



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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AVA Research Review

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Review Title: Effectiveness of a Bystander Intervention for Violence Prevention

Reviewers: Xiaoyue Sun & Qianwen Xie, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Article: Coker, A. L., Bush, H. M., Fisher, B.S., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S. (2015). Multi-college bystander intervention evaluation for violence prevention. *American Journal of Preventive Medicine*. doi: <http://dx.doi.org/10.1016/j.amepre.2015.08.034>

Introduction:

Interpersonal violence is a serious global public health issue that threatens millions of people as it often correlates to health problems such as posttraumatic stress disorder (PTSD), depression, and suicide, etc. (Chan, Straus, Brownridge, Tiwari, & Leung, 2008).

Violence prevention strategies usually empower victims by equipping them with knowledge and skills or helping perpetrators address violent behaviors (Eckhardt et al., 2013). However, both are typically secondary prevention strategies. This article evaluated a bystander intervention that incorporates primary prevention strategies, aiming to reduce individual and community violence.

Brief Overview: The Green Dot bystander is a violence prevention program that engages all community members as potential witnesses to violence through awareness, education, and skill training to stipulate a zero-tolerance environment for violence. Specifically, it employs the Popular Opinion Leader strategy, that is, to recruit influential community leaders. Overtime, the influential leaders are used to convey the information through their existing relationships and programs

Additionally, differences in history and physical exam findings could have existed that affected testing and prophylaxis.

Misclassifications in administrative data are also possible, but the validation sub-study determined exceptional sensitivity and specificity for the variables. The possibility of the analysis being underpowered to detect differences in prophylaxis and testing by pathways or teams may have been an additional limitation.

Reviewer's Comments:

This study is one of the first to evaluate national guidelines for adolescent sexual assault testing and prophylaxis in pediatric emergency departments. The variation of guideline adherence of testing and prophylaxis in pediatric emergency departments is concerning,

particularly the difference between reported prophylaxis at initial visit by emergency departments (70%) and prophylaxis documented in the PHIS database (35%). The results of this study suggest that barriers may exist in the implementation of sexual assault guidelines such that there appears to be a knowledge-to-practice gap. Although adolescent sexual assault victims were more likely to receive recommended prophylaxis in emergency departments with sexual assault pathways, more research is needed to understand how sexual assault pathways are implemented and how different implementation strategies impact recommended prophylaxis and testing for adolescent victims. Future research is imperative to improve outcomes and to standardize sexual assault care for adolescents across settings.

Sexual assault during adolescence is an important public health issue. The provision of comprehensive medical care after an assault is important to mitigate the impact of sexual violence on future health and well-being outcomes. Pediatric emergency departments are in a good position to provide recommended testing and care to assault victims, but improvements to this process are warranted. While trauma-informed care has improved outcomes for those exposed to sexual violence, it is important to recognize as well, the need to focus on primary prevention strategies that prevent sexual violence from occurring in the first place.⁴

References:

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3. Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National intimate partner and sexual violence survey, United States, 2011. *MMWR*, 63(SS-8), 1-18.
4. DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior*, 19, 346-62.