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Introduction to the Special Issue: The Role of Public Policies in Preventing IPV, TDV, and SV

Ashley Schappell D’Inverno, PhD¹, Megan C. Kearns, PhD¹, and Dennis E. Reidy, PhD¹

¹Centers for Disease Control and Prevention, Atlanta, GA, USA

Intimate partner violence (IPV), teen dating violence (TDV), and sexual violence (SV) constitute a major public health problem within the United States. More than 37 million men and 43 million women have experienced contact SV, physical violence, and/or stalking by an intimate partner in their life-time; 25.5 million women and 2.8 million men have been the victims of completed or attempted rape at some point in their lives (Smith et al., 2018). Furthermore, in 2017, 8.0% of high school students reported experiencing physical dating violence and 6.9% reported sexual dating violence in the last year (Kann et al., 2018). Both IPV and SV are associated with multiple negative health impacts and related costs to society, with recent studies suggesting an estimated lifetime economic burden of US \$3.6 trillion for IPV and US \$3.1 trillion for rape (Peterson, DeGue, Florence, & Lokey, 2017; Peterson et al., 2018). There are numerous efforts and strategies implemented to prevent and reduce these acts of violence; however, the few that have been evaluated and shown to be effective focus on individual- or relationship-level factors and have limited population impact due to difficulty in scaling up these strategies (Spivak et al., 2014; Whitaker, Hall, & Coker, 2009; Whitaker, Murphy, Eckhardt, Hodges, & Cowart, 2013). To this end, the Centers for Disease Control and Prevention (CDC) has prioritized the development and evaluation of innovative prevention strategies for IPV, TDV, and SV to have a population-level impact (CDC, National Center for Injury Prevention and Control, 2015).

This special issue, Preventing Violence: The Role of Public Policies in Preventing Intimate Partner Violence, Teen Dating Violence, and Sexual Violence, is intended to highlight the potential of policies as a violence prevention strategy. There is a dearth of empirical research evaluating the effectiveness of policy-based interventions aimed at preventing IPV, TDV, and SV, yet these policies, many of which are outside of the public health sector, may prove to be important primary prevention tools (Basile et al., 2016; Niolon et al., 2017). Policies from diverse sectors such as those in education, government, business and labor, criminal justice, health care, etc., could have an impact on violence outcomes (e.g., Klevens, Barnett, Florence, & Moore, 2015; Klevens, Luo, Xu, Peterson, & Latzman, 2016; Klevens et al., 2017). Thus, this special issue called for the field to provide the latest research, thinking, and analysis on this topic. This special issue demonstrates that while evaluation of policies may be challenging, there are many policies ripe for examination, which brings an exciting

Corresponding Author: Ashley Schappell D’Inverno, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE, MS F-64, Atlanta, GA 30341, USA. lyi5@cdc.gov.

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opportunity for the field. Policies can reach broad segments of the population and require little individual effort, making them appealing violence prevention strategies (Frieden, 2010).

The CDC's Division of Violence Prevention recently released a suite of technical packages to help states and communities take advantage of the best available evidence to prevent violence (<https://www.cdc.gov/violenceprevention/pub/technical-packages.html>). The IPV and SV technical packages include strategies and approaches aimed at strengthening economic supports for families, which can include policies such as comparable worth (i.e., equal pay for women and men for equivalent work) and paid leave. These strategies and approaches have evidence demonstrating impact on IPV and SV outcomes or risk factors for these forms of violence (Basile et al., 2016; Niolon et al., 2017). In addition, the technical packages suggest strategies and approaches that create protective environments, which could be advanced through workplace policies that address sexual harassment and provide training on IPV, and community policies that focus on modifying environmental characteristics of neighborhoods to reduce risk factors for violence (Basile et al., 2016; Niolon et al., 2017). However, there is limited research on the direct impact of these policies on IPV and SV outcomes; thus, there is an opportunity to build the evidence base and show the importance of these policies on violence outcomes.

The practice of utilizing policies as a mechanism for reducing or changing a behavior is not new. There have been notable successes of policies reaching broad segments of society, reducing negative health behaviors, and improving public health. One notable success story is smoking cessation and prevention. Tobacco taxes have been shown to deter youth from initiating smoking and promote quitting, while smoke-free policies have reduced exposure to tobacco smoke, and media campaigns have changed social norms regarding smoking. All of these strategies have helped reduce the prevalence of smoking and prevented smoking-related health problems and deaths (U.S. Department of Health and Human Services, 2014). Motor-vehicle safety has also seen a reduction in deaths associated with laws addressing seat belts, car seats, and drinking and driving; additionally, media campaigns have been impactful in changing behaviors (Bolen et al., 1997). It is worth noting that policies can extend beyond laws and regulations to include procedures, administrative actions, incentives, or voluntary practice of governments and other institutions and organizations (see. <http://www.cdc.gov/stltpublichealth/policy>). Policy-based approaches contributed to the success of these public health achievements and have provided a framework and inspiration for the potential of policies to prevent IPV, TDV, and SV (Brownson, Seiler, & Eyler, 2010; CDC, 2011).

The six articles in this special issue are all unique, but several articles focus on school-based policies, including one on bullying and TDV laws ("School-Based Bullying and Teen Dating Violence Prevention Laws: Overlapping or Distinct?") and three on college-based policies ("Leveraging Data to Strengthen Campus Sexual Assault Policies"; "Starting the Conversation: Are Campus Sexual Assault Policies Related to the Prevalence of Campus Sexual Assault?"; "Communicating about Affirmative Consent: How the Threat of Punishment affects Policy Support and Gender Stereotypes"). It is evident, from the proposals submitted to this special issue, there is a strong interest in the field to examine

policies that focus on youth and young adults in school settings. Consistent with other primary prevention programs that focus on early adolescence, this interest aligns with efforts to intervene early in the life span and stop violence before it starts (Foshee et al., 2004; Niolon et al., 2017; Wolfe et al., 2009). Another plausible explanation to the interest in this area is the greater feasibility in adopting, implementing, and evaluating policies at a smaller community or organizational level. Regardless of the impetus of this interest, it is promising from a primary prevention standpoint that opportunities for intervention exist at the school level. The work being conducted in school settings can also be extrapolated to workplaces and other organizations that are considering examining and evaluating their own policies.

The remaining two articles (“Economic Policies and Intimate Partner Violence Prevention: Emerging Complexities in the Literature”; “Oil Development and Intimate Partner Violence: Implementation of Section 8 Housing Policies in the Bakken Region of North Dakota and Montana”) describe the effect of economic policies on IPV. In “Economic Policies and Intimate Partner Violence Prevention: Emerging Complexities in the Literature,” the authors provide a theoretical argument for why economic policies and programs may affect IPV. The few evaluations of these programs that exist suggest that the relationship between economic changes and IPV is mixed and complex; thus, the authors review the literature and disentangle those nuances. The final article, “Oil Development and Intimate Partner Violence: Implementation of Section 8 Housing Policies in the Bakken Region of North Dakota and Montana,” addresses how regional conditions such as rapid population growth and subsequent housing shortages affect implementation of public housing programs for survivors of IPV, providing new evidence for housing policies that IPV survivors consider vital for safe and affordable housing. These articles add to a growing body of literature about how policies, such as cash transfers, savings programs, and microfinance or income generation programs, work to strengthen economic supports for families and improve the social status of women and may help prevent IPV and SV (Basile et al., 2016; Niolon et al., 2017). In addition, these articles complement research about public housing programs that offer victims safe, stable, and affordable housing, which in turn support survivors and may lessen the harmful consequences of IPV (Niolon et al., 2017). Generally, economic policies may work to reduce financial stress associated with insufficient household income that can create relationship discord and incite instances of relationship violence (D’Inverno, Reidy, & Kearns, 2018). Existing evidence links financial-related stress to a host of negative outcomes, including relationship dissatisfaction and conflict, which are known risk factors for IPV (Byun, 2012; Capaldi, Knoble, Shortt, & Kim, 2012; Davis & Mantler, 2004; Dew, 2008; Slep, Foran, Heyman, & Snarr, 2010).

This special issue highlights a subset of policies to be explored, but by no means is an exhaustive list of the policies that could be examined as primary prevention violence tools. For example, policies that strengthen work-family supports, and policies that improve organizational, workplace, school, and neighborhood settings (e.g., policies that positively affect organizational climate, sexual harassment policies, school corporal punishment and disciplinary policies) are also promising policy areas that have demonstrated impacts on risk and protective factors for violence and could be evaluated for impact on IPV, TDV, and SV (Basile et al., 2016; Klevens et al., 2015; Klevens et al., 2016; Klevens et al., 2017; Niolon et al., 2017). The topics represented in this special issue offer a glimpse into innovation that

could benefit the field of policy research. This issue will help move the field forward in thinking about policies and violence prevention, stimulate research ideas and evaluations, and identify research gaps.

Notably, the empirical articles included in this special issue expand the scant literature, and although they describe novel and innovative research on the relationship between policies and violence prevention, they also describe multiple limitations that reflect the challenges of engaging in policy research. For example, the timeline for research, policy processes, and election cycles are often mismatched, making it difficult to implement and evaluate effective public health policy in a timely manner (Brownson, Chiqui, & Stamatakis, 2009). Researchers and policy makers may not always work collaboratively to develop evidence-based policies, and incompatible priorities between the two groups can undermine the policy process (Brownson et al., 2009). In addition, limited data sources exist, and obtaining and validating these data sources (e.g., crime data) are difficult (Armstead, Wilkins, & Doreson, 2018), creating a barrier to conducting policy evaluations. Furthermore, the degree of public awareness regarding a policy and the support it receives, as well as the implementation and the level of enforcement all play a vital role in policy effectiveness (Kearns, Reidy, & Valle, 2015). Although these various considerations can make it difficult to design rigorous and comprehensive policy impact evaluations, they also highlight the opportunities for future research to make incremental contributions to evidence-informed policies that may help to prevent violence. Given the potential of policies as community-level prevention strategies, it is important to build and strengthen our existing evidence base and begin to expand our understanding of how best to prevent violence at a population level. Therefore, it is our intent that this issue will serve as a stimulus to generate additional research and encourage innovation in the field through novel ideas, partnerships, and methodology.

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Author Biographies

Ashley Schappell D'Inverno, PhD, is a behavioral scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC). Ashley examines public policies as a primary prevention tool for intimate partner violence (IPV), sexual violence (SV), and teen dating violence (TDV). She also works on surveillance systems that measure and monitor trends in IPV and SV including the National Intimate Partner and Sexual Violence Survey (NISVS) and ESSENCE, a syndromic surveillance system. Before joining CDC, she worked as the Director of Research and Compliance at the NYC Board of Correction, an oversight agency to NYC's jails. She received her PhD in social developmental psychology from Rutgers University, an MA in clinical psychology from Columbia University, and her BS in psychology and AB in criminal justice from the University of Georgia.

Megan C. Kearns, PhD, is a behavioral scientist in the Division of Violence Prevention at the CDC. She completed her doctorate in clinical psychology at the University of Georgia where her research focused on risk and protective factors associated with violence against women. She currently serves as the science officer for multiple CDC-funded research and evaluation projects focused on prevention of IPV and TDV. She has over 30 publications on violence and trauma-related research, including the recently released *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*.

Dennis E. Reidy, PhD, is a behavioral scientist in the Division of Violence Prevention at the CDC. He earned his PhD from the University of Georgia in Clinical Psychology with a focus on forensic and neuropsychology. His research focuses on informing, developing, and evaluating innovative interventions to prevent violence and associated delinquency outcomes (e.g., substance use, risky sexual behavior, mental health, etc.) and promote health and well-being. He is particularly interested in investigating cross-cutting risk and protective factors to inform the development of prevention strategies that will affect multiple health outcomes.

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