

Addressing violence and discrimination 4

4 Addressing violence and discrimination

4.1 Overview of violence and discrimination

Violence and discrimination are determinants of mental health and wellbeing that are linked to the need to strengthen community action, re-orient health systems and build healthy public policy.

4.1 Discrimination

Discrimination is defined as ‘the process by which a member, or members, of a socially defined group is, or are, treated differently (especially unfairly) because of his/her/their membership of that group...this unfair treatment arises from socially derived beliefs each group holds about the other, and patterns of dominance and oppression, viewed as expressions of a struggle for power and privilege’ (Krieger 2001 cited in VicHealth 2005a, p 38). The links between discrimination and mental health are generally segregated according to the type of discrimination (that is, gender, race, age, culture or sexuality). Higher levels of discrimination are associated with poorer mental health (Krieger 2000 cited in Rychetnik & Todd 2004). More specifically, the link between racial discrimination and mental health has been well documented. Research has found an association between racial discrimination and anxiety disorder, and other mental health conditions (Rychetnik & Todd 2004).

Forms of discrimination exist in all societies. Depending on the taxonomy of prevalent types of discrimination, race, ethnicity, sexuality and gender are all classified as factors in discrimination, and they are all related to social exclusion because people or populations are often excluded on the basis of their difference. The major types of discrimination are based on race and ethnicity, gender, sexual preference and disability. All discrimination types are embodied in inequalities of health (Krieger 2000).

Racism in Australia is based on the dominance of white Anglo-Australians, who discriminate against subordinate groups, particularly Indigenous Australians, other people of colour and/or different religious and linguistic groups. Racism is embedded in the dominant culture and is manifest among Indigenous Australians in lower rates of educational attainment, lower incomes, higher rates of unemployment, reduced access to goods and services, political disempowerment and below average health status.

4.1.2 Violence

Violence is not a clearly definable term and is often used interchangeably with ‘abuse’, ‘battering’ and ‘physical force’. The recent World report on violence and health (World Health Organisation 2002) identified several forms of violence, including youth violence, bullying, child abuse and neglect by parents and other caregivers, violence by intimate partners (domestic violence), abuse of the elderly, sexual violence, self-directed violence and collective violence.

VicHealth (citing World Health Organisation 2002) divides violence into three broad categories:

1. **self-directed violence**, which includes suicidal behaviour, self-abuse and self-mutilation
2. **interpersonal violence**, which is divided into:
 - family and intimate partner violence
 - bullying
 - community violence
3. **collective violence**: ‘the instrumental use of violence by people who identify themselves as members of a group against another group or set of individuals, in order to achieve political, economic or social objectives’ (World Health Organisation 2002, p. 6). The consequences of collective violence on mental health include depression and anxiety, psychosomatic ailments, suicidal behaviour, intra-familial conflict and anti-social behaviour (World Health Organisation 2002).

Data on the incidence and prevalence of violence are limited. Its availability depends on the type of violence. Verbal and psychological violence is unlikely to be reported, whereas physical violence is more visible and thus data are more readily available. Even so, only about 31 per cent of victims of assault are reported. In 2002, approximately 2 534 500 incidents of assault were reported in Australia. Of these victims, 51 per cent reported that they had experienced more than one assault in the previous 12 months (ABS 2003). The Australian Bureau of Statistics estimated that 2.6 million women in 1996 had experienced at least one incident of physical or sexual violence since the age of 15 years (ABS 1996).

Discrimination and violence are often linked and are similar in their associations with inequalities and social exclusion. Violence is frequently the vehicle through which discrimination is played out – for example, homophobia can lead to gay bashing, sexism can lead to gendered violence, and racism can lead to violence (as in the activities in the United States of the Klu Klux Klan) and situations of genocide. Social exclusion, isolation and discrimination can thus lead to violence.

The burden of disease apportioned to discrimination and violence is relatively unclear and often underestimated. National surveys have found that women are more likely to experience violence from a partner (either previous or current) than a stranger (ABS 1996) VicHealth (2004a) estimated that intimate partner violence is responsible for 9 per cent of the total disease burden in women aged 15–45 years. The greatest proportion (60 per cent) of this burden is associated with mental health problems. The results of this study indicate that intimate partner violence is the highest modifiable risk factor for the health of women aged 15–45 years, outstripping the effects of tobacco, drugs and alcohol (VicHealth 2004a).

Useful resources

The Women's Safety Strategy is available at [www.women.vic.gov.au/owa/owaimages.nsf/Images/wssframework/\\$File/wssframework.pdf](http://www.women.vic.gov.au/owa/owaimages.nsf/Images/wssframework/$File/wssframework.pdf). Details of funded projects can be found on the Office of Women's Policy website: (www.women.vic.gov.au/).

Victorian Government policies that support violence prevention include:

- Crime prevention Victoria – safer streets and homes: Victoria's crime and prevention strategy 2002–2005 (www.justice.vic.gov.au/legalchannel/dojsite.nsf/)
- the Victorian Community Council against Violence, which provides a link between government and the community to help prevent violence www.justice.vic.gov.au/CA2569020010922A/OrigDoc/
- the Women's Health and Wellbeing Strategy of the Victorian Department of Human Services.

References

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- VicHealth 2004a, *The health costs of violence: measuring the burden of disease caused by intimate partner violence*, Melbourne.
- World Health Organisation 2002, *World report on violence and health*, Geneva. Available at www.who.int/violence_injury_prevention.

4.2 Government policy supporting violence prevention

The nature and extent of violence against women in Australia are increasingly a matter for public policy. The 1997 Commonwealth initiative, Partnerships against Domestic Violence, aimed to work with both governments and communities to prevent domestic violence, and conducted projects at federal and state levels. Reports are available at www.padv.dpmc.gov.au/projects/projects.htm.

The National Crime Prevention Program was established in 1997 to identify and promote innovative ways of reducing and preventing crime and the fear of crime (National Crime Prevention Council 2004). Its priorities include:

- an early intervention, youth crime and families strategy
- Indigenous and family violence
- private sector (including fraud and small business crime)
- property crime
- public safety.

In Victoria, much of the violence-related work has focused on protection and justice. The Office of Women's Policy (2002) has released the Women's safety strategy: a policy approach. A coordinated approach to reducing violence against women, to address issues associated with violence against women.

Reference

National Crime Prevention Council 2004, The National Crime Prevention Program. Available at www.crimeprevention.gov.au/agd/WWW/ncphome.nsf/Page/National_Crime_Prevention_Program.

Office of Women's Policy 2002, Women's safety strategy: a policy approach. A coordinated approach to reducing violence against women. Victorian Government, Melbourne.

4.3 Overview of interventions to prevent violence

The VicHealth Framework for the Promotion of Mental Health and Wellbeing identified key themes for freedom from discrimination and violence as the valuing of diversity, physical security, and self-determination and control of one's life. Consistent with the population approach of this review, the interventions reviewed focus on interpersonal violence rather than violence that is self-directed (suicidal behaviour, self-abuse or self-mutilation).

The Rychetnik and Todd (2004) review of interventions focused on victims of collective trauma and violence (including refugees, asylum seekers and Indigenous people) revealed a limited literature base. Evaluation of interventions with these population groups appears to have been difficult, however. No systematic reviews or evaluations were identified for interventions conducted with refugees or asylum seekers. Further research and investment in evaluation is thus required.

The following list summarises the nine interventions reviewed in this section:

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Intervention categories (DHS 2003) used to prevent violence include one or more of the following:

- education and social marketing
- settings and supportive environments
- community action.

Intervention – Community-wide interventions

Community-wide interventions have used a variety of strategies, including education, media, schools and policing, but have been less used than those interventions developed for specific population groups.

Specific population group/setting

Community-wide interventions could be at a local neighbourhood level, segmented to particular populations such as parents or youth, or more broadly intended for whole populations.

Effectiveness

A range of strategies have been used, including public education and ‘neighbourhood organising’ in the United States. The evidence is equivocal about the effectiveness of public education campaigns. While a review of American studies (Kellerman et al. 1998) suggested that public education is largely untested, an Australian review identified several studies with promising effects on perceptions about the acceptability of violence (Homel 1999). But the evidence, in terms of violence prevention, is not strong for supervised after-school recreation, juvenile curfews and proactive policing (Kellermann et al. 1998).

The Communities that Care program conducted in the United States focuses on activating communities to implement community violence and aggression prevention systems (Hawkins, Catalano & Arthur 2002). Outcomes have included a 30 per cent decrease in school problems, a 45 per cent decrease in burglary, a 29 per cent decrease in drug offences and a 27 per cent decrease in assault charges. These results have emerged through pre–post test research and need to be supported by other trial data. This support may result where the program is being replicated in The Netherlands, the United Kingdom and Australia (see the case study below) (Jane-Llopis et al. 2005).

Implementation issues

Evaluation of community-based interventions is complex, with methods still in development. Most studies have been conducted in other countries, so their applicability to the Australian context may be limited.

Comment

Crime Prevention Victoria funded 10 place-based community building projects in 2002, to encourage communities, government and business to work together to achieve agreed social, economic and environmental outcomes that were intended to affect crime levels in those communities. The projects are due to be completed in 2005. The evaluation will inform future crime prevention initiatives for Australian contexts.

References

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- Hamel, R 1999, *Preventing violence - a review of the literature on violence and violence prevention*, Report for the Crime Prevention Division of the NSW Attorney-General's Department, Sydney.
- Kellerman, AL, Fuqua-Whitley, DS, Rivara, FP & Mercy, J 1998, 'Preventing youth violence: what works?', *Annual Review of Public Health*, vol. 19, pp. 271–92.
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Case study: Communities that Care (CTC)

What is it?

CTC is a program that aims to activate communities to implement strategies to reduce community violence and aggression (Hawkins, Catalano & Arthur 2002). Developed by Professors Hawkins and Catalano from the University of Washington, CTC was designed to provide a framework to modify factors that undermine healthy youth development (Hawkins, & Catalano 1992 cited in Toumbourou 1999). It combines substance abuse approaches with approaches that aim to address crime prevention.

How does it work?

Key leaders who have influence over organisational collaborations and resources in a specified community are firstly identified. After being provided with training about CTC, these leaders help to build community capacity for crime prevention. Community prevention boards are established, consisting of community leaders and intervention personnel who also undergo relevant training. Data are then gathered, including school surveys, local community knowledge and demographic data. This information is used to identify community needs and to prioritise areas requiring intervention. Each community prevention board is provided with evaluated interventions from which to select those appropriate to its areas of priority. This ensures the adoption of an evidence-based approach to crime prevention. This is an important component of the program because the community is mobilised to make key decisions about implementation. CTC takes a long term approach.

Where has it been conducted?

CTC has been implemented across several hundred communities in the United States. It is also being replicated in The Netherlands, England, Scotland, Wales and Australia. In Australia, CTC research is being undertaken by the Centre for Adolescent Health. Initial plans referred to the conduct of a randomised control trial of CTC across six local government sites. Additional information about the trial is not yet available. The evaluation plan is available at www.aic.gov.au/publications/tandi/ti122.pdf.

Has it worked?

Reported outcomes using pre–post test designs of 40 communities have included a 30 per cent decrease in school problems, a 45 per cent decrease in burglary, a 29 per cent decrease in drug offences and a 27 per cent decrease in assault charges (

Want to read more?

- Crow, I, France, A, Hacking, S & Hart, M 2004 *Does Communities that Care work? An evaluation of a community-based risk prevention programme in three neighbourhoods*, Joseph Rowntree Foundation, York. Available at www.jrf.org.uk/bookshop/eBooks/1859351840.pdf.
- Centre for Adolescent Health, Australia (www.rch.org.au/cah/research/index.cfm?doc_id=1011).
- Hawkins, JD, Catalano RF and Arthur MW 2002, Promoting science-based prevention in communities. *Addictive Behaviours*, Vol 27, pp 951-976.
- Toumbourou, JW 1999 Implementing Communities That Care in Australia: A community mobilisation approach to crime prevention. *Trends & Issues in Crime and Criminal Justice*. No. 122, July, pp1-6.
- UK CTC program (www.communitiesthatcare.org.uk/index.html). Publications emerging from this program (including a guide to promising approaches) are available for purchase at www.communitiesthatcare.org.uk/publications.html.

Intervention – Community education campaigns

Community education campaigns are those implemented through media outlets. They are generally broad in scope and aim to increase knowledge and awareness.

Specific population group/setting

These interventions are intended for whole of a community, with the aim of increasing awareness and educating against violence.

Effectiveness

There appears to be limited evaluation of the effectiveness of community-wide education campaigns. No reviews of these types of intervention were identified.

The Western Australian Government has funded a long term media strategy, 'Freedom from Fear', to ensure the safety of women, children and other victims of intimate partner violence. The strategy is based on the premise that legal threats and sanctions, while important, do not remove the fear of recurring domestic violence (Donovan, Paterson & Francas 1999). Evaluation revealed improvements in men's awareness about where to seek assistance if they are, or could be, violent (Donovan et al. 2000; Gibbons & Paterson 2000). In addition, evaluation revealed a strong correlation between the number of calls to the men's domestic violence helpline and the advertising schedule. The strength of this correlation is not provided.

Implementation issues

Adequate planning to evaluate mass media interventions is required to contribute to the evidence base.

References

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- Gibbons, L & Paterson, D 2000, 'Freedom from fear campaign against domestic violence: an innovative approach to reducing crime', Paper presented at Reducing Criminality: Partnerships and Best Practice convened by the Australian Institute of Criminology in association with the Western Australian Ministry of Justice, the Department of Local Government, the Western Australian Police Service and Safer WA, Perth, 31 July – 1 August.

Intervention – Programs developed for at-risk populations

The most successful interventions appear to be those developed for population groups who are at particular risk, or have a history, of perpetrating violence against others. Empirical evidence suggests that poor parent–child relationships and marital conflict increase the risk that children will develop major behavioural and emotional problems, including juvenile crime and anti-social behaviour (Sanders 2003; Sanders, Markie & Turner 2003).

Specific population group/setting

Activity has focused on two population groups: children at risk of developing violent behaviour, and their parents. Settings have included home visitation, preschools and social support services. Justice-based programs are beyond the scope of this review.

Effectiveness

- Home visitation programs appear to be effective at preventing child abuse (Health Education Authority 2001; Kellermann et al. 1998). Further monitoring is needed to assess the effect on youth violence.
- Family therapy has had moderate to good effects in improving family functioning and reducing behavioural problems in children (Health Education Board for Scotland 2001; Kellermann et al. 1998). In Australia, the Positive Parenting program (Triple P) has been successful in improving parenting skills, reducing reported behavioural problems in children and improving parental wellbeing and relationship satisfaction (Sanders, Markie & Turner 2003).
- Early childhood education programs have had both long term and short term effects on reducing youth crime participation (Health Education Authority 2001; Kellermann et al. 1998). One such program, the Syracuse family development research project, combined early childhood education, parent education and links to social services. Long term follow-up revealed only 6 per cent of participants had a juvenile record by age 15 years, compared with 22 per cent of controls. The success of the Perry Preschool program is also well documented (Anderson et al. 2003). Participants were followed up to age 27 years. Significant improvements in high school graduation, employment status and home ownership were noted among participants compared with non-participants. In addition, significant reductions in teen pregnancies, delinquency, arrests and receipt of social services were identified among participants.
- Behavioural and skill development programs have been identified as effective in reducing or preventing youth violence. Individual therapy or casework is less effective or not effective, while cognitive behavioural therapy has had positive results in reducing violent crime (Health Education Board for Scotland 2001).

- Sports participation has been found to be effective in reducing offending behaviour (including violence) in youth aged over 16 years who are not at school or participating in employment (Health Education Board for Scotland 2001).
- School-based violence prevention programs intended for children who exhibit aggressive and/or violent behaviour have been effective in reducing this behaviour (Mytton et al. 2002). While individual components have not been assessed for effectiveness, training in non-response skills and relationship skills have both been shown to be effective.

Implementation issues

- Programs or interventions for preschool children appear to be more effective than those for older youth (15–19 years) (Kellermann et al. 1998).
- Short term interventions appear to be less effective in adolescents than are those with a long term focus.
- Much of the work has been conducted in the United States. Social circumstances may differ, so the generalisability of these results to the Australian context may be limited.

Comment

VicHealth acknowledges that interventions to address social inclusion also seek to address violence. This can occur through the creation of welcoming and inclusive organisational and community environments (VicHealth 2005b). Funded community arts programs are also a vehicle for raising awareness of the mental health impacts of violence and discrimination. It is difficult, however, to identify the impact of these programs on the reduction of violence.

Promising practices

Parenting programs have been identified as having a promising effect on reducing violent or aggressive behaviour in children and reducing persistent offenders' involvement in crime (Kellerman et al. 1998). A teen Triple P program conducted in Queensland showed promising outcomes for most participants (Ralph & Saunders 2004). Researchers identified significant reductions in targeted risk factors (harsh discipline, parent–teenager conflict, parental monitoring of teenager's activities, parental depression and marital conflict). Some improvements were still being made after six months.

References

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Intervention – Programs for young people

Interventions developed for young people are often designed to break the cycle of violence, to raise awareness of the impacts of domestic violence, to help young people deal with violence, to increase community support for young people and to encourage creativity, interaction and artistic expression.

Population group/setting

Programs specifically for young people have been set in community-based organisations, including women's health services, community health centres and welfare agencies. Programs have been offered to various population groups, ranging from whole communities to young people who witnessed or perpetrated domestic violence.

Effectiveness

A resource guide developed for the Partnerships against Domestic Violence program suggests programs should be developed in four areas: community development, peer education, programs provided in a school setting and community arts programs. Each area is supported by innovative case studies. While evaluation of intimate partner violence prevention interventions aimed at young people has been encouraged, few controlled studies have been conducted (Strategic Partners 2000). Further, much of the evaluation has focused on knowledge and attitudes rather than changes in behaviour (Strategic Partners 2000).

Implementation issues

Successful implementation relies on the development of cross-sectoral partnerships. Evidence of the effectiveness of these interventions is limited. Evaluation should thus be a key component of any similar programs conducted.

Promising practices

The innovative nature of Partnerships against Domestic Violence programs and the programs' responsiveness to community data suggest a promising impact on the prevention of intimate partner violence.

References

National Crime Prevention Council 2004, The National Crime Prevention Program. Available at www.crimeprevention.gov.au/agd/WWW/ncphome.nsf/Page/National_Crime_Prevention_Program.

Strategic Partners Pty Ltd 2000, *Domestic violence prevention: strategies and resources for working with young people*, Partnerships against Domestic Violence, Commonwealth of Australia, Canberra.

Intervention – Programs for at-risk men

Programs that are designed to target men who are at risk of perpetrating violence. Interventions are often focused on individuals and include counselling and education components.

Specific population group/setting

These interventions are generally developed for men who are at risk of becoming violent towards their partners.

Effectiveness

A large scale literature review identified that counselling or education groups are most commonly used to prevent partner abuse by violent men (Homel 1999). Strategies range from cognitive-behavioural groups, couple counselling, anger re-direction, trauma therapy and programs that use a mental health and/or substance abuse focus. The reviewers identified that the literature provides only preliminary evidence on the most effective interventions. Evidence suggests, however, that an educational cognitive-behavioural approach is promising; such an approach has been effective in reducing or ceasing violence.

The National Crime Prevention Program has funded a number of projects, including domestic violence perpetrator programs and several projects focusing on the prevention of intimate partner violence in adolescents. Adolescent programs have included a focus on Indigenous adolescents. Evaluations of these programs have not identified a quantifiable reduction in intimate partner violence – a result of the lack of tool development to measure this change (Poelina & Perdrisat 2004).

Implementation issues

The literature provides limited evidence of effective primary prevention interventions (interventions or programs that seek to prevent the occurrence of domestic violence).

Comment

Refer also to the discussion of community education campaigns. The Freedom from Fear campaign conducted in Western Australia focused on at-risk men.

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Homel, R 1999, *Preventing violence – a review of the literature on violence and violence prevention*, Report for the Crime Prevention Division of the NSW Attorney-General's Department, Sydney.

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National Crime Prevention Council 2004, National Crime Prevention Program. Available at www.crimeprevention.gov.au/agd/www/ncphome.nsf/Page/National_Crime_Prevention_Program.

Intervention – Legislative and sentencing reform

Policy development to prevent domestic violence has focused on tertiary-level interventions. These interventions tend to ensure the provision of victim centred care, with the aim of reducing further harm. They include apprehended violence orders.

Specific population group/setting

These interventions target women who have been victims of some form of intimate partner violence.

Effectiveness

A systematic review of interventions for violence against women has identified conflicting evidence about the effectiveness of arresting the perpetrators to reduce violence (Wathen & MacMillan 2003). Other reviews have identified that arrest is effective when combined with an appropriate judicial process (Holder 2001). Promising results have been identified from the use of civil protection orders and the provision of legal advocacy and counselling. But more research is required before conclusive statements about effectiveness can be made (Wathen & MacMillan 2003).

Implementation issues

It is important to note that studies reviewed by Wathen and MacMillan (2003) were primarily conducted in the USA. Interventions will need to be adapted for the context of the Australian legal system.

Comment

The Australian Longitudinal Study on Women's Health is investigating the experiences of women who have sought legal protection. While a report suggests that legal options can provide effective protection, the sample size is relatively small and more follow-up data are required (Young, Byles & Dobson 2000).

References

Holder, R 2001, *Domestic and family violence: criminal justice interventions*, Australian Domestic and Family Violence Clearinghouse issues paper 3, University of NSW, Sydney.

Wathen, CN & MacMillan, HL 2003, 'Interventions for violence against women: scientific review', *Journal of the American Medical Association*, vol. 289, no. 5, pp. 589–600.

Young, M, Byles, J & Dobson, A 2000, 'The effectiveness of legal protection in the prevention of domestic violence in the lives of young Australian women', *Trends and Issues in Crime and Criminal Justice*, vol. 148, Australian Institute of Criminology, Canberra.

Useful resource

Women's Health Australia is conducting the Australian Longitudinal Study on Women's Health. Reports are available from the website www.sph.uq.edu.au/alswh.

Intervention – School-based bullying programs

A range of school-based programs have been designed to prevent or reduce bullying.

Specific population group/setting

These interventions target schools, classrooms, curriculum development, individual children and parents.

Effectiveness

Evidence is fairly consistent that well planned interventions can reduce bullying behaviour. Nonetheless, reductions in bullying have tended to be relatively small and more commonly found in the proportion of children being victimised than in the proportion engaging in bullying (Rigby 2002).

Many programs have multiple components and specific populations of interest. One review noted, where individual components had been compared, that curriculum content appeared to be effective. By comparison, the cooperative learning approach used by teachers was not shown to be effective in reducing bullying behaviour (Rychetnik & Todd 2004). School-based bullying interventions that also involve parents and the community have been effective long term in reducing criminal behaviour, alcohol abuse, depression and suicidal behaviour (Health Education Authority 2001).

Many school-based bullying prevention programs are based on the Bergen program (Rychetnik & Todd 2004; Stevens, DeBourdeadjuij & van Oost 2001). This program was conducted initially in Norway but has been used as a model of good practice in several other countries, including the United Kingdom, Canada Germany, the United States and Belgium. Strategies included in this program include the development of school bullying policies, curriculum work, group and individual work, playground work and peer support schemes. Program outcomes have included a 50 per cent reduction in students' reporting bullying, a reduction in other 'antisocial' behaviour and an improvement in the overall 'school climate' (Rychetnik & Todd 2004).

Implementation issues

- Interventions with younger children (primary and pre-primary) are more effective than those conducted with older children (Rigby 2002).
- Often, multiple component interventions have been implemented, and one review indicated that it would be difficult to identify which components, or combinations of components, are most effective (Rigby 2002).
- All aspects of bullying are not always reduced in one single intervention.
- Autonomy is needed at the implementation site (Rigby 2002). In particular, school commitment is viewed as a possibly crucial factor in implementation success.
- Interventions that involve school, parents and the community are effective and have long term benefits (Health Education Authority 2001; Health Education Board for Scotland 2001).

Comment

The Gatehouse project conducted by the Centre for Adolescent Health in Australia assists schools to increase the social connectedness of students to school and to increase students' skills and knowledge for dealing with everyday life challenges. Outcome evaluation commenced with the initial cohort in 1997. Follow-up surveys were undertaken in 1999 and 2001. Evaluation findings are not yet available.

References

Health Education Authority 2001, *Making it happen: a guide to delivering mental health promotion*, UK Department of Health, London. Available at www.nelf.nhs.uk/nsf/mentalhealth/makeithappen/ch3/3_0.htm.

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Rychetnik, L & Todd, A 2004, *Literature review to follow on from VicHealth's 1999-2002 mental health promotion framework: final report*, Sydney Health Projects Group, School of Public Health, Sydney University, Sydney.

Stevens, V, DeBourdeadjuij, I & van Oost, P 2001, 'Anti-bullying interventions at school: aspects of programme adaptation and critical issues for further programme development', *Health Promotion International*, vol. 16, pp. 155-7.

Intervention – Workplace bullying

There is an emerging evidence base about the prevalence of workplace violence, particularly workplace bullying. Such bullying can include 'offensive behaviour through vindictive, cruel, malicious or humiliating attempts to undermine an individual or groups of employees' (International Labour Organisation 2005). At an individual level, workplace violence can lead to a lack of motivation, anxiety and loss of confidence (International Labour Organisation 2005). Impacts can also be felt at organisational and community levels (International Labour Organisation 2005).

Specific population group/setting

Interventions can be conducted in workplaces to prevent workplace bullying.

Effectiveness

Peer reviewed journal publications have tended to focus on the incidence and prevalence of workplace violence, rather than describing preventative interventions. Much attention has been given to the importance of developing workplace bullying prevention policies (Health Education Authority 2001; Health Education Board for Scotland 2002; WorkSafe Victoria 2003). Two reviews have identified that organisation-wide approaches are most effective in dealing with workplace issues (Health Education Authority 2001; Health Education Board for Scotland 2002). In particular, it is suggested that interventions should include policies to tackle bullying and harassment (Health Education Authority 2001).

Implementation issues

Evidence-based options for the prevention of workplace bullying should be investigated for effectiveness.

Comment

While interventions in Australia have included mass media campaigns and WorkCover/legislative reform, the effectiveness of these interventions in reducing workplace bullying has not been established.

References

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- International Labour Organisation 2005, *SafeWork: introduction to violence at work*, Available at www.ilo.org/public/english/protection/safework/violence/intro.htm.
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Intervention – Discrimination prevention

The evidence of effective strategies to prevent discrimination is limited. Much of the evidence documents the associations between discrimination and health (including mental health). Where interventions have been conducted, they have tended to focus on knowledge, attitudinal and behaviour change. Rychetnik and Todd (2004) suggested that interventions designed to prevent discrimination are generally not yet overtly linked to mental health outcomes.

Population group/setting

Programs have been developed for specific populations in schools and communities, particularly young people and Indigenous people.

Effectiveness

- Pettigrew and Tropp (2000) conducted a meta-analysis of prejudice reduction programs based on intergroup contact. The 'contact hypothesis' predicted reductions in discrimination under the following conditions: equal status between the groups in the situation; cooperative activity towards common goals; perception of common interests and common humanity; and support for the contact by authorities or local norms (Rychetnik & Todd 2004). Findings revealed that of the 203 studies included, 94 per cent identified an inverse relationship between contact and prejudice (Rychetnik & Todd 2004). Pettigrew and Tropp (2000) concluded that 'optimal intergroup contact' should be a critical component of interventions to reduce prejudice.
- A review investigating school-based interventions suggested the implementation of five types of intervention: racially integrated schooling, bilingual education, multicultural and anti-racist education, training in social-cognitive skills, and role playing and empathy (Aboud & Levey 2000 cited in Rychetnik & Todd 2004).
- The known effectiveness of interventions in reducing prejudice towards Aboriginal Australians is limited, given a lack of formal evaluation of such programs (Hill & Augoustinos 2001). Evaluation is thought to be particularly problematic as a result of the multi-strategic nature of the programs. A project conducted with employees of a large public health organisation in South Australia was found to be effective in the short term, but outcomes were not sustained. This program used Indigenous peer leaders (who also worked in the health organisation) to educate other staff members about Aboriginal history and culture, with the aim of reducing prejudice. Other programs conducted internationally have identified similar effects with some less significant results.
- Often, only short term outcomes have been assessed (Rychetnik & Todd 2004).

Implementation issues

There is limited empirical support that interventions have reduced discrimination.

Comment

Evidence links racial or ethnic discrimination with poorer physical and mental health. Research to date, however, does not adequately examine this association, so does not describe how exposure to discrimination can lead to increased risk of poor mental health. It is crucial that this link be more clearly established (Williams, Neighbors & Jackson 2003).

Useful resources for the prevention of violence and discrimination

Bullying

Various projects such as *The Friendly Schools Project*, *MindMatters*, *Peer Support and Program Achieve (United States)* are available at www.bullyingnoway.com.au.

Domestic violence

The Australian Domestic and Family Violence Clearinghouse (www.austdvclearinghouse.unsw.edu.au) has a wealth of information on domestic and family violence, including resources and publications, a library service, a good practice database, research, links and news.

Partnerships against Domestic Violence is the face of Australia's national action program. Reports are available at www.padv.dpmc.gov.au/.

Report from the *Freedom from Fear* campaign against domestic violence are available at www.freedomfromfear.wa.gov.au/default.htm.

General information

The Australian Institute of Criminology website (www.aic.gov.au/research/localgovt/cwlt.html#initiatives) outlines government responses to violence and provides case studies of violence prevention strategies.

References

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Rychetnik, L & Todd, A 2004, *Literature review to follow on from VicHealth's 1999–2002 mental health promotion framework: final report*, Sydney Health Projects Group, School of Public Health, Sydney University, Sydney.

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