Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

Volume 3, Issue 2

August, 2007

Inside this issue:

Committing to Primary Prevention 1
- Kristi VanAudenhove

Moving Beyond Individual Change 1
- Brad Perry

Funder's Forum: Stop It Now! comes to Harrisonburg 2
- Rebecca Odor

Promising Practice: Winchester DELTA Project 2
- Lavenda Denney

Committing to Primary Prevention

Kristi VanAudenhove, Co-Director
Virginia Sexual & Domestic Violence Action Alliance

The articles in this issue of Moving Upstream discuss the importance of changing the practices of institutions, organizations, communities, and other entities that influence the behavior of their individual members. VSDVAA has put this value into practice in its efforts to promote sexual violence and intimate partner violence primary prevention work across Virginia.

VSDVAA has integrated prevention throughout the agency since its inception in 2004. The agency mission is to create a Virginia free from sexual and domestic violence - a mission with prevention at its core. While there is a profound commitment to ensuring that all survivors have access to safety, respect, justice and healing, much of the energy and passion that drives that work comes out of the belief that working together we can create communities that are free from sexual and domestic violence.

In 2005 the membership adopted a Strategic Plan that included seven goals. Preventing sexual and domestic violence is one of those goals, and it includes activities ranging from coordinating the DELTA project to promoting surveillance to drafting a formal position promoting affirmative consent for sexual activity. Prevention is also embedded in the objectives under each of the other seven goals. For example, the Public Awareness goal includes the development and implementation of a campaign focused on bystander responses to unhealthy dating behavior and promoting healthy dating relationships: The Red Flag Campaign.

Out of 25 VSDVAA staff members, there are 3 full-time staff whose principal duties are focused on primary prevention, 6 additional staff who have significant responsibilities in carrying forward prevention objectives, and the 3 Co-Directors who commit a substantial portion of their time to providing support and guidance to the agency's prevention work. More than half of the staff have participated in specialized prevention training, and in the upcoming year all new staff will be expected to complete our Principles of Prevention training. This shared understanding of prevention translates to a shared commitment - to healthy relationships, healthy sexuality and ultimately, to communities free of sexual and domestic violence.

Moving Beyond Individual Change: *Frameworks for comprehensive primary prevention strategies*

Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

The evolution of primary prevention work in recent years has created an impetus to think beyond changing the knowledge, attitudes, and beliefs of individuals. Sexual and intimate partner violence (SV/IPV) prevention practitioners have begun to recognize and address the spheres of influence surrounding individuals that help to shape behavior in powerful ways.

Perhaps because SV/IPV work is complex on its own, it is often simplified to its tangible, individual-focused, victim service aspects – sheltering victims, responding to crisis calls, and providing court advocacy. Complementary victim service work such as systems advocacy (e.g., working to improve police protocols and court procedures; building accountable, collaborative networks; or reforming hospital policies) is sometimes less immediately identified as vital to our efforts. Similarly, primary SV/IPV prevention work is often equated to using education

(Continued at the top of Page 3)

Funder's Forum

Stop It Now! (R) Comes to Harrisonburg

Rebecca Odor, MSW, Director of Sexual & Domestic Violence Prevention
Division for Injury and Violence Prevention, VDH

Stop It Now! Dialogue on Child Sexual Abuse Prevention Between Survivors, Family Members, Recovering Offenders & Professionals:

Conversations about child sexual abuse - whether they are private discussions in our homes or public discussions in the media - always seem to begin and end the same way. There's no doubt a problem exists, but also no idea what we can do about it. After all, right here in Virginia 1 in 4 women and 1 in 5 men have been a victim of child sexual assault. Where do we even start to address such a big issue? The answer begins with talking about the issue constructively with everyone who is affected, and the Stop It Now! dialogue is designed to do just that. It will bring together survivors, recovering sex offenders, family members, and treatment providers to offer their stories of hope and begin to create a more optimistic reality in our community where all adults understand the role they can play in stopping child sexual abuse before it starts. Indeed, this is a unique opportunity to learn from those directly affected by sexual abuse.

DATE: Monday, September 24, 2007
TIME: 8:00 AM - 12:00 PM
LOCATION: Lucy Simms Educational Center
620 Simms Avenue
Harrisonburg VA 22801
FEE: No charge to attend the event. There will be a $10 fee assessed to registrants who register and do not attend. Space is limited.
Register online at www.vahealth.org/civp/sexualviolence or by phone at 804-864-7741.

Promising Practices

The Winchester DELTA Project: Working at all levels of the social ecological model.

Lavenda Denney, Domestic Violence Program Coordinator
Shelter for Abused Women in Winchester, VA

The Winchester DELTA Project determined that a partnership with the faith community would bring the most powerful influence on our population. Faith communities in our area are an integral part of family life. During the two years of strategic planning for this project, new allies were recruited, and committees met regularly to receive training on primary prevention and to develop surveys for partner churches to learn what people identified as the causes of domestic violence. Through feedback from adolescents in the faith community we learned that the contributing factors to intimate partner violence were:

- unequal role division between boys and girls;
- learned acceptance of unequal gender norms and stereotypes,
- confusion about gender differences and acceptable vs. unacceptable behavior;
- and perpetration of the same behaviors that were modeled as children.

Once project coordinators had this information, community leaders were able to determine that in our community, domestic violence was a learned behavior. In an effort to prevent violence from starting, the DELTA project focused on implementing primary prevention strategies on four different levels. During the third year of the project, the plan was implemented.

At the **Individual Level** we offered educational workshops and activities for adolescents in the faith community. These activities examined gender norms and stereotypes. They promoted the development of healthy relationships. Workshops focused on teaching communication skills and personal responsibility. To assist with this goal, committee members teamed up with local churches. Pastors at each church utilized a new innovative faith based curriculum, "Love, All That and More", to teach youth about the importance of modeling healthy behaviors. The youth were given bracelets and flashlights with the slogan, Love is Patient, Love is Kind. The workshops also included free food and door prizes! Post-tests indicated that 100% of the participants determined that it takes love, communication, and respect to make a relationship work.

At the **Relationship Level** committee members partnered with representatives from the Coalition of Parrish Nurses. In an effort to promote healthy relationships, nurses met with parents of adolescents to teach them the importance of modeling respectful behaviors. They worked with the parents one on one or in group sessions to discuss good communication skills and how to handle stressful situations in the presence of your children. In this part of the project, parents in the faith community learned how their behavior influences their chil-

(Continued on Page 6)

Moving Beyond Individual Change (cont. from Page 1)

programs to change the knowledge, attitudes, and beliefs of individuals. However, there is also an increasing range of prevention strategies addressing the grander forces that influence our choices as individuals. Such strategies are vital because meaningful behavior change will only occur in conjunction with complementary changes in our social environment.

For example, even if we were able to reach every 13-year-old in a given school system with a year-long healthy relationship skill-building program, some of those students would likely still become abusive. The messages an individual receives about gender, violence, and relationships from his/her parents, older peers, organizational and public policies, the media, and his/her culture could counteract even our best educational efforts. Imagine a boy who received this year-long healthy relationships program, but who also:

- Goes home and sees his father behaving abusively toward his mother,
- Is often told by his older brother that hooking up with girls is a game where girls have to "lose" in order for boys to "win",
- Attends a church that discourages women from becoming leaders and espouses a general belief that men should be "in charge" and women should be submissive in intimate relationships,
- Watches movies marketed to his demographic (in which men dominating others is celebrated and normalized),
- Is immersed in a culture that promotes toughness and intimidation as legitimate means to an end, and views respect for others as "weak".

"Prevention strategies addressing the grander forces that influence our choices as individuals …are vital because meaningful behavior change will only occur in conjunction with complementary changes in our social environment"

Even with strong frequent messages, such as those in our hypothetical year-long healthy relationships program, would we ever be able to adequately overcome these broader influences through efforts focused on changing individual knowledge, attitudes, and beliefs? Probably not. Recognizing and addressing these external barriers, while also motivating positive support systems across an individual's social environment is crucial to creating effective primary prevention strategies. Imagine how much more impact we could have on the hypothetical 13-year-old boy if we were able to implement a comprehensive program that addressed both individual and environmental factors. If this were the case, our healthy relationship initiative might also entail:

- Creating an ongoing parent program that complements the messages of the student-focused healthy relationships education,
- Including adult mentors in the implementation of the healthy relationships program so that students whose parents don't participate in the program are still able to see healthy relationship skills modeled by adults,
- Organizing and training a group of older teen male and female students to facilitate discussions and exercises so that cooperation between boys and girls is modeled for the students,
- Working with local church leaders to find commonalities - perhaps proposing that "treating others as you would want to be treated" is a concept important to everyone involved, and partnering with interested churches to write a Sunday School curriculum for teens that applies this concept to dating relationships. Also working with them to promote gender equity in this context, helping to raise the status of women as leaders in churches where they have been traditionally excluded. (See "Promising Practice" article in this issue for an example of how one local program used a similar approach with churches in their community.),
- Incorporating media literacy into the program, and helping students organize letter writing campaigns to media outlets and create YouTube spots demonstrating the concepts they would like to see represented in the media,
- Developing an online community of teens promoting open discussions about gender roles, sexuality, relationships, and the pressures teens feel about these topics – the online community could also act as an organizing base where teens can work with adult advisors to impact legislation and policies relevant to these topics

These program ideas are only examples – there is a vast range of creative approaches to address the different layers of our social environment. Our ability to develop and implement such approaches is obviously limited by practical concerns: resources (or lack thereof), political climate, geography, etc. Implementing all of the elements in the above example would likely be impossible to achieve for most local programs because of the massive cost associated with such a comprehensive endeavor. However, it is important that we attempt to impact at least a part of these larger forces. Even if organizing the older male and female teen facilitators were the only component we are able to accomplish, it would still strengthen our overall program in numerous ways – the message delivery would be more credible and effective, and the healthy relationship concepts would "come to life" when modeled by these older peer facilitators.

Addressing the factors throughout our social environment that contribute to, and buffer against, SV/IPV is complex and challenging. Two frameworks have emerged from the public health field to help manage this complexity: The social ecological model and the Spectrum of Prevention. Primary SV/IPV prevention practitioners have been successfully using these frameworks for the past several years to develop structured, comprehensive programs addressing multiple layers of our social environment.

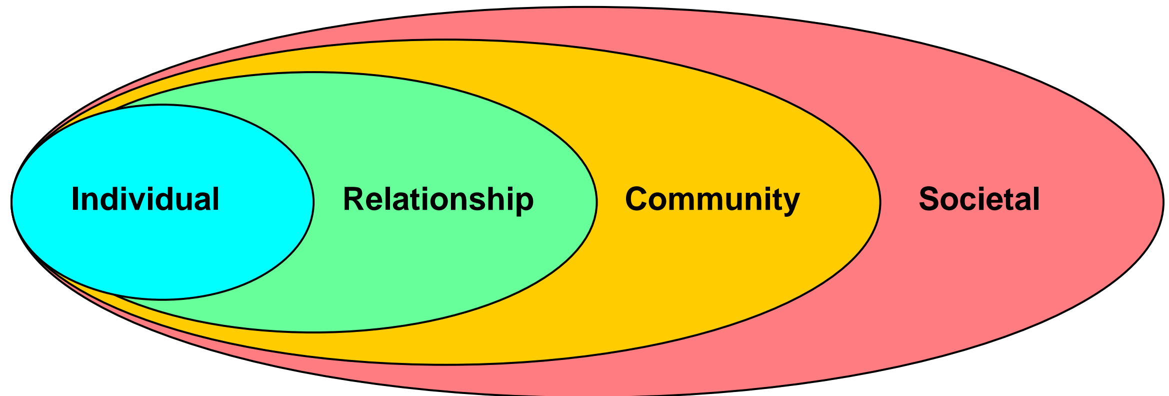
(Continued on Page 4)

Moving Beyond Individual Change (cont. from Page 3)

The Social Ecological Model

The social ecological model (SEM) explains the occurrence of SV/IPV and helps identify potential prevention strategies on four levels (Heise, 1998): individual, relationship, community, and societal (see diagram). The SEM is helpful because it is theoretically non-prescriptive, allowing prevention researchers and practitioners to incorporate insights from multiple disciplines. Additionally, the SEM necessitates consideration of external/environmental factors (such as those described in the above example) in addition to internal/personal factors (knowledge, attitudes, beliefs, etc.). By nesting individual factors within a set of broader environmental conditions, the social ecological model helps ensure primary prevention initiatives will address the occurrence of SV/IPV as more than simply a product of misguided knowledge, hurtful attitudes, or corrupt beliefs.

Diagram of the social ecological model (Heise, 1998):



In addition to offering a classification scheme for the various types of factors underlying SV/IPV, the SEM can also be used to organize prevention activities according to which level of the SEM they are seeking to impact. It is important to note that each level of the SEM describes the type of factor addressed by an activity, rather than the location of the activity. For example, a school-wide dramatic performance designed to enhance knowledge about SV/IPV would be associated with the individual level rather than the community level. Although it is reaching the entire "community" of the school, its goal is to impact individual knowledge rather than to alter policies or practices that would have an enduring influence over how SV/IPV is regarded by the school as an institution. Descriptions of each level of the SEM and examples of corresponding SV/IPV risk factors are included below. (Due to space constraints and a general lack of knowledge within the field, examples of protective factors were not included.)

Individual: Factors and corresponding program activities related to a person's knowledge, attitudes, behavior, history, demographics, or biology. For instance, a male (demographics) who frequently denigrates women (behavior), and adheres to a belief that the use violence/coercion is an acceptable means to an end (attitude) is at a heightened risk to perpetrate SV/IPV.

Relationship: Factors and corresponding program activities concerning the influence of parents, siblings, peers, and intimate partners. For instance, members of a college fraternity that encourages men to dominate and sexually "score" against women are at a heightened risk to perpetrate SV/IPV.

Community: Factors and corresponding program activities pertaining to norms, customs, or people's experiences with local institutions, such as schools, workplaces, places of worship, or criminal judicial agencies. For instance, it is widely known that a particular county's criminal judicial system routinely arrests, prosecutes, convicts, and gives maximum penalties on SV/IPV cases involving Afro-American citizens, but rarely pursues (or does not pursue as vigorously) cases against white perpetrators. If the citizens of this county also generally adhere to norms that support a "boys-will-be-boys" philosophy, then the white men in this community are at a heightened risk to perpetrate SV/IPV because of the implied support for some forms of SV/IPV (the "boys-will-be-boys" norms) and tacit message that white men are allowed to "get away" with things that others are not (experience of institutions).

Societal: Factors and corresponding program activities regarding broad social forces, such as inequalities, oppressions, organized mass belief systems, and relevant public policies (or lack thereof). For instance, many abstinence-only-until-marriage sex "education" programs promote rigid negative gender stereotypes, including the notions that women should be responsible for controlling men's sexual advances, and that women should be the property of men. The various municipal, state, and federal policies supporting these programs exemplify the kind of broad social forces that perpetuate male sexual and relationship entitlement. When combined with factors at the other levels, these forces enable some men to perceive SV/IPV perpetration as socially sanctioned behavior - or at least view it as justified under certain circumstances.

Please see the "Promising Practices" column in this issue for an example of how one local program in Virginia used the SEM to organize and implement an IPV prevention initiative.

(Continued on Page 5)

Moving Beyond Individual Change (cont. from Page 4)

The Spectrum of Prevention

Originally developed to enhance various types of public health projects in the 1980's, The Prevention Institute's "Spectrum of Prevention" is a framework used to design multifaceted prevention initiatives (Davis, Parks, & Cohen, 2006). Like the SEM, the Spectrum frames strategies to educate individuals as part of a broader context of concerns. The 6 levels of the Spectrum of Prevention are:

1. Strengthening Individual Knowledge and Skills (Enhancing an individual's capability for preventing injury and promoting safety.)
2. Promoting Community Education (Reaching groups of people with information and resources to promote health and safety.) NOTE: Here, the term "community" is referring to a setting where many individuals can be exposed to a message. This definition is in contrast to the SEM's use of "community" to describe factors that influence large-group conduct.
3. Educating Providers (Informing providers who will transmit skills & knowledge to others.)
4. Fostering Coalitions and Networks (Bringing together groups and individuals for broader goals and greater impact.)
5. Changing Organizational Practices (Adopting regulations and shaping norms to improve health and safety.)
6. Influencing Policy Legislation (Developing strategies to change laws and policies to influence outcomes.)

In contrast to the relatively abstract nature of the SEM, the Spectrum of Prevention is cast in a more concrete manner, exclusively focusing on the development of comprehensive prevention strategies. Although the SEM has the added advantage of being able to enhance our understanding of the underlying factors of SV/IPV, the clean, concise nature of the Spectrum makes it a useful framework in its own right. Also, analogous to the SEM, the Spectrum necessitates consideration of factors in an individual's social environment. Lee, et al, (2007) explain, "When working on multiple levels of the Spectrum, the results are greater than an effort only on one level. Educational sessions are more effective in adapting positive behaviors when the messages are reinforced with a community education campaign, and when providers reinforce the messages."

The table below, created by David Lee at Prevention Connection and adapted from Davis, et al. (2006) provides examples of sexual violence prevention strategies at each level of the Spectrum of Prevention. Consult the original sources for detailed descriptions of the strategies listed in the bibliography included at the end of this article. (This article is continued on Page 6.)

"[These frameworks can] empower the next wave of researchers and practitioners to invent effective 'big-picture' strategies for preventing sexual violence and intimate partner violence."

Virginia Governor Tim Kaine
(Convened Virginia's Commission on Sexual Violence)

Spectrum of Prevention and Sample Activities	
Influencing Policies and Legislation	Dangerous Promises campaign to prohibit sexualized violence in alcohol advertising (Woodruff, 1996)
Changing Organizational Practices	Developing sexual harassment prevention policies for a high school
Fostering Coalitions and Networks	Developing coalitions to promote primary prevention of violence against women, such as DELTA project (CDC, 2006)
Educating Providers	Training coaches to teach young men on how to respect women such as Coaching Boys Into Men (Carr et al., 2005)
Promoting Community Education	Advertising campaigns to prevent sexual violence such as MyStrength (Lee & Lemmon, 2006)
Strengthening Individual Knowledge & Skills	Classroom presentations (Morrison et al., 2004)

Please send questions/comments to:

VSDVAA
Attn: Brad Perry
Phone: 434-979-9002
Fax: 434-979-9003
E-mail: bperry@vsdvalliance.org

The Winchester DELTA Project (continued from Page 2)

dren and that modeling healthy behavior will increase the chances that their children will desire healthy relationships. Many of the parents who participated in this level of the project had adolescent children who also participated in the individual level. This was an added benefit to the program in that both parent and child received the same information, affecting the entire family unit.

At the **Community Level** we led presentations on the importance of modeling healthy relationships for the local Coalition of Parrish Nurses. The presentations focused on training the nurses on how to train parents to be healthy role models for their children. Following the training, the nurses revised their own training manual to include a section on helping families learn about healthy relationships. This revision is now a mandatory part of Parrish Nurse training.

At the **Societal Level** the goal was to implement a change in church policy encouraging the addition of monthly sermons and/or workshops for parents and adolescents focusing on promoting healthy relationship skills. The committee came up with the concept of inviting local churches to be Healthy Relationship Churches. We developed an invitation flyer, and planned to distributed it to every church in the city limits. The DELTA project is enticing churches to build a more peaceful community. Healthy Relationship Churches are churches that employ the following prevention strategies:

- The pastor preaches a sermon on healthy relationship skills twice a year;
- The youth group focuses on healthy relationships twice a year;
- The women's organization hosts a program on healthy relationships once a year;
- The men's group hosts one program a year on healthy relationships; and
- The church offers a parents retreat once a year on an aspect of healthy relationships.

We also offered resource incentives to the first 5 churches who signed up. The start-up kit, valued at $500, included: the Love, All That and More curriculum, a DVD on how churches can prevent domestic violence, a book on men's role in preventing violence against women, incentives (pens, mints, bracelets, and flashlights) that promote the Love is Patient, Love is Kind message and a full sized banner for the church to hang proclaiming "WE ARE A HEALTHY RELATIONSHIP CHURCH". All participating churches will receive a framed certificate recognizing their commitment to the project.

Moving Beyond Individual Change (continued from Page 5)

Conclusion

While the terminology associated with the social ecological model and The Spectrum of Prevention might seem daunting at first to anyone without a public health degree, the concepts underlying these frameworks are actually quite consistent with the central tenets of the movements against rape and domestic violence. Tracing the cultural roots of these problems helped us to understand that SV and IPV are extensions of our social environments rather than disconnected episodes of individual transgression. This realization played a crucial role in the motivating women and men against SV/IPV 35 years ago. As we apply the nuance and specificity afforded by the social ecological model and the Spectrum of Prevention to what we have already learned about the social foundations of SV/IPV, we can hopefully empower the next wave of researchers and practitioners to invent effective "big-picture" strategies for preventing SV/IPV.

Bibliography

Carr, M., Morgan, L,. & Lee, L. (2005). *Coaching Boys into Men Playbook*. San Francisco, CA: Family Violence Prevention Fund. http://www.coaches-corner.org

Centers for Disease Control and Prevention. (2006). *Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA*). Retrieved from www.cdc.gov.mill1.sjlibrary.org/ncipc/DELTA/default.htm

Davis, R., Parks, L. F., & Cohen, L. (2006). *Sexual Violence and the Spectrum of Prevention*, Enola, PA: National Sexual Violence Resource Center.

Heise, L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Wo*men, 4(3), 262-290.

Lee, D.S., Guy, L., Perry, B., Sniffen, C., & Mixson, S.A. (2007) Sexual Violence Prevention. *The Prevention Researcher*, 14(2), pp. 15-20.

Lee, D.S., & Lemmon, P. (November 2006). *MyStrength: California's social marketing campaign to engage young men to prevent sexual violence.* Poster session presented at the annual meeting of the American Public Health Association, Boston, MA.

Morrison, S., Hardison, J., Mathew, A., & O'Neil, J. (September 2004). *An Evidence-Based Review of Sexual Assault Preventive Intervention Programs.* Retrieved on November 30, 2006 from http://www.ncjrs.gov/pdffiles1/nij/grants/207262.pdf

Woodruff, K. (1996). Alcohol advertising and violence against women: A media advocacy case study. *Health Education Quarterly*, 23 (3), 330-345.