

## Summary: Virginia's Plan for Primary Prevention of Intimate Partner Violence

Virginia's domestic violence service providers responded to 47,526 crisis situations in 2007, providing services to victims, family members, friends, and allied professionals. On an average night, 356 children stayed in Virginia domestic violence shelters, and more than 50 percent of those children had directly witnessed the violence in their families.<sup>1</sup> To combat the public health problem posed by intimate partner violence (IPV), Virginia is continually improving services to meet the needs of local communities and citizens. In addition, Virginia and other States are developing and expanding prevention programs for children, youth, and adults to stop domestic violence before it can occur – the essence of primary prevention.

The Virginia Sexual and Domestic Violence Action Alliance (Action Alliance), with the Centers for Disease Control and Prevention (CDC), entered into a Cooperative Agreement for the purpose of building the capacity to prevent IPV in communities throughout the Commonwealth. The Cooperative Agreement, called DELTA (Domestic Violence Prevention Enhancement and Leadership Through Alliances), began in 2003 and will continue beyond 2009. A major aspect of DELTA has been development of the statewide "Virginia Intimate Partner Violence Prevention Plan," based on a systematic 10-step planning process called "Getting to Outcomes." The goal was to create and implement evidence-based strategies that prevent first-time perpetration of intimate partner violence.

A Statewide Steering Committee was created to spearhead the development of the prevention plan. After assessing statewide needs and resources, the Statewide Steering Committee developed goals, outcomes, and strategies for the next 8 to 10 years to address IPV prevention. During the assessment process, the Statewide Steering Committee identified risk factors correlated with higher perpetration of IPV, as well as protective factors that correlated with healthy relationship outcomes in Virginia.

ycs changing the future with fresh ideas and effective tools.

## Goal 1

#### Increase the number and diversity of communities in Virginia that engage in effective programs to promote healthy relationships.

#### By 2014...

- increase funding for IPV prevention initiatives to at least \$500,000 per year.
- ensure that at least 50 percent of IPV primary prevention projects will be based in historically oppressed communities.
- increase the capacity of local communities to effectively engage in the promotion of healthy relationships.

### Goal 2 Increase Action Alliance members' commitment to achieving economic equity for women in Virginia.

#### By 2014...

- the Action Alliance will, at minimum, pay all staff a living wage, provide family leave, and provide health care benefits for employees, their partners, and their dependents.
- member agencies that pay all staff a living wage and provide family leave as well as health care benefits for employees, their partners, and their dependents will increase by 30 percent.
- members and task forces will collaborate with statewide partners and communities to participate in living wage campaigns in five different regions of Virginia.
- increase its organizational commitment to address racism by 25 percent, as measured by the "Characteristics of the Anti-Racist Organization" from the DRworks Dismantling Racism Workbook.<sup>4</sup>

## Goal 3

#### Increase the capacity of Virginia's young adults (aged 14 to 22) to effectively identify and respond to behaviors that may be precursors to IPV.

#### By 2014...

- 75 percent of students surveyed on three diverse college campuses after the Red Flag Campaign will demonstrate that they are more likely to intervene in behaviors that are potential precursors to intimate partner violence.
- 75 percent of students surveyed in three diverse target high schools will demonstrate that they are more likely to intervene in behaviors that are potential precursors to intimate partner violence.

Young people across all ethnic and socioeconomic groups are less likely to experience violence when their community engages them as resources to help address issues relevant to health and safety.<sup>2</sup>

The average income of African-American women is about 60 percent of the average income of white men. Asian-American and Hispanic women's income is about 75 percent of that of white men.<sup>3</sup>

About 1 in 5 high school girls have been physically or sexually abused by a dating partner.<sup>5</sup>

The bystander approach has been shown to be effective in reducing violence against women by providing everyone in a given community specific roles and action steps for addressing warning signs of IPV perpetration.<sup>6</sup>

# Goal 4

Increase the resources available to professionals who serve youth for building healthy relationship skills and positive racial identity for African-American youth in pre-K through elementary school.

#### By 2014...

- the Action Alliance will develop a partnership with key leaders from the African-American community and develop five new tools for modeling healthy relationships; promoting media literacy related to gender, race, and violence; teaching skills for engaging in healthy relationships; and providing lessons that promote positive racial identity for pre-K through elementary-school-aged African-American children.
- 500 youth-serving professionals will be prepared to use five new tools for modeling healthy intimate partner relationships; promoting media literacy related to gender, race, and violence; teaching skills for engaging in healthy relationships; and providing lessons that promote positive racial identity in their work with pre-K through elementary school-aged children.

In Virginia, black women were victims of family and intimate partner homicide at a rate almost three times as high than that for white women.<sup>7</sup>

# Goal 5 Increase our understanding of perpetration of intimate partner violence.

#### By 2014...

• partner with Virginia's Office of the Chief Medical Examiner (OCME) and law enforcement leaders to structure a set of qualitative data, specific to perpetration of IPV, that could be consistently collected in IPV homicide investigation and through surveillance. Virginia's Office of the Chief Medical Examiner collects data on IPV homicide victimization, but the same data are not collected on IPV perpetration.

Request a full report by contacting the Virginia Sexual and Domestic Violence Action Alliance: info@vsdvalliance.org. This report was supported by Cooperative Agreement Number 1US4CE001525-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

<sup>&</sup>lt;sup>1</sup>Virginia Sexual and Domestic Violence Action Alliance. (2005a). 5 years of domestic violence services to Virginia adults and children: A report from Virginia's sexual and domestic violence agencies 2000 – 2004. Retrieved December 2006, from http://www.vsdvalliance.org/secPublications/2000-2004%20SV%20Services%20to%20Virginia%20Adults%20and%20Children.pdf

<sup>&</sup>lt;sup>2</sup> P. & Leffert, N. (1999). Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development. Search Institute: Minneapolis, MN.

<sup>&</sup>lt;sup>3</sup> Institute for Women's Policy and Research, (2004), The status of women in Virginia, Retrieved March 2007, from http://www.iwpr.org/States2004/VA.htm <sup>4</sup> DRworks dismantling racism workbook: a workbook for social change groups (2007). DRworks

<sup>&</sup>lt;sup>5</sup> Silverman, J.G., Raj, A., Mucci, L., Hathaway, J., Dating violence against adolescent girls an associated substance use, unhealthy weight control, sexual risk behavior, pregnancy and suicidality. Journal of the American Medical Association, 2001; 286(5): 572-9.

<sup>&</sup>lt;sup>6</sup>Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. Journal of Community Psychology, 32, 61-79.

<sup>&</sup>lt;sup>7</sup> Commonwealth of Virginia, Department of Health, Office of the Chief Medical Examiner, (2007) Family and intimate partner homicide: Virginia 2005, Richmond, VA.

# Virginia's Statewide Steering Committee

Virginia's IPV primary prevention plan has resulted from a statewide planning process led by the Action Alliance and undertaken by an Intimate Partner Violence Primary Prevention Statewide Steering Committee. Leaders from various allied professional groups united to form the Statewide Steering Committee in May 2007. Over the next two years, the group met quarterly, working through tasks outlined by a planning process called "Getting to Outcomes" (GTO). The Statewide Steering Committee reviewed and analyzed a large number of compiled U.S. and Virginia data to better understand the magnitude of intimate partner violence in Virginia, selected a specific population, and crafted a set of relevant goals and outcome statements. To achieve these outcomes, the Statewide Steering Committee worked with the Action Alliance prevention staff to review various primary prevention strategies, making selections on the basis of efficacy, fit, and capacity.

## Statewide Steering Committee Members:

Virginia Sexual and Domestic Violence Action Alliance Kristi VanAudenhove Liz Cascone Beth Leftwich Brad Perry Sumayya Coleman, Action Alliance Consultant

#### Sexual and Domestic Violence Agencies

Ethel Adams, Safehome Systems. Inc. Rachel Patman, Family Resource Center Peggy Sullivan, ACTS / Turning Points Katie Annas, Transitions Family Violence Services Jenny Scherer, Transitions Family Violence Services

#### **State Government**

Laurie Crawford, Virginia Department of Health Nancy Fowler, Virginia Department of Social Services Robert Franklin, Virginia Department of Health

#### Medical/Heath Systems

Miriam Bender, Women's Health Virginia Janett Forte, VCU Institute for Women's Health Ginny Powell, Virginia Office of the Chief Medical Examiner

#### **Allied Organizations**

Gay Cutchin, Retired campus prevention director / Independent prevention consultant Joe Szakos, Virginia Organizing Project Lisa Furr, VCU Central Virginia Task Force on Older Battered Women Paula Kupstas, VCU Central Virginia Task Force on Older Battered Women Tishaun Harris-Ugworji, Action Alliance Women of Color Caucus Quillin Drew, Equality Virginia Anti-Violence Project



The Action Alliance is a non-profit agency dedicated to raising awareness about sexual and domestic violence, increasing public access to resources and services, offering opportunities for professional development, and initiating legislative and policy change that will bring Virginia closer to our vision: a world free from sexual and domestic violence.

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