

The challenges of developing and implementing a bystander intervention for the  
prevention of domestic violence and abuse in communities

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Abstract

Bystander intervention is showing promise as a strategy for violence reduction. Following successful preliminary evaluation of *The Intervention Initiative* (TII), a bystander programme for universities, a Public Health department in a local authority commissioned a DVA-specific version of TII for communities which became Active Bystander Communities (ABC). This paper documents, in narrative and reflexive form, the challenges and complexities faced by the research team and practitioners in translating TII into a new context for a new audience. We review findings from research, document the theoretical rationale underpinning the new programme, and its content and adherence to effective prevention criteria. We discuss the community readiness model and results of our engagement with a wider practitioner base and how feedback informed further programme development. We document the importance of the intersect and interplay of academic work with practitioner ‘real world’ realities. We discuss two fundamental theoretical issues: the meaning of ‘communities’ in this context, and the safety of interventions expressing social disapproval of problematic male behaviour to perpetrators designed to shift social norms. Government cuts have affected the structures and the staffing required to pilot the intervention in communities.

Further research into effectiveness of the intervention and barriers to implementation is needed.

## **Introduction**

This paper represents a collaborative contribution by academic authors (Fenton and Jones) and practitioners (Moss and Cooke) as to the theoretical and practical challenges of developing and implementing a bystander programme for the prevention of domestic violence and abuse (DVA) in community settings in the UK.

The background to this co-creation project is previous work done for Public Health England (PHE) by the first author and colleagues in the development of the first evidence-based bystander intervention programme - *The Intervention Initiative* (hereafter TII) (Fenton, Mott, McCartan and Rumney, 2014), for the prevention of both sexual violence and DVA in UK university settings. TII is theoretically based upon a narrative and systematic literature review of bystander intervention in university settings (Fenton, Mott, McCartan and Rumney, 2016) which built on Powell's review of 2011. The theoretical and pedagogical work carried out by Fenton and Mott in adapting the US evidence base into a different sociocultural context in the UK, and the challenges of doing so, are well-documented in the literature (Fenton and Mott, 2017; 2018a). Following the successful preliminary evaluation of TII (Fenton and Mott, 2018b), and the collaboration between Fenton and public health specialists in delivering TII to students, a Public Health department in a local authority commissioned a new version of TII specifically about DVA in recognition of need, for 'Communities, Friends and Family'. This new programme became Active Bystander Communities (ABC). It must be noted that the theoretical work in translating the US models into the UK context for the original TII is not repeated here and we encourage readers to engage with the above literature in conjunction with this paper.

In this paper we aim to make a significant contribution to the evidence base about bridging the science-practice gap in applied legal, health and policy research for the first time in the to-date unexplored realm of transposing university bystander prevention efforts into wider communities in the UK. This paper documents, in narrative and reflexive form, the challenges and complexities faced by the academics and practitioners in translating the original TII into this new context. We document the theoretical underpinnings of ABC development. We discuss the results of our engagement with our potential audience and potential facilitators through a wider practitioner base and how this informed further – and to some extent, unanticipated - programme improvement. We discuss how restructuring and resourcing created barriers to community readiness and capacity in a context of cuts to central UK Government funding. We individuate two fundamental theoretical issues requiring further research. The first relates to what the concept of ‘community’ might mean in this context and how we might think about community readiness to implement prevention programming. The second relates to how – or indeed whether - interventions to shift social norms about normative male behaviour by intervening with perpetrators to express disapproval, can still protect the victim’s need to be in control of actions about her situation and not to be further victimised. We take a novel creative presentational approach in order to present a reconstruction of the reality of co-creation work which illustrates the intersect and interplay of academic work with real world practice. This paper consciously adopts a chronological narrative approach as opposed to a conventional academic structure, and to this end we intersperse more traditional academic narrative with reflexive accounts from the practitioners’ perspectives. The voices of the practitioners are denoted by the use of italics.

## **Literature review**

Domestic violence and abuse (DVA) and law

DVA is understood to be ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or older who are, or have been, intimate partners regardless of gender or sexual orientation’, encompassing psychological, physical, sexual, economic and emotional abuse (HM Gov, 2019, p.5). DVA represents a global public health problem (WHO, 2013) and a human rights issue, impacting severely upon individuals and communities, and estimated to have cost England and Wales £66 billion in 2016 to 2017 (Home Office, 2019). The extent of the problem can be estimated from the most recent Crime Survey of England and Wales (CSEW) (ONS, 2018), which found that 26% of women and 15% of men aged 16 to 59 experienced at least one incident of DVA during their lifetime. The gendered differences found by the CSEW are greater when measurements remove the cap on frequency of victimisation (Walby, Towers, and Francis, 2016) and integrate the impact of incidents (Hester et al, 2017). DVA forms part of a social pattern of gendered violence against women, deeply rooted in systemic gender inequality (Hester and Lilley, 2014).

Despite the abundant research literature into the gendered nature and nuance of harms and the importance of recognising and responding to coercive control as a multifaceted pattern of intersecting and repeated abuse perpetrated within a context of power and control, the law remains an inadequate tool to protect victims or offer them redress. There is no specific crime of domestic violence, rather, the law is piecemeal and predominantly historic, privileging a dominant narrative of DVA as incident-based physical harm with such injuries sitting at the apex of the ‘hierarchy of harm’ (Bishop, 2016). Some progress has been made legislatively in recent times, for example with the new criminal offence of Coercive or Controlling Behaviour under s.76 of the Serious Crime Act, 2015, which does recognise ongoing patterns of behaviour and psychological harm. While legislation may be important at the structural level, it is clear that ‘the law alone cannot change our social condition’

(MacKinnon, 1987). Law can only be one part of a multi-level strategic response which recognises the intersection of risk factors contributing to violence against women (VAW) which occur at the macro, meso, micro and ontogenetic level, and correlative policy intervention implications for disrupting these pathway (Hagemann-White et al, 2010). Even in this regard, the efficacy of law should be questioned: as Bishop argues, law is in itself highly patriarchal and “therefore one of the overarching macro-level institutions which can serve to foster the inequalities and gendered societal expectations, values and beliefs that enable the commission of domestic violence” (Bishop, 2010, p.60). As law predominantly operates as a mechanism which is only activated after the event has occurred it is unsurprising that academics, policy-makers and activists have begun to focus on prevention work fundamentally directed to stopping abuse happening before it occurs. As a way of seeking to end the commission of criminal offences in society and promote social justice, prevention is equally a legitimate focus of enquiry for legal scholars. Prevention is particularly directed to the ontogenetic level of individual beliefs (such as masculinity ideals) and at the micro environmental level (such as peer support, myths and stereotypes). It is encouraging that the 2019 Consultation Response recognises the importance of prevention through raising public awareness of domestic abuse and ‘challenging the social attitudes that allow domestic abuse to occur’ (p.14). Whilst this recognition of prevention is welcome, it needs resourcing at the meso and macro levels and the Government has been criticised for failing to provide for dedicated accompanying resource (Women’s Aid, 2019). In addition to bringing offenders to justice, appropriate legal enquiry might be into the role of law in mandating prevention work (and funding) as part of the ecological model of causal pathways – which is as yet unexplored.

One prevention strategy that has been particularly recognised in recent times is the bystander intervention model. There is an increasing body of international research which has developed over the past two decades predominantly in the field of sexual assault in university settings in the US, which presents promising findings as to potential effectiveness (Fenton et al, 2016). The literature reports statistically significant changes across behavioural, cognitive, attitudinal measures (Degue et al, 2014; for a summary see Fenton et al, 2016) and reduced victimisation and perpetration at the community (campus) level (Coker et al, 2016).

Bystander models are complex and multi-faceted. The primary purpose of the model is that bystanders will be enabled and empowered to intervene safely to disrupt the social acceptability of, and peer support for, violence, thus sending repeated messages to the wrongdoer about the unacceptability of their actions and to other bystanders about the acceptability of intervening. The second purpose is that the model strategically delivers a series of potential changes to the attitudes, beliefs, social and cultural norms and peer group relationships among participants that increase intervention likelihood and to the conditions under which perpetration may occur (Fenton et al, 2016, p.22). The focus on prosocial bystander action is appealing because it diverts attention from situating women as victims and men as perpetrators whilst simultaneously allowing the gendered nature of violence and its roots in gender inequality to be discussed. The positive framing of men as prosocial bystanders may decrease resistance and engage men: a strategy now well-recognised by academics, practitioners, activists and policy-makers as an imperative to combatting VAW (Flood, 2011).

On the public health model of prevention, bystander models are generally understood as primary prevention, that is, preventing violence before it occurs. However, the theoretical work done by McMahon and Banyard (2012) utilised in the development of TII, recognises that to address the multifaceted aetiology of violence as situated in the individual within the

context of their wider social environment, primary (before violence occurs), secondary (actual violence, which in itself may be high risk, or less severe but in itself a risk factor for more severe violence) and tertiary (supportive disclosure after the event) bystander interventions are indicated at every level along the spectrum or 'continuum' of violence against women (Kelly, 1987).

### Social Norms Theory

Aimed at correcting misperceptions which influence behaviour, the social norms approach is a theory and evidence-based approach to mitigating barriers to making bystander interventions (Berkowitz, 2009; 2013). Of particular importance is the mutually reinforcing relationship between pluralistic ignorance and false consensus which occurs when individuals misperceive others' desire to intervene. Such misperceptions prevent intervening, and consequently the lack of intervention supports the perpetrator's false consensus belief that the behaviour is acceptable (Berkowitz, 2009; 2013). The integration of a social norms component into a bystander model is therefore likely to be maximally effective.

### Community Readiness

The community readiness theoretical model was created to address, understand and classify a community's readiness for implementation of prevention programmes (Edwards et al, 2000). The model sets out 9 stages of readiness ranging from 'no awareness' to 'professionalisation' where prevention is embedded and supported, and accompanying strategies for moving through the stages for implementation to higher levels of readiness. One of the complexities facing our co-creation project was the move away from university communities - which may be more motivated or ready to act due to contemporary political pressures and which embody more specific environmental spaces within which implementation can be situated - to wider non-student communities. Community readiness

then might apply to both practitioner communities who recognise the need for prevention, and target populations who may be differentially situated on the readiness model. One important factor both in terms of community readiness, capacity and public health more generally is resource (institutional, material and social, see Mikton et al, 2011) and political climates, which are inevitably and intrinsically interlinked.

### **Background to the Commission of ABC: community practitioner readiness**

*Moss and Cooke were working as part of the Public Health team within a local authority. At this time the Neighbourhood Structures that were active in local communities raised DVA as an issue. Local Partnerships questioned what action could be taken in communities to address DVA apart from distributing leaflets and information about available services. TII appeared to offer much of what was needed to address the community and cultural changes necessary to respond to DVA in the authority. It was anticipated that some development was needed to the university based model before piloting in a community setting. The programme was therefore adapted by the academic team in consultation with the Public Health Practitioners.*

### **Programme Development: Academic**

The academics set about adapting TII to create a new programme on DVA for communities. Our first challenge in programme development was that to date little is known about bystanders, DVA and communities (Taylor, Banyard, Grych and Hamby, 2016). However, bystanders may be in a position to help as there is evidence that third parties may witness as many as one third of intimate partner violence (IPV)<sup>i</sup> incidents (Taylor et al, 2016). When incidents of abuse happen, in retrospect, friends and family may have seen warning signs but have been unable to recognise them, or know what to do (Rothman, Paruk and Banyard, 2018; Nick Gazzard, film, 2017). Evidence from a US general population



representative sample survey suggests that people are more likely to know an IPV victim who is a friend, family member or acquaintance rather than a distant member of their social networks – and therefore these are the people others are most likely to intervene on behalf of (Weitzman et al, 2017; Taylor et al, 2016). Indeed, the bystander literature suggest bystanders have more opportunity and are more likely to help friends rather than strangers (Banyard, Moynihan, Cares and Warner, 2014; Bennett, Banyard and Garnhart, 2014). In Weitzman et al's (2017) study, 55% of those who knew IPV victims had intervened on their behalf – and this did not vary for race or other demographic differences. The odds for intervening were 70% lower on behalf of an acquaintance than a family member, suggesting relationship is important, and common intervention strategies were offering the victim safe haven and sympathy, and telling the abuser to stop (less likely for women bystanders). Bystanders were significantly less likely to involve the authorities for IPV than for sexual assault. Perceived barriers to intervening were fear of physical injury (higher for women) which was three times more common than perceiving it to be a 'private' matter (women had 49% lower odds than men of reporting that their perception of IPV as a private matter would be a barrier to intervening) or fearing they had misinterpreted the situation (Weitzman, 2017). Frye et al's (2012) study in urban neighbourhoods suggests that neighbourhood (putative) bystanders are willing to intervene with a range of victim (e.g. talk to victim, take victim to safe place), perpetrator (e.g. let the abuser know: you expect the abuse to stop; can be heard), and community-focussed actions (e.g. set up a neighbourhood group / meetings for abused women), and (semi)formal actions (e.g. call hotline or police). Participants rated (semi)formal actions and victim-focussed actions as most feasible for themselves and actions with perpetrators least feasible (Frye et al, 2012). Where (untrained) bystanders are present for physically violent IPV, it was associated with poorer victim outcomes in a rural US

community sample (Taylor et al, 2016). Victim outcomes are as yet understudied, and bystander and victim safety is a key consideration.

Although the bystander evidence base relates predominantly to sexual assault prevention targeted at young adults (Storer, Casey and Herrenkohl, 2016), theorists have called for the ‘natural’ (Shorey et al, 2012) extension of bystander prevention into other related forms of violence (e.g. Banyard, 2014) and TII was designed for both sexual violence and DVA. However, as regards DVA-only bystander programs, there is a dearth of evidence (Rothman et al, 2018; Storer et al, 2016). To date we are not aware of any studies showing the effectiveness of specific DVA bystander programmes for university or other community settings. One study positively assesses a dating violence-only programme using qualitative methodology (Barone, Wolgemuth and Linder, 2007) and an exploratory small scale RCT in a college setting of a specific DVA intervention (film and workshop discussion) does show positive knowledge and attitude change, and potential impact on bystander prosocial behaviour (Rothman et al, 2018). Thus, we theorised that maintaining fidelity to the theoretically informed structure (Fenton and Mott, 2017) and logic model (Mott and Fenton, 2016) of TII but making it DVA-and community -specific, with reference to the literature outlined above and continual input and feedback from public health practitioners along the way, was likely to be maximally effective.

### **Underpinning rationale of the content layout for ABC**

In order to be able to intervene, bystanders must move through the stages outlined by Latané and Darley (1970). Thus, a bystander must notice the event, recognise it as problematic, be motivated to assume responsibility for helping, and possess the skills to safely and effectively intervene (Berkowitz, 2009). These four stages underpin the content layout of ABC (as derived from the original TII (Fenton and Mott, 2018a)). Sessions 1 and 2 of the programme correspond with the first three stages for intervention and session 3 focuses

on stage 4. These stages incorporate the processes of change identified by Prochaska and DiClemente (1983) in their transtheoretical model (TTM) as applied to sexual violence prevention by Banyard and colleagues (2010). The application of the TTM to the original TII is documented in Fenton and Mott (2018a). Further, ABC integrates the well-established public health criteria set out by Nation et al (2003) for effective prevention, as applied to TII (Fenton and Mott, 2017) which relate to dosage, comprehensiveness, pedagogy, audience, socio-cultural relevance, implementation and evaluation.

*Sessions 1 and 2 of ABC: noticing and assuming responsibility*

Noticing a situation as intervention-appropriate (McMahon and Banyard, 2012; Bennett et al, 2014) is a crucial prerequisite for becoming a prosocial bystander and for the consciousness-raising, empathy, re-evaluation and empowerment processes of the TTM. In the context of ABC, noticing and assuming responsibility within an intersectional gender-power analysis (Michau et al, 2015) pertains to understanding that it happens in one's own community, risk factors, gender-role stereotyping and adherence, sexism, impacts on victims, behaviours along the continuum of violence, early warning signs and example behaviours (particularly around coercive control), and understandings about intersectional and differential identity experiences of DVA (Dardis, Dixon, Edwards and Turchik, 2015; Degue et al, 2014; Fenton et al, 2016). Some knowledge of law, such as the new offence of Coercive or Controlling Behaviour (above) is theoretically suggested, as a potentially empowering and motivating factor contributing to willingness and confidence to intervene as well as positive guardianship and increased likelihood of reporting. Further research on the role of law in prevention programming is indicated. Empathy for victims (also theorised as a protective factor for perpetration (Banyard et al, 2004)) and a gender-transformative approach (Dworkin, Fleming and Colvin, 2015) which promotes critical analysis of one's own gender-inequitable attitudes, can increase responsibility and motivation to act, and impact on men's behaviour (Casey et

al, 2013). Positive attitude change such as a reduction in myth acceptance and sexism are indicated (Amar, Sutherland and Kesler, 2012). For sexual assault programs Rape Myth Acceptance is a key outcome measure. Far less attention has been paid to DVA myths, but they, like rape myths, are thought to minimise the gravity of the problem and place responsibility for DVA with the victim, exonerating the perpetrator, and thus diminishing social support for victims (Peters, 2008). Studies are few, but men have been found to support DVA myths more than women, with a correlation between rape myths and DVA myths (Peters, 2008; Fenton and Jones, 2017). Fenton and Jones found that DVA myths were related to higher denial of the problem and taking less responsibility for it – and thus may operate as a barrier to prevention work (McMahon, 2010). We theorised that reducing DVA myths will increase empathy, supportive disclosure and receptiveness to prevention work, decrease barriers to intervention and be a protective factor for perpetration.

### *Session 3 of ABC – skills training*

Bystanders must acquire specific skills for safe and effective ‘situation-specific’ interventions and thus confidence in one’s skills is crucial (self-efficacy) (Banyard, 2011; Bennett et al, 2014). Skills training accords with the counter-conditioning, self and social liberation, social support and social rewards processes of the TTM. Modelling, through role-play, is indicated, and in itself can contribute to attitude change (see Fenton and Mott, 2018a).

### *Integration of a Social Norms component*

In the field of DVA, studies have found that perpetrators of IPV overestimate the amount of IPV that others use – and these misperceptions are linked to their own abusive behaviours (Neighbors et al, 2010). Men may participate in maintaining and perpetuating perpetration within their community social networks because they believe other men support these behaviours (Schwartz et al, 2001; Berkowitz, 2009; 2013) and perceptions of other men’s

willingness to intervene has been found to be the primary predictor of men's bystander behaviour (Brown and Messman-Moore, 2010). Men may also be more likely to intervene with perpetrators (Banyard, 2011). Challenging normative peer<sup>ii</sup> support for behaviours along the continuum of DVA is therefore incorporated throughout ABC.

### **Programme Development and Implementation: Practitioner Reflections**

Whilst academic development work was underway, the practitioners began to explore community readiness for implementation of the new programme.

*The initial intention was to conduct ABC training sessions with attendees at Neighbourhood Forums. Neighbourhood Forums were the public meetings where residents could come to meet with each other, councillors and service providers and these provided a great opportunity to engage with residents from local communities and to recruit participants to ABC. Ethical approval was obtained for this work and the academics presented to the Neighbourhood Structures, and buy-in and resource was achieved.*

*We decided to share our plans for the project with those working around gender violence issues in the area. The community gender violence working group engaged local people and professionals in a co-ordinated response to gender violence locally and ran a community conference.*

*Fenton presented at this conference on ABC which was well received and following this a number of attendees signed up to undertake the ABC facilitator training indicating community readiness and capacity for implementation. Also speaking at the conference was Nick Gazzard of the Hollie Gazzard Trust and this provided an opportunity to work collaboratively.*

Fostering good practitioner – academic relationships from the start was fruitful for the co-creation of knowledge by engaging the wider community of practitioners for training and feedback and assessing the level of community readiness. The link with Nick Gazzard also proved particularly productive: we were subsequently able to recruit Nick to make a motivational film to be used in ABC itself, and for recruitment. In the film Nick talks about his experience of his daughter’s murder by her ex-boyfriend, of not being able to recognise the signs at the time, and thus being unable to act. The framing is one of imperative bystander action, of real-life tragedy happening to real ‘everyday’ people, that could perhaps have been prevented, and crucially is a message by a man for other men’s engagement with the issue. The film utilises some of the most highly rated engagement strategies for men, namely fatherhood and relationships (Casey et al, 2017), also a mechanism advocated by our men’s advisory group (detailed below). Further, this new relationship meant that the Hollie Gazzard Trust was able to pilot ABC.

### *Training Day*

*We invited individuals still working in the area and their local contacts to a training day to become ABC facilitators in the community. Approximately 30 people attended. An additional aim was to pilot materials thus far developed and gain practitioner feedback.*

*The training day, also attended by Moss and Cooke, provided an opportunity to understand the differences between university culture and wider communities as well as the potential conflict between community empowerment ways of working and academic approaches.*

*Whilst the theory behind ABC was widely accepted and welcomed there was concern over the interventions themselves and whether they could increase the risk of violence towards a victim.*

## **Integration of practitioner feedback**

### 1. Further men's advisory group

*ABC was hoped to be a part of work to help address attitudes, beliefs and social norms towards violence and we felt that must include men because of the gendered nature of domestic abuse.*

*As only one man had attended ABC facilitator training, we convened a men's advisory group with a number of male colleagues to help us think about how to ensure the materials being used were appropriate for men.*

The men's advisory group gave us valuable feedback, and this is integrated into the discussion below.

### 2. Meaning of community

TII takes the approach of fostering a *shared social identity* among university students that 'as a student of X university' they will act to prevent violence happening; an identity which transcends, but does not diminish, other identities nor intersectional experiences of violence (Fenton and Mott, 2017), and which overlaps with environmental space in which an intervention can be delivered and policy organising frameworks are situated and enforced. This is a pedagogical approach designed to increase motivation for intervening and within a time-space in which interventions are more likely to be supported. At first glance this specific approach appears less likely to be appropriate for members of the wider community because of the complexity in determining what community means – or rather, what the common denominator between individuals is.

*After the training day we reflected and theorised over differences between the communities created at universities and those in wider communities, which we had not identified initially.*

*These include differences in how they have come together, their age, academic experience and their cultural history.*

*A common practice based approach is to target geographical communities which experience poorer health outcomes.*

The significance of ‘community’ for our practitioners was connected to physical location for implementation - as opposed to the pedagogic concerns which had influenced the original TII – and therefore was conceptualised as neighbourhoods or community of place (Edwards, 2000). Communities are understood to be personalised sets of networks, which facilitate the distribution of societal resources, including attitudes and information, and from which individuals may derive a sense of identity and belonging (e.g. Pescosolida and Rubin, 2000; Wellman and Wortley, 1990) and “where residents experience their society and culture” (Edwards et al , 2000, p.292). They may be physical, geographical or virtual and people have multiple identities and communities. ABC is theorised to operate as a mechanism for fostering, solidifying and supporting new communities who have social ties based on ending DVA, who will then branch out into their other communities and networks to enact interventions and change social norms. The notion of community raises challenges for intervention design, given that for maximal effectiveness interventions must be socio-culturally relevant to target audience (Nation et al, 2003). ABC uses videoclips, data and materials chosen in conjunction with practitioners that are proximal and salient to the geographic neighbourhood population (as opposed to students) with instructions for facilitators to use localised data and examples as much as possible thus personalising the socio-cultural relevance to their participants as much as possible. Role-play modelling that conforms to the demographic of the audience is important in this regard. Our men’s advisory group gave us ideas for role-plays that could engage and give men techniques for tackling other men’s behaviours along the continuum – for example, tackling a friend who has



installed spyware, a friend who exerts financial control, a friend who cannot come out because he is “babysitting the kids”, and a friend telling their son to “man up”. As communities can often be online, we also incorporate role-play where the abuse is on social media. We provide role-plays scripted by professionals working in the field – one by a police call-handler on making a 999 call in a situation of high risk, and another calling an DVA support agency (NextLink) for support and advice.

### 3. Safety

*Considering safety is always a major part of any intervention in gender violence work. One of the aims of ABC is raising awareness that domestic abuse is unacceptable and in doing so it is important that victims are not endangered. We heard from a survivor who said that when she had been in an abusive relationship, if she had been out with her perpetrator and he had been challenged by a friend about his behaviour towards her, she could imagine that when he got home he would be suspicious and blame her and it would potentially lead to further violence. Others working in the field have argued that he would probably be violent anyway and this would just be ‘an excuse’, however we didn’t want to put anyone at greater risk. We spent time discussing how to ensure ABC was safe, whether anything needed to be added to the training and reflecting on scenarios where it may be safer to ‘intervene’ for example in male only environments such as sports clubs.*

Given that high risk dangerous situations are easier to identify (notice) as one of need (Weitzman et al, 2017), and evidence suggests that identifying low risk, everyday sexist situations not explicitly linked to violence as appropriate for intervention is difficult (McMahon and Banyard, 2012), the issue of victim and bystander safety is a very important consideration. ABC contains very clear warnings from the outset that participants must not intervene until they have finished the skills training, that they must never intervene unless it

is safe, that in physically violent situations they should call the police, and sets out very clear examples of what interventions are and are not. We suggest that programmes must draw a very clear line between intervening to disrupt socio-cultural norms which foster implicit and explicit support for men's violence against women, and situations in which there is very high risk. The knowledge and understanding of DVA and its roots in gender inequality acquired in sessions 1 and 2 is designed to facilitate recognition of norms which shore up abuse and accordingly, ABC encourages non-confrontational techniques to challenge low risk social situations such as 'banter' which normalises VAW. For example, one of the roleplays provided by a male practitioner at the training day explores the example of a man using the common phrase "I gave my missus a slap", how this normalises abuse by sending a message of social acceptability regardless of whether the instigator was 'joking', and how to challenge this. In situations of severe risk, ABC advocates very strongly and clearly that bystanders must never encourage the victim to leave and should support the victim by helping them access professional help, and should not challenge the perpetrator. To reinforce this, in session 3 we use a 'matching scenario with interventions' exercise in which scenarios graduated in risk along the continuum of violence are matched with appropriate interventions going from diffusion / disapproval techniques, to involving specialist services / police.

However, there remains a grey area, where warning signs or behaviours between intimate partners are witnessed. We know that perpetrators are likely to overestimate social support for their behaviours and that this 'false consensus' belief, if unchallenged, reinforces the acceptability of their behaviour (Neighbors et al, 2010). Therefore, these norms need to be contested and the importance of norm change is well-recognised: challenging peer support, norms and myths and establishing peer disapproval of VAW are part of Hageman-White et al's (2010) micro-level ecological model (also Michau et al, 2015). If bystanders can never intervene with perpetrators, how else can social disapproval for the behaviour be manifested

and how might non-abusive men help in combatting VAW? We suggest that, with caution, if done in a non-confrontational way and non-publicly, some challenge to behaviours within peer groups that constitute early warning signs can be made. For example, in session 3, we use a scenario set in a pub with 3 couples. One man's humour begins to revolve around making his wife look foolish. Participants are asked to strategize how they might intervene, directly or indirectly, in the moment (e.g. using body language to show disapproval, reframing the remarks, distracting the perpetrator, focussing positively on the woman, not engaging with the humour, speak supportively to the woman in the toilet, speak to the man alone at the bar) or after the event (offering support to the woman, engaging friends and family, 'shifting' the man, expressing disapproval to the man)(techniques adapted from Berkowitz (2013)). Given that we cannot know what the victim outcome might be in the hypothetical scenario as imagined by the survivor (above), and in light of the lack of research as to victim outcomes, we can only suggest, in agreement with some of the practitioners, that excuses for abuse will be found in any case, and thus any potential safety issue should be weighed against the potential benefit and imperative of challenging norm misperceptions. It must be noted that worsened victim outcomes in Taylor et al's (2016) study related to serious physical violence with *untrained* bystanders present. Further research around victim outcomes and safety consequent to trained bystander intervention is indicated.

#### 4. Potential conflict of approaches (academic v community empowerment)

*The communities we work with typically have different levels of education, literacy and income than we traditionally see in the university population.*

Concerns arose over language and consequent accessibility of materials and delivery approaches both in the training day and the men's advisory group. As a result, the academics further simplified the language used on the slides and the materials were checked for

accessibility by the practitioners. It is part of the intervention design that experienced facilitators will adapt their delivery and language to their audience. We retained some of the more technical explanations in the facilitator notes to increase facilitator confidence.

A more fundamental question arose as to the utility of having slides at all, as these more traditional academic delivery approaches might not translate well into different environments. However, we can only theorise that the illustrative representations employed as a visual pedagogic device to convey interrelated ideas and concepts - such as the use of the red and green people emblem used throughout to convey social norms - are of utility if interspersed with socio-culturally relevant and interactive activities (Nation et al, 2003). Further research will indicate whether delivery methods are in themselves a barrier to learning.

#### 5. Other feedback

One further important point came from the training day, namely that this audience is far more likely to have children in their family and friend networks and thus we incorporated information about the impacts of DVA on children into session 2 and included the presence of children in some role-plays.

#### **Context: Reflection on the impact of funding and resource changes to Local Authorities 2016-18**

Investment and funding is needed for prevention work and “funding should support social norm change efforts that affect individual-level change as well as at community and societal levels” (Michau et al, 2015, p.1681). Whilst we had achieved a positive and increasing level of community practitioner readiness to implement ABC, this was reversed by national funding cuts and subsequent diminution of capacity and resource which have fundamentally

affected our plans to pilot ABC in order to begin to develop an evidence base as to potential effectiveness.

*This work took place in a real life, complex and changing context. It was not a controlled environment. This presented a number of challenges to both the academic project and the practical implementation. Changes included national policy, changes to the Neighbourhood Structures and changes to staffing and to organisations. This meant that ambitions to embed the project have not progressed as had been intended.*

## **Conclusion**

This paper makes a significant contribution to knowledge about bridging the science-practice gap in implementing prevention work. We have detailed some of the complexities and challenges encountered and resolved along the journey of co-creating ABC, and areas which need to be informed by future research, such as victim outcomes and meanings of ‘community’. We have shown the importance of integrated, reflective and iterative working between academics and practitioners in order to develop an intervention that is proximal and salient to its intended participants and some of the factors affecting community readiness to implement ABC. The next step is to pilot and evaluate in communities in order to gauge readiness, capacity and effectiveness, and make further improvements to the programme. Sufficient resources in terms of people, time, space and money are required to implement the programme and this is currently proving the biggest challenge. Whilst we see some positive moves for action at the macro level such as the draft Domestic Abuse Bill 2019, this is juxtaposed with the lack of resource required by the community readiness model and the ecological model for combatting VAW.

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<sup>i</sup> IPV is the predominantly used term in the States. IPV is used interchangeably with DVA in this paper. When IPV is used it reflects the source of the study came from the US.

<sup>ii</sup> We recognise that norms in communities may come from a range of sources (e.g. family, co-workers, neighbourhood leaders). When we use the phrase 'peer norms' in the context of ABC, we include all sources in community networks.