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# Principles of Effective Anti-Violence Education:

# A Review of Prevention Literature

by

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# ABSTRACT

This paper presents a review of evaluated primary prevention programs in a variety of areas including violence against women, substance abuse, sexual assault prevention, and health promotion. Based on commonalities among successful programs, 14 recommendations for the development of anti-violence education programs are presented. These include a requirement for an evaluative component in all anti-violence educational programming. It is also recommended that programs be designed to maximize the personal relevance of the presented material and use a number of different but mutually supportive information sources. Material should be matched to the interest level and cognitive capacity of the audience. Learners should be prepared for challenges to newly-formed beliefs by exposure to alternative arguments and specific strategies to counter those arguments. Training should focus on explicit behavioral skills. Educational interventions must be sensitive to cultural differences, without using cultural differences as an excuse to ignore attitudes that support violence against women and children. The delivery of prevention programs is more effective if mass media are used to disseminate information, and interpersonal interventions are used to effect behaviour change. Multi-component programs tend to be more effective. Diffusion will be more effective when individual programming is aimed at community opinion leaders. Further recommendations relate to specific target groups such as children, young adults, parents, and teachers. Finally, this paper discusses a number of theories which account for the commonalities among successful programs. Many successful programs were developed without reference to specific theories; nonetheless, it is suggested that a theoretical basis could enhance the development of an anti-violence educational initiative.

# 1 INTRODUCTION

## 1.1 Purpose

The goal of this paper is to outline principles for the design of programs intended to eliminate violence against women and girls in educational, professional, and community contexts. Although there is a wide variety of such programs in use (c.f. Randall, Graff, Howarth, Bacon, Chen, and Hanington, 1994), few have received the benefit of full-scale evaluation. As a result, it is difficult to determine those qualities which contribute to the success (or failure) of anti-violence educational initiatives.

In the course of preparing this review, we have consulted literature from a number of different areas. Primary among these was the small literature describing evaluations of programming with the specific goal of ending violence against women and girls (e.g., date/acquaintance rape prevention programming). This was augmented by evaluations of primary prevention programs in such areas as child sexual assault, sexuality and teen parenthood, substance abuse, youth violence, smoking, and AIDS/HIV, as well as anti-racism education, and health promotion. These programs share a common goal of providing one or more of the following outcomes: an increase in knowledge, provision of skills training to change attitudes; and encouragement for individuals to adopt behaviours that reduce vulnerability and/or risk. They use a wide variety of media and educational techniques, and are directed at a range of audiences. On the basis of this literature, we have attempted to extract common principles which describe successful interventions.

The paper begins with a general discussion of the advantages of evaluation in general and concerns about evaluations of these types of programs. This is followed by a description of the general principles of attitude and behaviour change as they apply to anti-violence programming. The implications of educational program evaluations for specific target populations are discussed in the next four sections. Principles for diffusion and dissemination of educational initiatives in both community and educational contexts are addressed in the next section, followed by a discussion of the theoretical bases of prevention programs. The final section of the paper presents recommendations for the development of a community based education and training program to end violence against women and girls.

## 1.2 General Issues with Program Evaluation

Our purpose in this paper is to make recommendations for the development of anti-violence programs that are based on principles that have been proven successful. In order to identify these successful educational components, we have focused on the outcomes of published evaluations of educational interventions. There are, of course, many effective violence prevention programs that have not been evaluated. The exclusion of such programs from this review is no reflection on their efficacy, but rather a reflection of the fact that measurement of their effectiveness has not been formalized. It should be noted that the perception of program success is not always matched by an observable desired change in attitudes or behaviour (Borden, Karr, and Caldwell-Colbert 1988). As

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Carroll, Miltenberger, and O'Neill (1992) indicate, without empirical evaluations, "we cannot definitively say that these programs are beneficial to their audiences" (p. 339). Evaluations provide evidence that a program or a component of a program is effective in achieving implementation and outcome objectives. Well thought-out evaluations also allow comparisons across programs in which a variety of contents and delivery methods have been used. Thus, in order to make recommendations about design principles that work in programs in a variety of related contexts, we have relied on information about programs that have been evaluated.

As noted above, we found that many of the educational interventions were not evaluated in any way. Furthermore, there have been some common problems with evaluations of primary prevention programs, which may be difficult to avoid but need to be acknowledged. The ultimate goal of primary prevention programs has been to induce long-term changes in attitudes and behaviours. In most of these evaluations, however, program effectiveness has been evaluated by measuring changes in knowledge. There are strong practical reasons for using knowledge measures as proxies for measures of attitudes and/or behaviours. Measurement of knowledge can be easily accomplished using established survey methods. Attitude measurement is much more difficult, especially in cases where standardized scales are not available. Behavioral outcomes are even more difficult to evaluate. Unlike knowledge or even attitude measurement, a stable assessment of behaviour requires observation over an extended period of time. Furthermore, in some cases behavioral observation is precluded because of the ethical problems of directly exposing individuals to potentially risky situations in order to test their behavioral responses. Behavioral intentions, self reports, role plays, or responses to video vignettes are often used as proxy measures for attitude or behaviour change (Carroll et al. 1992). Evidence suggests, however, that behaviour in a real situation may differ significantly from expressed intentions and/or behaviour in a simulated situation (Carroll et al. 1992).

These observations have two implications for the interpretation of this report. First, it must be acknowledged that even the best evaluations of the educational interventions we considered rely on proxy measures of behaviour and attitude change. In our consideration of the literature, we have focused on evaluations that meet minimum design requirements (i.e., including a control group for comparison, using a reasonable outcome measure). Nonetheless, even the authors of these evaluations acknowledge the shortcomings of the studies, including the lack of long-term follow-up and the need for better measures of prevention, particularly those that do not rely solely on verbal report. Second, these criticisms of existing evaluations should be taken into consideration in the development of the evaluation plan for any new educational intervention. As mentioned above, evaluation provides evidence regarding the effectiveness of programs. Evaluations should address both process and outcome issues; that is, it is important to look at program implementation as well as program results. Furthermore, as will be seen throughout this paper, outcomes may only become apparent after a period of time. Therefore, outcome evaluations should include long-term follow-up. Finally, there are a broad range of methodological options and resource materials available for design of evaluations, both quantitative (e.g., Posavac and Carey 1985) and qualitative (e.g., Patton 1990).

## 2 GENERAL PRINCIPLES

### 2.1 Link Between Knowledge, Attitudes and Behaviour

Most educational interventions designed to change attitudes and/or behaviours focus on increasing knowledge of the issue (e.g., anti-racism initiatives educate people about cultural differences and/or similarities). There is, however, no evidence that increased knowledge necessarily leads to enduring attitude or behaviour change (e.g., Tobler 1986). On the contrary, the evidence suggests that increased knowledge does *not* result in a change in attitudes or behaviour (Goodstadt, Sheppard and Chan 1982, Kinder, Pape, and Walfish 1980, Rundall and Bruvold 1988, Tobler 1986). Thus, for example, anti-violence educators must be aware that increased knowledge of acquaintance rape will not necessarily lead to a change in behaviour in a dating situation. Furthermore, a change in attitudes or behaviour can be observed as a result of factors that are unrelated to the information conveyed (McGuire 1985, Petty, and Cacioppo 1981). For example, learners may adopt attitudes and behaviours of respected presenters without accepting or even considering the principles underlying those attitudes and behaviours. Attitude and behaviour changes based on liking the person presenting the information tend *not* to be enduring. Thus, if learners decide that they no longer respect the presenter, the adopted attitude and/or behaviour is vulnerable to change. This does not mean that educational interventions resulting in changes in knowledge, or short-term changes in attitudes or behaviours, should be discounted as ineffective. Instead, educators must be aware that these types of changes are only one step in creating enduring and persistent changes in attitudes and behaviour.

### 2.2 Personal Relevance and Central Processing

There are two relatively distinct routes for persuasion in attitude change: the central route, and the peripheral route (Petty and Cacioppo 1986). The central route involves concerted cognitive activity on the part of the people receiving the message, which encourages them to carefully scrutinize and evaluate the information presented. In contrast, the peripheral route involves simple cues in the persuasion context that either elicit an affective state that becomes associated with the advocated position, or trigger a simple reasoning heuristic that is used to judge the validity of the message. An example of peripheral route persuasion might be the following: I think this speaker is a nice person; this speaker says that sexism is one factor that underlies violence against women; therefore I think that sexism is one factor that underlies violence against women. The central route to persuasion might follow this reasoning: this speaker says that sexism is one factor that underlies violence against women; the arguments presented by this speaker make sense to me, and fit with my understanding of the world; therefore I think that sexism is one factor that underlies violence against women. The central route can be characterized as the 'active' route, while the peripheral route may be characterized as 'passive'. Attitudes developed through the central route tend to be more enduring, more predictive of later behaviour, and relatively resistant to change (Chaiken 1980, Cialdini, Petty, and Cacioppo 1981, Cook and Flay 1978).

To elicit enduring and persistent changes in attitudes and behaviour, anti-violence educators should

create programs that encourage learners to use central processing. One way of increasing the likelihood of central processing is to ensure that the topic and information presented have a high degree of personal relevance (Cialdini, Levy, Herman, Kozlowski, and Petty 1976, Petty, Cacioppo, and Goldman 1981). Personalizing acquaintance rape prevention programming, and thus increasing personal relevance, helps to reduce risk-taking behaviour on the part of women, perhaps by increasing perceptions of personal vulnerability (Gray, Lesser, Quinn, and Bounds 1990). The self-relevancy of problems can be enhanced by providing information specific to the situation of the person listening to the message (e.g., rape statistics for the immediate surrounding area, as opposed to the country; Gray et al. 1990). Self-relevancy can also be increased by using dramatizations (Boller 1990) that depict situations familiar and/or relevant to the learners. Learner participation in role-plays is another way to increase self-relevancy and thus persuasiveness (Janis and Mann 1965, Saltz, Perry, and Cabral 1994). Central processing can also be elicited by inducing subjects to remember their own experiences relevant to the topic at hand (e.g., their own experiences of sexism; see Burnkrant and Unnava 1989). Using peers, as opposed to experts, to present educational interventions may also increase personal relevance. In general, attitude and behaviour change will be elicited by programs that encourage learners to see violence against women and girls as a problem which directly affects them in their everyday lives.

## 2.3 Multiple Messages and Multiple Sources

The effectiveness of a persuasive message is increased if the message is repeated (Cacioppo and Petty 1989). Persuasive effectiveness is further increased if the same message is given by a number of different sources (either different people, or through different media (Harkins and Petty 1987). The strongest persuasive effect is observed when a number of *different* but mutually supportive messages about the same issue are delivered by a number of different sources (Harkins and Petty 1987). According to Harkins and Petty (1987), the increased effectiveness of multiple sources is eliminated if learners are told that the sources represent a single committee (rather than holding independent perspectives on the same issue). The increased effectiveness of multiple sources seems to depend on the fact that each source offers new information relevant to the issue. Thus, it is important that the multiple messages on the same issue be delivered by a wide variety of people in the community. The general implications for anti-violence programming are clear: use a number of speakers who present different and mutually supportive perspectives on the same issue (e.g., women's advocates, police, peers).

For the most part, these principles apply to educational programming for children as well as adults. Learning is increased when the message is repeated (Conte and Fogarty 1990), and stronger learning is expected if children hear the same message from a number of different people in their lives (e.g., parents, teachers, siblings). Children may not, however, evaluate the similarity of messages delivered by different sources (Hoppe, Wells, Wilsdon, Gillmore, and Morrison 1994). Thus, with children it may not be so important that each different source offer new information and a different viewpoint on the issue.

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## 2.4 Source Characteristics

Sources viewed as 'expert' generally have a greater persuasive impact (McGinnis and Ward 1980, Warren 1969, Wilson and Sherrel 1993). For some topics involving personal beliefs, however, a peer is more persuasive than an 'expert' who is dissimilar to the person receiving the message (e.g., regarding the issue of IUD use; Cantor, Alfonso, and Zillmann 1976). The persuasive impact of peer sources may also be increased among adolescents, who are strongly affected by peer influences.

## 2.5 Matching Material to Audience

Material presented to general audiences should be at approximately a Grade 8 reading level. Audience involvement with an issue may have an impact on the processing of presented information. Learners who know little about an issue will have difficulty evaluating the adequacy of arguments or evidence, but more involved learners are likely to be more critical (Reinard 1988).

## 2.6 Anecdotal Evidence

In a review of research on the persuasive effects of information, Reinard (1988) suggests that anecdotal reports may have greater persuasive impact than reports of statistics. There is some suggestion that the persuasive effect of vivid examples in the form of stories may be enhanced if the story is followed by statistical information indicating that the case is typical (Hamill, Wilson, and Nisbett 1980).

## 2.7 Presenting Alternative Arguments

Persistence of newly-formed attitudes can be increased by planned exposure to information and/or pressures that will likely be encountered from people who do not agree with the new attitude (c.f. Social Inoculation Theory; McGuire 1964). An educational intervention should expose learners to alternative arguments that they are likely to encounter, and give them specific strategies and information that will help them to refute this evidence and/or arguments. This will lead to increased resistance to subsequent attacks on attitudes, relative to the resistance developed from supportive information alone (Duryea 1983, Dupont and Jason 1984, McGuire 1964, Pfau and Burgoon 1988). This principle is demonstrated in the success of a smoking prevention program in which students are taught how to resist social pressures to smoke in real-life situations (Flora and Thorensen 1988), which resulted in a decreased risk of smoking for up to five years following the intervention. An example of the application of this principle to anti-violence programming would be discussion of peer pressure to engage in sexual activity in acquaintance rape classes, along with presentation of strategies that students can use to resist this peer pressure.

## 2.8 Behavioral Skills Training

Explicit behavioral skills training increases the likelihood of behaviour changes, and may also have an impact on attitudes. Social skills training (communication skills, self-esteem training, etc.) and

peer support along with lecture and/or discussion increases endorsement of safer sex among gay and bisexual men relative to lecture and/or discussion alone (Leviton, Valdiserri, Lyter, and Callahan 1990). A similar program without peer-led interventions and skills training had a significant effect on knowledge, but no observed effects on sexual behaviour, intentions, or attitudes (Bellingham and Gillies 1993). Skills training can change attitudes as well as improve skills (Bigby and Barnes 1993, Randolph and Gold 1994). The results of these and other evaluations suggest that skills training should be a component of any initiative intended to change behaviour. Learners should be provided with behaviour models and opportunities to practice the new behaviours (Bandura, 1977).

# 3 SCHOOL-BASED PREVENTION

Over the last two decades, there has been a strong emphasis on development of primary prevention curricula in the schools in areas such as sexual abuse, teen pregnancy, alcohol and drug use, youth violence, smoking and AIDS/HIV. Children are appropriate for primary prevention programs because they have not yet developed risk behaviours, and it may be easier to prevent behaviours than to change them (Albee 1980, cited in Herrerías 1988, Howard and McCabe 1990). Program developers believe that schools are appropriate settings in which to implement prevention programs and interventions for a number of reasons: 1) most children can be reached through a school setting; 2) the wide age range and age grouping allow for easy targeting of curricula with repetition; 3) school personnel are trained in appropriate techniques for teaching, intervention, evaluation and assessment; 4) schools constitute a social setting (Forman and Linney 1991), where factors such as peer influence are prominent; 5) children spend large amounts of daily time in schools (Kohl 1993; Forman and Linney 1991); and 6) there is a long-term relationship between schools and families (Moody 1994), allowing the opportunity for repeated interventions as well as for observation of the impact of these interventions over a long period of time.

## 3.1 General Considerations

As children age, their understanding and conceptions of their world and specific situations change (Carroll, Miltenberger, and O'Neill 1992). Children go from a home-dominated environment where family members provide primary influences, to a school-based environment where peers and social relationships become the primary sources of influence and information (Feiring and Lewis 1987). Concomitant with changes in social networks are changes in cognitive development and locus of control.

Conte and Fogarty (1990) identified factors that should be considered in the development of child sexual assault prevention programs, and these same factors would apply to development of anti-violence programming intended for specific audiences of children. These considerations include the concepts and words used to deliver a message, the time it takes to deliver a message, the format of the presentation and the degree of child interaction with the materials (passive or active), location of the program (home, school), the relationship of the trainer to the child (parent, teacher), and the fact that learning can be enhanced with on-going lessons and booster sessions over time.

## 3.2 Social Networks and Social Influences

Feiring and Lewis (1987) suggest that as children grow, their "social and cognitive skills develop to the point where friendships between children may be less dependent on parental choice and become more a function of common interests and liking" (p. 632). They conducted a longitudinal study that followed mothers and children from ages three to six in order to examine the changing nature of social networks during preschool years. They found that the structure of the social networks of the children in their sample changed. As the children grew, they showed a 10% decrease in family contacts (contacts with parents, siblings etc.), and an increase in peer and

non-family contacts. Feiring and Lewis also found that, although the majority of all children's contacts were with women, the proportion of male adults and male peers in the networks of boys increased with age, while for girls this proportion remained stable. Thus, between the ages of three and six, children show substantial changes in relevant social networks. They move from a home-centered environment to a school-centered one, developing new social networks of both adults and peers.

Social networks continue to change dramatically through adolescence. While parents may have primary influence on some behaviours up to Grade 5 or 6 (e.g. smoking behaviours - Stacy and McIvain 1994), peer influences become increasingly important. Children in this age range begin to choose their own friends based on common interests and mutual liking (O'Brien and Bierman 1988), whereas at earlier ages friendships between children are more a function of parental choice (Feiring and Lewis 1987). By the time adolescents are in Grades 8 to 11, group acceptance becomes of primary importance. Adolescents in this older age range are more likely to experience peer-group influences as global and far reaching, having a greater effect on attitudes, values, appearance, and feelings of social or personal worth. Peer rejection may be interpreted as an indication of "unworthiness as an individual" (O'Brien and Bierman 1988). These results are consistent with observations of Urberg (1992), who conducted a study of peer influence on smoking behaviours. According to Urberg, by Grade 11, individual best friends (someone considered to be similar to and who spends a great deal of time with the adolescent), have more influence than the social crowd on behaviours such as smoking, unlike younger adolescents for whom the influences are reversed. Finally, there is some evidence to suggest that peer group influences may differ between boys and girls. O'Brien and Bierman (1988) found that feelings of self-worth were more dependent on peer perceptions for Grade 8 girls than for Grade 8 boys.

The shifting of social networks and increased influence of peer groups on self-identity with age has important implications for development of anti-violence programming. Programs aimed at preschool and young elementary students should recognize the important influence of parents, teachers and other adults in authority positions (e.g., day care workers) as trainers. As children grow into adolescence and young adulthood, peer influences become of primary importance, and group norms tend to provide standards for attitudes and behaviours (O'Brien and Bierman 1988, Dubow and Cappas 1990). It is not surprising, therefore, that peer trainers have proven successful for educational programs in this age range (Botvin, Baker, Filazzola, and Botvin 1990). In fact, Forman and Linney (1991) suggest that parents may be inappropriate as trainers in secondary prevention programs for at-risk adolescents due to rebelliousness and rejection of authority. There is also evidence that mass media play an increasingly prominent role as children grow (Kunkel and Roberts 1991, Dubow and Cappas 1990). These results suggest that programming using media such as videos or television programming in combination with other methods may have an impact with middle and older adolescents.

### 3.3 Cognitive Development

For children of all ages, education methods that involve active learning and participation (e.g., role

playing, active discussion, creating a video) are preferred over more passive learning situations such as hearing a lecture or watching a video (Carroll et al. 1992, Conte and Fogarty 1990). This effect has been shown in a number of different areas, including sexual abuse prevention (Carroll et al. 1992, Fryer, Kraizer, and Miyoshi 1987a, Fryer, Kraizer, and Miyoshi 1987b, Ratto and Bogat 1990, Hazzard, Webb, Kleemeier, Angert, and Pohl 1991) and smoking prevention (Flora and Thorensen 1988).

Children demonstrate a change in locus of control with increasing age (Payne and Payne 1989, Rotter 1966). Specifically, older children demonstrate a greater tendency to attribute success or failure to internal factors (such as personal effort), rather than external factors (such as the actions of others; Nowicki and Strickland 1973). Thus, as children grow, they assume more control over their behaviour rather than relying on outside expectations for their behaviours. Payne and Payne (1989) found that kindergarten and Grade 2 pupils had significantly more of an external locus of control than pupils from older grades. Grade 5 pupils, however, had significantly more of an internal locus of control. An internal locus of control may be associated with a lower risk of victimization. This may have an impact on the need for sexual assault prevention programming for different age ranges.

Although the level of educational material must in general be matched to the cognitive capacity of the audience, this presents a particular challenge with programming for children. Language, vocabulary and other aspects of cognitive capacity differ substantially among children of different ages. As children age, their understanding and conceptions of their world and specific situations change (Carroll, Miltenberger, and O'Neill 1992). For example, in a study using qualitative methods to understand children's knowledge and beliefs about AIDS, Hoppe, Wells, Wilsdon, Gillmore, and Morrison (1994) demonstrated a difference in cognitive capacity among children of different ages in their specific sample. Based on their results, they recommended that content of programs should be "simple and concrete, and specific misconceptions should be elicited and dispelled. Because children do not easily apply what they know to hypothetical cases, facts. . . should be presented generally then applied to specific instances . . ." (p. 125). Acknowledgment of increasing cognitive development of children has resulted in multiple curricula targeted to specific grades or ages (Larson 1994, Conte, Rosen, Saperstein, and Shermack 1985, Carroll et al. 1992, Wolfe, MacPherson, Blount, and Wolfe 1986).

These results suggest a need to consider targeting anti-violence programming to specific grades or ages of children. Specifically, educational programs should take into account the locus of control of children, as well as their general cognitive capacity.

### 3.4 Implementation Considerations

<u>Parental Concerns</u>
There has been concern with prevention programs that deal with sensitive topics (e.g., sexual abuse/violence) of the potential for harm to the children, resulting in increased fear, mistrust or insecurity (Moody 1994). This has not, however, proven to be a problem (Kohl 1993, Carroll et al.

1992). In fact, in their review of sexual assault prevention programs, Carroll et al. (1992) found that such programs did *not* produce adverse emotional effects in children, and were generally acceptable to parents and teachers. Another consideration for programming with children is the requirement for parental consent. In Ontario, for example, the legal age for consent is 18 and any special curriculum and/or evaluation developed for schools would require the consent of parents.

Parents as Trainers
Parental participation in prevention programs for children has involved a range of roles, including simple monitoring of children's behaviours, participation in program implementation, and participation in actual programming directed at parents (e.g., programs aimed at changing parenting skills and family interactions; (Larson, 1994)). The basis for including a component aimed at parents results from a recognition of the impact of parents in children's development of attitudes and behaviours. For example, in a review of violence prevention programs, Larson (1994) describes programs that recognize parents as role models for children who develop aggressive behaviour patterns. If children learn coercive behaviour patterns at home through interactions with parents and siblings, these patterns will be enacted in interactions with teachers and peers. Therefore, some prevention programs have components aimed at training parents to recognize and change parenting practices that may lead to anti-social or risk behaviours in children. These components vary along a continuum of a simple video or pamphlet with the goal of informing parents, to those that have extensive passive and active learning opportunities. For example, one parent program for violence prevention incorporates prerecorded vignettes with parent group discussions and use of homework (Larson 1994). In a review of child sexual assault prevention programs, Finkelhor (1995a, 1995b) suggests the effectiveness of these programs is improved with parental involvement.

Several problems are associated with parent components of prevention programs. They are very labour-intensive (e.g., arranging meeting time, locations) and can add considerable cost and time to a program (Baldwin and Bauer 1994, Mauss, Hopkins, Weisheit, and Kearney 1988). Even components that use the more active learning processes, such as discussion groups or parental workshops, are often poorly attended (Moody 1994). In at least some cases, parents have been ineffective in implementing programs (Carroll et al. 1992), and it is sometimes difficult to get parents involved in school-based programs (Ratto and Bogat 1990). If parents are used as trainers, there must be careful monitoring and follow-up to ensure proper use of program materials.

Teachers as Trainers
Like parents, teachers play an extremely important role as models for children's attitudes and behaviours. Teachers may be in contact with children up to six hours a day (Moody 1994). In fact, for some children, teachers may be the only responsible adult with whom they have contact (Kohl 1993). Payne and Payne (1989) suggest that teacher expectations may moderate the relationship between locus of control and student achievement. "As more is expected from children and they are given an opportunity to succeed, their perceptions of their ability to control their academic progress will become more internal" (p. 87). Teachers can have a negative impact if their enthusiasm for a program is low or they have not had an opportunity to feel comfortable with a curriculum they are expected to implement (Spungen, Jensen, Finkelstein, and Satinsky 1989).

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# 4 COLLEGE/UNIVERSITY PROGRAMMING

As demonstrated in the previous section, the move from a home environment to a school environment has significant implications for anti-violence programming. Students in colleges and universities are undergoing a similar process of change, which will have equally important implications for programming. In their transition to increasingly autonomous individuals, they may be experiencing a new freedom. While there are some special challenges in providing programming for this population, there are also general principles that will apply. Programming for adolescent and college populations that involves only a simple presentation of information is generally ineffective in changing attitudes or behaviour (Botvin 1986, Dryfoos 1990, Mauss, Hopkins, Weisheit, and Kearney 1988, Moskowitz and Smith 1987, Shedler and Block 1990). In the area of alcohol education, effective programs tend to include experiential aspects, be more intensive, and involve a greater number of hours of education over an extended period of time (Goodstadt and Caleekal-John 1984). These same principles are likely to characterize successful interventions in other areas.

## 4.1 Special Considerations for Adolescent/Young Adult Populations

Working with college-age populations presents some special challenges. Young adults tend to be risk-seeking, and this can have some unexpected consequences in educational initiatives. For this population, the identification of high-risk behaviours often does *not* have the expected outcome of reducing those behaviours (Carroll 1988, Gottlieb, Vacalis, Palmer, and Conlon 1988, Katzman, Mulholland, and Sutherland 1988, King and Anderson 1994, Simkins and Egerhage 1984). For example, AIDS prevention programs often advise limitations of sexual partners, but King and Anderson (1994) found that almost one-quarter of 1,247 young adults surveyed indicated that they would engage in sex with unlimited sexual partners even if they knew it would result in death within 10 years. These interventions may be ineffective because young adults perceive themselves as invulnerable to the identified risk. Once again, increasing the self-relevancy of educational messages may increase behavioral change.

Anti-violence educators should understand that college-age women may not view themselves as 'at-risk' for sexual assault and/or other forms of violence, and thus may not attend carefully to educational interventions designed to reduce risk behaviours. To increase educational effectiveness, every effort must be made to ensure that the message is seen to be personally relevant (e.g., by including local sexual assault statistics instead of national statistics (Gray et al. 1990), or by using peer educators rather than 'experts' (Botvin et al. 1990)).

It is particularly important to be sensitive to the information sources that are most relevant to this population. For instance, college students rely heavily on mass media for information, foregoing other possibly more appropriate sources (e.g., ignoring physicians as a source of information regarding the AIDS epidemic; (Edgar, Freimuth and Hammond 1988)). The mass media, especially television, have also been identified as a major source of both prosocial and antisocial influence for adolescents (Forman and Linney 1991). Forman and Linney (1991) suggest that media information

sources are "not typically associated with adult authority as are parents and school"; this separation of media and authority may be the basis of the increased influence of media with adolescent and young adult populations.

## 4.2 Receptive Populations

College students are unusual among the adult populations discussed in this review in that they are generally prepared for and focused on learning. As a result, they may be more receptive to educational interventions that impart information as a method of attitude and/or behaviour change. This may be particularly true when the information is presented as a natural part of course content, because the students in the course will represent a group self-selected for their interest in the topic. Most anti-violence educators would suggest that educational efforts should be devoted to individuals who hold the most problematic attitudes and/or demonstrate the most problematic behaviours. 'Preaching to the converted' seems, on the surface, to be a waste of valuable time and resources. There is some evidence, however, that simple, short-term educational interventions may have a positive impact among groups who are already at least partially 'on side'.

In most cases, attitude shifts require personalized information and intense skills training. In Human Sexuality classes, however, simple informative lectures seem to be enough to elicit a change. For example, students in human sexuality courses show a reduction in the acceptance of rape myths after the issue of acquaintance rape is addressed in the class (Dallager and Rosen 1993; Fischer 1986). Wells (1989) reported a positive shift in college student attitudes about homosexuality as a result of five hours of instructions over four class periods in a human sexuality course (see also Bernard and Schwartz 1977, Greenberg 1975, Watter 1987). Taylor (1992) found a similar effect of an AIDS education course on AIDS-related attitudes. The three-week course included information about AIDS and risk behaviours, discussion of the psychosocial issues related to testing, diagnosis, societal attitudes, counselling AIDS patients, and discussions of the relevant legal and ethical issues. Baldwin, Whitely and Baldwin (1990) noted both an increase in knowledge about AIDS and a self-reported decrease in some behaviours which increase risk for AIDS among students in a Human Sexuality course. The course content included lectures on sexually transmitted diseases including AIDS, instruction on how to reduce AIDS risk, and readings which included articles from the general news media on AIDS and AIDS risk.

It should be noted that in each of these cases students were *not* randomly assigned to experimental and control groups. Instead, control groups consisted of students who were similar in terms of many demographic variables (e.g., age, sex, etc.), but who had either explicitly chosen *not* to take the sexuality course, or had actively elected to take other courses (such as Introductory Psychology). It is likely that pre-existing attitudes and behaviours of students interested in courses on human sexuality interacted with specific programming to produce the observed shifts in attitudes. In fact, Taylor (1992) explicitly compared the course group to a control group given access to similar information through a computer program, and found no shift in attitudes among the control group. Thus, it is not simple access to information that resulted in the attitude change. These results suggest that attitude change in university populations can be accomplished through regular course

programming methods (e.g., lecture and video presentation, with little class participation). These types of interventions can be effective if the attitude change intervention is naturally related to the course topic (e.g., acquaintance rape programming in a Human Sexuality course), probably because the students in the course will then be self-selected for an interest in the issue, and perhaps even initially hold liberal or informed attitudes. This interpretation is supported by results which suggest that a positive shift in attitudes regarding homosexuals is most likely to be observed among those whose pre-intervention attitude is relatively positive. Serdahely and Ziemba (1984) found this effect for an intervention designed to reduce negative attitudes toward homosexuality among college students. The intervention, which included role-playing and small group discussion, resulted in a positive attitude change, but only for students who had initially scored above the median in attitude. Conversely, it seems that interventions to increase *level of knowledge*, rather than change attitudes, may be more effective for individuals who initially demonstrate a low level of information (Rugg et al. 1987).

These results suggest that minimal anti-violence programming may be effective for groups whose members have demonstrated a degree of readiness to confront the issue either by taking a course relevant to the issue, or demonstrating their discomfort with violence and underlying factors in some other way. Attitude change in these groups may be effected by providing information about the issue, and encouraging discussion that illuminates attitudes and activities that may contribute to violence against women and children.

Significant and enduring behaviour change can be elicited by confronting individuals with the conflict between their values and their behaviour. In one study (Sawa and Sawa 1988), students were encouraged to compare their values regarding good health and exercise with their actual level of exercise. Newly recognized discrepancies between values and actual behaviours resulted in increases in self-reported exercise behaviour. Thus, for individuals who demonstrate behaviour (such as sexism) that is inconsistent with their deeply-held values (such as equality), attitude and behaviour change may be elicited by a relatively simple strategy of encouraging them to acknowledge the discrepancy. This can be accomplished through information and discussion provided in a classroom setting.

### 4.3 Date and Acquaintance Rape Prevention Programs

Relative to other types of anti-violence programming, there is a large number of published evaluations of programs designed to prevent date and acquaintance rape. The results of these evaluations have, however, been equivocal, and there are few general principles for successful interventions that can be identified.

The majority of evaluated date-rape prevention programs are presented to mixed-gender groups. Only a small minority of students indicate any discomfort discussing date and acquaintance rape in mixed-gender group (Holcomb, Sondag, and Holcomb 1993); furthermore, presentation in mixed-gender groups may increase the self-relevancy of the material, and improve the development of empathy on the part of men in the group (Cairns 1994). Single lectures which present information

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only have no effect on date rape myth acceptance (Borden et al. 1988) or rape supportive attitudes (Lenihan, Rawlins, Eberly, Buckley, and Masters 1992). More intensive interventions involving class discussions, lectures, and/or video presentations, however, seem to have a significant impact on blaming of date rape victims and denial of date rape. A greater degree of attitude change is generally observed for men, as opposed to women (Harrison, Downes, and Williams 1991, Holcomb, Sarvela, Sondag, and Holcomb 1993). There is some evidence, however, that attitude change among men may be less enduring than change among women (Heppner, Good, Hillenbrand-Gunn, Hawkins, Hacquard, Nichols, De Bord, and Brock, 1995). This difference may be due to the fact that women initially show very low levels of denial and victim-blaming, and therefore have little room for improvement (Harrison, Downes, and Williams 1991); alternatively, it has been suggested that men are more likely to respond to peripheral cues related to speaker characteristics, while women are more likely to use central-route processing which more often leads to lasting attitude change (Heppner et al., 1995).

In addition to programs designed to change attitudes in both men and women (such as those described above), there are some date rape prevention programs which have the specific goal of reducing the risk of women by teaching them new attitudes and behaviours. One such program is described by Hanson and Gidycz (1993). They report on a sexual assault prevention program for women that was successful (for a subset of participants) in reducing self-reported sexual victimization over the nine weeks following the intervention. This successful intervention involved only one session with the participants, and included explicit teaching about protective behaviours for women, as well as information debunking rape myths.

As indicated in the introduction to this paper, date rape prevention is the only area of anti-violence programming for which there is a significant body of evaluation information. There are, however, no unanticipated intervention suggestions resulting from these evaluations beyond those gleaned from evaluations of prevention programming in other contexts. This supports the validity of generalizations to anti-violence programming from other types of prevention programs.

# 5 PROGRAMMING FOR PROFESSIONAL GROUPS

Evaluations of initiatives aimed at professional audiences were uncommon. It is difficult to determine if this means there are few of these types of initiatives offered to professional audiences, or whether those initiatives that are offered tend not to be evaluated. Professionals tend to be opinion leaders in our communities, and thus anti-violence programming for these groups may be particularly important.

## 5.1 Physicians

Physicians receive little training on the issue of violence against women (Brown, Lent, and Sas 1993). A 1991 survey of US family practice residency directors (Hendricks-Matthews 1991) indicated that the majority felt that violence education was represented 'not at all' or 'very little' in their residency programs. Furthermore, the little violence education that was offered focused on child physical abuse, child sexual abuse and rape, with almost no programs offering education about other aspects of violence against women. There is a reluctance on the part of physicians to explore the issue of abuse with patients because of a feeling of lack of comfort, fear of offending, powerlessness, and loss of control (Sugg and Inui 1992). Physicians are reluctant to identify the problem of abuse, because they are uncomfortable 'identifying what they can't treat' (Brown, Lent, and Sas 1993).

Training seminars for physicians on the issue of violence in intimate relationships tend both to increase their recognition of patients who are experiencing abuse and to improve interventions by physicians (Christiano, Pollar, Sturdevant, Bensen, Perron, and Amatruda 1986, Mandel 1985). Thus, there is evidence that the response of physicians to this issue can be improved by educational interventions.

Physicians are likely to benefit from direct skills training and/or personal experience relevant to the issue of abuse. Direct evidence arises from training regarding the issues of alcohol abuse and ageism. Ageism among medical students is most likely to be reduced by a program that includes direct experiences with elderly patients and exposure to effective professional role models (Adelman and Albert 1987). Such programs generally receive favourable review by participants (Blakely, Dolon, and May 1993). In their evaluation of a medical faculty development program in substance abuse education, Bigby and Barnes (1993) found that training which increased the self-perceived clinical skills of participants had the unexpected additional benefit of a positive attitude change toward patients with substance abuse difficulties. Thus, offering physicians training to improve their clinical skills relevant to the issue of violence against women may also change their attitudes about this issue.

Physician participation in training opportunities will be increased if scheduling meets the needs of the physicians. Physicians appreciate knowledge and skill development workshops that are tailored to fit their schedules, involving short sessions that are held in the evenings (Brown, Lent, and Sas 1994). Provision of Continuing Medical Education credits for course participation may also help

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to increase the number of physicians who attend workshops.

## 5.2 Teachers

Teachers are an important influence on students of all ages. Teacher attitudes can result in stereotypic treatment of students (Robinson 1992), and can affect student self-perceptions, attitudes and/or behaviours (Shamai 1994). Teacher training designed to decrease stereotypic attitudes can increase issue-relevant knowledge (Moody 1993), and reduce differential treatment of students (Siperstein and Goding 1985, Tran, Young, and Di Lella 1994). Effective programming will raise awareness of differential behaviour (Siperstein and Goding 1985), and encourage teachers to think critically about their own values, assumptions and biases (Tran et al. 1994). Care should be taken, however, to ensure that teachers are not given mixed messages from an educational program that promotes respect of group differences while at the same time discouraging differential treatment of students in these groups (McDiarmid 1992).

It is critical that teachers be given training and support sufficient to allow adequate program implementation. Botvin et al. (1990) found that a substance abuse prevention program was ineffective when teachers did not implement the program according to the protocols. McCormick, Steckler and McLeroy (1995) demonstrated that individual instruction to teachers was important to ensure effective program implementation. Teachers who received direct instruction were more likely to effectively implement than were both teachers in the same schools who did not attend instructional sessions, and teachers who were offered mailed curricula and technical assistance upon request. Multiple training sessions over time might increase efficacy for implementing curriculum innovations; McCormick et al. (1995) demonstrated a drop in implementation from three months post-training to one year post-training. Recommendations from this study included more extensive training of teachers to emphasize the merits of the program and to provide them with more skills and confidence.

## 5.3 Other Professionals

The search of literature revealed only two evaluations of relevant educational programs for other professional groups. One of these programs related to alcohol abuse among elderly populations. A three-hour community education program on alcohol problems in later life used a video depicting an older woman with alcohol problems to provide a common frame of reference for later discussion among program participants, who were also given a 24-page information booklet. Most workshop participants were professionals or paraprofessionals in agencies providing service to older adults. The workshop increased knowledge about alcohol problems in older adults, and also increased stated intent to take appropriate action if alcohol abuse was suspected (Pratt, Schmall, Wilson, and Benthin 1992). A second program was designed to foster a more efficient community response to spousal abuse. Loeb (1983) evaluated the two-phase community program, which consisted of: 1) distribution of a booklet to assist human services workers in providing pertinent information to victims of spousal abuse; 2) separate training programs for police officers, attorneys and legislators, counsellors and clergy and medical personnel. The training programs each included a keynote

speaker, informative film, panel discussion and two workshops specific to the professional group (i.e., effective mediation and interviewing for police; spouse abuse and the law for attorneys; counselling spouse abuse victims for counsellors and clergy; and effective use of community shelters for medical personnel). Evaluation results indicated a greater increase in knowledge on the part of younger (under 35) police officers. Male participants in the counsellor workshops had lower pre-test knowledge scores than their female counterparts; this difference was eliminated in the post-test. There was, unfortunately, no long-term follow-up on the program results, and no evaluation of attitude and/or behaviour changes. Given the lack of evaluated interventions for a wide range of professionals in the community, it is not possible to make specific recommendations for the development of these programs. Instead, the general principles outlined for all programs should be used as guidelines for developing specific programming for these populations.

## 6 COMMUNITY INTERVENTIONS

Anti-violence initiatives developed for the general community will reach members of other groups not specifically targeted. This section deals with concerns regarding cultural differences, and the use of mass media campaigns for attitude and behaviour change among the general public.

### 6.1 Cultural Issues

In the development of educational material, it is important to be sensitive to language differences, culture-specific terminology, cultural norms and/or beliefs, and the social and/or community base that characterizes each particular culture. At the same time, it is critical that cultural sensitivity not be used as an excuse for tolerance of attitudes that contribute to violence against women. Irrespective of cultural differences, anti-violence education must present a consistent perspective on the contribution of sexism and racism to the issue of violence against women and children. There are similarities as well as differences between groups of women. Group identities based on class, ability and sexual orientation also contribute to differences in experience regarding violence against women. These different realities must be recognized and integrated into educational materials in order to increase their effectiveness and relevance.

These considerations can be addressed in either (or both) of two ways: 1) with culture- or group-specific programming; or 2) with general programming that is sensitive to such issues. Programming for specific cultural groups has been found to be successful in a number of different areas, including the prevention of child abuse (Herrerías 1988), the prevention of alcohol misuse (May and Moran 1995), and knowledge about the AIDS/HIV risk (Yep 1992). It is beyond the scope of this paper to identify all of the cultural and group differences challenging anti-violence educational efforts. Educational interventions will, however, be more effective if informed by a thorough review of available information regarding culture-specific attitudes toward women, and accounts of experientially different groups of women.

### 6.2 Mass Media and Multi-Component Campaigns

According to McCombs and Shaw (1972), the principle function of mass media (e.g., television, radio, newspapers) is agenda setting. They believe that the mass media function to remind the public of the need to discuss important issues. Mass media, therefore, may have more of an impact on the cognitive rather than attitudinal or behavioral aspects of the issues of violence against women. In support of this view, Rogers (1973) provided evidence that mass media campaigns regarding family planning and venereal disease had a greater impact on knowledge of the issue than on behaviour. With regard to health promotion issues (i.e smoking prevention), mass media publicity campaigns have effects that extend beyond the period of the campaign (Engleman 1987). The reasons for this effect are not clear. From personal experience, however, we each know that images and sound bites from advertising campaigns can become integrated into everyday language and culture (i.e., "Where's the Beef?" from a Wendy's advertising campaign). Prolonged effects of mass media campaigns may rely on this integration of presented information, images and ideas into the public

consciousness.

Mass media presentations tend to reinforce existing beliefs, rather than resulting in a change in attitudes (Wartella and Middlestadt 1991). If the purpose of a mass media campaign is to change attitudes, the campaign should focus on getting people to talk to one another about the issue. The resulting peer networks and interpersonal communication channels can then be used to encourage and maintain behaviour change (Wartella and Middlestadt 1991). Evidence from health promotion campaigns supports the notion that interpersonal communication is a critical adjunct to mass media campaigns when attitude or behaviour change is the desired result (Schneider, Ituarte, and Stokols 1992). Successful media campaigns are, therefore, complementary to interventions at a community or interpersonal level.

Not surprisingly, successful public awareness campaigns that rely on public service announcements tend to broadcast these messages often and during popular viewing times (Flay and Cook 1989). As discussed earlier, the repetition of the messages increases their persuasive impact (Cacioppo and Petty 1989); furthermore, presentation during popular viewing times will increase the number of people who hear the messages. Regular television programming about specific issues (including dramatizations) may have an impact on attitudes. For example, a one-hour dramatization about date rape increased the perception of viewers that date rape is a serious problem (Wilson, Linz, Donnerstein, and Stipp 1992). It is important to be aware that, while educational initiatives prepared for the general community can have positive and desired effects, these campaigns can also exacerbate the negative attitude or undesired behaviour for some individuals. This risk is greatest for those who initially strongly hold the attitude that the message is intended to change (Cooper and Jahoda 1947, Malamuth 1984, see also Iyengar and Kinder 1987, Vidmar and Rokeach 1974 for evidence that highly prejudiced individuals interpret presented information differently than those with lower levels of prejudice). Thus, programming designed to change attitudes about acquaintance rape could in fact reinforce date rape myths among people who initially demonstrate a high level of acceptance of those myths.

There is evidence that multi-component health promotion strategies are more successful at changing behaviour than are single-component programs. According to Levine, Toro, and Perkins (1993), health promotion programs that are successful in reducing the risk for heart disease generally target multiple underlying health problems (Winett, King, and Altman 1989), address strategies at multiple community levels (individual, organizational, political, etc.), and use a number of different methods to reach their target audience (small group discussions, individual interventions, media campaigns). In a study by Jaffe and Reitzel (1990), children suggested a wide variety of integrated strategies to address the issue of family violence. Schneider, Ituarte, and Stokols (1992) demonstrated that a multi-component bicycle helmet promotion campaign successfully changed helmet ownership among children; this is in contrast to the lack of success of several single-component campaigns (Morris and Trimble 1991, Cushman, Down, Macmillan, and Waclawik 1991, Cushman, James, and Waclawik 1991). The aspects of the campaign which had the greatest influence involved structured one-on-one communication between parents and information providers (physicians, information over the telephone; other sources included direct mail and a bicycle rodeo). Structured one-on-one

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information campaigns have also been shown to be effective in reducing cardiovascular disease risk behaviours (Blackburn, Luepker, Kline, Bracht, Carlaw, Jacobs, Mittelmark, Stauffer, and Taylor 1984, Maccoby, Farquhar, Wood, and Alexander 1977, Murray, Luepker, Pirie, Grimm, Bloom, Davis, and Blackburn 1986).

Anti-violence educational interventions for the general public should involve multi-component programming. Media campaigns form a critical piece of an anti-violence initiative, and will be most effective in changing public knowledge about the issue of abuse of women and girls. In order to encourage attitude and behaviour change, however, interpersonal interventions must also be included in the campaign. Mass media campaigns that are designed to encourage discussion and interaction about the issue of violence against women and girls may prove particularly important in the process of attitude and behaviour change among the general public.

# 7 DIFFUSION OF INNOVATION

## 7.1 General

Diffusion is "the process by which an innovation is communicated through certain channels over time among the members of a social system" (Rogers 1983). This process typically involves five stages that characterize the adoption of an innovation for an individual, an organization, or even a larger system such as a community (McCormick et al. 1995). The first stage involves knowledge or awareness of the innovation. This is followed by a decision to adopt the innovation, and a stage of innovation implementation. Maintenance of the innovation is the fourth stage, followed by institutionalization of the innovation. Community "opinion leaders" will be highly influential in the adoption process. In the development of a wide-scale anti-violence initiative, it is important to understand the process of diffusion. This section presents factors that have an impact on the adoption of innovative educational programming in various settings.

Diffusion of an innovative program will be improved if community "opinion leaders" are recruited early in the diffusion process. It is important, therefore, to identify the individuals and organizations that act as opinion leaders in different communities. Von Korff, Wickizer, Maeser, O'Leary, Pearson, and Beery (1991) studied key organizations identified as important in community activation and health promotion by urban, suburban, rural and Native American community representatives. The ability to generalize the results of this study to the Canadian context is limited, given the differences in our governmental structure, as well as other cultural differences. Nonetheless, it is important to note that representatives of the four types of communities showed some differences in the types of agencies they identified as important (see Table 1 for the top 10 types of agencies identified by each of the various informant groups). In particular, rural informants were much more likely than urban, suburban or Native American informants to identify private physicians as important in community activation. Native American informants were most likely to identify ethnic/cultural organizations as critical to health promotion efforts. Television was viewed as important in community activation by urban and suburban informants, but not by informants from rural or Native American communities. Another study of community involvement in health promotion activities (Wickizer, Von Korff, Cheadle, Maeser, Wagner, Pearson, Beery, and Psaty 1993) demonstrated that program coordination and joint program development tend to be greater in high-income (as opposed to low-income) areas, and in rural (as opposed to non-rural) areas. These differences will also have an effect on diffusion networks.

## Table 1

| Rank | Urban | Suburban | Rural | Native American |
|------|-------|----------|-------|-----------------|
| 1 | Schools | Health Department | Health Department | Health Department |
| 2 | Health Department | Schools | Schools | Schools |
| 3 | Governmental Health Clinic | Cancer Society | Governmental Ethnic/Cultural | Governmental Ethnic/Cultural |
| 4 | Governmental Health Clinic | Planned Parenthood | Governmental Ethnic/Cultural | Governmental Ethnic/Cultural |
| 5 | Substance Abuse Organizations | Hospitals | Private Physician | Hospitals |
| 6 | Health Care Coalition | Governmental | Newspaper Health Clinic | Health Care, Other |
| 7 | College | Health Clinic | Newspaper Health Clinic | Church/Religious Health Clinic |
| 8 | Church/Religious | Newspaper | Church/Religious | Cancer Society |
| 9 | Ethnic/Cultural | College | Business Radio Social Service Substance Abuse | Cancer Society Radio Pregnancy-related |
| 10 | Hospitals Cancer Society | Other Health Care | Health Care, Other Senior Citizen | Cancer Society Radio Pregnancy-related |

The results of these studies suggest that specific diffusion plans should be developed for different communities (schools, hospitals, rural areas, urban areas, etc.). Von Korff et al. (1991) use a 'snowball' interviewing technique to develop their lists of 'community activation leaders'. This technique could be adopted for the identification of opinion leaders in other types of communities.

In a survey of nine major Canadian organizations which adopted facility-based health promotion programs, Wolfe, Slack and Rose-Hearn (1993) found that the factors affecting initial adoption were

serendipitous (i.e., moving to new facilities and having unused space). Program maintenance decisions, however, were based on improvement of morale and job satisfaction of employees, as well as concern for the well-being of employees and their families. While it cannot be assumed that adoption of anti-violence programs will exactly match policies for health promotion, it is encouraging to note that 'bottom-line' factors are not the most important. Organizations that participate in anti-violence programming are likely to continue their participation if positive effects for employees can be demonstrated.

## 7.2 Schools

In their study of school adoption and implementation of tobacco prevention curricula, McCormick, Steckler, and McLeroy (1995) determined that smaller school districts were more innovative than larger districts in initially adopting new curricula. Larger districts, however, proved more likely to effectively implement curricula once a decision had been made to adopt. These results suggest that efforts to introduce anti-violence curricula into the school system should focus on larger organizations in the initial stages of introduction. This is to ensure that information is presented to the appropriate people, so that the program will be accepted. In later stages, extra support should be offered to smaller organizations.

Botvin et al. (1990) suggested that program implementation will be poor if teachers are not convinced of the program effectiveness. Further, teachers may not be supportive of programs if implementation is mandated by school administrators without teacher input. This underscores the importance of teachers in the introduction of educational interventions in schools.

# 8 THEORETICAL CONSIDERATIONS FOR ANTI-VIOLENCE PROGRAMMING

Throughout the body of this paper, references have been made to theories that have been applied to programs (e.g., Social Learning Theory, Elaboration Likelihood Model of Persuasion, and Diffusion of Innovation). Many of the programs reviewed in this paper did not start out with an explicit theoretical basis. Nonetheless, successful programs tend to share common strategies and methods that are subsumed under a number of different theories. Furthermore, some review articles described in this paper have identified the common theoretical underpinnings of successful programs. It is not absolutely necessary to have a theory in mind when developing a program. Nonetheless, being aware of the common strategies and methods that are subsumed under the theories identified in this section will enhance the development effort.

Flora and Thorensen (1988) are among those who recommend the need for theoretical bases in developing prevention programs. They state that theories provide "integrating frameworks, tolerate complex relationships, and help us account for often simultaneous and multiple sources of influence" (p. 966). While it is beyond the scope of this paper to present a comprehensive description of all of the theories that could form and have formed the basis for programs, the advantage of a theoretical base in development of anti-violence programming should be acknowledged. In this section, we reiterate how some theories have contributed to the development of successful programs. A more thorough understanding of these theories will be necessary before they can fully form the basis of an anti-violence program.

## Social Learning Theory
Petty, Baker and Gleicher (1991) suggest that even a clearly demonstrated attitude change may not be enough to create a new or different behaviour. New skills and self-perceptions may be necessary to allow newly acquired attitudes to be translated into behaviour. As well, there may need to be additional incentives for a new behaviour to persist. Social Learning Theory (Bandura 1977) suggests that there are three primary influences on behaviour/attitude learning. These are: 1) observational learning, or learning by observing the actions of models; 2) self-efficacy, or the conviction that certain behaviours can be performed and certain (desired) outcomes obtained; and 3) reciprocal determinism, or the regulation of behaviour by self-managed incentives (i.e., consequences of outcomes of behaviours lead to development of expectations). Further, there are four additional processes that need to be in place for modelling to occur (Dubow and Cappas 1990): 1) the model's behaviour must be noted (ideally, models are individuals who are identified with, and are perceived as powerful, of high status, attractive and competent); 2) the model's behaviour must be committed to memory in symbolic form (visual or verbal code, the behaviour must be remembered); 3) there must be an opportunity to enact the behaviour (i.e., rehearsal); 4) behaviours with a positive outcome will be better models than those resulting in a negative outcome (e.g., punishment).

Social Learning Theory has many implications for development of programming. Modelling behaviour is one way of learning new skills. The most effective models may be those who are admired and are perceived as expert (teacher, parent, sports star, media personality, physician, good

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friend or peer, etc). The theory also suggests that the opportunity for rehearsal of new behaviours is important. Thus opportunities for role-play with constructive feedback could be useful. Framing the intervention such that the outcome of learning the new attitude or behaviour will be a more positive choice (i.e., be the obviously better alternative) could be important.

## The Elaboration Likelihood Model of Persuasion
The Elaboration Likelihood Model (ELM) incorporates the concepts of central and peripheral processing, and the effects on persuasion (Petty and Cacioppo 1986). This theory has implications for the content of persuasive messages, and the sources chosen to deliver those messages. The particular recommendations developed from this theory were described earlier in this paper. They include increasing the personal relevance of persuasive messages, using credible sources (either experts or peers), presenting messages multiple times from many different sources, and including attitude-discrepant information along with strategies for discounting this information in educational interventions. The ELM also suggests that active learning opportunities will be more effective than passive learning.

## Diffusion of Innovation
This theory was described earlier in this paper. The theory has a number of relevant implications for the development of anti-violence programs. Effective diffusion depends on the careful planning of innovation introduction. In particular, it is important to ensure that community opinion leaders are recruited early in the diffusion process. Individuals who will be involved in program implementation must be involved in the decision processes (how to implement, when to implement, etc.).

# 9 RECOMMENDATIONS

This background paper is intended to provide recommendations for the development of a comprehensive community-based education program intended to end violence against women and girls. There is reason to believe that a comprehensive approach is indeed required, because the problem of violence against women and girls exists in all aspects of our culture. As Mauss, Hopkins, Weishert, and Kearney (1988) suggest, "Surely any school-based program hoping to have any appreciable impact will have to be embedded in a comprehensive, community-wide prevention effort directed at all the major social influences and institutions that shape our youth" (p. 60). Although this remark refers specifically to alcohol education programming, the principle applies equally to anti-violence programming.

1. Any anti-violence program should include an evaluative component, which focuses directly on the outcome of interest (i.e., attitude or behaviour change).

2. The personal relevance of presented information should be maximized to ensure enduring attitude and behaviour change.

3. Anti-violence education campaigns should use a number of different sources delivering different, but mutually supportive, information and ideas.

4. Material presented should be matched to the interest level and cognitive capacity of the audience (including consideration of age for children's programming).

5. Educational interventions should prepare learners for challenges to their newly-formed attitudes and behaviours, by exposing them to alternative arguments and providing specific strategies and information that will help to resist these challenges.

6. Explicit behavioral skills training is an important aspect of any intervention. If you want to ensure behaviour change, provide models of desired behaviour, and opportunities for learners to practice these new behaviours with feedback.

7. Interventions directed at children should take into account changing social environments. Younger children will be more referent to family and authority figures, while the influence of peer groups will be more important for older children and adolescents.

8. Program developers should be aware of the challenges associated with involving parents and/or teachers as trainers in anti-violence education. Everyone implementing educational interventions will require extensive training and continued support.

9. The impact of the risk-seeking tendencies of young adults must be considered, particularly in programs designed to reduce risk behaviours.

10. Work with college or university populations may provide an opportunity for education to a group self-selected for interest in the topic. Educators should be aware that minimal interventions may be effective for these groups.

11. Anti-violence educational initiatives should be sensitive to cultural differences among the target population, either providing culture-specific programming, or ensuring that general programming is sensitive to cultural-specific issues.

12. Mass media campaigns are effective for dissemination of information, but attitude and behaviour change will require multi-component campaigns that include interpersonal interventions.

13. Effective diffusion of educational programs requires the identification of opinion leaders in each community.

14. Educational interventions should be based on relevant theoretical considerations.

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