevention of adult domestic violence are few and far between. The few that exist are located in near environments, such as schools and health care settings, or are targeted at generally held social attitudes and beliefs, such as media efforts aimed at the general population. Wolfe and Jaffe's (2000) recent review, examining prevention efforts from a developmental perspective, found a number of programs targeted at different stages of the lifespan that should contribute to prevention of adult domestic violence. These included efforts to promote healthy childrearing, school-based efforts to increase awareness of domestic violence, teaching effective decision making skills for interpersonal relationships among adolescents and teenagers, and public awareness efforts in the adult population. Many of these programs do not specifically target domestic violence as an issue but rather focus on promoting general positive attitudes and skills in interpersonal relationships. These programs should, however, contribute to preventing adult domestic violence either directly or indirectly.

Despite the importance of these diverse efforts, this section will focus only on programs that are directly aimed at the issue of adult domestic violence. The following subsections review some of the more prominent efforts in (1) universal screening of patients for domestic violence in health care settings, (2) school-based curricula focused specifically on violence, and (3) media or public education efforts aimed at the general population. The efforts described here are focused on universal audiences, not exclusively on populations "at risk" or known victims or perpetrators that would characterize secondary or tertiary prevention. Thus, the growing body of data on the impact of coordinated community responses to domestic violence (see Pence & Shepard, 1999), batterer intervention programs (see Tolman & Edleson, 1995), and other direct service efforts focused on battered women and their families (see National Research Council, 1996; 1998; Edleson & Eisikovits, 1996) are not included since they do not focus on primary prevention.

In an attempt to avoid duplication, this paper also will not cover aspects of primary prevention covered in the companion papers. It should be noted, however, that a

recent evaluation of Healthy Start, a Hawaii-based home visiting program, found an “overall decrease in the likelihood of injuries resulting from physical assaults” (Duggan et al., 1999, p. 80) in families receiving home visitation services from one of three agencies in the study. Recent research by Ganzel, Olds and their colleagues (B Ganzel, personal communication, 1/3/00) found that home visitation treatment effects lessened as adult domestic violence increased in homes. There were no significant treatment effects in homes where there had been at least 24 incidents of domestic violence over the past 15 years.

Universal Screening and Identification

One of the most widespread prevention efforts has been the implementation of universal screening for adult domestic violence among patients in health care facilities. These efforts are mostly aimed at identifying at-risk populations and current victims (see American Medical Association, 1994; Warshaw & Ganley, 1996) and are located in the near environment of the family. Such programs include an element of primary prevention through universal exposure of all medical patients to questions and education about domestic violence. Several evaluations of health care professional training in the use of screening and identification protocol have shown that they can be successfully implemented and do increase the identification of battered women (National Research Council, 1998). However, very little is known about the impact of universal screening on both victims and on patients not exposed to adult domestic violence. We know only how system behavior has changed, not whether violence is prevented through universal screening. At the universal education level, it is likely that all patients are alerted to concerns regarding the issue and are more likely to have access to educational materials provided by health care professionals or made available through brochures and posters in health care settings. We do not know how this changes their attitudes, behavior, or help seeking or giving in the future.

School-Based Prevention Programs

Perhaps the greatest activity in primary prevention of adult domestic violence has occurred in school settings, the system in the near environment in which children and youth spend a large proportion of their lives. Wolfe, Wekerle and Scott (1997) describe in detail a program aimed at helping youth develop healthy relationships as an alternative to violence. Other programs that have been described at length include *ASAP: A School Anti-violence Program* developed by the London Family Court Clinic in Ontario (Sudermann, Jaffe & Hastings, 1994), Rainbow House’s (Chicago) educational projects (see NCJFCJ, 1998), and several statewide and local efforts in Minnesota and elsewhere as described by Gamache and Snapp (1995).

The National Research Council (1998) reported four quasi-experimental evaluations of school-based curricula, two of which evaluated Ontario and Minnesota

programs mentioned above. These evaluations found that children and youth participating in the programs were more knowledgeable and held more desirable attitudes concerning interpersonal violence when compared to others not receiving the content. The longest follow-up period for any of these studies was 16 months and there is no longitudinal information available on how these programs impact interpersonal relationships in teen years or into adulthood.

Media and Public Education

A final domain where increasing attention has been given to primary prevention is in community education efforts. Ghez (in press) points to three conceptual constructs for developing public education campaigns: (1) creating social expectations for nonviolent behavior; (2) changing attitudes in an effort to change behavior; and (3) building through modeling the expectation among the public that they can make changes. Ghez's review of primary prevention efforts based on these models provides numerous examples of community-based efforts to educate the public, change attitudes, and build skills.

Promoting multiple and consistent messages in alternatives to violence is not easy in the American context. In some societies, such as Singapore, the social structure allows a centralized decision on what constitutes a healthy intimate relationship and the implementation of widespread steps to promote specific beliefs, attitudes, and behaviors among the citizenry (see Edleson, 1992). In the United States, however, there is great variability concerning the definition of a healthy relationship between men and women. This diversity of beliefs often leads to lack of agreement or hesitation by most social institutions to promote specific models of healthy relationships. It is not surprising then that the federal government has not played a direct role in developing large-scale prevention efforts aimed at interpersonal relationships. Such an effort would likely meet with great controversy and opposition. This is perhaps why the major media effort at public education thus far undertaken was initiated by a non-profit organization, the Family Violence Prevention Fund.

The Fund's efforts, documented in several publications (see Klein, Campbell, Soler & Ghez, 1997; Ghez, in press), involved a national public service television campaign using \$100 million in donated media time and space. It is entitled *There's No Excuse* and has been supported by bumper stickers, brochures, posters, a toll-free information line (1-800-END-ABUSE), and a community-action packet sent on request.

Careful polling before and after the Fund's initial campaign indicated that where media was most intensively used people interviewed were "more likely than others to: recall the PSAs; report increased action against domestic violence; perceive domestic violence as an important social issue; and believe that perpetrators should be arrested and prosecuted" (p. 15). Those reporting having taken action against domestic violence more than doubled from a period before the campaign to the period immediately following it

(Klein, et al., 1997). These findings are clouded by the fact that the Nicole Brown Simpson murder trial occurred during the initial campaign.

The Fund has continued to develop new campaigns that are community specific (Philadelphia), culturally specific (*It's Your Business* serialized 90-second radio spots directed at the African-American community), and enhancements to the original campaign aimed at workplaces, neighborhoods, and informal friendship networks (Ghez, in press). While these programs appear to have contributed to increased knowledge, more desirable attitudes, and more likely intervention in domestic violence events, it is unclear from the data available whether these programs have decreased violent behavior in those communities exposed to the media campaigns.

Policy, Program and Research Implications

This brief review of the literature on factors associated with adult domestic violence and of primary prevention efforts points in several directions. Discussed below are the need for including a clearer linking of prevention strategies to known risk and protective factors, a more careful examination of the range of potential risk and protective factors, and attention to evaluating new and existing primary prevention efforts.

Linking Program Design to Risk and Protective Factors

One clear finding of this review is that there appears to be little relationship between known risk factors and prevention program designs. Programs often appear to be based on institutional goals rather than tied to reducing risks or promoting protection. For example, universal screening may educate many and identify at-risk or existing victims of violence, but there is not a clear link between many of these efforts and known risk factors unless screening is focused on ending families' isolation. There is also little information on the unintended consequences of universal screening. For example, what impact does this information have on a victim or perpetrator if the patient is a member of a large health care organization and a positive screening for domestic violence is entered into a database?

It appears that developing a primary prevention agenda in adult domestic violence requires much more careful thinking about how to eliminate known risks and enhance protective factors. Considering the empirical literature on risk and protective factors leads to a number of possibilities, a few of which will be identified here.

Childhood Exposure and Early Relationships. One of the most consistent risk factors to appear in the empirical literature is exposure to adult domestic violence during childhood. How does one develop primary prevention efforts to preclude a child's exposure? Combined with the fact that early relationships are more at risk for domestic violence, it may be that early and immediate intervention with couples that do not yet

have children is an important primary prevention point. It may be circular reasoning, but secondary and tertiary interventions with young perpetrators, victims, or otherwise at-risk populations may also be a source of primary prevention if they are effective in ending violence prior to childbearing. There is some empirical evidence to suggest that first arrests and first-time participation in batterer programs are the points of greatest promise when intervening (Fagan, 1989; Syers & Edleson, 1992).

Prevention with Young Men. It is also clear from the risk factor data that gender and age are risk factors that are consistently associated with adult domestic violence. Being a young male in a relatively new relationship presents a greater risk of adult domestic violence. Working universally with young men may also lead to changes in peer group attitudes and behaviors, another potential risk factor in this domain. The presence of severe verbal abuse creates added risk.

Prevention with young *men* just entering dating relationships should be a point of primary prevention. Such efforts might focus on developing non-violent and non-verbally abusive relationship skills and changes in attitudes and beliefs about intimate relationships. Prevention work in schools and other settings presents an opportunity for potential collaboration between the adult domestic violence and youth violence intervention fields. While school-based efforts have been undertaken, it is unclear how directly they have focused on young men's attitudes and behaviors in relationships. Mentoring and educational programming that focus on young men's individual and group knowledge, attitudes and behavior would be primary prevention directly linked to the risk factor research.

Role of Socioeconomic Status. There are also multiple studies that link economic status – in one way or another – to risk of adult domestic violence. It is unclear if these risks arise from increased family stress, perpetrator actions based on a feeling of powerlessness or inferiority, or perpetrators enforcing rigid sex role stereotypes. It is possible that economic status may also serve as a proxy for multiple difficulties in a family's life that may not have been otherwise measured in the cited studies. Prevention efforts suggested above, that focus on young men in early relationships, could address some of these issues. Other aspects are much more complex to prevent and rooted in structural aspects of the American economy.

Examining the Range of Risk and Protective Factors

This review also points to problems with the current research on risk and protective factors. Some of these problems include a focus on risk but not protective factors, attention to only the near environment, and a lack of attention to the interactions between prevention efforts at multiple levels of the social environment.

Studying Protective Factors. It is clear from the literature on risk and protective factors that there is very little information available on the protective aspects of the social ecology that decrease the likelihood of domestic violence occurring. While it is possible to extrapolate some protective factors from documented risks, a major focus should be on developing more information about protective factors in both men's and women's lives.

Ecological Level of Studied Factors. Second, it is also clear that the risk factor research has focused primarily on the individual, family, and near environments. Many prevention opportunities exist in larger systems and in altering public attitudes and beliefs but we have little knowledge at this time to support the design and development of these efforts.

Need for Efforts in Diverse Social Locations. Finally, this literature also points to the need for much more innovation in primary prevention efforts. Efforts in health care settings, schools, and the media need to be expanded while new efforts in other systems such as the workplace, places of worship, within extended families and informal networks, and a variety of larger systems should be designed and evaluated.

Evaluation of Primary Prevention Efforts

The literature reviewed also pointed to the paucity of information that currently exists concerning the impact of prevention efforts on intended audiences. While greater information on protective and risk factors across a spectrum of social systems will be helpful, evaluation information on the effects of prevention efforts may lead to equally important information for improving program and policy design.

Summary

This brief review shows primary prevention of adult domestic violence to be underdeveloped at present. Many local and a few national efforts have been launched but they have yet to achieve widespread application. There are many research, policy, and program activities required to further current efforts in primary prevention. These include more detailed knowledge of protective factors and of how a spectrum of risk and protective factors across the social ecology interact with each other. It also requires greater innovation in programming and a clear conceptual linkage of these factors to specific policy and program activities.

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