Partner Abuse, Volume 4, Number 2, 2013

research

Effectiveness of Primary Prevention Efforts for Intimate Partner Violence

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This article presents a systematic review of intimate partner violence (IPV) prevention studies. Using electronic databases and standard search methods, 19 studies met inclusion criteria for the review. These studies targeted partner violence victimization and/or perpetration, included a comparison or control group, and measured IPV behavior or outcomes involving knowledge, attitudes, beliefs, or other constructs related to IPV. Fifteen of the studies used randomized designs, and 9 studies were identified that used rigorous methods (randomized designs, measurement of IPV behavior, sufficient follow-up, independent assessors). Four of the 9 studies were school-based studies conducted in middle or high schools. Only 1 of those

ONLINE TABLES: Detailed summaries of the 22 studies reviewed in this article can be found in one table available online at http://www.springerpub.com/pa. Click on the link to "The Partner Abuse State of Knowledge Project" and go to Topic 16 in the online document.

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http://dx.doi.org/10.1891/1946-6560.4.2.175

found an unqualified positive impact on IPV behavior; another found an IPV preventive effect for boys only. Five of the 9 studies were conducted in community settings, including 2 that worked with couples, 2 that provided group-based interventions set in the community, and 1 that worked with parents to promote dating violence prevention with their teenage children. All 5 of the community-based studies reported positive impact on IPV behavior. Although there are some encouraging findings in the literature, gaps remain. No programs have been replicated, and although there would appear to be a great deal of overlap in program content, there is no analysis examining key components of program effectiveness.

KEYWORDS: intimate partner violence; dating violence; prevention; intervention; evaluation; review

The prevention of intimate partner violence (IPV) is a public health priority (Graffunder, Noonan, Cox, & Wheaton, 2004; Hammond, Whitaker, Lutzker, Mercy, & Chin, 2006). The research agenda of the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) includes the prevention of partner violence as a top-tier priority. Recent data indicate that, in the United States, almost 7 million women and 5.5 million men experience either physical violence, stalking, or rape from an intimate partner annually. Lifetime prevalence of victimization is more than 35% for women and 28% for men (Black et al., 2011). There were 1640 women and 740 men killed in the United Stated by their intimate partners in 2007 (Bureau of Justice Statistics, 2012). The IPV victimization has been linked to a myriad of poor physical, psychological, and social outcomes (Campbell, Baty, Laughon, & Woods, 2009; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Plichta, 2004). The annual costs of IPV have been estimated at $5.8 billion. This is a very conservative estimate, which includes only medical services, mental health services, and lost productivity, but not criminal justice services, social services, and medical services for less obvious consequences of IPV, such as treatment of IPV-related sexually transmitted diseases (NCIPC, 2003).

A public health approach to addressing IPV advocates for a strong focus on primary prevention. Preventing IPV before it begins is particularly challenging for two main reasons. First, although IPV is on its surface a set of discrete behaviors, those behaviors can vary significantly in their level of seriousness (e.g., pushing a partner vs. using a weapon on them). Thus, one must clearly delineate the behaviors targeted for prevention (e.g., any IPV-related behaviors, only severe IPV behaviors, injurious IPV behaviors). Second, it is often difficult to identify the onset of IPV to understand when, and with whom, to intervene (Foshee & Reyes, 2009). Because IPV cannot occur outside the context of an intimate relationship, and intimate relationships are not recognized prior to adolescence (Furman, Brown, & Feiring, 1999), behaviors that may occur prior to the onset of adolescence that may be analogs of teen IPV (e.g., bullying of opposite sex peers, generalized violence) have not typically been targeted by IPV prevention efforts and not considered part of the constellation of behaviors that comprise IPV.

Data suggest that a significant portion of IPV begins in the teen years. The 2009 Youth Risk Behavior Survey found that nationally, 9.8% of high school youth reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the year prior to the survey (CDC, 2010). Other nationally representative studies of adolescents have reported similar annual incidence rates for IPV (Halpern, Oslak, Young, Martin, & Kupper, 2001) and have found that about one quarter of adolescents experience IPV prior to adulthood (Halpern, Spriggs, Martin, & Kupper, 2009; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). Data from a college-aged international sample including 31 universities across 16 countries found an annual incidence rate for IPV perpetration of 29% (Straus, 2004). Developmentally, IPV tends to increase throughout the adolescent years and peak in young adulthood (O'Leary, 1999). The IPV perpetration also tends to persist over time (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; O'Leary et al., 1989; Quigley & Leonard, 1996; Whitaker, Le, & Niolon, 2010), although there have been relatively few longitudinal studies that have followed individuals from teenage years to adulthood. Thus, prevention efforts must clearly begin prior to adulthood, ideally in early adolescence (Foshee & Reyes, 2009).

Research and community-based services have focused much more heavily on secondary and tertiary prevention, that is, studying or serving identified IPV perpetrators ("batterers") and IPV victims. For instance, a systematic review of prevention and intervention programs focused on IPV perpetration conducted by the CDC found about twice as many published evaluations for known perpetrators of partner violence versus preventive programs (Morrison et al., 2003). There is a corresponding discrepancy, and perhaps a larger one, in community-based services; most communities have shelters for abused women and programs for court-ordered perpetrators of IPV, but relatively few offer preventive services.

Despite the lack of published research and community programming, there is a clear consensus on the need for prevention activities and rigorous evaluations of those activities. The literature is replete with papers calling for increased IPV prevention efforts and providing recommendations about prevention strategies that could be employed (Campbell et al., 2009; Graffunder et al., 2004; Noonan & Charles, 2009; Whitaker, Hall, & Coker, 2009). Many types of prevention activities have been recommended, and authors have urged the field to consider interventions at all levels of the social ecology (Whitaker et al., 2009). Unfortunately, there have been far more published calls for IPV prevention, and recommendations about how to accomplish it, than published evaluations of IPV prevention efforts.

Prior reviews of the scientific literature with regard to prevention strategies have been limited in the strength of their conclusions because of the lack of data available and rigorous evaluation. A CDC-funded systematic review (Whitaker et al., 2006) found only 11 studies that targeted the prevention of IPV perpetration. Only four of those studies measured IPV behavior, and only two of those used randomized designs, the gold standard for evaluation research. Results from two studies were very encouraging (Foshee et al., 1996; Wolfe et al., 2003), but this review and others (Cornelius

& Resseguie, 2007; Foshee & Reyes, 2009; Hickman, Jaycox, & Aronoff, 2004) have concluded that although these few well-conducted studies look promising, much more research is needed to support firm conclusions and clear recommendations for widespread adoption of specific programs.

The goal of this paper is to provide a comprehensive report on scientific studies aimed at preventing IPV. This review does not use a strict definition of primary prevention (i.e., that studies must clearly engage only participants who have never perpetrated IPV), but one in which the included studies must target IPV broadly, and not target known perpetrators or victims. See Eckhardt and colleagues (2013) for a companion review of interventions targeting known perpetrators and victims. That is, if an intervention targeted a population who was not previously identified as a perpetrator or victim, the study was included in this review regardless of whether some of the targeted population had previously perpetrated or had been a victim of IPV.

METHOD

Literature Search

The article search was conducted through searches of PubMed and Web of Science electronic databases. Relevant studies in these databases were found by using multiple search terms in various combinations (e.g., dating violence, partner violence, dating abuse, partner aggression, prevention). The initial search returned 3,643 articles. Two of the authors reviewed the titles and abstracts to retain relevant articles. From the initial search, 172 were deemed to be potentially relevant. Electronic or paper copies of the articles were retrieved and reviewed for inclusion in the review, using the following criteria:

1. The study contained one or more interventions targeting physical or sexual partner violence perpetration or victimization. Interventions that targeted sexual violence prevention without a strong focus on sexual violence from or toward intimate partners were not included (e.g., those targeting stranger or acquaintance rape).
2. The study design included a comparison or control group in an experimental or quasi-experimental design. Non-experimental studies were not included.
3. The study must have measured at least one outcome relevant to IPV. Relevant outcomes include IPV behavior, knowledge, attitudes, or beliefs about IPV; or other constructs related to IPV, especially ones that were targeted for change by the intervention.

Once an initial pool of studies was found to meet the review criteria, their bibliographies were reviewed for additional relevant articles. Nineteen studies were included in the final sample. Only one program, Foshee's Safe Dates (1996, 2005), had multiple outcome papers, with results published in five different publications.

Abstraction of Data

Three of the authors abstracted the study data. All results data were abstracted by one author and confirmed by the second and third to ensure accuracy.

RESULTS

Study Designs

Of the 19 studies, 15 (79%) used some form of randomized design and 4 used a quasi-experimental design. Of the 15 randomized trials, 5 randomized at the individual level, 3 randomized dyads or families, and 7 randomized larger clusters of individuals, specifically classrooms, schools, or communities. It is worth noting that, in some clustered randomized trials, the unit of randomization (and potential nonindependence of observations) was not properly incorporated into data analyses (Lavoie, Vezina, Piche, & Boivin, 1995; MacGowan, 1997). Studies published in later years were more likely to use statistical strategies that accounted for the clustering of observations in the randomization process (Jaycox et al., 2006; Taylor, Stein, & Burden, 2010; Wolfe et al., 2009) likely due to the wide availability of software for analyzing nested designs.

Seventeen studies included a single intervention condition and single no-intervention control or comparison group. One study included two intervention groups and a no-intervention control (Taylor et al., 2010), and one study (Lavoie et al., 1995) compared two active interventions, a short and long version of the same prevention program.

There were large variations in study sample size. The median sample size across the 17 studies was 461 individuals (range = 37–2,540), with a mean of 808.8 (SD = 839.9). The largest studies were those that randomized larger units (classrooms or schools) to conditions. Considering the units randomized, rather than the number of individual participants, the median number of units randomized was 58 (range = 2–461), with a mean of 105.5 (SD = 130.5).

Data Collected

Data were collected on many types of outcomes. For this review, we focused on IPV behaviors, attitudes, beliefs, knowledge, and other variables relevant to IPV and to the particular intervention (e.g., help seeking, communication skills, related outcomes targeted). Our primary focus in describing findings is on IPV behavior. Knowledge, attitudes, and beliefs about IPV in general, have modest associations with IPV behavior (Riggs & O'Leary, 1996) and may contribute to the risk for IPV only indirectly, if at all. Although knowledge and attitudes are common targets of prevention efforts, and large-scale social change typically includes alterations in attitudes and beliefs, the relevance of these variables to prevention of IPV at the individual level has not been clearly established.

Ten of the 19 studies measured behavior; 8 studies used only self-reports of IPV, and 2 studies (Markman, Renick, Floyd, Stanley, & Clements, 1993; Florsheim, McArthur, Hudak, Heavin, & Burrow-Sanchez, 2011) used combinations of self-report and partner report. All 19 studies measured some type of knowledge, attitude, belief, or some other violence-related construct. Fourteen measured attitudes/beliefs, and 10 measured knowledge. All data were collected using self-report measures and are therefore subject to the limitations inherent to self-reported data (e.g., recall bias, social desirability bias, experimental demand, etc.).

Studies used a range of follow-up time points. All studies included pretreatment and posttreatment measurements, and 12 of the 19 studies conducted some follow-up assessment. The follow-up point per study ranged from 1 month (Lavoie et al., 1995) to 60 months posttreatment (Markman et al., 1993) with a median of 6 months. Only six studies followed participants beyond for 1 year or longer.

Eleven of the 19 studies reported retention rates, and the median retention rate at the last time point was 71% (range = 42.8%–100.0%). One would expect that retention and the length of follow-up would be negatively related with longer follow-up resulting in greater retention. However, that was not the case, as the two variables were weakly positively related, $r = .29$, $n = 14$.

Populations Targeted

With three exceptions, all of the studies specifically targeted middle- or high-school aged teens. Pronyk and colleagues (2006) focused on community-wide prevention of partner violence, and thus their intervention was aimed at an entire community. Their sample was 100% women with a mean age of 41 years. The Markman et al., (1993) paper focused on engaged couples involved in a pre-marital relationship enhancement and divorce prevention program. The average age of their sample was 23 years. Schwartz and colleagues (2004) worked with college students whose mean age was around 20 years.

All studies but two targeted both males and females as intervention targets and research participants. The Pronyk et al. (2006) study exclusively targeted females as both intervention targets and participants. The Salazar and Cook (2006) study focused exclusively on recently adjudicated males as both intervention targets and participants.

Most (16 of 19 or 84%) of interventions were universal, in that they were offered to broad populations without selection for level of IPV risk. The exceptions were Wolfe et al. (2003), which targeted youths with histories of maltreatment (i.e., youth whose parents were involved with child welfare); Salazar and Cook (2006), who targeted adjudicated youth; and Florsheim et al. (2011), who targeted pregnant teens and their partners. Several studies were conducted in "higher risk" communities (e.g., Jaycox et al., 2006; Pronyk et al., 2006) but offered services universally within those communities. In universal interventions, the study populations naturally matched those of the targeted communities. Several studies focused nearly exclusively on specific racial/ethnic groups; for example, the sample in Jaycox and colleagues (2006) was 92% Latino.

Intervention Settings

Regarding intervention settings, 13 of the 19 (68%) interventions were set in school settings using student populations, and the remaining 6 were conducted in nonschool settings (Florsheim et al., 2011; Foshee et al., in press; Markman & Floyd, 1980; Pronyk et al., 2006; Salazar & Cook, 2006; Wolfe et al., 2003). Of the school-based studies, one was set in an elementary school (Meraviglia, Becker, Rosenbluth, Sanchez, & Robertson, 2003), four in middle schools, six in high schools, one in both middle and high schools, and one in a university. Some school-based studies included community-based activities (Foshee et al., 1996; Wolfe et al., 2009), or additional teacher- or parent-focused interventions (Meraviglia et al., 2003; Wolfe et al., 2009). The non–school-setting interventions were conducted on college campuses (Florsheim et al., 2011; Markman et al., 1993), a juvenile court setting (Salazar & Cook, 2006), youth centers or other community locations (Wolfe et al., 2003), or within families' location of choice (Foshee's Families for Safe Dates [FSD]; Foshee et al., in press).

Intervention Structure and Content

Intervention Structure. Virtually all of the interventions can be described as "curriculum based" in that they described an intervention or curriculum that was delivered to participants by an interventionist. The one exception to this was Foshee et al.'s (in press) FSD in which parents of teens were provided with booklets for discussion with their teens and received follow-up calls from health educators to answer questions. The FSD was thus delivered by parents to teens and was much more self-directed than other interventions. Several programs included curriculum and additional types of interventions/activities. For example, Pronyk et al. (2006) included a 10-hr curriculum, and a microloan program to reduce poverty and promote empowerment. Foshee's Safe Dates (1996) included a 7.5-hr curriculum, a play and poster content, teacher training, and various community activities. Wolfe et al.'s (2003) Youth Relationship Project included a 36-hr curriculum, and community activities such as action planning, visits to community agencies, and fund-raising. Meraviglia and colleagues (2003) elementary school intervention included a curriculum, parent training, teacher training, and support services. Generally, the non–curriculum-based activities were not as well defined as the curriculum, and none of the studies were designed to direct test whether intervention effects were due to specific intervention components.

Not all studies reported on intervention length/duration (here, we refer only to the curriculum portions of the intervention). Of the 14 data points available, the average intervention length was 11.0 hours (SD = 9.7, range = 3–36), and the median length was 8.4 hours. The mean number of sessions was 8.3 (SD = 5.5, range = 3–21; median = 5). As noted earlier, although several articles included curricula plus additional intervention activities, relatively few studies reported on intervention exposure, that is, the degree to which participants engaged in the intervention activities, how much time was spent on them, and how many participants completed all intervention activities.

Seventeen of the 19 programs delivered curriculum-based content in group settings. The two exceptions were Florsheim and colleagues' (2011) program that provided individual counseling for teen couples, and Foshee et al.'s (in press) FSD, in which parents were provided with guidance on discussing dating violence with their teens, and received individual support from health educators. Markman and colleagues' (1993) intervention was delivered to groups consisting of intact couples, whereas all other group interventions were targeted at individuals. That is, they did not intentionally include relationship dyads in groups, although it is possible that some couples were together in the same classroom or intervention group.

Intervention Content. Generally, interventions targeted psychological and physical partner violence with some focus on sexual violence as well. A few programs specifically focused on sexual coercion and sexual violence or sexual harassment (e.g., Pacifici, Stoolmiller, & Nelson, 2001; Meraviglia et al., 2003). (Note that programs that were exclusively focused on sexual violence prevention but *not* in the context of an intimate partnership were not included.)

Several of the programs (Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Jones, 1991; Krajewski, Rybarik, Dosch, & Gilmore, 1996; Lavoie et al., 1995; Schwartz et al., 2004) are best be characterized as short-term psychosocial interventions whose goal was to change participant knowledge and attitudes and thereby affect their behavior. Each of these interventions was based on some combination of feminist theory and cognitive theories (e.g., cognitive-behavior theory, theory of planned behavior) that suggest that changing attitudes and thoughts are keys to changing behaviors. Elements from feminist theories regarding partner violence were evident in many interventions that discussed gender roles, power and control, and taking responsibility for one's own behavior in relationships. More cognitive or attitudinal elements of these programs would include recognizing violence and abuse, examining attitudes about violence and gender roles and stereotypes, and examining attributions about violence.

Several interventions also contained elements focused on changes in social norms regarding partner violence and trying to influence participants to become actively engaged in violence prevention among peers. For example, Meraviglia et al.'s (2003) Expect Respect program teaches students to become bystanders who will intervene if they witness sexual harassment and thereby reduce its social acceptance. Related, other interventions focused on promoting help seeking (e.g., Foshee's Safe Dates [1996]; Jaycox et al., 2006) among victims of IPV, and support behaviors among peers of those victims to provide support in help seeking.

Another common element of the interventions was a focus on the development of positive relationship skills such as conflict resolution, listening skills, assertive communication, and managing anger/emotions when dealing with others. Several interventions strongly emphasized this (Florsheim et al., 2011; Foshee's Safe Dates [1996]; Markman et al., 1993; Taylor et al., 2010; Wolfe et al., 2003; Wolfe et al., 2009). As noted, two interventions were couple-based and thus focused heavily on relationship communication and problem solving. One of those—Markman and colleagues' (1993) Prevention and

Relationship Enhancement Program (PREP) intervention—did not focus on partner violence per se, but promoted positive relationship behaviors and effective conflict resolution to enhance relationship satisfaction and prevent negative relationship outcomes.

A few interventions had more of a legal/judicial bent, focusing on the legal aspects of partner violence and the negative consequences to victims and perpetrators. The Jaycox et al. (2006) study was in fact, delivered by lawyers, focusing on legal aspects of dating violence, how to get help through legal channels if one encounters dating violence. Taylor et al.'s (2010) study includes two interventions, one focuses on the legal aspects of IPV and the other focuses more on interaction and relationship skills, thus providing a comparison between the two interventions, as well as to a no-intervention control group. Salazar and Cook's (2006) program had teens attend a session in county court for men who were arrested for battering.

Outcomes

In discussing outcomes, we attempt to highlight the most significant and relevant findings. We thus focus on the most methodologically sound studies as those studies provide the most valid information about causal effects. We also focus only on studies that measured IPV behavior. Nine studies stood out as the most methodologically strong: Florsheim et al. (2011), Foshee's Safe Dates study (Foshee et al., 1996, 2005), Foshee et al. (in press), Jaycox et al. (2006), Markman et al. (1993), Pronyk et al. (2006), Taylor et al. (2010), Wolfe et al. (2003), and Wolfe et al. (2009). Each of these studies used experimental designs, had sufficient samples, acceptable retention rates, follow-up assessments at least 6 months postintervention, and measured IPV behavior (albeit via self-report). We discuss these studies according to their setting: a school- versus community-based setting.

School-Based Studies. Four rigorous school-based studies (Foshee et al., 2005; Jaycox et al., 2006; Taylor et al., 2010; Wolfe et al., 2009) each used cluster-randomized dating violence prevention studies focusing on middle or high schools. Foshee et al.'s (2005) Safe Dates program was tested in 14 schools in North Carolina, with half being assigned to receive the Safe Dates intervention and half assigned to the comparison. Safe Dates consisted of a school-based curriculum delivered by teachers along with other activities including a school play and poster contest. Multiple publications evaluating the Safe Dates program support its effectiveness at various follow-up time points (1 year, 2 years, 4 years). Results from Safe Dates vary as a function of specific measurement time points, but the most sophisticated analysis of all data points indicated that Safe Dates had an effect on partner violence perpetration (psychological abuse, mild physical abuse, and sexual abuse) and on physical IPV victimization at the 4-year follow-up assessment (Foshee et al., 2005). Safe Dates effectiveness did not vary by participant sex (boys vs. girls), race (Whites vs. non-Whites), or by prior IPV history (i.e., primary vs. secondary prevention). Thus, the program was broadly effective for changing a range of dating violence behaviors. Safe Dates is listed on SAMHSA's National Registry for Evidence-Based Programs and Practices (http://nrepp.samhsa.gov/).

Wolfe and colleagues (2009) "Fourth R: Skills for youth relationships" included a focus on three related problem-risk behaviors—dating violence, substance abuse, and risky sexual behavior. This school-based intervention is broken down into three units with each taught in a seven 75-min sessions (8.75 hr each, totaling 26.25 hr). The theme of healthy, nonviolent relationship skills is present throughout the three units to increase generalization across situations and behaviors (Wolfe et al., 2009). Twenty middle schools were randomized to receive The Fourth R or a control condition, and more than 1,700 students were assessed over a 2.5-year period. Findings indicate that, overall, students in intervention schools reported less IPV than students in control schools (OR = 2.42, 95% CI = 1.00, 6.02). However, subsequent analyses showed that the intervention effect was present for boys (OR = 2.77) but not girls (OR = 1.02). Few overall differences were found for secondary outcomes (physical peer violence, substance use or condom use), but boys in intervention schools reported greater condom use than boys in control schools.

Two other rigorous school-based studies, Jaycox et al. (2006) and Taylor et al. (2010) did not find significant behavioral effects of the intervention. Jaycox and colleagues (2006) evaluated a brief 3-hr intervention (ending violence) that focused on legal aspects of IPV and was conducted by lawyers from a local organization (break the cycle) that offered free legal services to youth. Random assignment was used and data were collected at baseline, posttest, and at a 6-month follow-up. Findings suggest significant intervention effects for knowledge, attitudes, and help seeking at posttest with some attenuation by follow-up. No significant effects were reported for IPV behavior. Taylor et al. (2010) tested two interventions—the only study in this review to include two distinct interventions—against a control group. One of the interventions was focused on interpersonal interactions, and the other was focused on law and justice aspects of dating violence. Each intervention was implemented in five, 1-hr sessions to classrooms of early middle school students. One hundred twenty-three classrooms were randomized to one of the interventions or no-intervention control, and 1,600 students were assessed at baseline, posttest, and 6-month follow-up. The outcomes of this study were mixed. On the positive side, students in the interaction group reported less sexual violence victimization at follow-up. However, findings for perpetration behaviors show negative, iatrogenic effects, with students in the intervention groups reporting *greater* perpetration of physical (both intervention groups) and sexual (law and justice group only) partner violence compared to control. Several knowledge and attitudinal variables showed positive intervention effects at posttreatment.

Non–School-Based Studies. Five rigorous studies employed intervention approaches that were not school-based interventions. These include two community-based interventions (Wolfe et al., 2003; Pronyk et al., 2006), two couples-based interventions (Markman et al., 1993; Florsheim et al., 2011), and one family-based approach (Foshee et al., in press). Wolfe et al.'s (2003) Youth Relationship Project focused on youth whose parents were involved in child protective service systems. One hundred fifty-eight teens

were randomized to control or the 18-week intervention, which included both a curriculum and community-based activities, and were followed for 18 months postintervention. The findings indicate a reduction in both physical abuse perpetration, and physical abuse victimization. Interestingly, the perpetration effects appeared stronger for girls than boys, and the victimization effects appeared stronger for boys than for girls. For emotional abuse and threats, intervention effects were found for both perpetration and victimization, with findings stronger in both cases for girls than for boys. The study also examined five relationship skills presumed to be mediators of the intervention effects (emotional support, assertion, self-disclosure, conflict management, positive conflict resolution), but no group differences were found for any variables.

Pronyk and colleagues' (2006) study was set in Limpopo, Kenya and was the only non-U.S. study included in this review. The intervention focused on reducing both HIV transmission and IPV. The intervention, broadly aimed as women's health and rooted in gender inequity theories, consisted of two distinct pieces: a microloan financing program, and a more traditional group intervention that consisted of 10, 1-hr sessions focusing on empowerment, gender roles, and gender equity, which was followed by community mobilization to effect broader change. Eight communities were randomized to receive the intervention or not, and 843 individuals in those communities that participated in the intervention were included in the evaluation. Findings reported approximately 2 years after baseline indicate that participants reported less IPV victimization (aRR = .45, 95% CI = .23–.91), but no group differences were found for experiences of controlling behaviors, or attitudes toward IPV or gender roles. The intervention also had a positive impact on communication with household members about sexual matters.

The two couples-based interventions each showed some positive findings, although one was of borderline significance. Markman and Floyd (1980) implemented a premarital intervention based on the PREP curriculum. The intervention did not focus on partner violence directly, but on increasing greater positive communication and problem solving with the goal of creating overall more positive healthy marriages. Specific skills taught included active listening, expressive communication, and problem solving techniques. Couples who were planning to marry were randomly assigned to either PREP or no-intervention control, and followed for 5 years postintervention. Findings indicate that the average number of instances of IPV per year was lower in the PREP couples compared to control 3–5 years after intervention. The study also found that the relationship skills targeted showed significance group differences at 3 and 4 years postintervention with some attenuation of effects at 5 years.

Florsheim and colleagues (2011) worked with pregnant teens and their male partners (the biological father of the baby). One hundred five couples recruited from medical clinics and schools were randomized to intervention or control (treatment as usual). The intervention began in the prenatal period and was composed of a flexible 10-session curriculum focusing on relationship goals, roles, stressors, and communication. The IPV was measured via semi-structured interviews in which interviewers rated the level of the couples' IPV. The authors reported that the intervention

reduced IPV relative to control ($p = .065$) from baseline to the first follow-up conducted 2–3 months after childbirth (an estimated 6 months after baseline), but not at the second follow-up conducted 18 months after birth ($p = .12$).

DISCUSSION

This review included 19 studies that focused on the prevention of IPV. We included only quasi-experimental or experimental studies that provide some evidence for the effectiveness of a particular program. The 19 studies include 9 that were included in Whitaker et al. (2006) review, 9 additional studies published since that review was completed, and 1 study (Markman et al., 1993) that was omitted from that 2006 review. The level of rigor among the current group of studies was reasonably high, particularly among the more recently published studies. Nine studies were deemed highly rigorous (randomized designs, validated measures of IPV behavior, and adequate follow-up points) and able to support firm causal conclusions based on the design. Seven of the nine reported some positive impact on IPV behavior, reducing perpetration, victimization, or both, with no negative impacts. However, no studies were replicated (i.e., each intervention has only a single study to support its effectiveness). Also, although many of the interventions report common intervention elements, it is not possible to dissect programs into elements to determine the active ingredients. Thus, drawing strong conclusions about any particular program, the group of programs, or the key ingredients in the effective programs remains very difficult at the present time.

It is of interest to examine intervention effectiveness by intervention setting. Of the nine most rigorous studies, four were conducted in school settings using group-based curriculum, and five were non–school-based settings. Among four school-based studies, only one (Foshee's Safe Dates [1996]) found unqualified positive effects on IPV behavior. The others either found no effects on behavior (Jaycox et al., 2006), positive effects that were qualified by gender (Wolfe et al. [2009] found program effects for boys only), or mixed results, with some positive and some negative, iatrogenic findings. That is, Taylor et al. (2010) found their interaction group had a positive impact on sexual violence victimization at 6 months postintervention relative to control, but that both intervention groups reported more perpetration of nonsexual violence compared to control. It may be noteworthy that, of the four school-based programs, only Foshee's Safe Dates (1996) included community-based activities in addition to the group-based curriculum delivered in the schools. However, the study was not designed to understand the impact of different components of the program.

Among five rigorously evaluated non–school-based studies (Florsheim et al., 2011; Foshee et al., in press; Markman et al., 1993; Pronyk et al., 2006; Wolfe et al., 2003), all five reported some positive results on reducing IPV behavior (although Florsheim and colleagues' (2011) results did not reach traditional levels of statistical significance at $p = .06$). The interventions used in these studies were delivered in several different settings including couple-based treatments (Florsheim et al., 2011;

Markman et al., 1993), family-based (Foshee et al., in press), and community-based groups interventions (Pronyk et al., 2006; Wolfe et al., 2003), suggesting that there may be various formats in which community-based IPV prevention can be effective. It should also be noted that a few the two community-based group interventions (Pronyk et al., 2006; Wolfe et al., 2003) also included additional interventions beyond the group-based curriculum. Neither study was designed to determine which components accounted for reductions in IPV.

It is encouraging that the scope of preventive intervention settings seems to be expanding. In recent reviews (Cornelius & Resseguie, 2007; Foshee & Reyes, 2009; Hickman et al., 2004; Whitaker et al., 2006), virtually all of the programs reviewed were set in middle and high schools. Schools are a valuable and important setting for interventions aimed at adolescence, but a broader set of venues is needed. Studies in this review were conducted with couples, with parents and their teens, in community settings, and in elementary schools (i.e., the Meraviglia et al. [2003] study). Expanding the range of intervention settings is important for several reasons. First, many of those settings have proven to be useful in changing other forms of adolescent risk behavior. For example, parent-based interventions have been used to prevent/address teen sexual behavior (Forehand et al., 2007), substance use (Kumpfer, Alvarado, & Whiteside, 2003), and general conduct problems (Bierman et al., 2004) including delinquency (Henggeler, 1999). Such family-based interventions also recognize the important influence of parents on teen behaviors and conceptualize IPV as one of a cluster of risk behaviors that emerge during adolescence (Foshee et al., in press), which is also evident in other interventions reviewed here, namely, Wolfe's Fourth R program (Wolfe et al., 2009), which addressed three risk behaviors together in a single curriculum (IPV, substance use, risky sex). Similarly, couple-based interventions, particularly those using behavioral and cognitive-behavioral strategies, have been shown to be highly effective at changing relationship behaviors (Hahlweg & Markman, 1988). Although there are controversies regarding work with couples for addressing violence, guidelines and safety procedures for such work have been established (O'Leary, 1996; Stith, Rosen, & McCollum, 2002). Also, in the prevention of IPV, there is much less risk of danger from violence as couples experiencing severe violence are typically rare in universal prevention samples, and should be detected through prescreening and referred to more appropriate services.

Despite the expansion of intervention settings, there are still some venues that no studies addressed, most notably, media-based interventions and policy interventions. Teens' have nearly constant exposure to media through television, the internet, music, and so forth. Prior research has demonstrated a clear link between exposure to violent media and aggression across a wide range of media types (Anderson et al., 2003), but there has been relatively little written on the specific effects of media on attitudes, beliefs, and behavior regarding partner aggression (Manganello, 2008). No studies reviewed included media-related interventions, an area ripe for exploration. One example of a comprehensive prevention effort is the CDC's Choose Respect campaign (http://www.cdc.gov/chooserespect/). Choose Respect "helps parents, caregivers,

older teens, educators, and other caring adults motivate teens to challenge harmful beliefs about dating violence and take steps to form healthy and respectful relationships." Choose Respect provides various information and resources for communities to implement a multifaceted dating violence prevention program, including a 60-min training for professionals; a 60-s spot television ad; and a range of activities for parents, educators, and other professionals to work with teens around dating violence. Unfortunately, no rigorous evaluations of Choose Respect (or its components) have been conducted.

Policy interventions have received substantial attention in the field of IPV intervention, primarily focusing on arrest, prosecution, and treatment of identified situations of partner violence and IPV perpetrators. These include policies such as mandatory arrest policies, no-drop policies (Mills, 1998), and the implementation of state standards for batterer intervention programs (Austin & Dankwort, 1999). Yet, there is almost no discussion about policies that might prevent IPV, aside from whether arrest serves as a deterrent for potential perpetrators. Such policies could pertain to the provision of prevention programs, or the direction of resources for prevention programming. Others may not appear on the surface to pertain to IPV prevention. For example, policies at the elementary school level regarding bullying (Meraviglia et al., 2003), or the provision of high-quality programs for the promotion of social, emotional, and behavioral skills could ultimately affect the emergence of IPV behaviors.

Some Future Directions for IPV Prevention Efforts

Universal Versus Selective Targeting of Interventions. Ideally, primary prevention efforts should target everyone. Although IPV has frequently been discussed as something that "can happen to anyone," there are clear sociodemographic, family, and individual risk factors for IPV perpetration and victimization. Only 3 of the 19 studies reviewed here conducted selective preventive interventions with "at risk" targets. Florsheim and colleagues (2011) focused on pregnant teens and their partners because IPV can be common during pregnancy, particularly among younger women (Silverman, Decker, Reed, & Raj, 2006), and can result in adverse outcomes for the mother and the baby (Campbell, Garcia-Moreno, & Sharps, 2004). Salazar and Cook (2006) focused on adjudicated youth who had committed violent offenses. This is clearly a group with high risk for IPV perpetration because general conduct problems and peer violence are strongly related to IPV (Capaldi & Crosby, 1997; Ehrensaft et al., 2003; Ehrensaft, Moffitt, & Caspi, 2004; Lavoie et al., 2002; Magdol, Moffitt, Caspi, & Silva, 1998). Wolfe and colleagues (2003) focused on teens whose parents were involved in child protective service systems. Longitudinal studies have shown that poor parenting behaviors such as harsh discipline or physical abuse (Capaldi & Clark, 1998; Ehrensaft et al., 2003; Ehrensaft et al., 2004; Lavoie et al., 2002; Linder & Collins, 2005), poor supervision (Brendgen, Vitaro, Tremblay, & Lavoie, 2001; Capaldi & Clark, 1998), and negative family communication patterns (Andrews, Foster, Capaldi, & Hops, 2000; Ehrensaft

et al., 2004; Linder & Collins, 2005; Magdol et al., 1998) are all linked longitudinally to the initiation of IPV perpetration among teens. One challenge when working with selective populations is that, depending on the age of the target, many of the individuals in the intervention have already perpetrated or experienced IPV. Thus, there is a need to consider prior IPV involvement in designing and delivering interventions and to conceptualize some effects as secondary, rather than primary, prevention.

Should IPV Prevention Target Specific or General Skills? A related question regarding IPV prevention is whether IPV prevention efforts should target specific IPV-related knowledge, attitudes, and behaviors, or whether they should be more general**.** That is, should preventative IPV interventions address specific IPV-related attitudes such as attitudes about gender roles, societal norms about power and control, and so forth, and specific IPV-related behaviors such as interactions with intimate partners, help seeking upon engagement with IPV, and so forth? Or, should they target more general social, emotional, and behavioral skills such as competence and resiliency via a positive youth development approach (Roth & Brooks-Gunn, 2003) that have been shown to prevent a wide range of risk behaviors that emerge during the teen years (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). Arguments can be made on both sides. On the general side of the argument, there is increasing evidence that teen IPV can be conceptualized as a risk behavior that emerges in adolescence along with other risk behaviors such as smoking, substance abuse, risky sexual behavior, and violence and delinquency. Correlations between IPV perpetration and other risk behaviors are generally substantial. Also, as noted earlier, factors such as conduct problems and poor parenting behaviors have been shown to be predictive of IPV in longitudinal studies. These are precisely the same predictors of peer violence, substance use, and risky sexual behavior, suggesting that IPV shares causal roots with those behaviors, and that it may be addressed using similar interventions.

In contrast, there are also arguments that specific interventions targeting IPV are needed rather than general ones. Feminist theory, which has been highly influential in guiding IPV services, although some would argue not very successfully (Dutton & Nicholls, 2005; Feder & Wilson, 2005), would suggest that inequalities and specific gender-based attitudes and beliefs are the ultimate cause of IPV. Some have argued that it is to the field's detriment that dating violence prevention has not emphasized a gender-based perspective more strongly as has the field of adult IPV (Reed, Raj, Miller, & Silverman, 2010). Interventions that are general rather than specific would not address such issues, but instead would promote more basic social, emotional, and behavioral skills. However, it is also important to note that interventions targeting attitudes, knowledge, or behavior inherently involve a mediational model. Thus, it is possible that interventions may not sufficiently change the proximal risk variables (e.g., alteration of attitudes), and/or that the change in attitudes may not produce desired changes in behavior. Future investigations that focus primarily on changing knowledge or attitudes may need to validate the hypothesized change process by testing mediational models of effects on IPV behaviors.

CONCLUSION

This review provides a snapshot of the state of preventive interventions for IPV. There are certainly several programs with findings that provide optimism with regard to dating violence prevention. That said, the IPV prevention field has progressed in a somewhat unorganized manner, without a unifying theme or theory to guide prevention efforts. The various programs reviewed here included many similar constructs in their interventions—attitude change interventions, social interactions, information about gender roles—and some seemed to produce positive effects (e.g., Foshee's Safe Dates [1996]), while others did not (Taylor et al.'s [2010] interaction-based intervention). Thus, there is much more work to do to understand which programs are effective, why they are effective, and how to disseminate them broadly without compromising effectiveness.

REFERENCES

Anderson, C. A., Berkowitz, L., Donnerstein, E., Huesmann, L. R., Johnson, J. D., Linz, D., . . . Wartella, E. (2003). The influence of media violence on youth. *Psychological Science in the Public Interest*, *4*(3), 81–110.

Andrews, J. A., Foster, S. L., Capaldi, D., & Hops, H. (2000). Adolescent and family predictors of physical aggression, communication, and satisfaction in young adult couples: A prospective analysis. *Journal of Consulting and Clinical Psychology*, *68*(2), 195–208.

Austin, J. B., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, *14*(2), 152–168.

Avery-Leaf, S., Cascardi, M., O'Leary, K. D., & Cano, A. (1997). Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health, 21*(1), 11–17.

Bierman, K. L., Coie, J. D., Dodge, K. A., Foster, E. M., Greenberg, M. T., Lochman, J. E., . . . Pinderhughes, E. E. (2004). The effects of the Fast Track program on serious problem outcomes at the end of elementary school. *Journal of Clinical Child and Adolescent Psychology*, *33*(4), 650–661.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Brendgen, M., Vitaro, F., Tremblay, R. E., & Lavoie, F. (2001). Reactive and proactive aggression: Predictions to physical violence in different contexts and moderating effects of parental monitoring and caregiving behavior. *Journal of Abnormal Child Psychology*, *29*(4), 293–304.

Bureau of Justice Statistics. (2012). *Intimate partner violence*. Retrieved from http://www.bjs.gov/index.cfm?ty=tp&tid=971#pubs

Caetano, R., Field, C. A., Ramisetty-Mikler, S., & McGrath, C. (2005). The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Interpersonal Violence*, *20*(9), 1039–1057.

Campbell, J. C., Baty, M. L., Laughon, K., & Woods, A. (2009). Health effects of partner violence: Aiming toward prevention. In D. J. Whitaker & J. R. Lutzker (Eds.),

Preventing partner violence: Research and evidence-based intervention strategies (pp. 113–138). Washington DC: American Psychological Association.

Campbell, J. C., Garcia-Moreno, C., & Sharps, P. (2004). Abuse during pregnancy in industrialized and developing countries. *Violence Against Women*, *10*(7), 770–789.

Capaldi, D. M., & Clark, S. (1998). Prospective family predictors of aggression toward female partners for at-risk young men. *Developmental Psychology*, *34*(6), 1175–1188.

Capaldi, D. M., & Crosby, L. (1997). Observed and reported psychological and physical aggression in young, at-risk couples. *Social Development*, *6*(2), 184–206.

Catalano, R. F., Berglund, J. A., Ryan, H. S., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The ANNALS of the American Academy of Political and Social Science*, *591*(1), 98–124.

Centers for Disease Control and Prevention. (2010). Youth risk behavior surveillance—United States, 2009. *Morbidity and Mortality Weekly Report. Surveillance Summaries*, *59*(SS-5), 1–141.

Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, *12*(3), 364–375.

Dutton, D. G., & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1—the conflict of theory and data. *Aggression and Violent Behavior*, *10*(6), 680–714.

Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse*, *4*(2), 196–231.

Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, *71*(4), 741–753.

Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: Men's and women's partcipation and developmental antecedents. *Journal of Abnormal Psychology*, *113*(2), 258–271.

Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, *1*(2), 239–262.

Florsheim, P., McArthur, L., Hudak, C., Heavin, S., & Burrow-Sanchez, J. (2011). The young parenthood program: preventing intimate partner violence between adolescent mothers and young fathers. *Journal of Couple & Relationship Therapy, 10*(2), 117–134.

Forehand, R., Armistead, L., Long, N., Wyckoff, S. C., Kotchick, B. A., Whitaker, D., . . . Jackson, L. C. (2007). Efficacy of a parent-based sexual-risk prevention program for African American preadolescents: A randomized controlled trial. *Archives of Pediatrics and Adolescent Medicine*, *161*(12), 1123–1129.

Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. (2005). Assessing the effects of dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science*, *6*(3), 245–258.

Foshee, V. A., Linder, G., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., . . . Bangdiwala, S. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, *12*(5, Suppl.), 39–47.

Foshee, V. A., & Reyes, H. L. M. (2009). Primary prevention of adolescent dating abuse perpetration: When to begin, whom to target, and how to do it. In D. J. Whitaker & J. R. Lutzker (Eds.), *Preventing partner violence: Research and evidence-based intervention strategies* (pp. 141–168). Washington DC: Americal Psychological Association.

Foshee, V. A., Reyes, H. L. M., Ennett, S. T., Cance, J. D., Bauman, K. E., & Bowling, J. M. (in press). Assessing the effects of Families for Safe Dates, a family-based teen dating abuse prevention. *Journal of Adolescent Health*.

Furman, W., Brown, B. B., & Feiring, C. (1999). *The development of romantic relationships in adolescence*. New York, NY: Cambridge University Press.

Graffunder, C. M., Noonan, R. K., Cox, P., & Wheaton, J. (2004). Through a public health lens. Preventing violence against women: An update from the US Centers for Disease Control and Prevention. *Journal of Women's Health*, *13*(1), 5–16.

Hahlweg, K., & Markman, H. J. (1988). Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology*, *56*(3), 440–447.

Halpern, C. T., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, *91*(10), 1679–1685.

Halpern, C. T., Spriggs, A. L., Martin, S. L., & Kupper, L. L. (2009). Patterns of intimate partner violence victimization from adolescence to young adulthood in a nationally representative sample. *Journal of Adolescent Health*, *45*(5), 508–516.

Hammond, W. R., Whitaker, D. J., Lutzker, J. R., Mercy, J., & Chin, P. M. (2006). Setting a violence prevention agenda at the Centers for Disease Control and Prevention. *Aggression and Violent Behavior*, *11*(2), 112–119.

Henggeler, S. W. (1999). Multisystemic therapy: An overview of clinical procedures, outcomes, and policy implications. *Child Psychology and Psychiatry Review*, *4*(1), 2–10.

Hickman, L. J., Jaycox, L. H., & Aronoff, J. (2004). Dating violence among adolescents. *Trauma, Violence, & Abuse*, *5*(2), 123–142.

Jaycox, L. H., McCaffrey, D., Eiseman, B., Aronoff, J., Shelley, G. A., Collins, R. L., & Marshall, G. N. (2006). Impact of a school-based dating violence prevention program among Latino teens: Randomized controlled effectiveness trial. *Journal of Adolescent Health*, *39*(5), 694–704.

Jones, L. E. (1991). The Minnesota school curriculum project: A statewide domestic violence prevention project in secondary schools. In B. Levy (Ed.), *Dating Violence: Young women in danger.* Seattle, WA: Seal Press.

Krajewski, S. S., Rybarik, M. F., Dosch, M. F., & Gilmore, G. D. (1996). Results of a curriculum intervention with seventh graders regarding violence in relationships. *Journal of Family Violence, 11*(2), 93–112.

Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.

Kumpfer, K. L., Alvarado, R., & Whiteside, H. O. (2003). Family-based interventions for substance use and misuse prevention. *Substance Use & Misuse*, *38*(11), 1759–1787.

Lavoie, F., Hebert, M., Tremblay, R., Vitaro, F., Vezina, L., & McDuff, P. (2002). History of family dysfunction and perpetration of dating violence by adolescent boys: A longitudinal study. *Journal of Adolescent Health*, *30*(5), 375–383.

Lavoie, F., Vezina, L., Piche, C., & Boivin, M. (1995). Evaluation of a prevention program for violence in teen dating relationships. *Journal of Interpersonal Violence*, *10*(4), 516–524.

Linder, J. R., & Collins, W. A. (2005). Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. *Journal of Family Psychology*, *19*(2), 252–262.

MacGowan, M. J. (1997). An evaluation of a dating violence prevention program for middle school students. *Violence and Victims*, *12*(3), 223–235.

Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology*, *107*(3), 375–389.

Manganello, J. A. (2008). Teens, dating violence, and media use: A review of the literature and conceptual model for future research. *Trauma, Violence, & Abuse*, *9*(1), 3–18.

Markman, H. J., & Floyd, F. (1980). Possibilities for the prevention of marital discord: A behavioral perspective. *American Journal of Family Therapy*, *8*(2), 29–48.

Markman, H. J., Renick, M. J., Floyd, F. J., Stanley, S. M., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4-and 5-year follow-up. *Journal of Consulting and Clinical Psychology, 61*(1), 70–77.

Meraviglia, M. G., Becker, H., Rosenbluth, B., Sanchez, E., & Robertson, T. (2003). The expect respect project. *Journal of Interpersonal Violence*, *18*(11), 1347–1360.

Mills, L. G. (1998). Mandatory arrest and prosecution policies for domestic violence. *Criminal Justice and Behavior*, *25*(3), 306–318.

Morrison, S., Lindquist, C., Hawkins, S. R., O'Neill, J. A., Nesius, A. M., & Mathew, A. (2003). *Evidence-based review of batterer intervention and prevention programs*. Atlanta, GA: Centers for Disease Control and Prevention.

National Center for Injury Center Prevention and Control. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.

Noonan, R. K., & Charles, D. (2009). Developing teen dating violence prevention strategies. *Violence Against Women*, *15*(9), 1087–1105.

O'Leary, K. D. (1996). Physical aggression in intimate relationships can be treated within a marital context under certain circumstances. *Journal of Interpersonal Violence*, *11*(3), 450–452.

O'Leary, K. D. (1999). Developmental and affective issues in assessing and treating partner aggression. *Clinical Psychology: Science and Practice*, *6*(4), 400–414.

O'Leary, K. D., Barling, J., Arias, I., Rosenbaum, A., Malone, J., & Tyree, A. (1989). Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology*, *57*(2), 263–268.

Plichta, S. B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*, *19*(11), 1296–1323.

Pacifici, C., Stoolmiller, M., & Nelson, C. (2001). Evaluating a prevention program for teenagers on sexual coercion: A differential effectiveness approach. *Journal of Consulting and Clinical Psychology, 69*(3), 552–559.

Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., . . . Porter, J. D. H. (2006). Effect of a structural intervention for the prevention of

intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet*, *368*(9551), 1973–1983. http://dx.doi.org/10.1016/s0140-6736(06)69744-4

Quigley, B. M., & Leonard, K. E. (1996). Desistance of husband aggression in the early years of marriage. *Violence and Victims*, *11*(4), 355–370.

Reed, E., Raj, A., Miller, E., & Silverman, J. G. (2010). Losing the 'gender' in gender-based violence: The missteps of research on dating and intimate partner violence. *Violence Against Women*, *16*(3), 348–354.

Riggs, D. S., & O'Leary, K. (1996). Aggression between heterosexual dating partners: An examination of a causal model of courtship aggression. *Journal of Interpersonal Violence*, *11*(4), 519–540.

Roth, J. L., & Brooks-Gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science*, *7*(2), 94–111.

Salazar, L. F., & Cook, S. L. (2006). Preliminary findings from an outcome evaluation of an intimate partner violence prevention program for adjudicated, African American, adolescent males. *Youth Violence and Juvenile Justice*, *4*(4), 368–385. http://dx.doi.org/10.1177/1541204006292818

Schwartz, J. P., Magee, M. M., Griffin, L. D., & Dupuis, C. W. (2004). Effects of a group preventive intervention on risk and protective factors related to dating violence. *Group Dynamics-Theory Research and Practice*, *8*(3), 221–230. http://dx.doi.org/10.1037/1089-2699.8.3.221

Silverman, J. G., Decker, M. R., Reed, E., & Raj, A. (2006). Intimate partner violence victimization prior to and during pregnancy among women residing in 26 US states: associations with maternal and neonatal health. *American Journal of Obstetrics and Gynecology*, *195*(1), 140–148.

Stith, S. M., Rosen, K. H., & McCollum, E. E. (2002). Developing a manualized couples treatment for domestic violence: Overcoming challenges. *Journal of Marital & Family Therapy*, *28*(1), 21–25.

Straus, M. A. (2004). Prevalence of violence against dating partners by male and female university students worldwide. *Violence Against Women*, *10*(7), 790–811.

Taylor, B., Stein, N., & Burden, F. (2010). The effects of gender violence/harassment prevention programming in middle schools: A randomized experimental evaluation. *Violence and Victims*, *25*(2), 202–223.

Whitaker, D. J., Haileyesus, T., Swahn, M., & Saltzman, L. S. (2007). Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health*, *97*(5), 941–947.

Whitaker, D. J., Hall, D. M., & Coker, A. L. (2009). Primary prevention of intimate partner violence: Toward a developmental, social-ecological model. In C. Mitchell & A. D. (Eds.), *Intimate partner violence: A health-based perspective* (pp. 289–306). New York, NY: Oxford University Press.

Whitaker, D. J., Le, B., & Niolon, P. H. (2010). Persistence and desistance of the perpetration of physical aggression across relationships: Findings from a national study of adolescents. *Journal of Interpersonal Violence*, *25*(4), 591–609.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., . . . Reese, L. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, *11*(2), 151–166.

Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., . . . Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatrics & Adolescent Medicine*, *163*(8), 692–699. http://dx.doi.org/10.1001/archpediatrics.2009.69

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A.-L., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology*, *71*(2), 279–291.

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