



Mobilizing Communities to Prevent Domestic Violence

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With contributions from Deborah Zelli

Mobilizing communities to prevent domestic violence involves engaging communities in supporting, developing, and implementing prevention strategies that target change in individuals, as well as in the community and society. Potential strategies include educating the community, building support among key stakeholders for prevention efforts, developing programs that strengthen social networks, organizing community groups to challenge social norms that contribute to the use of violence, and advocating for community accountability. Community mobilizing strategies hold the potential for transforming those social norms and structures that are the root causes of domestic violence. These strategies engage diverse segments of the community in promoting change and thereby enhance the long-term sustainability of prevention efforts. This document will place community mobilization within the context of the Battered Women's Movement, explore guiding concepts and frameworks for community mobilization, and discuss the challenges of implementing community mobilization strategies.

Historical Context

The roots of community mobilization strategies to address domestic violence date back to the Battered Women's Movement in the 1970's. The Movement organized women at the grassroots level to address domestic violence in their communities. It raised awareness about patriarchal social structures that promote domestic violence and highlighted the need for social change. Additionally, the Movement provided community-based resources in the form of

shelters and support groups that empowered victims of domestic violence.

Over time, the Movement changed from a focus on community engagement toward working with individuals and systems. The Movement concentrated on reforming policies, legislation, and social institutions, particularly the criminal justice system. In the 1980's, coordinated community responses (CCRs), stemming from lessons learned by the Battered Women's Movement, focused on influencing changes at the institutional level. This approach emphasized community responsibility for addressing domestic violence. Many advocates worked with community agencies to transform policies and practices to increase offender accountability and victim safety (Pence & Shepard, 1999).

During the 1990's, many domestic violence programs' major focus was on providing direct services to survivors and offenders. Community initiatives often focused narrowly on practitioners coordinating with one another, particularly within the criminal justice system, and with limited outreach to the broader community (Mancini, Nelson, Bowen, & Martin, 2006). More recently, increasing dissatisfaction with this remedial focus has led to creative community mobilization initiatives that focus on prevention, particularly in communities of color (Douglas, Bathrick, & Perry, 2008; Kim, 2005; Mancini et. al., 2006). These community mobilization initiatives emphasize empowerment and development of grassroots community leadership. Community mobilization initiatives offer the potential to build support and promote change at the grassroots

level to insure the long-term sustainability of this social change movement.

During the past decade, key agencies have played instrumental roles in promoting community-based prevention efforts at a national level. The Centers for Disease Control and Prevention (CDC), through the DELTA (Domestic Violence Prevention Enhancements and Leadership Through Alliances) project, has emphasized utilizing CCRs for promoting primary prevention. The DELTA project works with state domestic violence coalitions to increase the community capacity for implementing primary prevention strategies (Graffunder, Noonan, Cox, & Wheaton, 2004). The Family Violence Prevention Fund (FVPF) and the Institute for Community Peace (ICP) have undertaken broad initiatives to support and promote community engagement strategies that target violence prevention (Bowen, Gwiasda, & Brown, 2004; Mitchell-Clark & Autry, 2004). Community mobilization efforts have also been undertaken in other countries, such as Uganda (see Michau, 2007). In 2003, an online conference, “Mobilizing Family, Friends & Neighbors to Prevent Domestic Violence”, was organized by the Close to Home Domestic Violence Prevention Initiative and included participants from 14 countries (Close to Home, 2003).

Guiding Concepts

Community mobilization strategies to prevent domestic violence are often grounded in public health prevention models, community organizing strategies, and/or strengths-based approaches, each of which uses its own terminology. Guiding concepts that frequently emerge in the literature include *primary, secondary, and tertiary levels of prevention, informal and formal social networks, community assets, social capital, and community capacity*. Each of these guiding concepts can be used to create and develop community mobilization initiatives.

According to Cohen, Davis and Graffunder (2006), “Prevention is a systematic process that promotes safe, healthy environments and behaviors,

reducing the likelihood or frequency of an incident, injury or condition occurring” (p. 89). Prevention efforts are conceptualized as occurring at three different levels: *primary* (intervening before the violence occurs by removing the cause or preventing the development of risk factors), *secondary* (identifying risk factors and taking necessary actions before the violence occurs), and *tertiary* (treatment or rehabilitation after the violence has occurred to minimize its impact and to prevent repeated occurrences) (Chamberlain, 2008). Community mobilization efforts can target any of these three levels. Cohen et al. (2006) note that “focusing on primary prevention is the only way to eliminate the violence” (p. 90) and emphasize the importance of changing social norms that condone the use of violence. The challenge for prevention is in identifying effective strategies that reach out to community members where they live and work.

Domestic violence practitioners may find it useful to draw from the community development literature that focuses on *community assets*. Community assets include “several forms of community capital; physical, human social, financial, and environmental” (Green & Haines, 2002, p. 8). Community groups can assess the risk and protective factors in their communities and identify as well as build upon community assets that will promote healthy relationships. This approach lends itself to a focus on primary prevention because it emphasizes building upon and developing community assets and strengths rather than targeting needs and problems.

Strengthening *informal social networks* (one type of community asset) is a violence prevention strategy frequently discussed in the literature (Benard, 2007). Informal social networks consist of family, friends, neighbors, co-workers and other civic, religious, and community ties of a voluntary nature. Domestic violence intervention strategies focus on strengthening existing informal social networks or developing new ones through volunteer, peer support, and mentorship programs. These strategies target building healthy relationships to prevent violence from occurring in the first place, reduce isolation so that problems can be more

quickly identified, and encourage community members to support one another in promoting nonviolence. In a review of the literature, Jack (2004) finds that there is “convincing evidence that higher levels of social capital, in the form of social trust and active social networks, are correlated with a wide range of desirable social policy goals, including lower crime and child abuse rates, better health and educational attainment, longer life and improved economic performance” (p. 377). Research on social support interventions has found that, while showing promise, they can be difficult to mobilize and sustain. While we know that social support benefits families, we are still in the early stages of determining how to create effective support systems that can prevent violence from occurring.

Finally, the concept of *community capacity* should be considered when undertaking community mobilization strategies. Community capacity “consists of the social capital and formal and informal organizations that can be drawn on to reduce violence” (Sabol, Coulton, & Korbin, 2004, p. 334). Building community capacity involves taking actions to promote positive change by drawing from a collective sense of responsibility and community resources (Mancini et. al., 2006). If primary prevention initiatives do not take into account the capacity of the community to support them, the initiatives may fail and community mobilization efforts will be undermined.

Models for Community Mobilization Prevention Initiatives

Empirical research on the effectiveness of community mobilization strategies to prevent violence remains limited. However, several initiatives have resulted in useful models and informative case studies that practitioners can use and adapt. Each of the models described below draw upon the guiding concepts previously discussed. These initiatives have documented promising practices and identified common themes that have emerged when undertaking community mobilization activities. Underlying each of them is the recognition that a multitude of

strategies are needed to meet the unique needs of a specific community. While major themes are discussed here, further details about specific programs can be found in the references cited.

The Community Engagement Initiative

The Family Violence Prevention Fund (FVPPF) surveyed a variety of community-based programs engaged in community mobilization efforts to prevent different forms of family violence, including domestic violence. The approaches used by the programs included building on community assets, drawing upon cultural resources, and cultivating community leaders and informal social networks.

A handbook based on the lessons learned from the *Community Engagement Initiative* recommends that community engagement initiatives carefully assess community needs, set priorities, identify outcomes, and evaluate the effectiveness of their use of these strategies (Mitchell-Clark & Autry, 2004). This handbook also identifies the following five goals and recommends a variety of strategies for achieving these goals:

1. *Raise awareness of family violence and establish social norms that make violence unacceptable* by publicizing family violence through using local media and events such as participating in community events, exhibiting at conferences, organizing special events, speaking at local colleges; collaborating with faith communities; and engaging men in speaking out against domestic violence.

2. *Develop networks of leaders within the community* through seeking out non-traditional leaders, encouraging youth leaders, identifying leadership roles for men, recruiting at community meetings, providing training, developing teams, and sharing power.

3. *Connect community residents to services and informal supports when they need help* by creating stronger connections to formal services, creating community-based advocacy networks, and strengthening informal supports. Community groups can work with agencies to offer services that are culturally relevant and responsive to the needs of domestic violence survivors, which families, friends,

and neighbors can be engaged in advocating for and supporting domestic violence survivors.

4. *Make services and institutions accountable to community needs* by advocating for changes in public policy and how social institutions respond to domestic violence.

5. *Change social and community conditions that contribute to violence* through forming coalitions with other advocacy groups to promote social change on a number of fronts. Framing domestic violence as a social justice issue that is connected to other social problems, such as poverty, access to health care, and immigrant women's rights can strengthen advocacy efforts (Mitchell-Clark & Autry, 2004).

The Community Engagement Continuum

The Asian and Pacific Islander Institute on Domestic Violence (API) conceptualized the *Community Engagement Continuum* based on the information collected from innovative programs across the country. According to Kim (2005), the following four points on the continuum are "defined by the level to which the strategies used lead to increases in the community's capacity to transform relations of power"(p.1).

1. *Community Outreach and Education* raises community awareness about issues of violence against women and children and antiviolence resources.

2. *Community Mobilization* aims for active community participation and engagement in supporting the anti-violence organization or addressing the problem of violence against women and children.

3. *Community Organizing* involves longer-term strategies that are meant to increase sustainability of community-based capacity to address domestic violence. It is further divided into community organizing in general and community organizing among those most affected.

4. *Community Accountability* develops the capacity of community members to support survivors and hold abusers accountable for their violence.

The API identified a number of key themes during the study of these programs (Kim, 2005). For

instance, community members had *safety* concerns about how to enter homes where violence may be happening. *Sustaining long-term engagement and funding* were also ongoing concerns in communities with many pressing needs. Questions arose about how to balance service provision with community engagement activities. Furthermore, concerns were raised about how to draw from *histories of cultural preservation and devastation* to promote nonviolent, equitable community norms while avoiding promoting stereotypical gender and racial identities. Other issues that these innovative programs struggled with include *leadership development, replication, and confidentiality* of survivors. Clearer guidelines for addressing these issues are likely to emerge when individual programs are evaluated.

Both the *Community Engagement Initiative* and the *Community Engagement Continuum* were developed using information gained from a review of innovative programs and by interviewing key informants. The effectiveness and outcomes of the two models have yet to be evaluated.

The ICP Model

The *Institute for Community Peace Model (ICP)* emphasizes mobilizing for community peace, rather than mobilizing against actions that contribute to violence. The ICP holds the view that violence prevention is sustainable only when communities are engaged in the efforts to address violence in the broader community as well as within families. In describing the ICP model, Bowen et al. (2004) states, "The process of preventing violence involves developing various capacities (e.g., collaboration, resident engagement) and skills (e.g. communication, data collection) within the community, and using these to assess, analyze, and engage in the issues that cause violence" (p. 360). The ICP's first demonstration project identified the following five developmental stages - creating safety, understanding violence, building community, promoting peace, and working towards democracy and social justice.

The ICP implemented a two-part primary prevention demonstration project that worked to

mobilize communities. Bowen et al. (2004) evaluated the communities after five years and found substantial gains, including decreased homicide rates, improved physical environments, improved policies, and active engagement of large numbers of community members. An important finding from the first demonstration project was that communities could not sustain violence prevention efforts in the broader community without addressing family violence. The approach of categorizing violence into different types, such as domestic violence, child maltreatment, and youth violence, was viewed as ineffective by community members, as these types of violence often co-occur and perpetuate one another.

The Spectrum of Prevention

The Spectrum of Prevention promotes primary prevention and encourages practitioners to move beyond interventions that target individuals to those that address the social environment and institutions. The spectrum consists of the following six levels of approaches: *strengthening individual knowledge and skills* (e.g., training for teens to promote health dating), *promoting community education* (e.g., promoting positive male behavior in media campaigns), *educating providers* (e.g., training health care providers to address intimate partner violence), *fostering coalitions and networks* (e.g., coordinated community responses that are expanded to include faith-based and civic organizations), *changing organizational practices* (e.g., employers fostering egalitarian norms and antiviolence policies) and *influencing policy and legislation* (e.g., Violence Against Women Act). Cohen and Chehimi (2007) review research and evaluation findings that support this multi-faceted approach to preventing health problems. In arguing for the application of *The Spectrum of Prevention* to prevent intimate partner violence, Cohen, Davis & Graffunder (2006) also point to successful public health prevention efforts in areas, such as tobacco use, as evidence that prevention strategies such as these can be successful in addressing intimate partner violence. Direct studies of the *Spectrum*-based efforts are

required to show that similar effects can be observed in violence prevention.

The DELTA Project

The DELTA Project seeks to build comprehensive, sustainable primary prevention programs in local communities. Since 2002, as part of the DELTA program, the CDC has been providing technical assistance, training, and financial support to 14 state domestic violence coalitions to increase the coalitions' leadership for primary prevention and to increase community capacity to plan, implement, and evaluate prevention initiatives. The DELTA utilizes a social ecological model to address risk and protective factors for perpetration and victimization at the individual, relationship, community, and societal levels. The DELTA provides a general model based on evidence and the local CCRs assess community needs and resources and design prevention programs accordingly. This approach fosters community ownership and increases program effectiveness.

The DELTA emphasizes the use of multiple, complementary strategies in an effort to create a synergistic effect. For example, some communities have chosen to address the individual level by implementing curricula that are aimed at changing individual knowledge, attitudes, and behaviors regarding violence against women. In attempting to influence positive changes at the relationship level, these communities have conducted training to empower bystanders and peers to confront people when they display sexist attitudes. These approaches have been complemented by social marketing campaigns that seek to change community norms supportive of violence against women (CDC, n.d.). By facilitating leadership development, collaboration, and community ownership, DELTA offers a potential mechanism for sustained community mobilization. A cross-site evaluation is currently underway to assess the effectiveness of these capacity building efforts and to identify the most promising domestic violence prevention strategies.

Men Stopping Violence

Men Stopping Violence (MSV), a Georgia organization dedicated to ending violence against women, has moved beyond offering a battering intervention program to educating and organizing men to prevent violence in their communities. MSV's programs include innovative initiatives that focus on men or which are led by men. Drawing from an ecological perspective, MSV has developed a Community-Accountability Model that includes five levels of community influence: "the individual, the primary community, the microcommunity, the macrocommunity, and the global community" (Douglas, Bathrick & Perry, 2008, p. 251). This model views the "patriarchal cultural system" as promoting the control and domination of women through each of these interacting community levels. MSV advocates for addressing domestic violence at the community level by challenging social norms and supporting alternative models of manhood that do not exploit women and hold all men accountable for addressing violence against women.

MSV initiated a Community Intervention Evaluation (CIE) to assess the impact of its public awareness campaign on the criminal justice system and on community residents in two counties in Georgia (Crowley, 2001). Time-series analyses were used to measure MSV's public awareness campaign's influence on the criminal justice system and a telephone survey was used to examine increases in awareness of domestic violence among community residents.

In the first county, the study found that the number of women who were arrested for domestic violence decreased while men's arrests increased after the public awareness campaign. The conviction rate also increased in this county to 98% of the cases that were prosecuted for family violence offenses. In the second county, the evaluation found a significant increase in the number of arrests for family violence but the arrest rate was higher for women than for men. The conviction rate for family violence did not change in this county. Further, the difference in arrest and conviction rate in the two counties corresponded with the change in commu-

nity attitudes toward family violence (Crowley, 2001). In the first community, the telephone survey suggested that community residents' increased their perceived seriousness of men's violence against women. In the second county, the survey did not find significant change in community residents' knowledge and beliefs about family violence.

This evaluation suggests the importance of changing community members' attitudes toward family violence as well as that of the criminal justice system. The lack of experimental controls points to the need for a more rigorous evaluation before we can draw conclusions about MSV's success.

Synthesis

Key themes have emerged across each of these models and in different types of communities. First, these models incorporate a social ecological perspective that views violence prevention as requiring multifaceted interventions that target change at many levels: individual, family, neighborhood, social institutions, community organizations, public policy, and cultural environment. Second, in order to create social change, it is critical to engage community members and develop leadership beyond formal institutions. It is important that initiatives carefully assess the capacity of the community to support and sustain the strategies being proposed and implemented. Third, efforts that emphasize strengthening community assets are important strengths based strategies. Fourth, such efforts should incorporate different forms of violence (i.e., child maltreatment, domestic violence, and community violence), making connections between them both in terms of causes and solutions. Fifth, there is a paucity of evaluation data by which to understand the impact of these efforts which points to the need for a number of controlled studies to adequately judge their success.

There are many challenges in undertaking community mobilization work. Domestic violence practitioners and advocates must be willing to share power with other community members and understand that the process and outcomes will be unpredictable and not easily evaluated. While domestic

violence agencies should continue to provide leadership and education in mobilizing the community, fostering community ownership (and thus sustainability) requires that stakeholders have meaningful input in the planning and implementation of the initiative. Building relationships and coalitions between diverse segments of the community will be important to success.

Domestic violence programs also face challenges to expanding or reshaping their own services to include a primary prevention component. Most domestic violence agencies focus on direct services and systems advocacy that address the needs of survivors after the violence has occurred. Broader efforts aimed at community change are often lost in the daily struggles of crisis work, making a shift to primary prevention difficult to achieve. The current funding streams are often directed to victim services, which leave limited resources for prevention and forcing agencies to carefully weigh their priorities. Agencies are also challenged to broaden their vision to consider how all forms of violence in the community can be prevented in a comprehensive fashion.

As we do not yet have the “exact formula” for what works to mobilize communities to prevent domestic violence, it is necessary to share and learn from one another (Michau, 2007). Successful community mobilization initiatives may not be easily replicated in other communities. Strategies, skills, and frameworks for mobilizing communities can be shared, but the outcomes will likely differ because of the unique characteristics of each community. An important area for future research will be to determine which strategies work best under different circumstances and in the context of different communities.

Community mobilization prevention initiatives draw from the lessons of the past by addressing the need for social change and organizing at the grass roots level. Domestic violence cannot be prevented with a prescribed set of interventions. It requires a sustained commitment on the part of the community to promote non-violence. Recent community mobilization initiatives demonstrate a renewed energy and

level of innovation that holds great promise for preventing domestic violence in the future.

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In Brief:

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Mobilizing communities to prevent domestic violence involves engaging communities in supporting, developing, and implementing prevention strategies that target change in individuals, as well as in the community and society. Potential strategies include educating the community, building support among key stakeholders for prevention efforts, developing programs that strengthen social networks, organizing community groups to challenge social norms that contribute to the use of violence, and advocating for community accountability. Community mobilizing strategies hold the potential for transforming those social norms and structures that are the root causes of domestic violence. The cultivation of grassroots community leadership can enhance the long-term sustainability of violence prevention efforts.

Empirical research on the effectiveness of community mobilization strategies to prevent violence remains limited. Community mobilization strategies to prevent domestic violence are often grounded in public health prevention models, community organizing strategies, and/or strengths-based approaches. Several initiatives have resulted in useful models and informative case studies that practitioners can use and adapt. Some of the community mobilization initiatives include *The Community Engagement Initiative*, *The Community Engagement Continuum*, *The ICP Model*, *The Spectrum of Prevention*, *The Delta Project* and *Men Stopping Violence* (Bowen, Gwiasda, & Brown, 2004; CDC, n.d.; Cohen, Davis, & Graffunder, 2006; Douglas, Bathrick, & Perry, 2008; Kim, 2005; Mitchell-Clark & Autry, 2004).

Key themes have emerged across each of these models and in different types of communities. First, these models incorporate a social ecological perspective that views violence prevention as requiring multi-faceted interventions that target change at many levels: individual, family, neighborhood, social institutions, community organizations, public policy, and cultural environment. Second, in order to create social change, it is critical to engage community members and develop leadership beyond formal institutions. It is important that initiatives carefully assess the capacity of the community to support and sustain the strategies being proposed and implemented. Third, efforts that emphasize strengthening community assets are important strengths based strategies. Fourth, such efforts should incorporate different forms of violence (i.e., child maltreatment, domestic violence, and community violence), making connections amongst them in terms of causes and solutions. Fifth, there is a paucity of evaluation data by which to understand the impact of these efforts which points to the need for a number of controlled studies to adequately judge their success.