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PARADIGM SHIFT 2.0:

A Coalition's Decade-long Journey into the Public Health Approach to Violence | *by Noël Duckworth*

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Understanding and approaching violence as a public health problem has started changing how we approach and resource this issue, including providing anti-violence advocates an additional framework and set of tools under which to operate. Yet, as the Centers for Disease Control and Prevention (CDC) points out in their publication, "*The History of Violence as a Public Health Issue*," just 30 years ago the words "violence" and "health" were rarely used in the same sentence.[1] This strikes a familiar chord with those working in or knowledgeable about the domestic violence movement and the silence that ensued around family and intimate partner violence (IPV) through the latter part of the 20th century. In the 30 year span from 1939, the year the *Journal of Marriage and the Family* was first published, to 1969, the index did not include even one article with the word "violence" in the title.[2] Fortunately, the victims, survivors, activists and allies of the battered women's and domestic violence movement, who were provided a foundation paved by social movements like the civil rights, black liberation and anti-war movements of the 1950s and 1960s, helped bring the issue of domestic violence to the forefront. Along with this urgent need to uncover the magnitudte of private acts of violence happening in homes and relationships, was the need to address these acts as crimes. This "paradigm shift" in the public's view was also marked by the passing of the landmark Violence Against Women Act (VAWA) in 1994, which aimed to improve criminal justice responses and increase the availability of services to victims. Toward these efforts, VAWA also provides grants to support domestic violence coalitions (determined by the Department of Health and Human Services) in all U.S. states and territories.

Although organized before the passing of VAWA, the Delaware Coalition Against Domestic Violence (DCADV) was established as a non-profit in 1994, and continues to be Delaware's federally recognized state domestic violence coalition. As a statewide nonprofit membership and advocacy coalition, DCADV provides training and technical assistance (TA), public awareness activities, public policy advocacy, and direct support to domestic violence shelters, programs, and community partners. DCADV works to support the empowerment of victims of domestic violence and their children through access to services and legal remedies, while also seeking to change the societal conditions that support sexism, racism, homophobia, transphobia, ableism and other oppressions which fuel domestic and sexual violence. And, just as DCADV and domestic violence organizations in the 1990s struggled with how best to implement interventions, change laws, build organizations, write policies, approach training, coordinate responses, and uphold and improve the feminist and egalitarian frameworks the work was founded on, so too has DCADV and community partners grappled with how best to approach and address violence as a matter of public health.

For DCADV, the transformative journey into a public health framework officially began in 2002, when the Centers for Disease Control and Prevention (CDC) selected DCADV and eight sister coalitions to participate in their new Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program This program later expanded to include 14 state domestic violence coalitions and funding continued through 2013. The world was also embarking on this journey to have a shared understanding of the public health approach to violence, as WHO had just published the first *World report on violence and health* in 2002. According to WHO, this document is "the first comprehensive review of the problem of violence on a global scale – what it is, whom it affects and what can be done about it" (Krug, et al., 2002).

From a public health approach, the CDC DELTA program sought to help grantees build organizational, community and state-level

"Our vision is to be a catalyst for creating empowered, transformed individuals, partnerships, communities and societies committed to respectful collaborative processes that promote a lasting legacy of equality, peace and social justice!"

— Created by the 14 DELTA State Domestic Violence Coalitions and the Centers for Disease Control, National Injury Prevention Center.

capacity around *primary prevention* , which would involve efforts to stop intimate partner violence from ever occurring, while states and communities continued their critical efforts to address *tertiary prevention/intervention* (helping *once the violence has happened* by trying to reduce the negative effects of the abuse and protect the victim from future harm), and *secondary prevention* (activities to help when early signs of risk appear). Like the Greek symbol (Δ), the DELTA project was all about change, and this change began to occur as domestic violence advocates, communities, and organizations participating in DELTA across the country increased their capacities to understand and utilize a public health framework for IPV prevention.[3] Although organizational assessments conducted during the DELTA program identified significant changes , such as primary prevention efforts in local trainings, prevention tracks at conferences, incorporating prevention into other grant applications, prevention staff job descriptions, and board, staff and member program orientation/training, DCADV's most significant early accomplishment occurred when primary prevention and capacity-building efforts appeared, for the first time in the agency's history, in a board-approved 2008 strategic plan.

"The workshop was great and very informative. I never really thought of trying to find and fix IPV problems at the very root, in addition to helping victims reduce their risk."

— Workshop Participant, 2008

A persistent challenge that was present in the early years of DELTA was around concerns from domestic violence organizations and advocates about public health approaches that initially did not appear strongly rooted in feminism, social justice or advocacy. Understanding the history of the battered women's movement provides context for this challenge. As the movement began to realize a shift from grassroots activism and consciousness-raising efforts grounded in empowerment and victim-centered strategies, to more mainstream approaches such as government funded programs, research, evaluation, and system reform, this produced some tension and trepidation that the "mainstreaming"and professionalization of these efforts would make practitioners and organizations lose sight of the social movement that had driven the work to this point. Facing these challenges, DCADV leadership and DELTA partners had to ponder the question, "Is it possible to work from both a social justice and feminist framework while incorporating tools of a public health approach?"[4] Toward that end, a significant amount of time was spent working to identify common ground/connections, "translate" public health materials, and develop innovative process tools and education materials to introduce new concepts or terminology (i.e. early evaluation trainings were called, "Working Smarter, Not Harder") that were also rooted in survivors' experiences and community wisdom, and made clear connections between public health strategies or primary prevention and grassroots advocacy and social justice. To this day, DCADV has a "Prevention and Social Change" Board Committee overseeing implementation of the strategic plan and prevention goals. Collectively, it was also critical for DELTA state and local partners to consistently demonstrate that, despite a new language and increased evaluation approach, Delaware's DELTA program would be authentic to the anti-oppression philosophy of the organization, and strongly rooted in the movement. On a national level, a similar conversation among DELTA state grantees and the CDC was playing out that resulted in "State of the Collaboration" and "Prevention Ethics" workgroups, along with the collaborative creation of a national DELTA vision, culture, and protocol.

Critical course corrections had to be made along the way, which validated the importance of adhering to the foundation and knowledge base of the domestic violence movement. For example, a post-survey of a statewide steering committee convened from 2008-2013 revealed that 45% of committee members agreed or strongly agreed that IPV is committed by people who, "have trouble managing their anger". Given that CDC's definition and widely accepted definitions of IPV point to, "a pattern of power and control used by one partner over the other," and the notable absence of the concept of anger management in any of these definitions, it was a crucial and humbling lesson learned. In a zealous attempt to build public health planning and evaluation capacity, DCADV's efforts had lost sight of the need to continuously educate members on the dynamics of IPV, and the corresponding systems of oppression that help maintain and reinforce such power dynamics.

DCADV learned a great deal about the process of institutionalizing prevention principles, concepts and practices in the context of national, state, organizational and local-level efforts. Identifying the authentic readiness and capacity levels of organizational

members, coordinated community response task forces, and state-level steering committee members so that data-driven capacity-building could be implemented was not always as straightforward as administering a measurement tool. A metaphor often used by DELTA partners was that violence prevention work is analogous to "building a plane while flying it." At times, key leaders and stakeholders also increased engagement after exposure to local DELTA-funded community strategies (i.e school/teen programs, engaging men strategies) than by capacity-building efforts tailored specifically for the organization or steering committee. Consequently, DCADV found that balancing high-level planning with action or exposure to community efforts was essential. To this day, the state action plan closely aligns with and supports local prevention efforts.

Just as DELTA programs were building capacity, so too was the broader field refining their approach and knowledge base, which shaped the next phase of DELTA. In 2012, CDC issued a new "DELTA FOCUS" funding opportunity eligible to all state and territory domestic violence coalitions. Delaware was once again fortunate to be selected as one of 10 grantees. The DELTA FOCUS program (2013-2018) puts less focus on capacity building and a stronger emphasis on implementation and evaluation to help build practice-based evidence by informing the emerging field of IPV prevention and addressing the limited evidence base of prevention strategies. As in the prior DELTA program, the application of empowerment evaluation principles, such as community ownership, inclusiveness, social justice, and democratic participation, is integral to the program[5]. Furthermore, the emphasis of the interventions are on strategies that address the social and structural determinants of health at the outer layers (societal and community) of the social-ecological model, with the expectation that state and local-level strategies aim to improve environments and conditions in which people live, work, learn and play.[6]

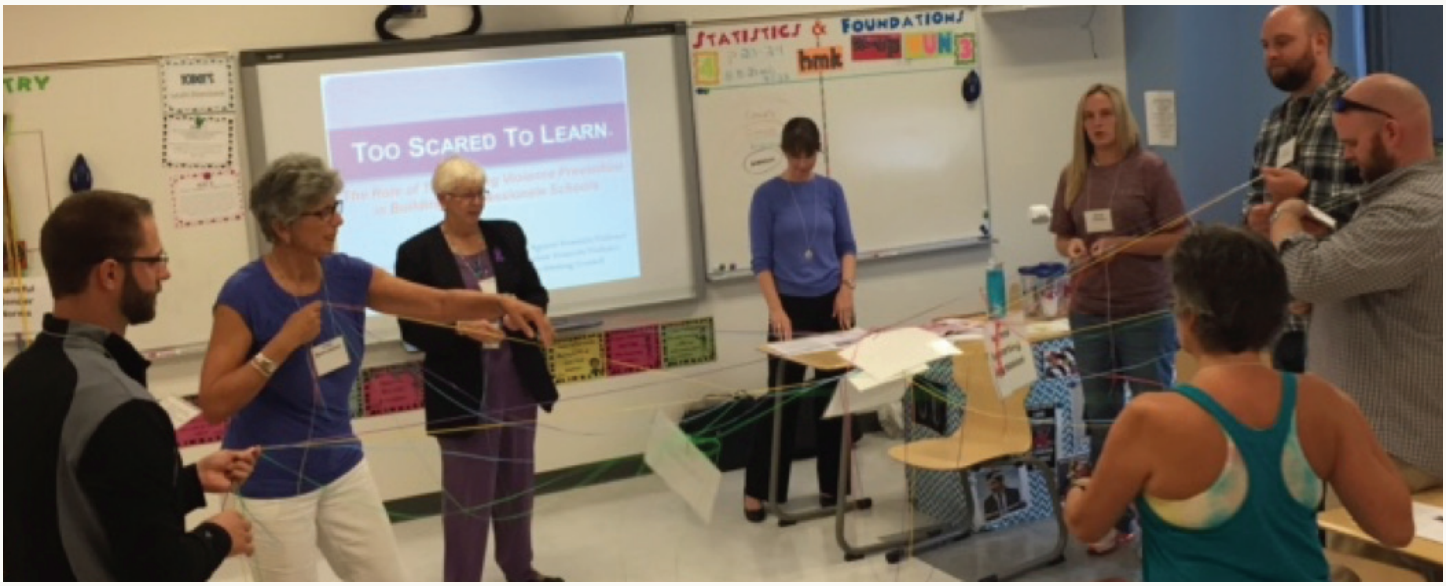
Word Cloud from Participant Feedback at 2013 DELTA FOCUS Launch Meeting

In Delaware, state-level strategies aimed at impacting system norms within the public health, healthcare, and domestic violence systems are underway, including a workforce development strategy in partnership with the University of Delaware's Domestic Violence Prevention and Services Program.[7] Indeed, preliminary evaluation findings demonstrate much buy-in by domestic violence advocates with concepts of health equity, suggesting that anti-oppression, social justice and feminist frameworks align well with the determinants approach that conditions in the physical, economic and social environment shape and impact people's health and well-being.

Innovative, strength-based strategies are also being developed and evaluated, such as *Project P.I.N. (Performing, Informing, Norming)*, a school and community-level strategy developed in partnership with Art Fusion, Inc. The project uses an interactive bystander intervention theater performance to collect data and create community-relevant messaging to promote positive social norms. Local-level strategies being implemented and evaluated, such as *Safe+Respectful* implemented by Child, Inc. on behalf of the Delaware Domestic Violence Task Force, and *REAL Relationships*, implemented by People's Place on behalf of the Delaware Victims' Rights Task Force, are described further in this issue.

DCADV utilizes logic models, theories of change, evaluability assessments, and evaluation plans to guide and inform prevention strategies and coordinates training/TA to local partners in utilizing this protocol for community-based prevention programs. Training and TA cover a wide range of topics including but not limited to: effective facilitation (participatory leadership, group consensus methods); utilizing an anti-oppression framework (power, privilege, identities, intersectionality); utilizing a public health approach (public health framework, universal vs. selected populations, social ecological model, risk and protective factors, determinants, health equity); evaluation (logic models/theories of change, collecting and analyzing data, participatory and mixed methods, SMART objectives); and, prevention strategies (evidence-based programs, engaging men, bystander intervention, social norms messaging, framing and narratives). DELTA FOCUS also represents the first time CDC violence prevention grantees are tracking data through the CDC's Chronic Disease Management Information System (CD-MIS).

DCADV has also built capacity to utilize a collective impact approach within the organization's prevention efforts, and has been further guided by the 2014 publication, *Connecting the Dots & Breaking the Silos: Understanding the Links Between Multiple Forms of Violence*[8]. This has resulted in multifaceted primary prevention efforts focused on broader community and societal-level risk factors that span multiple types of violence (i.e. dating violence, sexual violence, peer violence, child abuse/neglect, suicide, youth violence, etc.) Addressing shared risk factors, such as harmful gender norms



Educators engage in an experiential "Connecting the Dots" training

and norms that support aggression, or shared community-level protective factors such as neighborhood cohesion, school climate, or community connectedness, has positioned DCADV to engage in increased collaboration and facilitate joint action. Discussed further in this issue is DCADV's Delaware Men's Education Network (MEN), a statewide multi-sector coalition-building strategy to engage men in violence prevention and promote healthy masculinities. DCADV has also developed webinars and trainings to support community and state partners in adopting this 'Connecting the Dots' framework that is increasingly being championed by funders and policy makers.

Throughout DELTA and DELTA FOCUS, it is imperative to note that DCADV and partners were also engaged in a parallel journey to apply a trauma-informed approach to services, organizations and systems. Early consultation for this work was provided to DCADV by Dr. Sandra Bloom in 2004, and later in 2009, DCADV became one of eight sites working on trauma-informed advocacy in a project led by the National Center on Domestic Violence, Trauma and Mental Health. DCADV also became a founding member of *Trauma Matters Delaware*, a statewide steering committee made up of state and community-based agencies working to make Delaware trauma-informed across systems and services. Since that time, DCADV's understanding of trauma has expanded, now approaching it as both an individual experience (i.e. emotionally painful experiences that overwhelm an individual's ability to cope), and a collective experience for whole communities enduring chronic and pervasive adversity (i.e. poverty, discrimination, racism).[9] As trauma-informed principles have moved services and systems from asking, "What's wrong with you?" to, "What's happened to you?," understanding trauma as a collective also requires a shift from, "What is wrong with this community?" to, "What has happened to this community….. and what role has our organization and systems played in that?" In fact, implementation and process data from Delaware DELTA FOCUS prevention strategies validate the necessity for violence prevention strategies to address community trauma and support community healing, resilience and healthy resistance strategies. DCADV refers to this as "trauma-informed primary prevention."

A public health approach, primary prevention, healthy relationships, community healing and resilience, and health equity, have all been exciting and positive additions to the work of the Delaware Coalition Against Domestic Violence and are now embedded into the practice and praxis of the organization. Likewise, new partnerships and relationships have been built with state systems, organizations, healthcare, schools and community groups that were not always considered "usual suspects" in the field of domestic violence, and have resulted in increased and enhanced opportunities across both prevention and intervention efforts. As public health and health equity approaches continue to unfold in Delaware and across the country, DCADV is optimistic that the movement toward achieving optimal health for all people will remain tantamount to achieving optimal safety for all people, as being healthy and well also requires feeling safe, respected and valued where you live, work, learn, pray and play.

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DCADV Capacity-Building Timeline

• 2002- DCADV is funded to participate in CDC's National DELTA program, and assembles an advisory committee to help inform planning with representation from the Domestic Violence Coordinating Council, Division of Public Health, Wilmington Police, Abriendo Puertas, Peoples Place II, Prevent Child Abuse Delaware, DSCYF, Victims' Rights Task Force, and the Domestic Violence Task Force. Local contracts are awarded to Child, Inc., Delaware Center for Justice, and Abriendo Puertas.

• 2004- DCADV partners with Delaware's Division of Public Health and the Family Planning Council of Philadelphia to offer a "Moving Beyond Intervention to Primary Prevention of Domestic Violence" training to local DELTA Projects and Title X clinics

• 2004- A Delaware DELTA team attends a workshop hosted by the Prevent Institute of the University of North Carolina-Chapel Hill. The team develops a 3-month plan to implement upon returning to Delaware.

• 2004- Prevention Subcommittees are formed in the Domestic Violence Task Force (DVTF) and Victims Rights' Task Force (VRTF) to help Delaware's domestic violence and victim services' communities build public health prevention capacity

• 2005- DCADV' sponsors a "Call to Men" Conference, the first of its kind in Delaware to focus on engaging men in IPV prevention.

• 2005- DCADV sponsors, "Mobilizing Communities for Domestic Violence Prevention," a two-day intensive workshop presented by Donna Garske of Transforming Communities-Technical Assistance/Training.

• 2006- DCADV hosts "Advocacy Strategies for Eliminating Violence" featuring Donald Gault with The Initiative for Violence-Free Families and Communities in Ramsey County, Minnesota

• 2006- DCADV convenes a multi-sectoral statewide IPV Prevention Consortium of 22 members. Using a planning and evaluation framework, the Consortium develops *Delaware's State Plan for the Primary Prevention of Intimate Partner Violence*.

• 2007- A Delaware Team presents DELTA and a public health approach at the National Visions of Feminism Conference in D.C

• 2008- The Joint DVTF/VRTF Prevention Subcommittee, led by Child, Inc. and the Delaware Center for Justice, is presented the "Outstanding Project" Award during Delaware Victims' Rights Week.

• 2008- DCADV, the Domestic Violence Task Force and Victims' Rights Task Force co-host their first prevention conference, "Promoting Safe and Respectful Relationships: Tools for Moving Beyond Domestic Violence Intervention"

• 2008-DCADV serves as a primary prevention Mid-Atlantic regional coach to state coalitions participating in the DELTA PREP program through 2011 for primary prevention of IPV. This project was funded by the Robert Wood Johnson Foundation in collaboration with the CDC and the CDC Foundation.

• 2010- DCADV and DELTA Partners Child Inc. and Delaware Center for Justice host the full-day training, "Communities Unite: Violence is Preventable!" in Wilmington.

• 2010- Delaware's DPH hosts the conference, "Primary Prevention of Intimate Partner/Interpersonal Partner Violence" featuring trainers from the Prevention Institute, welcome remarks from DCADV's Executive Director, and a panel of DELTA partners and domestic and sexual violence advocates

• 2010- DCADV and DELTA partners Child, Inc. and Delaware Center for Justice develop a standards-based "Healthy Relationships" curricula for grades 9-12 as a Delaware DOE Model Unit of Instruction. A middle school version for grades 6-8 is later piloted in Delaware schools and launched in 2012

• 2010- Delaware MEN (Men's Education Network) is formed and later funded as a statewide coalition-building strategy in 2013 by DPH through the CDC's Rape Prevention Education Program

• 2011- DCADV, Delaware DOE, DSCYF, and DELTA partners host the "*Racing to the Top Against Media Messages: How They are Hindering the Next Generation*" statewide prevention conference for parents, teachers and youth educators.

• 2012- CDC's national DELTA Program is described in the Journal of Safety Research as a "Top 20 List of Practice Innovations in Violence and Injury Prevention" since the founding of the National Center for Violence and Injury Prevention and Control in 1992

• 2013- DCADV is selected to participate in CDC's DELTA FOCUS with local programs to be coordinated by Child, Inc. and People's Place.

• 2013- DCADV, in partnership with DPH, is awarded a 3-year "Project Connect" grant to join 11 grantees across the country in one of the only programs offering a national coordinated public health model to improve the health response to IPV and sexual violence. Local partners include Child, Inc., Peoples Place, Planned Parenthood of Delaware, La Red Health Center, and University of Delaware.

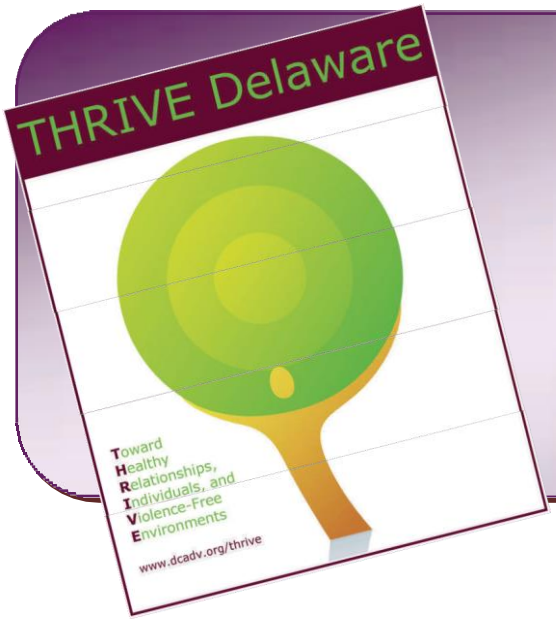
• 2013- DCADV hosts a statewide THRIVE (Toward Healthy Relationships, Individuals, and Violence-free Environments) conference featuring workshops on IPV as a health issue, gender equity, and participatory action research methods

• 2014- DCADV's 20th Anniversary Institute: Integrating Health, Prevention, and Trauma-Informed Practice into Our Work brings diverse partners from across the state together for a 3-day gathering in Dover

• 2015- DCADV sponsors Dr. Bob Prentice as the keynote for DPH's Health Equity Forum. Dr. Prentice is co-author of the National Association of County and City Health Officials (NACCHO) book, "Expanding the Boundaries: Health Equity and Public Health Practice"

• 2015- DCADV's "Resilience on the Riverfront" Trauma Conference includes violence prevention workshops and remarks from Amy Peeples, Acting Deputy Director of the National Center for Injury Prevention and Control, CDC

• 2016-Safe + Respectful, a Delaware DELTA program implemented by Child, Inc., is selected as a CDC case study to be disseminated nationally



Intimate Partner Violence impacts the health of individuals, families, and communities.

Intimate Partner Violence is preventable.

Understanding Intimate Partner Violence as a Health Issue

More than 1 in 3 women will experience intimate partner violence (IPV) in their lifetime.[1] Individuals who have suffered physical and mental trauma from abuse are at greater risk for many of our nation's leading negative health outcomes, including depression, heart disease and hypertension, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, unintended pregnancies, diabetes, and even asthma and obesity.[2] Viewing IPV through a health lens and employing effective strategies to prevent IPV could have a major impact on our nation's overall health. The effects of IPV on health and health care are unsustainable for individuals and for our communities. While great strides have been made in intervention and response, success in preventing intimate partner violence requires action from all of us in the places where we ***live, work, learn, play, and love***.

TODAY'S REALITY	TOMORROW'S VISION
Few health care providers report screening and assessing for intimate partner violence.[3]	Delaware health care providers have standards of practice for IPV prevention, screening, assessment, and referral.
Delaware middle and high school girls report higher rates of verbal abuse, and students who identify as lesbian, gay, or bisexual, followed by students with learning disabilities and/or physical disabilities, report higher rates of verbal, physical and sexual abuse.[4]	Effective prevention strategies are being implemented and evaluated across the state. They include frameworks to address imbalances of social, political, and/or economic power across Delaware's population, and recognize that the health and well-being of every Delawarean is impacted by multiple dimensions of a person's diversity.
IPV is a gender health disparity[5] and women disproportionately share the burden of IPV victimization and health impact.[1]	Gender-equitable policies and norms are in place to ensure that safe and respectful relationships are neither dependent on, nor constrained by, a person's sex or gender identity.
When Delawareans organize to address IPV, they primarily work with criminal justice or crisis workers to provide information and resources and to help raise awareness of the problem.	Delawareans also understand IPV as a preventable health problem, and work together with health care, public health, and prevention practitioners to help reduce risk and stop the violence before it starts.

How could this vision come to life in Delaware?

- Delaware's health care providers adopt an evidence -based screening model for IPV and reproductive coercion in Delaware's health care settings (clinics, private medical practices, emergency rooms, urgent care centers).
- Information about healthy relationships is a routine part of preventative medical care.
- Community agencies and organizations (such as schools or community centers) strive to provide safe, respectful, and equitable environments through development and advancement of supportive policies and practices.
- Delaware's schools include instruction on healthy relationships and prevention of IPV within their health education classes.
- Delaware develops and sustains a statewide IPV prevention system with representation across many collaborative sectors (e.g., public health, health care, domestic violence advocates, social service agencies, etc.).

How can Delawareans THRIVE?

- **Learn** – Be an active learner and participant in DCADV's THRIVE webinars, conferences and training events. Visit http://www.dcadv.org to find upcoming events.
- **Advocate** - Help agencies and communities THRIVE by promoting concepts and practices that challenge the existing structures and conditions which allow violence to occur.
- **Promote** - Encourage others to come THRIVE with us and share and distribute THRIVE resources.

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20th Anniversary

DELAWARE COALITION AGAINST DOMESTIC VIOLENCE

1994 - 2014

Empowerment • Advocacy
Prevention • Social Change