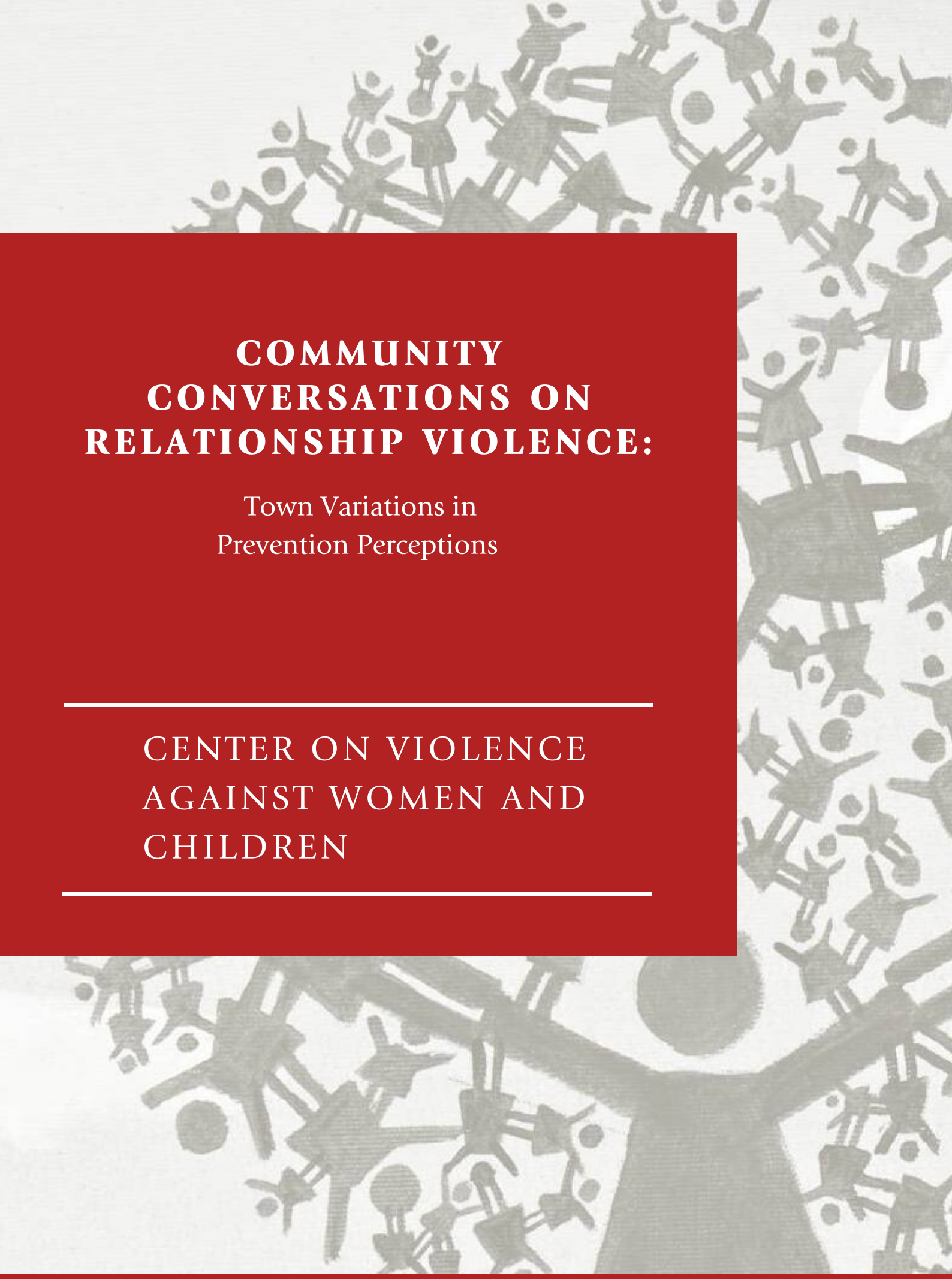

COMMUNITY CONVERSATIONS ON RELATIONSHIP VIOLENCE:

Town Variations in Prevention Perceptions

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Community Conversations on Relationship Violence:

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Domestic violence and sexual violence (DSV) are public health issues that often occur together. Most prevention strategies have primarily focused on programs in schools rather than communities. However, community approaches have been used successfully to address other public health issues, such as substance abuse. Part of doing prevention in communities is understanding what citizens in towns think about prevention. What strategies do they think will work? What efforts do they think other community members will support? Part of the Community Action and Mattering Initiative (CAMI) was to use a method called *concept mapping* to understand how adults in four rural Northern New England towns think about DSV prevention. This method incorporates qualitative focus group responses from community members with quantitative ratings in order to provide an understanding of how individuals think about preventing DSV; and how feasible, effective, and supported are specific activities to prevent DSV.

Sexual violence (SV) is defined as any sexual activity, including contact or intercourse, which takes place without freely given content (including because the victim is incapacitated). *Domestic violence* (DV) includes any physical, psychological, sexual, and/or stalking violence by a current or former partner.

Methods

We recruited 119 adults (18 and older), using emails, flyers, and advertisements.

The first activity was *brainstorming*. All participants were asked to come up with answers to the question: "One specific action that a person or group of people could do to make it less likely that domestic violence or sexual assault will happen in your town or to make it clear that DV/SA isn't tolerated is..." Brainstorming occurred separately for each town in the form of a guided focus group, in which community members both provided their own individual answers and came up with answers as a group. Detailed notes taken during each town's focus group were transformed into lists of statements ranging in length from 49 to 69 unique statements.

A second session was held in each town for *sorting* and *rating* activities. People used index cards printed with the brainstorming statements and were asked to sort them into piles by theme in a way that made sense to them. They put statements that they thought went together in each pile. Once the piles were complete, participants were asked to give some kind of name or description for each pile they had made. Lastly, participants were asked to rate each statement (using a 5-point scale) on three different dimensions: 1. Feasible: How possible would it be for someone to do (this action)? 2. Effective: How effective would this action be at preventing DSV? and 3. Supported: How much would their community support this action?

An analytical technique called *concept mapping* was used to translate these sorted and rated statements into visual maps. Once the brainstorming, sorting, and rating activities were complete, researchers used special software to produce a *point map* which arranged all the statements in relation to one another. Next, the software arranged group statements containing similar ideas into clusters or groups. These groups help us understand how people in each town would describe different types of DSV prevention actions.

Results

Sorting. Overall, people in each of the four towns came up with five very similar categories to describe DSV prevention. They were: 1) using s*chool settings* as a location for DSV prevention and response programming; 2) encouraging *conversations*, meaning people have the confidence, appropriate language, and skills to talk about DSV with friends, family, and neighbors and speak up when witnessing incidents of violence; 3) increasing *community awareness*, or offering activities to increase public knowledge of what DSV is and community resources to address it; 4) recommending *individual direct action*, meaning encouraging individuals to intervene directly when they see an incident of DSV; and 5) encouraging *community building* through community-level events such as fundraising, campaigns, and connecting with various local community organizations. Additionally, participants from one town also came up with statements for a sixth category named *governance and budgeting*. This category emphasized the need for an increased budget to fund educational programs for the local community and government staff and employees about DSV.

Ratings. The towns were different from each other in what they believed to be the most and least effective, feasible, and supported strategies (see Table 1, which shows which category scored highest on each rating for each town). There were also many similarities across towns. Participants in all four towns seemed to think that no one category was most effective, but rather that effective DSV prevention includes many behaviors and has to be addressed in various places (schools and community) and with both individuals and groups of people.

Implications

This multi-town study showed patterns of similarity and differences that affect how community-based and community-level prevention strategies might be designed. The similar number of categories in all four towns suggests participants from all towns organized and understood prevention in a similar manner regarding the perceived range of actions that could be taken to prevent DSV in their community. This suggests that communities want to see comprehensive DSV prevention actions that span multiple locations within their community, not just in one place. Not surprisingly, schools were rated as the most effective setting for DSV prevention across all towns; this is usually where prevention education already happens. It is important to take the views of community members into account so that nuanced prevention strategies can be implemented. For example, many people thought having conversations was important-- suggesting that bystander training (i.e., teaching people how to safely and effectively intervene in situations of DSV) might be helpful. On the other hand, individual direct action generated lower support in some towns, maybe because of concerns about safety for people stepping in when DSV risk is high. People were also interested in community building and community awareness, perhaps showing support for non-traditional programming (such as presenting DSV prevention messages in public spaces) as well as building higher levels of community cohesion. When trying to involve whole towns in DSV prevention, it may be helpful to start community conversations first to better understand how citizens think about prevention and what sorts of programs the community is most open to.

Table 1

Cluster Ratings Across Towns

	Feasible	Effective	Supported
Most Feasible, Effective, and Supported DSV Prevention Strategy Across Towns			
Town 1	Individual direct action	Individual direct action	Individual direct action
Town 2	School setting	School setting	School setting
Town 3	Community awareness	Conversations	Community building
Town 4	Conversations	School setting	School setting
Least Feasible, Effective, and Supported Prevention Strategy Across Towns			
Town 1	Community building	Community awareness	Conversations
Town 2	Governance and management	Community building	Conversations
Town 3	Individual direct action	Individual direct action	Individual direct action
Town 4	Community building	Community building	Community building