



THE COMMUNITY ACTION AND MATTERING INITIATIVE:

Input from Adult
Participants

CENTER ON VIOLENCE
AGAINST WOMEN AND
CHILDREN

**The Community Action and Mattering Initiative:
Input from Adult Participants**

Victoria L. Banyard, Rutgers, The State University of New Jersey

Katie M. Edwards, University of Nebraska

Andrew Rizzo, University of New Hampshire

Anna Segura-Montagut, Rutgers, The State University of New Jersey

Patricia Greenberg, Rutgers, The State University of New Jersey

Megan C. Kearns, Centers for Disease Control and Prevention

Funding for this study was provided by the Centers for Disease Control and Prevention (CDC), Grant CE002652, Victoria Banyard (PI). The findings and implications presented in this paper do not represent the official views of the CDC.



Sexual violence (SV) and intimate partner violence (IPV) are pervasive public health issues in the United States. Very few strategies have led to long-term reductions in these forms of violence. One possible reason is that the vast majority of prevention strategies focus on changing individual attitudes, rather than engaging communities to change norms that SV/IPV are unacceptable and that everyone has a role to play in preventing SV/IPV. We examined reactions to Green Dot (GD) Community, a program which brings communities together to try to prevent SV/IPV. The GD Community program teaches skills to safely intervene to prevent SV/IPV. GD Community also uses bystander trainings, community action events (posters on main streets, booths at local community gatherings), and social marketing campaigns to promote community engagement. GD Community tries to make people in a community more intolerant of SV/IPV (thus creating *positive social norms*). When community members come together in this way, it may also help strengthen their sense that they can work together to solve problems like SV/IPV (thus having a feeling of *collective efficacy*). In this five-year project, adults in two towns were exposed to GD Community programming; those in two other towns were not.

Sexual violence (SV) is defined as any sexual activity, including contact or intercourse, which takes place without freely given consent (including because the victim is incapacitated).

Intimate partner violence (IPV) includes any physical, psychological, sexual, and/or stalking violence by a current or former partner.

Surveys were used to examine whether attitudes changed among citizens who participated in GD Community programming as compared to those who did not. Interviews with steering committee members and key informants contributed to a richer understanding of the feasibility and acceptability of GD Community.

Who was Part of the Research?

More than 4500 ($N = 1,694$ at Time 1, $N = 1,740$ at Time 2, and $N = 1,659$ at Time 3) adults across four towns took surveys at the start of the project and again 2 years and 3 years later.

We interviewed ten key people in the community who were part of the steering committee that put GD into place. We also interviewed key community leaders in all four towns. We did these leadership interviews at the start and again at the end of the project.

Results Summary

The quantitative data overall did not show an effect of GD Community on key attitudes or on taking action to prevent violence over time for adults in prevention communities compared to matched comparison towns. Overall, rates of sexual and domestic violence and scores about how adults viewed social norms about violence prevention did not change over time in any of the towns. Overall, 25-33% of adults in prevention towns reported exposure to GD Community programming. In the GD towns, though, people who knew about GD Community reported significantly higher scores on perceptions of community cohesion, collective efficacy, and social norms measures than people in GD towns who didn't know about GD.



Two positive outcomes of GD Community were enhanced community partnerships among organizations, and visibility of and energy for SV/IPV prevention. The project engaged key influential community members and created new partnerships between organizations and individuals who did not typically work together. Qualitative interviews with implementers, however, stressed many challenges, including the need for more resources, more time, and the challenges of needing so much volunteer time for the project. Overall, this project showed that approaches to SV/IPV prevention that involve whole communities, like the GD Community approach, can be helpful in making people more aware of these issues and can create important new partnerships for helping ensure that all towns are places where SV/IPV are not tolerated and where everyone has a role to play in ending SV/IPV.