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ORIGINAL ARTICLE

Using Interactive Theater to Create Socioculturally Relevant Community-Based Intimate Partner Violence Prevention

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Abstract This article describes the use of interactive theater, audience response assessment, and peer educators to create community-generated approaches for bystander interventions (i.e., actions taken by people who become aware of controlling, abusive and violent behavior of others) to prevent intimate partner violence (IPV) and to foster change in community norms. We include a case example of an ongoing university–community partnership, which mobilizes community members to develop and implement socioculturally relevant IPV prevention programs in multiple Asian communities. We used interactive theater at a community event—a walk to raise awareness about IPV in South Asian communities—and examined how the enacted bystander interventions reflect specific community contexts. We detail the challenges and limitations we have encountered in our attempts to implement this approach in collaboration with our community partners.

Keywords Domestic violence · Prevention · Forum Theater · Peer educator · Community-based intervention · Audience response measurement

Introduction

Increasingly, in the United States, community interventions for intimate partner violence (IPV) utilize various forms of arts, theater in particular (Black et al. 2000; Belknap et al. 2013; Mitchell and Freitag 2011). Theatrical performances provide an engaging and less-threatening way to present sensitive topics such as IPV, yet afford a sense of connection and identification with the issue. In addition, theater can be used as a method for fostering deep community involvement in both community assessment and the development and delivery of IPV prevention programs. In particular, we describe the use of an interactive theater technique, Forum Theater, one of the methods of the Theater of the Oppressed (Boal 1985). We also discuss the use of audience response assessment, not only for evaluating arts-based interventions but also for more deeply engaging community members in the performance. This article presents the use of theater with a specific population group, Asians in Midwestern United States, and in the specific context of prevention IPV. However, the applicability of interactive theater for community intervention goes beyond the specific population and issue addressed.

Community-Generated, Socioculturally Relevant IPV Prevention

Despite an increasing emphasis on and need for prevention of IPV (Centers for Disease Control and Prevention 2004), there is a paucity of socioculturally relevant programs for diverse communities. A 2007 report issued by the Centers for Disease Control and Prevention states "relatively little effort was directed at empirically validating the cultural competence of the intervention [to prevent IPV]" (Whitaker and Reese 2007, p. 14). RTI International (2003) also pointed out that "few [IPV programs] have been designed with diverse target populations in mind or been evaluated for effectiveness with these groups" (p. viii).

Given that perpetration of IPV and peer and community responses (or lack thereof) are associated with community norms (Dasgupta and Warrier 1996; Harris et al. 2005;

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Yoshihama 2009), effective IPV prevention programs must incorporate the values and perspectives of the focal community. Instead of "tailoring" a generic program to a specific community, the first author and collaborators sought to develop an IPV prevention program through the active and ongoing involvement of community members. Using a combination of interactive Forum Theater, assessment of audience response, and involvement of peer educators, we have worked to create community-generated approaches for bystander interventions (i.e., actions taken by people who become aware of controlling, abusive and violent behavior of others) and to foster change in community norms. Our IPV prevention efforts have evolved in a community-university partnership, called New Visions: Alliance to End Violence in Asian/Asian American Communities (New Visions, hereinafter). We present here the history of New Visions and its key approaches and elements.

New Visions: Addressing IPV in Asian Communities in the United States

Asians are one of the fastest growing minority population groups in the United States (US Census Bureau 2013); however, IPV prevention programs that are socioculturally relevant to this rapidly growing population group remain limited. Studies of various Asian populations in the United States report the prevalence of physical and/or sexual IPV somewhere between 18 and 52 % (see Yoshihama 2009), rates that are comparable to or somewhat higher than those found in studies of the general population of the United States (Black et al. 2011). IPV-related homicides are disproportionately higher among Asian women across the United States (see Yoshihama and Dabby 2012). Furthermore, tolerance of IPV appears high among Asians in the United States. A nationwide study compared the attitudes toward IPV across various racial/ethnic groups; Asian men and women were less likely to define a husband's shoving or "face-smacking" as IPV when compared to other racial/ethnic groups (Klein et al. 1997). Given the high rates of IPV and greater degrees of tolerance of IPV among Asians in the United States, it is critically important to develop effective IPV prevention among this growing population group.

Asians in the United States are highly diverse not only in ethnic/cultural background, but also faith, sociocultural values and practices, and immigration experiences (e.g., reasons for immigration, the length of residence in the United States), as well as socioeconomic status (Ruggles et al. 2010). This diversity poses great challenges in developing socioculturally relevant IPV prevention programs built upon values and perspectives of these communities.

Concerned about the lack of socioculturally relevant IPV program for Asian communities in southeast Michigan, an area seeing steady growth of Asian residents (Metzger and Booza 2002), three local women (two graduate students and a faculty member/first author) created New Visions in 2001. It is a participatory action research project and involves ongoing collaboration of Asian community members and local and state organizations addressing IPV (e.g., shelter programs, state coalition).

New Visions founders engaged in a year-long period of preparation, which involved establishing collaboration with local community-based organizations and identifying individuals interested in addressing IPV. This preparatory process led to the establishment of a Working Group, which consisted of members of local Asian communities as well as staff of state and local domestic violence organizations. In light of enormous diversity across various Asian groups, New Visions initially focused on two relatively large ethnic communities in the area, Koreans and South Asians, instead of aggregated "Asians." Working Group members took the lead in one of the three committees: the South Asian Committee (SAC), the Korean Committee (KC) and the Domestic Violence and Related Organizations Committee (DVRO). The Working Group members then recruited additional members to plan and implement their respective committee's activities. The recruitment and retention of New Visions members were hampered by many factors, including (1) the lack of recognition that IPV is a serious issue affecting the community, (2) demanding and multiple professional, family and individual commitments and obligations, and (3) the long travel distance required to attend meetings (Asians in southeast Michigan reside across four large counties, requiring members to travel 50–100 miles one way for meetings). In addition, many members are immigrants with strong ties to people in their countries of origin, often traveling back for a long period of time. Over 100 individuals joined New Visions over the course of 10 years, with the majority being of Asian descent. Non-Asian members are mostly staff of state and local domestic violence organizations. New Visions members are diverse in age (spanning from high school students to those who have retired from work), socioeconomic status, ethnicity, immigration status, and faith, among other things. Initially, the majority of the members were female; however, the proportion of male members increased over the years; for example, in a special prevention campaign targeted at a particular South Asian ethnic group, 8 out of 16 peer educators were male.

Along with developing the organizational mission and goals, one of the first activities of New Visions was multimethod community assessment. The assessment had multiple purposes. In addition to understanding knowledge, attitudes, beliefs and behaviors of community members,

the very act of conducting the assessment and disseminating its results was designed to engage community members in the discussion of IPV, a topic considered taboo in the communities. Furthermore, as a new organization, this community assessment was designed to serve as an opportunity for the members to gain understanding of their own and fellow members' perceptions about IPV. Members of each of the three committees themselves developed and conducted various assessments, including a paper-and-pencil survey, a web-based survey, telephone interviews, and focus groups. When it came to time to disseminate the results of the community assessment, members insisted quite adamantly that no tables and figures with numbers be used. They were certain that these conventional methods of presenting information were off-putting and would defeat the purpose and spirit of our assessment i.e., to engage a wider segment of community members in the discussion of IPV. Through some lengthy discussion, New Visions members decided to use skits to present the main findings of the community assessment and their implications. This was the humble beginning of our theater-based IPV prevention effort. In the ensuing months, each of the three committees developed their own skit and practiced it. While they worked side by side, three skits were different in their content, structure, primary language and other elements. In October 2002, New Vision members presented three skits for the first time at a community forum.

Subsequently, New Visions has increasingly used interactive theater in its community education and training activities. In 2005, New Visions created an arts and activism community action team, which solidified the arts-based focus of New Visions. For example, each year since 2007, diverse Asian youth (e.g., Bangladeshi, Chinese, Filipino, Korean, Indian, Sri Lankan, and Vietnamese) have undergone both an intensive initial training and ongoing training on teen dating violence and IPV prevention and theater; a total of 34 girls and boys underwent the training and served as peer educators. The trained peer educators create original scripts and perform them at various community venues. Along with youth, adult Asian community members have also participated in a series of training on theater-based IPV prevention and performed their skits at various community venues; while some participated in an initial intensive workshop on theater taught by a theater expert and additional trainings, others received only cursory training but learned to act while practicing for performance in the community. The exact number of adult peer educators who have been involved is elusive as the membership is fluid; about 20–30 adults have been trained as peer educators for theater-based IPV prevention one way of another.

In 2011, in collaboration with a local community-based organization called Mai Family Services (MAIFS), New Visions conducted another round of training, this time focusing on South Asian communities. Through extensive community outreach, 14 new community members were recruited; they were diverse in ethnicity, gender, age, religion/faith, and immigration experience. They underwent intensive training to become community peer educators. Recruitment of peer educators was plagued with the same difficulties as the initial phase of New Visions (e.g., demanding and multiple obligations, long distance to travel). There was, however, a greater degree of recognition that IPV is a serious community issue warranting community-wide intervention. This recognition may have been in part due to New Visions' previous and ongoing efforts. Such increased recognition aided the recruitment of peer educators, and it was not uncommon for peer educators to recruit others.

New Visions has worked closely with both youth and adult peer educators and developed community training curricula along with various skits to be used in community education and training activities. New Visions conducted community education sessions targeted at Asian community members in various community-based settings, including an annual walk to end IPV, a fashion show organized by a local community-based organization, and workshops for Asian health care professionals and medical students. Through these activities, we, the authors (the first author is the New Visions founder and Director, and the second author began collaborating several years ago), have tested the feasibility of the use of peer educators, interactive theater, and audience response assessment as tools to develop a socioculturally relevant IPV prevention program.

Focus on Bystander Intervention and Changing Social Norms

New Visions IPV prevention efforts have often focused on the role of bystanders in preventing and intervening in IPV. There are several reasons why bystander intervention can play a significant role in IPV prevention in general, and in immigrant communities in particular. First, even though IPV between partners often happens behind a closed door, it is not uncommon for other family members, friends and neighbors to have overheard or sometimes witnessed varying forms of abusive and controlling acts by one partner towards the other (Weisz et al. 1998; Planty 2002). New Visions' own community assessments have found that over half of community members know of a woman who has experienced IPV, though they may not have directly witnessed the abuse. In addition, family members, friends, and other community members exert influence on gender norms and behavior in IPV (Ulloa et al. 2008; Yoshioka et al. 2003). Victims of IPV tend to utilize informal (e.g., friends, family) assistance (McDonnell and Abdulla 2001;

Yoshioka et al. 2003; also see Yoshihama and Dabby 2012), which makes bystander intervention by lay community members critical.

There are additional reasons that make bystander intervention in Asian and other immigrant communities an important and appropriate prevention focus. First, many of the currently available interventions, such as shelters and the police, are invoked only *after* an incident. Although critically important, these types of interventions fail to address the reality of many Asian women in the United States. For example, Asian women who are undocumented or those whose immigration status depends on their marriage to a US citizen or resident are reluctant to report the abuse to the police or other outside agencies. Most available interventions, such as going to a shelter and leaving abusive partners, are not viable options for many Asian women in the United States, especially those who do not have the right to work or are not eligible for public assistance due to their immigration status. Limited English proficiency also makes it difficult to access various assistance programs. The strong stigma of divorce and single parenthood makes leaving abusive husbands difficult.

Not all bystander interventions are helpful, and what is helpful or harmful depends on various contextual factors (Banyard 2008; Hart and Miethe 2008; McMahon and Dick 2011). Studies have documented various socioculturally rooted factors that influence the manifestations of and responses to IPV, which in turn influence the effectiveness of specific bystander intervention approaches. Patriarchal ideology and norms provide implicit and explicit approval and support for men's use of violence against women (Harris et al. 2005; Yoshihama 2005). Violence is often justified as a means to control women when they do not conform to their prescribed roles. To prevent IPV, it is critical to challenge sociocultural norms that support IPV and to work with community members to develop and promote non-violent alternatives. Community members know their communities and are best equipped to develop relevant and effective prevention strategies. Thus, the New Visions' approach was to work with and engage local community members and organizations to strengthen their capacity to plan and implement their own chosen strategies. While community-generated strategies take a long time to develop and implement, such programs are believed to be more effective and sustainable as community members are likely to feel the sense of ownership (Aktan 1999; Hausman et al. 2005; Hodge et al. 2010). Additionally, the extent to which IPV and bystander intervention are deeply rooted in sociocultural norms requires a prevention program to draw from the very perspectives of members of the focal community.

Peer Educators

New Vision's prevention program is directly created by involving the members of the focal community. Community members are engaged as Peer Educators, and they deliver IPV prevention training that they help to design. Many of the peer educators belong to and hold various leadership positions in community-based and faith-based organizations. As in other immigrant communities, many Asians in the United States rely on these organizations for information and support in order to survive in the US (Bacon 1996; Diwan and Jonnalagadda 2001). These organizations host various events that are attended by a large segment of community members and serve as venues of social networking and information exchange. Because of the central role these organizations play in the lives of Asian immigrants, those peer educators who hold leadership positions in these organizations are regarded as credible information sources, advisers, and opinion leaders and, thus, are in the position to influence attitudes and norms of community members. Thus, involvement of leaders of these organizations as peer educators can demonstrate to the community at large that IPV is not tolerated. These organizations can also be an important source of support for IPV victims, and respected entities to hold perpetrators accountable. Additionally, having diverse peer educators enhances outreach to different segments of the community. Consistent with drama theories (Cohen 2001; Kincaid 2002; Sood 2002), identification and connection with peer educators who talk and look like the training participants fosters an open learning environment. Evaluation studies of health education programs have documented the positive impact of educator-participant ethnic/racial match, albeit not directly measuring participants' identification with health educators (Traylor et al. 2010). Thus the use of peer educators is likely to afford sociocultural relevance not only in regards to the content of the training but also to the "messengers" who deliver the training.

Forum Theater and Bystander Intervention Development in a Community Context

Interactive theater is one form of community-based theater that can be used for social change. As Faigin and Stein (2010) note, "community-based theater" is a form of grassroots theater that takes a critical position and works to raise awareness and empower community members, in contrast to "community-theater" that often performs established plays for entertainment. While the purpose is not entertainment, it does not mean the performances cannot be entertaining. The use of theater to present messages about IPV and bystander interventions can be seen as a form of "education-

entertainment." Education-entertainment presents messages for social change in an entertaining manner to model behavior and its consequences, positive or negative, to spark intrapersonal reflections and interpersonal and group conversations (Papa and Singhal 2009).

New Visions employs a form of interactive theater called Forum Theater (Boal 1985). Rather than a didactic presentation of a preformed message, Forum Theater embodies a discursive theory of action for arts-based community work (Stern and Seifert 2009). Forum Theater involves creating a play, leaving a scene unsettled or inadequately resolved. After a performance of the scripted play, audience members (whom Boal calls spect-actors) are invited to replace a character on stage and to try out different approaches to resolve the problematic situation. All other actors remain in their characters and respond to a new situation unfolding in front of them. This new action is improvised and not determined by a script.

In New Vision's IPV prevention work, peer educators create scenes which depict a situation where one character perpetrates abuse towards another (actual physical abuse is not usually depicted, but other forms of abusive control are portrayed, and some scenes include an implication of impending physical abuse). The scene typically ends with the bystanders depicted as avoiding or ignoring the situation and not taking any action directed towards preventing abuse. Community members in the audience are then invited to volunteer to come onto the stage (which is not generally an actual stage but a created space in a classroom, community meeting room, or park pavilion where audience attention is focused) to replace one of the bystander characters and to try to intervene in some way in the situation. Typically, multiple alternative interventions are played out, as additional community members volunteer their own solutions. Frequently these solutions build upon the previous attempts. This community collaborative effort is a developmental process for generating approaches to bystander intervention that reflect and are relevant to the perspective of the community. The multiple iterations of the bystander intervention alternatives are followed by a facilitated, interactive discussion. The facilitator or audience members may ask the characters (e.g., victim, perpetrator, bystanders) about their reaction to the alternative interventions. The actors stay in character as they answer these questions. Audience members are encouraged to give their feedback on the interventions that have been portrayed. Through multiple audience interventions and follow-up discussions, audience members witness the effect (or lack thereof) of various intervention approaches, as well as unintended consequences, if any.

According to drama and media theories, emotional involvement and identification with characters (e.g., feeling similar to a character) are conducive to attitudinal and behavioral changes in audience members (Cohen 2001; Kincaid 2002; Sood 2002). Theoretically, theater-based prevention programs developed and delivered by peer educators who are individuals similar to the audience would be conducive to identification and involvement and that identification would increase the persuasive strength of the performance. In addition to the similarity in appearance, the script developed by peer educators incorporates local idioms and customs, socioculturally relevant events and experiences (e.g., immigration, being a racial minority), resulting in further emotional involvement and identification. New Visions has focused on developing theater-based IPV prevention programs that are designed to foster the participants' emotional involvement with the play and its characters.

As discussed above, interactive theater intends to involve the audience in performances and in discussion. To enhance the process of dialogue between community members during and following the theater performance, we, the authors, New Visions members, and community collaborators, have incorporated the use of audience response devices to enhance community input into the bystander response creation process.

Audience Response Assessment

Increasingly in use in academic settings, audience response methods incorporate technology that allows audience members (e.g., students in a classroom or participants of a workshop/event) to send responses to questions electronically from hand-held keypads (clickers) to a receiver attached to a computer (Kay and LeSage 2009). The computer program can present results graphically back to the audience very rapidly. Audience response technology components include a laptop computer loaded with appropriate software, the clicker receiver, and clicker units (one for each audience member who will be asked to respond), as well as a projector for display of questions to and responses from the audience and a screen or surface upon which the images can be projected. Questions posed and responded to in this way can generally be in true/false, multiple choice, or numeric formats. Some clicker systems allow for textual responses. Clickers are generally dedicated devices, but smart-phone applications are also coming into use, which allow users to send responses from their own devices. Additionally, online-based programs, such as Poll Everywhere, allow users to text answers to questions to a central number from a mobile phone. These answers can be displayed from a computer if it is connected to the internet.

While we (the authors) are not aware of any research on use of audience response systems to evaluate arts-based community work, there is some evidence for the use of clickers in campaigns to influence social norms. Clicker

use was associated with better outcomes in a campaign to reduce misperceptions of normative alcohol use among college students (Killos et al. 2010). Hughes et al. (2013) also report that use of clickers increased engagement and helped to dispel misperceptions in a social norm campaign. In our work to date, we generally have used dedicated clicker devices (as opposed to smart phones with apps or internet connections that allow them to be used as clickers) except when they were not feasible to use, such as during prevention activities held outdoors.

A unique aspect of our evaluation work concerns the integration of audience identification with characters into our research on the impact of theater intervention. We ask audience members to provide information about how they identify themselves. Since our work focuses on diverse Asian communities, we ask about these dimensions in various ways, including ethnic identification and generational/immigration status. Informed by research on entertainment education (Kincaid 2002; Sood 2002; Papa and Singhal 2009), we measure dimensions of *referential reflection* i.e., the degree to which audience members related the play to their personal experiences (sample items: "I feel that the characters are like someone I know in real life"; "I feel that I am part of the story"; "I feel that I can relate to Character X closely") and *critical reflection* of the audience member, i.e., the degree to which audience members engage in the issues addressed (sample items: "I can relate to the problem/conflict in the story"; "I agree/disagree with the way Character X responded to the situation").

When action is paused, audience members receive probe questions projected on a screen, which they then answer using the clicker. For example, audience members answer probes about which character they most identify with in the scene (referential reflection). After each audience member who replaces a bystander in the scene completes their action (bystander action portrayals), audience members rate the action on several dimensions, such as helpfulness of the response, their perceived efficacy in producing a similar response and their perceived likelihood of using that response in a similar situation (critical reflection). Following the entire performance, audience members can select the responses they found most helpful overall and identify which responses they would be most able and likely to implement. These questions allow for an evaluation of each bystander intervention in terms of audience members' identities (ethnic identification, immigration/generational status), and their referential and critical reflection for each scene.

Case Example: Intimate Partner Violence Awareness Walk

As discussed above, interactive theater can be delivered flexibly and in challenging settings not usually seen as fit for conventional theater. We present here an example of the use of theater in a particularly challenging setting—a community walk organized by MAIFS, a community-based organization serving South Asian families in southeast Michigan. The event is held annually on a weekend in a large park located in a region where many South Asian families live. Generally at the event there is a speaker who provides some information about IPV or provides an "inspirational speech" addressing issues like gender equality. Literature about IPV is available for participants. Participants walk several miles and their registration fees provide support for MAIFS. In 2012, in collaboration with MAIFS, a Forum Theater intervention was incorporated into the IPV awareness walk activities. The usual Forum Theater format was modified to accommodate the unique circumstances of the walk held outdoors, which we believe attests to the flexibility of this method.

The Forum Theater intervention was delivered in the following manner. First, prior to the start of the walk, peer educators prepared and performed a brief vignette depicting an abusive situation to the gathered walk participants. Actors in the scene portray a couple, Omar and Mina, and their daughter, Sharmin. The scene depicts verbal abuse, with an escalating threat of physical abuse. Mina asks Omar to stay at home to watch Sharmin so that she can attend a meeting at work. Omar tells her she is to stay at home since it is her role to take care of the children and that should be a priority over her work. Mina objects and points out that her request for Omar to care for Sharmin is not a frequent request on her part. She emphasizes that her work meeting is important, and that Omar will not be inconvenienced by taking over this duty for a short time. Sharmin is concerned and frightened by the conflict, and pleads that she cannot study or get her homework done when her parents are fighting. The scene portrays a theme of power and control by the husband who orders his wife to stay home rather than going to work, and draws upon cultural norms of men's and women's gender roles. Additionally, the scene also emphasizes the impact of IPV on children.

Following the vignette, walk participants were encouraged to think about the family and consider what they might do to help them. The participants (who numbered approximately 135) then began their walk. As they walked the course, they re-encountered the characters from the play one-by-one. The characters spoke to them as they walked by. Mina told the walkers about her abusive husband and how his behavior had escalated since the last time they (walkers) overheard the conflict; now she has been injured and is increasingly frightened. Omar, standing alone, told the walkers that his family has been "broken up," implying that either his wife had left him or that her lack of compliance with cultural norms was tearing their family apart. Sharmin exhorted the walkers to do

something to help her family, as she could not concentrate or do her schoolwork due to her family's conflict. As participants approached the finish of the walk, they re-encountered Mina, Omar and Sharmin, re-enacting the vignette they had witnessed at the start of the walk (it should be noted that different actors were involved in the enactments at the various points of the walk, since the same actors could not perform prior to the walk, get to their locations over the several mile course, and be in multiple places at once).

As walkers arrived at the finish of the walk, they were encouraged by peer educators, organizers of the walk and us (both authors) to try and help the couple–to enact a bystander intervention. In all, twenty-one walk participants, both women and men, offered "help" and were video-recorded with permission as they intervened with the couple.

While it was not practical to use clickers during the walk because it was spread out over a large area, we did experiment with the use of cell-phone based audience response measurement, using an internet based program (http://www.polleverywhere.com/). Participants encountered questions about the vignette and their response to it printed on large sheets of paper posted on easels. They could submit their responses to the questions posted by texting a specific number to the Poll Everywhere number. Anticipating that the cell phone polling would present a potential technological barrier, we also placed a large newsprint sheet on an easel at both the start and finish line of the walk and invited the walkers to indicate their response to the question on the newsprint by simply placing an "X" under the response category that best reflected their answer to the question posed. Sixty walkers used the easel and markers for their answers, while relatively few (8) used the cellphone polling method. We did note that our attempt to use the cell-phone polling sparked a degree of intergenerational interaction, as younger walk participants coached older walkers on how to complete the text messages. Respondents using either method overwhelming endorsed the item "I would do something if this (the vignette portrayed) happened to someone I know" with only one participant responding "no" at the pre-walk, and none at the end of the walk.

We held a "member checking" meeting and reviewed the video of the bystander interventions with the peer educators to assess and discuss the applicability and suitability of each of the 21 bystander intervention portrayals enacted at the walk. Below are two illustrative examples of the bystander interventions enacted at the walk. We discuss peer educators' views of these particular vignettes as well as insights that came from the member checking meeting overall.

Vignette 1

Three walkers, two men and one woman, who have viewed the interaction described, start by asking questions about the length of the conflict.

Walker 1 (a man): Give me the time. Like how much—How long—How long has it been going on like this?
Omar: We didn't count.
Walker 2 (a man): How many years?
Mina: He's—At first I was allowed to work. I would go, but after having—I can't—Now he's like, I have to be home at a certain time, and now, he's just at me all the time…
Omar: Our kid is important, and she's the Mother.

Walker 3 (a woman) decides to separate Mina and Omar. She explicitly encourages the other walkers to team up.

Walker 3: I will take him for a drink or something. I will talk to him. You talk to her.
Mina (to the two remaining walkers): I don't know what he's doing.
Walker 1: Your first priority is your kid, right?
Mina: Exactly.
Walker 1: It's important? It's important for both of you, right? Now the question of how to work it out. That's the important thing…. You have to take care of the kids no matter what happens, because you give them birth and they are so small. Now the issue is the time, right? … So you have to share the times that you watch. So maybe you do something that he likes, and keep him happy with what he likes it. And then he will come around.
Mina: I—He first told me to take care of the kids all the time, I do.
Walker 1: That's ok. My mother took care of me all the time.
Mina: I know, but it's just this one time. I have to go to this meeting. It's an hour long meeting. It's urgent. And if I don't go-
Walker 1: ….What is the order you put things? Kids will come first.
Mina: I know, but he's home. He can take care of the kids.
Walker 1: ….Everything will be there tomorrow. Everything will be there day after tomorrow. The important thing is that you not leave the kids now …

At this point the second male walker, who has been listening and not speaking steps in:

Walker 2: He had the same responsibility as she does.
Mina: Well he's home, though.

In this interaction, one man begins to gather details about the dispute, reminds Mina of her duties as a mother

and a woman, and tries to get her to see that as appropriate and desirable for the family. Notably the other male walker who was with him, Walker 2, challenges this, and reminds the other man that Omar shares that responsibility to the children with Mina. In this way, Walker 2 builds upon what Walker 1 said and illuminates the values and beliefs that underlie the choices bystanders like these walkers make. While such interaction is more limited in this walk format, even in the somewhat constrained setting of the walk, the type of dialogue that the Forum Theater method creates can be observed. Walker 3 also built on the other bystanders' intervention.

It is notable that these two men readily participated in the Forum Theater interaction. Overall on the walk, men were as likely as women to participate. This sparked a discussion in the member checking meeting about men's willingness to intervene in a family problem. In previous applications of the Forum Theater in New Vision's workshops, men also tended to be the first to step up and replace the character to enact a bystander intervention. Peer educators at the member checking meeting noted both a cultural strength and challenge. Traditional practices can lead men to involvement in family situations. However, traditional attitudes can also reinforce men's control over women and could justify the use of violence when intervening in family situations.

Vignette 2

In a subsequent scene, a woman who pretended to be a male neighbor walked up to Omar and attempted to make connection with him. This bystander did this by empathizing, thereby colluding, with Omar; he put down Mina: "You know I know this wife sucks so much. … She should be taking care of the child, right?" He asked Omar to come with him for drink. This bystander then told Omar that taking care of his children one evening is better than his wife filing for divorce. He says, if they divorce, the court would order him to "take care of them for the whole weekend." He continued (because the court typically awards sole custody to the wife, and the husband gets visitation rights over the weekend), "if you don't want the pain, just one evening won't hurt you."

The peer educators rated this bystander's intervention as "the content is not right but the delivery (is good)—it would get to Omar's mindset." One peer educator said, "To win the trust of an abusive husband, you may have to compromise the content." Peer educators saw that this bystander's intervention would "create fear" and "wake Omar up." This bystander intervention appeared to be based on the somewhat common (according to the peer educators) perception of the US court system among South Asians in the United States. We (authors) were concerned that this bystander intervention was skillfully or tactfully delivered but could reinforce some problematic messages (e.g., "this wife sucks so much"). Both the authors and peer educators were in agreement that this bystander intervention had problematic elements and would not be suitable as is. However the peer educators thought the delivery was instructive, and the bluntness and non-judgmental attitude towards Omar would have successfully engaged Omar. The peer educators also brought up the fact that divorce is a taboo among many South Asians. Thus, peer educators reasoned that "a mindset right for Omar" could be created by emphasizing both "bad" American custody arrangements that would place a heavy child care burden on Omar and also that he would acquire a negative reputation of being a divorcee.

Reflecting on Other Vignettes

At the member checking meeting, after watching the 21 vignettes that were performed during the walk, the peer educators concluded that no one portrayal was an exemplary solution in itself. They suggested that they would create a new skit that would model bystander intervention, created from elements of a number of the interventions that community members tried.

Discussion

Lessons Learned

Our use of the arts at the Walk, as well as previous New Visions activities, extended beyond didactic and discursive methods of delivering social messages. It served also as a form of community assessment and as a vehicle to create socioculturally relevant prevention (bystander intervention) strategies. By generating ideas for solutions from the members of the focal community, and creating dialogue around these ideas, the interactive theater served as a form of assessment of current community beliefs and skills. The solutions generated by community members, linked to the dialogue about those solutions, also resulted in information that can be used to design bystander interventions that are socioculturally rooted, relevant and/or suited to the local community culture.

Interactive Forum Theater encourages community involvement in several ways. First, community members as peer educators themselves create and perform the theater scenes that are presented. Second, fellow community members in the audience are then invited to participate in the scene to generate alternative bystander responses. The "spect-actor" involvement in the vignettes themselves is a kind of theatrical dialogue, since community members

build upon the performances that came before them. Third, peer educators and the audience (often the members of the same community) engage in discussion and critique of the alternative responses that have been performed. This in turn influences the next iteration of subsequent performances. When the subsequent "spect-actors" incorporate previous attempts into their own bystander solution, they are in performance commenting upon the previous iterations. Multiple iterations of Forum Theater events can cumulatively and collectively serve to generate alternatives that can reflect community norms and possibilities. Facilitated post-performance discussions that are aided by audience response assessment illuminate and deepen community understanding of the issue. These discussions not only generate information for subsequent intervention design, but also may shape community members' beliefs and improve their skills. Thus, the interactive theater performance generated dialogue in multiple ways.

Importantly, the member checking meetings with peer educators serve as another dialogue that further "metabolizes" the performances and guides planning for subsequent prevention activities. Member checking meetings encourage discussion and critique of how bystander interventions can be developed in ways consistent to community contexts. The videotaped bystander intervention approaches tried out by community members provided space for unpacking and critiquing what kind of IPV prevention approaches are consistent with the values and practices of community members. The recorded enactments and subsequent discussions are likely to serve as a basis for a more comprehensive, community-generated model for bystander intervention.

Forum Theater has several advantages over recorded or packaged programs, especially in the context of programs designed for socioculturally diverse settings. The theater scenes can be tailored in terms of idioms, customs, and local issues, which is difficult in pre-recorded videos. In addition, there is no presumption of a generic intervention for the nuanced situations community members may face. In most presentation settings, there is no requirement of high production values, and no need for professional actors, lighting, make-up or costumes though props or costumes may be used and can enhance the performance. In settings with large audiences, microphones or amplification can help. The approach could even be adapted to an outdoor event as described above.

While the interactive theater approach has a number of strengths, it does present some limitations. The use of the approach depends on the fit with a local community and for individual community members. In the South Asian communities we worked with, there might be a particular fit because interactive theater could be familiar among those from India (Srampickal 1994). But in other communities, the meaning and effectiveness of theater may not be as favorable. In terms of how the theater approach may fit for individual community members, asking community members to come "on-stage" to act in front of others privileges the voices of those willing to do that, and can silence others. We find our use of audience response assessment can be one way to address this limitation; however, technology is not universally available, nor does it ensure access for all community participants.

Another limitation concerns the need for continual renewal and maintenance of a troupe that can perform the theater. Recorded programs, once created, can be shown many times in many formats without reinvesting in their production. However, while time-consuming, the need for continued community involvement in live theater does foster goals of community participation and empowerment, and allows for ongoing change and evolution in the social change effort. Recorded programs also certainly hold an advantage in terms of standardization and fidelity for delivery. By its nature, interactive theater is improvisational, and that leaves the possibility for problematic or ineffective implementation and for variation across community events and settings.

In this article, we presented two different, albeit related, uses of audience response systems. First we used clickers and similar devices to assess the audience knowledge and attitudes, as well as self-efficacy around IPV prevention. Increasingly, clickers and other devices are being used to evaluate the effectiveness of lectures in educational contexts. Our work extended this type of use into community-based prevention activities. The second use of audience response systems was to develop an intervention. We believe this use is more innovative application of clicker technology. One tangible benefit of this type of use of clickers is to expand the inclusiveness of the community dialogue about the generated alternatives, and help surface minority voices. Frequently in discussions, even when expertly facilitated, there can be minority opinions unvoiced. Those who choose to speak may be perceived as representing the community consensus, when this might not be the case. The use of clickers and audience response software allows projection of the range of responses to the intervention scenes onto a screen the audience can see. This can facilitate the expression of diverse viewpoints. This can be particularly important in the context of IPV bystander intervention because some suggested interventions may put victims at greater risk or entail risk to the bystander. At the same time, by projecting the audience's responses, those whose response was shared by a small number of participants may feel marginalized; this possibility requires sensitive and thoughtful consideration for how to pose the question (so as not to stigmatize those with minority views) and how to handle minority opinions.

Collecting and sharing of the broader audience response data can also help identify elements of socioculturally relevant and effective community intervention based on the views of more than just those who choose to speak in the discussion.

Reflections and Reflexivity

As academics and social work professionals committed to engaging communities to prevent IPV, we found this interactive theater approach to be creative and energizing. This work is also a consistent lesson in cultural humility. In our experiences with the Walk described above, we learned as outsiders to the community, that what might be considered a suitable bystander intervention in one context was viewed differently by the community members with whom we were working. We recognized, as is crucial in community work, that it is problematic to substitute our own judgment for the wisdom of the community. For example, in the second vignette described above, had we created a skit to which we invite community members to react, we would not have included this type of bystander intervention. We would not have known that the bluntness of the approach was perceived as skillful. Occasions like this make us reflect on and be reflexive about our positionalities.

I, the first author, am of East Asian descent, and a first generation immigrant. Although various ethnicities are often lumped together as Asian, enormous differences place me as an outsider to many of the communities New Visions has worked with, including the South Asian communities involved in the vignettes presented above. Since 2001 when two graduate students and I established New Visions, I worked to build the organizational infrastructure and expand program activities. New Visions is a community engagement and organizing project and also a community-based participatory action research (CBPR). New Visions also serves as an internship site for graduate students, to name just a few of the many faces of New Visions. In these varied contexts, I served as the Project Director, Principal Investigator, and Field Instructor (supervisor of student internships). In addition to these official positions, I played many roles, including purchasing refreshments and picking up lunches for the participants, serving as a driver transporting/chauffeuring youth participants, and at times acting in the play. In these varied roles, I often found myself negotiating my positionalities, many of which were accompanied by privilege (e.g., of being a professor and director) while others (e.g., of being a female, immigrant) placed me in a challenged position. In training peer educators, I drew from my extensive knowledge and experiences in working in the field over 25 years and chose to present the information in a competent, professional manner. At the same time, I repeatedly emphasized that peer educators are the experts in their communities and that they are the ones capable of developing sociocultually relevant and effective IPV prevention strategies. My approach stems from a deep respect for the peer educators' expertise and from my belief in the importance of community-generated solutions and is consistent with Friere's approach of education for critical consciousness (1970, 2005). However, this often resulted in my not directly answering peer educators' questions, such as what they should do to prevent IPV. This posed conflict at times when peer educators wanted or expected direct answers. When frustrations were expressed about my choice not to provide decisive/directive answers (or "inability" as some saw it), I had to think quickly how to proceed. Most often, I chose to remain in non-directive stance, but it left me in a quandary. There were other times when I consciously chose to use my status and expertise, usually when my disadvantaged positionalities (of being female, speaking English with an accent) required some action to garner the support and/or respect needed. For example, I drew upon my status and expertise to respond to community members who challenged my suggestion that IPV prevention may require changing traditionally held gender role attitudes and when interacting with potential funding sources who were suspicious of our approach. Another quandary I often felt was around the gender role expectations. In a community-based project intended to change community gender norms, assuming a role of caretaker (e.g., picking up and serving food) myself or having predominantly female staff members do so can present a quandary. Being strategic about positionalities was both conscious and unconscious process.

I, the second author, am a white US born man of European descent. I joined the New Visions project in 2010, primarily as a research collaborator rather than core member of the New Visions project. I have been involved in efforts to end men's violence against women for over 30 years, as a researcher and practitioner. Despite my experience, I do not expect the mantle of my degrees or my previous experience to grant me credibility in community settings, especially across the lines of race, ethnicity and gender. Although I was an outsider to the community and to the planning team for the project activities described above, the MAIFS leadership team was always welcoming and gracious to me in their interactions. Prior to the walk described above, I had attended the walk the previous year. At that event, my first introduction to the community in my role, several female volunteers who had made traditional dishes to be served at the event enjoyed watching me eat and offered me food to take home with me. The next year, many community members remembered me and seemed to go out of their way to welcome my participation. In our

ongoing interactions beyond the walk, the peer educators readily accepted my opinions and at times sought my direction. At several points, I observed that my opinion was sometimes sought, even when the first author or other women who had leadership positions and community experience could have better responded to the inquiries. My sense was that I was held in somewhat higher esteem than my actual contribution or experience with this community and this project warranted. In these interactions, I had to weigh the advisability of making this dynamic evident and potentially creating discomfort for community members. Yet, left unaddressed, it could have contributed to reinforcing male privilege in these situations. Despite these tensions, I was appreciative of the warm and open acceptance of my participation. I was very struck by the strong leadership role that the male peer educators took in the project. It appeared to me that gender roles were balanced on the leadership team and that there was general acceptance of men's participation in IPV prevention activities. To some extent, this participation seemed less contested than in other community settings I have worked in. This could represent a trend towards more acceptance of men as allies overall in IPV prevention work, or perhaps was more specific to gender relations in this particular South Asian community setting.

Conclusions

Bystander intervention happens in the everyday sociocultural space. It is difficult to "teach" effective bystander interventions using a pre-made curriculum because what is effective emerges out of everyday interactions of people. Theater has a great potential to enact such familiarity. Peer educators increase the familiarity and identification with the scene, and hence IPV prevention messages, among the audience. Using audience response systems enables an assessment of the degree of such familiarity. Audience response systems can not only assess the relevance of the proposed interventions but also help generate more inclusive dialogue, often surfacing the minority voices.

We have discussed in detail the application of interactional theater in the context of IPV prevention in Asian communities, in urban and suburban communities, in the Midwestern United States. While the work was done with specific communities and around a particular community issue, we believe that the process of using theater in this way has broader application. For example, Mitchell and Freitag (2011) document the use of Forum Theater for bystander intervention on university campuses, and Belknap et al. (2013) evaluate its use with Mexican–American middle-schoolers. The flexibility of creating theater performances that are tailored to the communities they are intended for make the approach broadly applicable across other domains of community problems and in other communities.

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