Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

Welcome To Our 5th Year!
Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

Over the past 5 years we've tried to address a wide array of important elements related to our work to end sexual violence and intimate partner violence. We've tried to balance the practical with the philosophical as we elaborated upon various frameworks, tools, and innovations enhance this work. A brief synopsis of previous issues is listed below, and you can download any of them for free at: http://www.vsdvalliance.org/secPublications/newsletters.html.

Also, starting this year, we will be adjusting our annual production schedule to twice per year (a Spring/Summer issue & a Fall/Winter issue). I hope you continue to find *Moving Upstream* to be a helpful resource!

Previous Issues:
- Vol 1, Issue 1: Framing Primary Sexual Violence Prevention
- Vol 1, Issue 2: Primary Prevention or Outreach?
- Vol 1, Issue 3: Healthy Sexuality and Sexual Violence Prevention (Part 1)
- Vol 2, Issue 1: Healthy Sexuality and Sexual Violence Prevention (Part 2)
- Vol 2, Issue 2: Evaluation and Primary Sexual Violence Prevention
- Vol 2, Issue 3: Male Allies in Primary Sexual Violence Prevention
- Vol 3, Issue 1: Community Development Approach for Primary SV/IPV Prevention
- Vol 3, Issue 2: Moving Beyond the Individual to Address the Social Environment
- Vol 3, Issue 3: Adding a Promotion Paradigm to Prevention Work
- Vol 4, Issue 1: Revisiting Healthy Sexuality and Sexual Violence Prevention
- Vol 4, Issue 2: Sufficient Dosage and SV/IPV Prevention
- Vol 4, Issue 3: Starting Young & Sustaining Prevention Efforts

Working From A Deliberate Basis:
Theory & Primary SV/IPV Prevention
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The movements to end sexual and intimate partner violence (SV/IPV) have utilized intuition, practical experience, and more recently scientific research and academic literature to enhance prevention and intervention efforts. Primary SV/IPV prevention work is especially informed by academic/scientific resources because its roots extend partly into the field of public health. Public health experts have long used rational deduction and scientific inquiry to improve their processes and products. Once a public health problem has been adequately defined and its origins studied, the next step is typically to develop and test strategies based on the data gathered. Because the volume and depth of such information can be overwhelming, it often helps to filter the data about the problem - for example, risk factors for SV/IPV and data about potential prevention strategies - through predetermined conceptual frameworks. This filtering can help narrow the focus to the data that is most relevant to a particular prevention program's philosophy, community context, and capacities.

These predetermined conceptual frameworks often take the form of established theories, and can be divided into 3 basic categories according to their programmatic purpose: Etiological theories, change theories, and process theories. Applied to primary SV/IPV prevention, an

Funder's Forum
Upcoming Trainings: Prevent CSA, ESCAPe, RADAR
Rebecca Odor, MSW, Director of Sexual & Domestic Violence Prevention
Division for Injury and Violence Prevention, VDH

The Virginia Department of Health offers workshops by request on issues of the primary prevention of sexual and domestic violence from 1 hour to 6 hours in length. Titles and descriptions of the trainings are at www.vahealth.org/injury/sexualviolence and click on trainings. Also, join our listserv to receive 1-2 emails a week about upcoming trainings, new resources, available funding and job opportunities! Please visit www.vahealth.org/injury/sexualviolence and click on email list. Upcoming events:

Prevent Child Sexual Abuse: Learn to Use a New Online Tool
June 4, 2009 10:00 AM - 11:30 AM // Registration: email Christie Bowers at Christie.Bowers@vdh.virginia.gov
Wondering how to respond to concerns about child sexual abuse? In this webinar, you'll learn how the new features of the Stop It Now! Online Help Center can help you with your work with children and families. This unique online tool offers the following resources for adults concerned about preventing child sexual abuse:
* Specialized information on child sexual abuse
* Customized guidance on how to respond to concerns
* Practical resources to turn to for help

ESCAPe Primary Prevention Training
June 9 - Abingdon (10 AM - 4 PM with lunch on your own)
Registration: www.vahealth.org/injury/sexualviolence
The Primary Prevention of Violence training is an introductory level course that will address the concepts of preventing violence prior to the first occurrence. It will address issues such as the definition of primary prevention, the social ecological model, risk and protective factors, and evaluating resources. There are many levels and types of violence in our society - bullying, family violence, youth violence, gang violence, dating violence, sexual assault, etc. While these types of violence may be quite different, this course will be looking at the link between possible root causes and prevention initiatives.

Project RADAR Train the Trainer
Train-the-Trainer: The RADAR Method for Responding to Intimate Partner Violence in the Health Care Setting Sponsored by the Virginia Department of Health in collaboration with Safe Harbor Shelter August 19, 2009 @ the Bon Secours School of Nursing More Information and Online Registration Available in late June through the VDH SV listserv (see above).

Promising Practices
Response-Norfolk's Prevention Project:
Basing content & approach on an established framework
Andrea Gutnick, Former Response staff member
Response-Norfolk in Norfolk, VA

The goal of primary prevention programs is to stop violence before victimization or perpetration begins. Many of these prevention programs are targeted towards adolescent boys and girls, as they are at a developmental stage where learning and behavior can be more readily influenced. The current impact of these programs could be bolstered by greater attention to theoretical program development and measuring outcomes.

Response Sexual Assault Support Services of the YWCA developed a sexual and intimate partner violence (SV/IPV) primary prevention initiative designed to address the individual and relationship levels of the Socio-Ecological Model. Different than the intuitive approaches more commonly used in primary prevention program development, this initiative recognized the importance of using evidence-based theory. Likewise, rather than using the typical outcomes associated with SV prevention (e.g., rape myth acceptance, various types of behavioral intent, etc.), Response chose to structure this initiative using the Search Institute's 40 Developmental Assets for ages 12-18 in order to achieve a more comprehensive outcome measure.

According to the Search Institute's aggregate data on more than 2.2 million adolescents in the United States, the more assets youth experience, the less likely they are to engage in a wide range of risky behaviors. The Search Institute also asserts that the 40 Developmental As-

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etiological theory (or theories) summarizes why SV/IPV occurs in a given context (e.g., a feminist analysis of male privilege and rigid gender control). Change theories explain how the strategies of the prevention project will change the behavior of individuals, and the structures of institutions and communities (e.g., social learning model). Process theories explain the interconnected system of steps through which a group, community, or institution would move in order to realize a goal, or set of goals (e.g., "In order to see a 40% decrease in the incidence of IPV in a community, we will have to accomplish X, Y, and Z."). On a practical level, process theories can serve as "roadmaps" for program implementation and are usually represented visually by logic models. This article will focus on theories of etiology and change, since there are excellent existing resources about logic models already in use by many primary SV/IPV prevention programs (see for example, The W.K. Kellogg Foundation Logic Model Development Guide).

Thinking through and selecting the most relevant theories for a given prevention project could be driven by both a program's philosophical perspective and empirical evidence. For instance, in the course of doing a community "needs and resources assessment," a program grounded in feminist philosophy might find that both rigid gender roles (and the reinforcement thereof) and norms heightening the acceptance of violence (regardless of gender) are the strongest predictors of IPV perpetration for the community in which they are planning a primary IPV prevention project. Thus, they might develop an etiological theory that is a hybrid of feminist analyses of gender and power, and an explanation of why the norms of the community tacitly support the use of violence in certain situations. The program's feminist background would have most likely allowed them to see the importance of gender roles regardless of the assessment, while the data from the assessment enhances their ability to recognize the importance of the community's norms about the use of violence in general.

Theory and the example of Men Can Stop Rape's MOST Clubs

For a more detailed example that might also be familiar to some readers, consider Men Can Stop Rape's (MCSR) Men of Strength Clubs, or "MOST Clubs". MCSR partially based this project on the established link between sexual violence perpetration and peer support for sexually adversarial attitudes and behaviors amongst groups of young men (see for example, Gwartney-Gibbs. et al., 1987). The architects of the MOST Clubs used these findings as an etiological basis for their program, and reasoned that they could address these problematic attitudes and behaviors by tapping into these peer bonds through honest and open male-to-male dialogues. They further reasoned that these peer bonds could be used to strengthen positive attributes of the young men (rather than the problematic attributes), and redirected outward to promote positive community change. Nearly a decade after the inception of the MOST Clubs, MCSR have realized these visions for countless groups of young men across the country.

"The manner in which human beings break habits or acquire new skills is complicated but well-studied, and any program attempting to impact behaviors related to an issue as deep-seated as SV/IPV would do well to inform their efforts with the wisdom of established change theories."

Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence

MOST Clubs apply tenets of the social learning model (Change Theory) to promote gender equity and build men's capacity to bond with each other in positive ways, and without being violent. This is accomplished by helping participants assess how masculinity is defined in our society, and how society's definitions of masculinity impact their behavior (i.e., Etiological Theory in action). The program is designed to facilitate peer-to-peer learning (Change Theory in action) where participants share stories, challenges, and successes, and receive reinforcement from each other (Change Theory in action) on adopting behavior that is both affirming to themselves as men, and not harmful to the women or men in their lives. The young men then "graduate" from the MOST Club and receive support in turning their new found awareness into community-based action (Change Theory in action), attempting to promote new social norms about masculinity and strength, or simply doing needed community service projects.

Despite the widespread use of theories to inform program development in public health fields, and despite the apparent utility of doing so in primary SV/IPV prevention projects such as MCSR's MOST Clubs, it seems that the ongoing use of theories for this purpose is not frequently practiced by most local SV/IPV programs. (Notable exceptions could be anti-SV/IPV organizations that use formal feminist theories to continually guide various aspects of their work, including perhaps the development of prevention initiatives.) That is not to say that that these non-theory-based projects are somehow deficient or wrong. On the contrary, many SV/IPV programs have devised ingenious SV/IPV prevention projects based on informed intuition and strategic planning, without the aid of any established theory of change or formally articulated theory of etiology. However, most SV/IPV programs do not currently incorporate deliberate, perhaps established, rationales in the development of primary SV/IPV prevention projects - the benefits of which can augment and exist alongside of those insights gleaned from intuition and practical experience. It is this added utility that prompted primary SV/IPV prevention specialists in Virginia to specifically emphasize the use of theory-based prevention projects in Virginia's Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence.
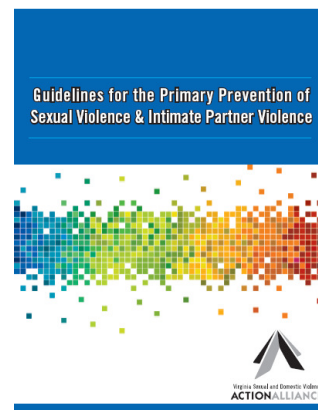
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Virginia's Primary Prevention Guideline #5

Virginia's *Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence* are the product of a 3-year collaboration between VSDVAA, member agencies, and the Virginia Department of Health to build the prevention capacity of Virginia communities. The guidelines document will help Virginia's sexual and domestic violence agencies - and possibly other community organizations - develop effective primary prevention initiatives. The guidelines are based on a combination of research and experience, borrowing heavily from the concepts and format outlined in Nation, et al.'s (2003) article, as well as work conducted under the CDC's DELTA project that sought to apply Nation's work to IPV primary prevention.

Nation, et al.'s (2003) review of effective prevention approaches for substance abuse, risky sexual behavior, school failure, and juvenile delinquency discusses the need for more prevention programs to be "theory driven," which according to them, "refers to the need for scientific justification" (p.453) of prevention initiatives. They describe the benefit of using both etiological theories and "intervention theories" which are the, "best methods for changing these etiological risks…[and are] empirically tested" (p. 453). Due to the lack of a strong evidence base in primary SV/IPV prevention for anything approximating Nation et al.'s empirically proven "intervention theories," the group that developed Virginia's primary prevention guidelines opted to reframe this concept as the more feasible "change theory" component described herein. This and the other aforementioned aspects of theory-based prevention are described in Guideline #5 of Virginia's prevention guidelines document.

> Guideline #5: Develop prevention programs based on purposeful, logical rationale.
> - Effective prevention programs are informed by our understanding of what increases or decreases the likelihood of SV/IPV. These could be "etiological theories" (see appendix for a definition) or risk and protective factors informed by the field. This will help ensure that all content and approaches are connected back to a common causal foundation.
>
> - Effective prevention programs are informed by theories explaining how strategies will foster individual and environmental change ("change theory" – see appendix for definition and examples).
>
> - Effective prevention programs are based on a step-by-step process that describes in detail how the problem will be systematically addressed. Such a system, sometimes called a "process theory" and often represented by a logic model, provides a "roadmap" for implementation of a program.

The first point under Guideline #5 elaborates upon the aforementioned concept of etiology by putting it into terms of "likelihood" rather than a simple cause-and-effect structure. The guideline was devised in this manner to reflect the multifaceted nature of SV/IPV, since explanations for SV/IPV vary with time, culture, and geography. Understanding the conditions that most powerfully contribute to, or inhibit, the prevalence of SV/IPV in a given community is crucial to developing effective primary prevention efforts in that community. This understanding can be expressed through formally articulated theories, or through a set of risk and/or protective factors, such as those provided by VSDVAA in the guidelines document. Laying out this understanding provides a common causal foundation to all aspects of a prevention project, which facilitates cohesive approaches and inter-reinforcing content, enhancing the overall impact of the project's message(s). Determining a community's common causal foundation for SV/IPV is perhaps best accomplished through a time-intensive process involving all key SV/IPV prevention stakeholders. Such a process will help ensure that the foundation is based on wide and varying backgrounds and experiences in the community, and will likely also facilitate buy-in to the ensuing prevention project from these key stakeholders and their constituencies (see Moving Upstream Volume 3, Issue 1 for more information about this process).

The second point under Guideline #5 addresses the value of using "change theories" to enhance prevention strategies. While the feminist roots of the movements to end SV/IPV have provided extremely useful and nuanced explanations of etiology, these movements have not had the same access to a range of theories explaining how individual behavior and environments change. The manner in which human beings break habits or acquire new skills is complicated but well-studied, and any program attempting to impact behaviors related to an issue as deep-seated as SV/IPV would do well to inform their efforts with the wisdom of established change theories. The absence of change theories applied to the development of most primary SV/IPV prevention projects is perhaps one reason that well-intentioned efforts to prevent SV/IPV might result in raised awareness, but fall short of the deeper prevention goals originally envisioned.

For example, a university-based anti-rape group might spend a lot of time and energy designing an educational theatre performance for incoming students. Their goal might be as lofty as ending rape on campus within 5 years, or as grounded as getting students to intervene if they witness a potentially sexually violent scenario unfolding - but they are unlikely to achieve either goal using this approach. They perform the piece and are dismayed to find that most of the incoming students seemed disinterested or derisive during the performance, and the outcome measures show that most of the audience indicates no likelihood of improving their behavior regarding sexual violence. If they had been able to access and effectively apply the knowledge contained within various theories of individual and collective/environmental change, they would have designed a very different initiative. Such an initiative would better take into account - among other things - the importance of how the information was delivered (a natural and interactive, ongoing, peer-to-peer network vs. a one-

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time, didactic formal program), the need for opportunities to practice new skills (training that includes opportunities to role-play bystander scenarios with trusted peers vs. no such training or opportunities), the "faces" of the cause ("popular opinion leaders" throughout the university community vs. a group of student already identified with the cause), and the reinforcement of new skills by relevant institutions (the school administration, fraternities, police, etc. championing and incentivizing the learning and use of bystander intervention skills vs. no consideration of such reinforcement). While raising awareness about SV/IPV is obviously important, we will need to be persistently deliberate if we want to truly affect behavior change consistent with primary SV/IPV prevention outcomes. Consulting pertinent theories of change can help us meet this challenging task. Summaries of key individual and group change theories are included in the appendix of this issue.

The various concepts contained within Guideline #5 can be better understood through programmatic applications. One excellent example of a program using a cohesive theory-based framework to inform a primary IPV/SV prevention project is Response-Norfolk's work with Girl Scout troops. See the "Promising Practices" column in this issue of Moving Upstream for more information.

References:

Banyard, V.L., Eckstein, R.P., & Bohmer, S. (2009). Sexual Violence Prevention: The Role of Stages of Change. Journal of Interpersonal Violence, e-Pub (February).

Gwartney-Gibbs, P., Stockard, J., & Bohmer, S. (1987). Learning courtship aggression: The influence of parents, peers, and personal experiences. Family Relations, 36, 276-282.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K.L., Seybolt, D., Morris ey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58, 449-456.

For an example of a promising university-based prevention project using change theories to affect positive behavioral and institutional change, check out the "Bringing In The Bystander" program at: **www.unh.edu/ preventioninnovations** & click on "Projects." You can also read about how this project was based on the Stages of Change Model in Banyard, et al. (2009).

Response-Norfolk's Prevention Project (continued from Page 2)

sets are, "common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible adults". The Search Institute separates the 40 Developmental Assets into external and internal factors. The following assets to be strengthened by Response's prevention initiative are outlined as follows:

Internal Assets to be Strengthened Source: *http://search-institute.org/ assets*	*Social Competencies*	*Positive Values*	*Positive Identity*
	Resistance Skills, Peaceful Conflict Resolution	Caring, Equality and Social Justice, Integrity, Honesty, Responsibility	Personal Power, Self-Esteem, Sense of Purpose, Positive View of Personal Future

External Assets to be Strengthened Source: *http://search-institute.org/ assets*	*Support*	*Empowerment*	*Boundaries and Expectations*
	Positive Family Communication, Other Adult Relationships, Caring Neighborhood	Community Values Youth, Youth as Resources, Safety, Service to Others	Positive Peer Influence, High Expectations

Response also utilized the VSDVAA priority protective factors for SV/IPV to ensure the individual, relationship, community and society level protective factors were addressed. The following corresponding protective factors for perpetration and/or victimization of sexual

Response-Norfolk's Prevention Project (continued from Page 5)

and intimate partner violence addressed by Response's prevention initiative are:

	Individual	Relationship	Community	Society
Protective Factors for Perpetration and/or Victimization of SV/IPV *Source:* *VSDVAA Guidelines for the Primary Prevention of SV/IPV*	Personal belief in the positive value of, and commitment to, caring, equality, and social justice. A personal belief in gender equality, and attitudes and behaviors consistent with that belief.	Families and/or other important figures providing a caring, open and encouraging environment that actively promotes positive development, and fosters skills to lay the foundations for healthy relationships and healthy sexuality.	Communities engage diverse people in activities promoting healthy relationships and healthy sexuality. The presence of just/fair boundaries and expectations about healthy relationships and healthy sexuality are applied consistently across community entities.	Developing and maintaining healthy relationships and healthy sexuality is a highly valued social norm. Ensuring accountability and expectations of people to interact respectfully is a fundamental part of life.

Once our framework was established through these data-driven frameworks, the mode of program delivery was decided. Response believed that peer mentoring was the most effective means to activate the 40 Developmental Assets for the program participants. If theory is to lay the foundation for program development, the mode of program delivery needed to reflect this foundation. We decided that assets about social competencies, support, empowerment, and expectations would be best realized through a peer mentoring project.

Although Response does not receive any dedicated funding for primary prevention, staff felt so strongly about the need for such a project that they volunteered their own time. VSDVAA also helped get the idea for this project off the ground through a special project for unfunded primary prevention work. They provided training and technical assistance to interested Response staff on how to develop primary prevention initiatives so that their volunteered time would be well utilized.

Since Response had immediate access to a Girl Scouts Troop, it seemed like it made sense to pilot the initiative within this population, and perform program evaluation on a much smaller scale before attempting to implement it on a larger scale. Response implemented an intensive youth/peer education program in Girl Scout Troop 5808. Activities aimed at strengthening the 40 Developmental Assets were designed through collaboration amongst a Response staff member, Troop leader, and Girl Scout Troop members. A series of four workshops were created and implemented within the Girl Scout Troop. Each workshop was structured to address the internal and external developmental assets, and the Girl Scout Troop members were tasked - with assistance from the Response staff member - to create activities and material to train their peers.

Additional peer education/peer mentoring training about SV/IPV primary prevention was conducted to prepare youth participants to effectively deliver primary prevention messages to other youth within the community. Albert Bandura's theory of social learning asserts that human beings model their own behavior after the behavior they see demonstrated by others. If youth see their peers practicing respectful, healthy behaviors, and educating others about ending sexual violence, they will be more likely to retain the lessons learned and desire to reproduce them. The Response staff member also worked in partnership with the Girl Scout Troop family member(s) to ensure active participation in the planning, implementation, and evaluation of the initiative.

As reported by the Girl Scout Troop members and parents, there has been a marked increase in the adolescents' Developmental Assets of positive identity, support, empowerment, positive values, boundaries and expectations, and social competencies. Response hopes that the development of strengthened assets continues through peer mentorship. It is our goal to implement this initiative in the school systems, where perhaps a more diverse population of adolescents can be reached.

Primary reference for The SEARCH Institutes' Developmental Assets Framework: Scales, P. & Leffert, N. (1999). Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development. Search Institute: Minneapolis, MN.

Etiological Theory: In the context of this document, an etiological theory explains why initial perpetration of sexual and/or intimate partner violence occurs. Various theories about gender and learning have historically been used as etiological theories to explain SV/IPV. Because of both the enormity of the issue and the scarcity of resources, programs would likely use just one or two principal etiological theories to inform their primary prevention projects.

Change Theories: Theories of change offer explanations as to how someone would choose a non-violent or healthy outcome instead of perpetrating IPV/SV. These theories can be divided into theories describing personal change (processes within individuals that explain their behavior change) and theories that describe social/community/group change (processes in an individual's social environment that explain their behavior change).

Selected Theories of Personal Change

Transtheoretical Model / Stages of Change: Synthesizing research from a variety of disciplines, Prochaska and his colleagues have proposed that behavior change can be broken into 5 basic stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance.

- *Precontemplation*: When an individual has not yet become aware of a problem, and is not considering action.

- *Contemplation*: When an individual becomes aware of a problem and begins to think about how to deal with it, but has not yet committed to taking action.

- *Preparation*: When an individual has established the intent to take action regarding the problem, but has not yet done so.

- *Action*: When an individual engages in personal behavioral change and/or endeavors to change the environment to resolve the problem.

- *Maintenance*: The stage at which an individual consolidates his/her work and continues the behavior change.

Health Belief Model: Describes 4 key factors influencing whether or not a person will seek to remedy unhealthy conditions or problematic behavior (e.g., rape culture or expressing rape supportive attitudes). The four factors are:

- *Perceived Threat*: When an individual obtains and maintains a subjective perception of the risk of experiencing the consequences of unhealthy conditions, and becomes concerned about not taking action to address it.

- *Perceived Benefits*: When an individual perceives the benefit of strategies designed to reduce the threat of unhealthy conditions.

- *Perceived Barriers*: When an individual is aware of the potential negative consequences from taking action to deal with the unhealthy condition.

- *Cues to Action*: When an individual experiences events that prompt him/her to take action. The individual must first feel as though she/he has the capacity to make the desired behavioral changes.

Social Learning Model: Based on the work of Albert Bandura, social learning describes the interplay of personal factors, social environment, and behavior. Particular emphasis is placed on the mental processes a person uses to make sense of their social environment, and how this leads to behavior. These mental processes are influenced by "capabilities" (see below), and behavior is then reinforced (or not) by the perceived adverse effects and incentives that result from a behavioral choice (or from observing another person's choice and the associated outcomes).

Capabilities:
- Symbolizing Capability: How we process images and words around us into attitudes and behavior.

- Vicarious Capability: How we learn from observation and direct experiences of other's behaviors and their resulting consequences.

- Forethought Capability: How well we anticipate the potential outcomes of a behavior, and how that influences our choices. This anticipation of outcomes is influenced by assumptions that may or may not be accurate.

Following the social learning model, a person would be more likely to engage in positive behavior change when he/she sees positive behaviors modeled and practiced, is able to increase his/her own capability and to implement new skills, is able to gain positive attitudes about implementing new skills, and experiences support from his/her social environment in order to use their new skills.

Diffusion of Innovation Theory: Provides a model of how people or groups embrace (or reject) and ultimately use (or ignore) a new idea. The model moves through 4 stages: Knowledge (gaining exposure to, an understanding of, and forming a positive or negative attitude toward a new idea); Decision (actions leading to the acceptance or rejection of the idea); Implementation (putting the idea into action); Confirmation (the reinforcement of previous decision about using the idea, or a reversal of a previous decision to accept or reject the idea because of exposure to conflicting messages about it). For example, the rate at which people to likely to accept and embrace positive alternatives coercion in intimate relationships will vary, and the overall success of any change strategy will be based upon how well the "key attributes" can be realized.

Selected Theories of Personal Change (cont.)

The Diffusion of Innovation Theory also factors in the degree to which people generally accept and use new ideas. Scholars have identified 5 different "adopter categories", and have attached estimates of how commonly each category exists in the population: Innovators (2.5%); Early Adopters (13.5%); Early Majority (34%); Late Majority (34%); Laggards (16%). The final factor to consider in determining whether a new idea will be used is the extent to which the idea exhibits "key attributes" of a genuine innovation.

Key Attributes of Innovations:
- Reflexive Advantage: The degree to which an innovation is seen as better than the idea that preceded it.

- Compatibility: The degree to which an innovation is perceived as consistent with existing values, past experiences, and needs of the potential adopters.

- Complexity: The degree to which an innovation is seen as easy or difficult to understand and use.

- Trialability: The degree to which an innovation can be experimented with on a limited basis.

- Observability: The degree to which the results of an innovation are visible to others.

Selected Theories of Social/Community/Group Change

Lifespan of a Social Movement: Social change is often brought about through organized social change movements, and Curtis & Aguirre have proposed that such movements move through a "lifecycle" consisting of four stages.

Stages in the Lifespan of a Social Movement:
- Preliminary Stage: A period of unrest where those who feel most outraged by a set of conditions become leaders of a burgeoning movement.

- Popular Stage: Period of expanding excitement in which the movement spreads outward via the principles of social contagion.

- Formal Stage: The emergence of a formal organization with the movement developing criteria for membership, establishing a formal organizational structure and "chain of command".

- Solidification Stage: The period of institutionalization wherein the goals and objectives of the movement are made concrete.

Theory of Collective Behavior (Emphasizing Social Change): Similar to the "Lifespan of a Social Movement", Smeiser describes the necessary conditions and mechanisms for widespread social change, as well as how social change is eventually institutionalized. Key components include:

- *Structural Conduciveness*: Social arrangements and social conditions are such that creating a movement and attempting a modification of norms is possible.

- *Strain*: There are strains within the social order which create demand for changes in the norms influencing and affecting the social situation and establish greater potential for a movement to coalesce.

- *Generalized Beliefs, Precipitating Factors, & Mobilization for Action*: Gaining a fuller insight into the forces and agents pressuring for a change in norms, and an understanding of what can be done to transform those norms. It is also important to recognize specific events that clarify the work that needs to be done, and how to then organize to make that work happen.

- *Social Control*: The way in which agencies and agents of social control are able to attend to the issues which have been raised and remove them from the emotional context from which they arose.

Dynamic Systems: Through the study of emergent behaviors – how new patterns of behavior are experienced, acquired, learned, and manifested – and the recognition that many organizational/social environments are complex, adaptive systems, scholars such as Johnson and Kelly have shown that people are influenced in a non-linear fashion. Thus, change itself routinely occurs in a non-linear fashion. Rather than a logical "cause and effect" model driving adaptation, changes in group behavior are better explained by the natural, autonomous interaction of people in social networks, the level of connectivity exhibited by these diverse networks, and the manner in which people recognize and respond to new behavioral patterns within their networks. Peer-to-peer feedback within networks is an especially important factor to consider.

Dynamic, or "complex adaptive systems", suggest that instead of being the consequence of planning, change is often the result self-organizing behavioral patterns which suddenly appear and take on a life of their own. Applying these concepts to SV/IPV prevention, one might see futility in simple, short-term cause-and-effect approaches to fostering change (i.e., "This poster campaign will result in X% less intimate partner violence in my community."), and instead acknowledge the complexity of the task. It might be helpful to discern creative new ways to engage the importance of people's relationship "webs," (e.g., Popular Opinion Leader approach). Any resulting prevention initiatives would have to embrace a long-term trial-and-error orientation in order to keep pace with the constant unique adaptations exhibited by these complex systems of human relationships.