



TRANSFORMING COMMUNITIES:
Creating Safety, Justice & Equality

TECHNICAL ASSISTANCE, TRAINING & RESOURCE CENTER

Domestic Violence Primary Prevention Technical Assistance and Training Project (DVPPTAT)

**Resource Assessment Summary Report
May 12, 2009**



DVPPTAT is a project of the California Department of Public Health (CDPH),
Epidemiology and Prevention for Injury Control Branch (EPIC), administered by
Transforming Communities: Technical Assistance, Training and Resource Center (TC-TAT).

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Executive Summary

As the domestic violence movement has developed over time, it has become clear that organizations statewide are struggling to further integrate primary prevention efforts into organizational programming for a variety of reasons, including lack of resources to focus beyond the pressing need for direct services, lack of available resources identified as promising and accessible, and a lack of any platform for organizations to further explore and test their efforts in order to move forward with certainty that their work is making a difference.

The Domestic Violence Primary Prevention Technical Assistance and Training (DVPPTAT) Project was created by the California Department of Public Health (CDPH), Epidemiology and Prevention for Injury Control (EPIC) Branch with the objective of building the capacity of local organizations to provide comprehensive domestic violence (DV) primary prevention programs in communities across the state. Through a competitive award process, CDPH/EPIC selected Transforming Communities: Technical Assistance, Training & Resource Center (TC-TAT) to administer this effort, through supporting organizations with training and technical assistance as they carry out promising practices and strategies in their local communities across the state.

This three-year project (December 2008 – June 30, 2011) will work on multiple levels to explore and strengthen theories, tools, materials, strategies, practices, policies and other factors that contribute to the prevention of domestic violence and the promotion of equality, justice and respect. Major DVPPTAT activities include:

- Conducting a resource assessment and key informant interviews to inform the identification of promising prevention strategies for statewide adaptation and use;
- Providing extensive technical assistance and training on developing, implementing, and evaluating promising prevention strategies to both a select group of funded grantees as well as to the broader field;
- Developing and disseminating social marketing/collateral materials and uniform messaging to support local programs with a common theme among their individual prevention efforts;
- Cultivating *communities of practice* - multi-leveled, structured opportunities for prevention practitioners and other stakeholders to learn and share knowledge, skills, strategic questions, competencies, promising practices, and resources for primary prevention;
- Conducting a Statewide Networking & Capacity-Building Summit to promote the knowledge transfer of lessons learned, best practices, and key trends and recommendations from the Project.

Building capacity for primary prevention of domestic violence is a complex, long-term process. To understand the most promising strategies, programs, curricula, expert trainers, and other resources related to primary prevention, the DVPPTAT initiated a comprehensive Resource Assessment (RA). The overall goal of the Resource Assessment was to identify what is currently being done in domestic violence prevention in California and nationally; select those strategies, practices, materials and tools that are having a strong impact in

diverse communities; share these resources through training and technical assistance (TAT) activities; and ultimately, contribute to an evolving “evidence base” for what works in community-centered primary prevention work.

The project identified three overarching key questions to set the direction for researching and identifying promising practices and areas of support for further integrating primary prevention efforts within organizations and communities:

1. What is realistic and do-able given current economic conditions and organizational capacity to do primary prevention?
2. What types of activities and support will be most useful to organizations?
3. What resources are required to implement them and participate in our TAT program?

The RA has been driven by a collaborative process that has drawn upon the expertise, passion and insights of many prevention practitioners. As such, this document represents an “up-to-the- moment” view and analysis of key practitioners in our collective efforts and strategic questioning about how to most effectively prevent domestic violence. This information will continue to evolve over the course of the project in a dynamic process of learning with DVPPTAT project participants and stakeholders.

The DVPPTAT project represents a unique partnership between CDPH/EPIC; TC-TAT; The California Partnership to End Domestic Violence (CPEDV); a national Project Advisory Team (PAT) made up of experienced primary prevention advocates; and prevention practitioners from around California and nationally who are actively working on the prevention of domestic violence. The DVPPTAT is particularly grateful to:

- Members of the Project Advisory Team (PAT): Tatiana Colon (Family Violence Law Center), Donna Garske (Marin Abused Women’s Services /Transforming Communities: Technical Assistance and Training Center), Lana Haddad (Glendale Women’s Commission), David Lee (California Center Against Sexual Assault), Kathy Moore (California Partnership to End Domestic Violence), Brian O’Connor (Family Violence Prevention Fund), Stephanie Papas (California Department of Education), Lisa Fujie Parks, (California Partnership to End Domestic Violence), Wendi Siebold (EMT Associates, Inc.), Abby Simms (Peace Over Violence), Ruth Slaughter (ProtoType), Sharon Turner (Stand Against Domestic Violence).
- Key Informants: Amanda Suttle (Ohio Department of Public Health), Brad Perry, (Virginia Sexual and Domestic Violence Action Alliance), David Lee (California Coalition Against Sexual Assault), Debbie Lee (Family Violence Prevention Fund and Robert Woods Johnson Foundation), Jennifer Rauhouse (Peer Solutions), Karen Lane, (DELTA -Montana), Karen Lang (Centers for Disease Control), Kimberley Freire (DELTA PREP Program), Lucy Rios (DELTA -Rhode Island), Pam Cox (Centers for Disease Control), Sandra Cashman,(Centers for Disease Control), Walter DeKeseredy, Wendi Siebold (Evaluation,Management, Training Associates Inc), Tuval Dinner (White Ribbon Campaign), Marc Mannes (Search Institute) Susan Loeb (Voices of Women), Paul Kivel, Jeff O’Brien (Mentors in Violence Prevention), Brian O’Conner (Family Violence Prevention Fund) Aimee Thompson (Close to Home), Rus Ervin Funk (MensWork), Abby Sims (Peace Over Violence), Chevron

Kothari (Mountain Crisis Services), Kathy Moore (California Partnership to End Domestic Violence), Lisa Fujie Parks (California Partnership to End Domestic Violence), Tatiana Colon (Oakland DV Law Center) Zoe Flowers (California Partnership to End Domestic Violence), Susan Thompson (Lake County Family Resource Center), Sharon Turner, (STAND! Against Domestic Violence), Mimi Kim (Shimtuh), Kate Kain (Transforming Communities and Marin Abused Women's Services), Donna Garske, (Transforming Communities and Marin Abused Women's Services) Christy Chung (Groundspark) Beth Raub (DELTA -San Louis Obispo), Tamara Costa (Community United Against Violence), Jessica Walsh (Students Against Domestic Abuse) Emily Emmerson (New Beginnings Shelter), Daniel Jose Older (Make the Road by Walking), Emily Hall (Tennessee Coalition Against Domestic and Sexual Violence), Robin Castle (Prevent Child Abuse Vermont), Linda Cambell (Building Movement Project), Trish Tchume (Building Movement Project), Miho Kim (DataCenter)

- And all of the prevention advocates who gave generously of their time and resources to inform this Resource Assessment and the design of this project.

Section One

Framing the DVPPTAT and Resource Assessment

Introduction to this Section

Initiating the DVPPTAT Project and developing an appropriate and effective resource assessment has been a multi-layered and dynamic learning process. While certain parameters of the DVPPTAT were established from the beginning, there has been considerable room for creativity in the overall framing and design of this project as well as the Resource Assessment. Over the past few months, the DVPPTAT staff and the PAT have been engaged with CDPH/EPIC staff in extensive conversations and research around how to most effectively build statewide capacity for primary prevention of domestic violence (given the project's resources and guidelines). This "framing process" has included rich discussions about what it means to "build an evidence base;" our analysis of what causes violence against women and what is necessary to prevent it; core values and assumptions; trends and gaps in our collective knowledge; what we are most interested in learning; and many other questions. We have attempted to synthesize and document these discussions and have incorporated key findings into the overall design of the DVPPTAT Project.

Parallel with this "framing process," DVPPTAT staff have been conducting a comprehensive Resource Assessment (RA) – including researching promising practices and prevention literature; conducting key informant interviews; developing and implementing a practitioner survey; and incorporating input from the PAT. The purpose of this RA was to identify potential resources or strategies to be modeled through this project; the criteria for selecting these resources were developed through the aforementioned "framing process."

The "project framing" and Resource Assessment have been closely integrated and mutually informing. Both processes serve as a foundation for our work over the coming years and are reflected in this report.

Generating Evidence for Prevention

In the past ten years, there has been increasing focus from funders and the public health field on developing and using "evidence-based prevention programs" that have been rigorously evaluated and have been shown to have significant and positive evidence of efficacy in multiple settings.

While the public health approach has its strengths as a science-based method, it is only one of many approaches that must be employed to solve complex social problems such as violence against women. The process of creating effective strategies to prevent VAW differs from other public health issues (such as seatbelt safety or disease prevention) and

may be more similar to a social movement (such as civil rights).¹ Changing the underlying causes that contribute to violence against women requires a community-centered approach that mobilizes people to change social norms and institutional structures to promote safety, justice and equality in relationships over time. Movement-based prevention work is rooted in local, community-driven practice and is supported by social movement research.²

There are a number of promising primary prevention strategies being implemented in local communities that have field-based data showing positive outcomes for preventing domestic violence, yet have not been scientifically evaluated due to lack of resources or other capacity. These promising strategies may or may not incorporate a community mobilization component. While some community-based prevention practitioners have focused on a public health approach, others have used community organizing and/or other frameworks to inform their work. The DVPPTAT intends to draw strengths from all of these approaches.

Evolving Tools and Frameworks

To address some of the challenges around “building an evidence base,” the DVPPTAT has developed the following tools and frameworks to help project participants continue to dialogue and evolve our analysis. These tools and frameworks are “works in progress” that will continue to be adapted and refined with DVPPTAT participants throughout the project period. Other relevant tools and frameworks identified through the RA have been organized electronically and will be used as appropriate to strengthen training and technical assistance activities (See Appendix G).

- ❖ **Working Definitions** (Appendix A): This appendix includes working definitions for terms and concepts that are used in this report and that will be explored throughout the project.
- ❖ **Continuum of Effective Prevention Strategies** (Appendix B): This diagram shows the wide range of existing strategies and practices and how they relate to an “evidence-based” framework.
- ❖ **Expanded Principles of Effective Prevention Programs** (Appendix C): In assessing promising primary prevention strategies, experts consulted during this RA suggested using established principles of effective prevention programs such as those published by Nation, et al and the Virginia Sexual and Domestic

¹ In the 1970s, the U.S. battered women’s justice movement had a complex yet clear analysis of violence against women centered around power and privilege. Early advocates talked about domination based on arbitrary differences and make linkages between domestic violence and oppression such as racism and classism, making it clear that it would take a mass movement to alter the social structure and distribution of power. Over time, as more diverse community groups and government entities became involved in funding and defining the domestic violence agenda, this approach was simplified as an issue of power and control in personal relationships. Terms such as “family violence” emerged that shifted the unit of analysis from power and privilege in society at large to individual families. Consequently, many interventions also shifted from advocacy, accountability, and personal/social empowerment to counseling and improving family relations. For more information on the history of the VAW prevention movement, see “Evolution of Our Work,” *Catalyst*, TC-TAT (2007), www.transformcommunities.org.

² We recognize that there are multiple frameworks and perspectives within social movement theory. For the purposes of this project, we will focus in particular on supporting organizations to mobilize community members around shared values and action.

Violence Action Alliance.³ The DVPPTAT has added three new principles to this working list and will continue to explore these concepts throughout the project.

DVPPTAT Working List of Core Values and Assumptions

The DVPPTAT offers a unique opportunity to identify promising primary prevention strategies; test/evaluate them in different communities; document the process; and share lessons learned. Ultimately, this project has the potential to increase collective capacity to obtain funding for prevention work, and credibility to work with researchers in generating an evidence base in ways that remain true to our core values as part of a social movement for change. The following list of core values and assumptions was created based on input from key informants, practitioner surveys, and the PAT to provide a lens through which to view promising strategies; it incorporates critical elements from both the public health and social movement perspectives and has a focus on community-driven work. These core values and assumptions will be explored and refined throughout the DVPPTAT project period.

Primary prevention is most effective when there are multi-layered approaches that are rooted in local communities. It is important to recognize that local organizations and community members are experts in their own experience. This project prioritizes understanding community context and readiness to adapt and implement a comprehensive prevention strategy and will strive to provide TAT that is culturally, linguistically, and developmentally relevant.

Community-driven work is valued and a priority in preventing VAW. This project will support prevention work that is inclusive of and accountable to community residents by involving them as leaders, advisors, and collaborators. This includes identifying dynamic, flexible, adaptable models that can be tailored and used by diverse communities (rather than “programs-in-a-box”).

It is critical to recognize and honor the important prevention work that is already being done “on-the-ground.” This includes lifting up local experience and data to strengthen our field’s evidence base, and inform and strengthen state and national funding and policy priorities related to prevention.

Strong relationships are required to mobilize people to create long-term change and build ongoing efforts. It is important to recognize that sustaining the difficult work of changing social norms is best supported through long-lasting relationships among people within a community.

All activities should build the capacity of practitioners and organizations to deepen and/or expand their primary prevention work. It is critical to meet people “where they

³The *Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence*, VSDVAA (2008) are based on practitioner experience and earlier research by Nation, et al in “What works in prevention: Principles of Effective Prevention Programs,” *American Psychologist*, 58, 449-456.

are” and provide concrete assistance along a continuum that acknowledges different developmental levels.

Primary prevention efforts must continue to envision, practice and promote positive social norms. Prevention requires addressing the pro-social skills and systemic changes needed to create and support equal and respectful relationships, not just showing teens or other populations how to recognize abuse.

Organizational change is required to support the evolution and long-term sustainability of prevention programs. Part of building capacity is to support local organizations in integrating primary prevention into their missions, thereby creating the infrastructure and ongoing support required for prevention competence and long-term sustainability of the work.

Youth and constituent leadership are critical to ensure relevance and sustainability of primary prevention messages and strategies. TAT activities will include strategies for organizations to include meaningful opportunities for youth and constituent participation in the design, implementation and evaluation of prevention activities.

Strengthen the field’s ability to evaluate and document effective primary prevention work is essential, thereby contributing to a national movement to prevent VAW. This project strives to build evaluation capacity at multiple levels. This will include building upon existing research in the VAW and public health fields as well as other social movements.

All staff and participants in the DVPPTAT are peer learners. This project supports a learning process wherein practitioners share their challenges and successes through structured and ongoing *Communities of Practice*. Pilot grantees will participate in a collaborative learning process so they are part of determining what is most helpful to them and to other practitioners.

It is critical to be good stewards of project resources. There are limited resources for prevention in general, and for primary prevention in particular. The DVPPTAT will strive to use a cost-analysis lens to help determine how to bring the most value to prevention practitioners.

An important element of prevention work is to engage in statewide dialogues around sustainability. Doing the work of prevention requires comprehensive efforts, sustained over time. Given our current economic context, practitioners are particularly interested in how to sustain prevention messages, impact, commitment, community engagement, and funding over time.

Additional Considerations Suggested by the PAT

- ❖ It’s critical to link primary prevention of domestic violence with secondary and tertiary efforts so that all of our activities are integrated in a comprehensive approach.

- ❖ The DVPPTAT acknowledges that “primary prevention” is often not a term/framework that communities relate to, and will make efforts to “frame” the work of primary prevention rather than promote the terminology.
- ❖ Strategies will be enhanced if local programs identify potential linkages between DV prevention and pressing community concerns.
- ❖ It’s important to identify the key components of a promising strategy and different ways that a particular component might be implemented.

Learning Questions Guiding this Project

The DVPPTAT Project offers a unique opportunity to continue to build the knowledge and practice base around primary prevention. What are practitioners most curious about learning? How can meaningful dialogue be facilitated around these complex issues? Which questions would be most useful toward advancing a primary prevention agenda?

The project also offers an opportunity to explore and address:

- a) Questions coming from practitioners and communities about prevention;
- b) Emerging concerns from the DV field about framing our work through a public health lens;
- c) Strategic questions around using a movement-based/long-term social change framework in existing service-focused environments.

Based on key informant interviews, and input from the PAT, draft learning questions were separated into three main areas for exploration during the project period. These questions are intended to be tools for dialogue with project participants rather than formal evaluation questions, though some of these questions may also be addressed through the DVPPTAT’s formal evaluation mechanisms.

DVPPTAT staff will work collaboratively with all project participants to explore these questions throughout the project and document promising practices for each area. For example, if there is interest, pilot grantees may participate in a learning cohort to address one or more of these areas. Other learning questions may emerge through this process. Findings may be documented and shared and disseminated widely through the DVPPTAT website, statewide meetings, and through our statewide partners. Findings may also be included in the DVPPTAT’s “case studies” of promising practices.

Potential Learning Questions

1. Organizational Capacity

- How do we build the capacity of organizations to do effective and comprehensive prevention work over time? What is required for prevention effectiveness and competence?
- How is primary prevention as a core value integrated into organizational mission, strategy and culture?
- How do we integrate a strong analysis and critical thinking about prevention into everything that we do?
- How do we build evaluation capacity?
- How do we use technology (from pen & paper to kitchen table conversations to emerging digital technologies) effectively?

2. Community Relevance and Effectiveness

- How do we build the capacity of organizations to do community-driven work?
- How can strategies be effectively adapted to meet unique community needs and contexts? What does it mean to be culturally and linguistically relevant?
- What are effective ways to engage constituents and community partners in collaborative prevention work?
- What are ways of addressing other community prevention issues (such as sexual violence, gang violence, suicide, teen pregnancy, substance abuse, bullying, etc.) as a part of our prevention agenda?
- What are the opportunities and challenges in working with dual-funded (domestic violence and sexual violence) organizations?
- What does this work look like in non-VAW organizations?
- What does it mean to be in true collaboration with a non-VAW organization?

3. Advancing Our Field

- How do we get at the core values of what supports VAW prevention work? How do we name the intersecting issues of unequal distribution of power based on race, class and other oppression issues, and integrate it into our work?
- How do learnings and strategies regarding primary prevention diffuse to the field and the general public?
- What is the value/role of social marketing in prevention?
- How do we benefit from and build on public health research and evidence-based models without sacrificing a community- and practice-centered approach?
- How can we support grassroots efforts and use local evidence to inform funding and policy priorities?
- How can we strengthen a comprehensive prevention approach on local and statewide levels? Where are the gaps?
- How can we increase our effectiveness as a movement for social change?

Building the Field's Evaluation and Documentation Capacity

There has historically been extremely limited research conducted on effective DV primary prevention programs, and limited resources and capacity in the DV prevention field to evaluate and document evidence of effectiveness and impact. In order to conduct the level of research and evaluation necessary, large amounts of funding must be made available, and systems must be in place to assess the relevance of this research to the field. Most prevention projects are operating on shoestring budgets that do not include enough funding to support these extensive evaluation mechanisms. In addition, many prevention advocates have not had sufficient education or training on evaluation theory and techniques. Therefore, the resources required (including often working with an external evaluator) to conduct the scientifically rigorous research and/or evaluations necessary to build an "evidence base" are beyond the scope of most organizations. Consequently, even though many advocates are doing exciting prevention work in their communities, there are limited mechanisms in place to translate what may be effective to other practitioners.

As noted earlier in this report, there are very few "evidence-based" programs in the field of domestic violence primary prevention. Moreover, it appears that the standard of achieving an "evidence-based" status a) is not achievable any time soon;⁴ and b) is not necessarily considered relevant and empowering for organizations and communities engaged in complex prevention work. In addition, true "evidence-based" programs are conducted in very structured and controlled environments, which may in fact not be effective in other settings. This creates a challenge in identifying "effective" strategies and programs, and modifying them to ensure cultural relevance.

Practitioners noted the following significant concerns regarding duplicating and/or implementing an "evidence-based" program:

- Organizational and community capacity to implement evidence based strategies;
- Flexibility required to adapt programs to specific cultural and community contexts and still maintain fidelity;
- Lack of attention to gender analysis;
- Problems around who is doing the evaluation, who is using it, whose agenda is being advanced, who gets to be the final authority on what "works" and what is "true/valid," and the relationships of power between them;
- The fact that "proven work" typically does not demonstrate clearly substantial results for "prevention" (e.g. an individual is likely to have fewer sexist beliefs after a program);
- Emphasis on the individual – both in terms of evaluating the interventions (what did the individual experience in this program), and evaluating the outcomes (will an individual be any less likely to choose violence?);
- Lack of attention/capacity to measure impact at the level of large communities and our state (i.e. how do we reduce/prevent domestic violence in California?)

Following are some initial ideas about how the DVPPTAT can build evaluation capacity through its TAT:

⁴ One key informant believes that our field is not even within ten years of having a strong evidence base.

- Help DVPPTAT participants to view evaluation as a dynamic process of development wherein participants and programs are continuously evolving in their analysis and practice;
- Support the building of participatory evaluation knowledge, tools, skills and habits so that practitioners and constituents can a) gain competence in constructing and respecting their own knowledge; and b) contribute this knowledge towards building a community- and practitioner-centered “evidence base” for the effectiveness of primary prevention programs;
- Broaden participants’ understanding of evaluation to include not only outcomes (whether or not their activities are preventing domestic violence) but also considerations such as readiness, capacity, and process;
- Encourage the use of evaluation methodologies that help participants assess, reflect, build community, organize, and strengthen bonds between and among the people/organizations doing the assessment and the people/communities being assessed.
- Explore and promote evaluation methods (such as participatory action research, digital storytelling, and other techniques) that are grounded in deepening community connections and strengthening social movements for change.
- Identify and explore emerging tools and strategies to expand accepted boundaries of “scientifically valid” (e.g. reframe evaluation as gathering qualitative information that can be useful to the programming or change effort; use photo-journaling as an evaluation tool; use web-based techniques such as *Twhirl* and *Twitter*, etc.).
- Continue to expand the field’s commitment to creatively and persuasively document prevention work in ways that benefit communities.

Section Two Resource Assessment Research

Resource Assessment Goals and Methodology

The goals of the Resource Assessment were to:

- Establish a baseline of available domestic violence prevention resources;
- Gain an understanding of current primary prevention efforts being implemented in California and nationally;
- Identify promising, evidence-supported strategies, programs and “collateral materials” (such as curricula, social marketing campaigns, and other relevant materials that could be adapted and used through the DVPPTAT);
- Develop criteria for selecting three promising strategies or programs that could be replicated through the DVPPTAT Project.

The following methodology was used for researching promising strategies and resources:

- Held key informant interviews with 14 California-based and 26 national experts;
- Developed and implemented a practitioner survey;
- Conducted a brief literature review/scan of over 100 existing primary prevention resources and promising strategies;
- Reviewed recent needs assessments, advisory committee meetings, and evaluations from varied state projects;
- Engaged in dialogue and solicited input from project partners and PAT members.

The following section describes the initial findings from these activities.

Highlights from Key Informant Interviews

From December 2008 through March 2009, key informant interviews were conducted with 14 California-based and 26 national VAW prevention experts to:

- Gain a deeper understanding of current prevention activities and needs;
- Identify promising strategies and campaigns; and
- Begin to establish criteria for selecting the three model approaches for the DVPPTAT Project.

Insights from these conversations have been integrated into the overall strategic design of the DVPPTAT Project. Additional suggestions from the key informant interviews – including examples of promising strategies, programs, expert trainers, and collateral materials – are included at the end of this section and have been considered for the DVPPTAT’s Selection of Promising Strategies and Resources (See Section Three of this report).

While it would be impossible to include all of the rich content of these interviews, following are some direct quotes and highlights of key informant recommendations that may be useful to the DVPPTAT and the domestic violence prevention field:

Current economic and political context

- ❖ It's important to address the current economic context and realities facing prevention programs. There have been significant cuts to programs. In times of economic difficulties, the tension between direct services funding as a priority and prevention is exacerbated. How can this be addressed proactively?
- ❖ The DVPPTAT is most likely to gain practitioner participation if involvement is simple, low-cost, and low effort. Some primary prevention efforts are relatively inexpensive. Criminal justice efforts have been receiving criticism that they are expensive and ineffective.
- ❖ The DVPPTAT will need to address the already difficult problem of significant staff turnover in local non-profit organizations.
- ❖ Because of all of the budget cuts, some prevention practitioners are creating more collaboration with other partners who do violence prevention (e.g. suicide, gang violence) and having conversations about shared risk and protective factors. We can't do everything ourselves – we need to know what others are doing, need to know the quality of the prevention programs is the same across issues. Yet – it's hard to bring people together without money and a dedicated staff person. We do know it's a need.

Challenges and opportunities of “evidence-based” emphasis

- ❖ “You can't get to evidence-based through this program – you need money just for the evaluation in order to get those results. Rather, use this project as a testing ground; help people to adopt an established program and debug and test the program in a community and enhance based on this; develop and then evaluate.”
- ❖ “The more I get involved with national programs like RPE and DELTA, the more I realize how little we know about what works. We are not even within 10 years of having a solid evidence-based group of programs.”
- ❖ “Sometimes programs will rise to the top because of how much hype surrounds them. There can be a program that's obscure and has great data that has been overlooked.”
- ❖ “People at health departments may be obsessed with data and choose a program as an example of a best practice because it has the best data (not because it is the best program).
- ❖ “Schools have used evidence-based programs because of substance abuse prevention – they have a list of evidence-based curricula – if we want our member organizations to be part of this list, we need to base our programs on some kind of theory, we need to evaluate and bring leadership on board. We have to catch up or we will be left behind.”

Need for Prevention 101

- ❖ “Without a broader understanding of what prevention is, local groups default to doing a workshop about the cycle of violence.”
- ❖ “We can't isolate prevention from intervention.”

- ❖ “The “Promotion Paradigm” is gaining traction; more people are responding to that in a positive way.”
- ❖ Help groups to understand that programs need to be more than a one-time presentation. Many organizations are still focused on working at the individual level – they still have their curricula, and they want to keep doing what they have always done. There are opportunities to help them figure out how to do more comprehensive programs including local policy work and expanding to parents, teachers, and the broader community.
- ❖ Organizations need help with processing theory and policy.
- ❖ “People are more and more into working with men.”

It’s important to move away from the “one-issue paradigm.”

- ❖ “Make the case that DV is linked with other issues – don’t silo.”
- ❖ “The definition of violence against women should be broad. Most women experience multiple forms of victimization – it’s important to address sexual assault, psychological, and economic abuse.”
- ❖ Recognize the connection between domestic violence primary prevention and other social issues (such as sexual violence, gang violence, suicide, teen pregnancy, substance abuse, bullying, other violence, etc.)
- ❖ We need to be aware of larger community dialogues going on, especially in communities of color and historically marginalized communities such as LGBTQ (lesbian, gay, bisexual, transgender, and questioning); Native/First Nations; disability; rural; and other communities.
- ❖ “How can anti-violence groups step up and be part of a larger community dialogue around questions such as: What does a healthy relationship look like? What is effective and peaceful parenting? How do we talk about respectful relationships among young people when the surrounding culture and adults are often modeling violence?”
- ❖ “In most immigrant and marginalized communities, questions regarding DV are so interwoven with other issues of community health, wellness, and violence. We need to look at DV in the context of substance abuse, immigrant experience, LGBTQ experience. It’s hard to put it in a logic model.– need to look at DV in connection with other violence, questions of equity, peace, nonviolence in the context of their lives (which include violence in family, schools, and streets). There are communities where navigating marginalization is part of the way the work moves forward.”

Needs and environments are all very different; therefore, strategies will necessarily be different based on what is current and relevant.

- ❖ “The lens through which questions are being asked needs to include particular communities and their needs.”
- ❖ Develop culturally literate and culturally competent programs (beyond mere “translation” of materials) – how do people address cultural context in meaningful and effective ways?
- ❖ It’s most important to have relationships with people in the community. Include established collaborations across sectors, populations, and systems.

- ❖ Make sure to involve diverse constituencies in planning, implementation, evaluation and other leadership positions.

Special needs of rural communities

- ❖ “Rural communities need access to promising strategies and resources, and the Internet is not enough. Explore multiple ways of reaching and engaging rural people: town hall forums, posters in bowling alleys, etc. Too often we count on new technologies and assume that all people have access.”

Gender-based analysis

- ❖ “Programs that lack gender-based theories are destined for failure. Need to address male power and privilege. Too many people are passing DV off as mental health and substance abuse. It’s a social issue.”
- ❖ Concern that some programs are being sanitized by backlash with men.
- ❖ “Teen dating violence” suggests gender neutrality.
- ❖ Bullying models are generally gender-neutral – they may address violence and racism, but not gender-based.
- ❖ Concern regarding policy development in schools since there still is a lot of sexual harassment and schools don’t have prevention efforts.

Importance of youth-friendly, youth-driven organizations

- ❖ Youth development should be an intentional focus. Good programs incorporate youth development along with teen dating relationships. It’s important to build social skills that go beyond relationships.
- ❖ There is a need for a community and connections among teen-focused organizations. Create a network among practitioners who are trying to do similar things with shared ownership and mutual accountability.
- ❖ Include youth involvement in program design and evaluation.
- ❖ Clubs are useful to implement activism aspect (vs. service) – supports youth leadership and direction of the program.

Additional input from Project Advisory Team (PAT) members

- ❖ Use DVPPTAT to draw from national collective expertise to have significant impact in California; serve as hub of information, resources, connection and synergy; and contribute to national dialogue and knowledge base regarding how primary prevention of VAW works in different communities.
- ❖ Frame project and violence against women prevention movement as supporting agents of change to keep building the base and sustaining our accomplishments and gains.
- ❖ Recognize that increasing knowledge does not change norms; we need to support prevention programs to become more comprehensive and work with families, school structures, adults, institutions, and the broader community.
- ❖ Find ways in this economy to bring prevention information, tools and support to more people; make most relevant to actual people; empower people to do innovative things in their communities; help people in communities feel like they

have something they can run with that's doable and relevant; inspire next generation; support grassroots leaders; generate evidence; build upon existing prevention efforts; share resources; influence policy; create paradigm shifts; and partner with other prevention issues where appropriate.

Practitioner Survey

To complement findings from key informant interviews and determine priority needs for prevention practitioners, a brief survey was developed and disseminated to DV organizations throughout the state (Appendix E). This survey was developed in close collaboration with DVPPTAT Project partners, including the California Partnership to End Domestic Violence (CPEDV).

The main goals of the survey were to:

- Establish a baseline for respondents' level of primary prevention capacity;
- Identify primary prevention strategies or programs that are currently being used in California;
- Identify audiences that are currently being engaged in prevention efforts
- Identify priority audiences for future prevention work;
- Identify priority areas of training, resources and support for prevention practitioners.

The survey was administered to 42 practitioners at the CPEDV-sponsored 2009 Intimate Partner Violence Prevention Training and Forum in Emeryville, California on January 27, 2009. Additionally, the survey was posted on TC-TAT's website and completed by 25 practitioners between February 18, 2009 and March 2, 2009.

Summary of Initial Survey Results

Following is a high-level summary of initial results from both surveys.

Level of Prevention Capacity

A large majority of respondents (over 85%) felt fairly well prepared or extremely well prepared to do prevention work in their community. Many had experience running at least one campaign or program and most wanted to either expand or enhance their work. Some mentioned the challenges of funding prevention work in an economic environment where direct services are suffering.

Prevention Strategies and Programs Currently Being Used in California

Main programs or strategies identified:

- Presentations in school-based settings using multiple curricula;
- Presentations to youth-serving institutions (e.g. after-school programs, juvenile hall, etc.) and other community audiences;
- Youth outreach where youth are trained to bring information back to the community;
- *MyStrength* Campaigns and "Men of Strength Clubs";

- “In Touch With Teens” Curriculum;
- Events and Campaigns (Denim Day, Take Back the Night).

Current Audiences	Priority Future Audiences
<ul style="list-style-type: none"> • K-12 and Young People • Immigrant Communities • Men and Boys • Faith Communities • LGBTQ • Rural populations • People with disabilities • Other 	<ul style="list-style-type: none"> • K-12 and Young People • Men and Boys • Immigrants • Rural populations • LGBTQ • Women and Girls • Faith Communities • People with Disabilities

Training and Technical Assistance Needs Identified

- Guidance on current promising practices or evidence-based programs
- Gaining community buy-in
- Community mobilization skills
- Building networks with other domestic violence programs
- Adapting an existing curriculum or program for my community
- Building organizational readiness and buy-in
- Addressing financial sustainability concerns (e.g. through cost-benefit analyses, creative funding mechanisms)
- Policy work
- Evaluation: examples and outcome measures
- Coordinated statewide efforts
- Multiple levels of training on theory and practice
- Building on past/current efforts to create comprehensive prevention programs/campaigns

For Statewide and Regional Trainings

Priorities Identified:

- How to make prevention activities sustainable financially (79%)
- Planning community-based prevention campaigns or activities (74%)
- Making the case for prevention using cost-benefit tools (69%)
- Changing systems and policies to support prevention (67%)
- Culture and gender competence in planning prevention strategies (67%)
- Community mobilizing strategies & tools for domestic violence prevention (62%)

Interestingly, respondents noted the following as either somewhat or not needed:

- Understanding frameworks for prevention and theory of practice (33%)
- Understanding personal change required to promote values of prevention (31%)

Additional answers that were written in by respondents included:

- Peer modeling and support for this work

- Getting communities to work across age, meeting people where they are
- Adapting materials to population
- Examples and training on examples of evidence-based curricula
- In-depth theory and critical analysis
- Help with teen engagement, working with men, and working in rural populations

What Respondents Would do with Long-term Funding of Primary Prevention (Selected from a list)

Highest Responses

- Violence prevention programs in high schools
- Peer-led programs, including training peer-advocates and *promotores*
- Training people who have contact with the public (e.g. teachers, hairdressers, clergy, others)
- Changing organizational practices and policies (e.g. getting businesses, schools, hospitals to improve family-related policies or initiate activities such as volunteer groups, seminars on violence, addition of violence against women policies/procedures to personnel policies)
- Violence prevention programs in middle schools
- Violence prevention programs in elementary schools

Middle Responses

- Social marketing, public education media campaigns
- Parenting programs
- After-school programs for high-risk youth
- Art shows, theater projects, other creative activities
- Community awareness activities
- Mentoring
- Violence prevention programs in college settings
- Developing educational prevention materials for others to use

Lowest Responses

- Changing or initiating legislation
- VAW education in non-school settings such as medical practices
- Collecting and analyzing information about VAW and/or risk and protective factors
- 'Zines, videos, murals, websites, etc.

SECTION THREE

Selection of Promising Strategies and Resources

Introduction to this Section

As noted earlier in this report, the overall intent of the DVPPTAT is to build the capacity of local organizations to provide comprehensive DV primary prevention programs in communities across the state. Toward this end, an important aspect of this project is to

provide leadership, guidance, materials and tools from promising practices to practitioners in order to help them do their work more effectively.

This project was designed to identify and select three model strategies and related collateral materials to share with project participants through trainings, ongoing technical assistance, and regional and statewide events.

Throughout the course of this Resource Assessment, over 300 resources were identified through key informant interviews, literature review, web-based research, and other referrals. Resources spanned a variety of populations and strategies; had varying theoretical underpinnings; and used widely varying evaluation methods (if any). This report is a reflection of the resources and process through May 1, 2009; please note that priority populations and approaches may still shift as the DVPPTAT continues to develop its strategic focus.

This section provides a brief summary of how DVPPTAT staff and PAT members developed and implemented a thorough and thoughtful process for screening, rating, and selecting the most promising resources to highlight and share through this project.

Defining a Promising Strategy

To guide our inquiries and narrow the focus on the DVPPTAT, the selection process initially aimed to identify innovative and effective strategies that:

- Respond to needs identified by practitioners through surveys and interviews;
- Include at least some of the expanded principles of effective prevention (See Appendix C);
- Are at a level of development where the approach and materials can be easily and affordably shared;
- Are in alignment with DVPPTAT Project Goals and Core Values.

Questions Guiding the Selection Process

Selecting three promising or model strategies is a challenging task given the myriad of factors that make up a successful program. In the end, this selection process will be part art and part science.

The following questions were explored throughout the selection process:

1. Are these strategies working and how do we know?
2. What are the core components of this strategy?
3. What is vital to effectively implement this strategy?
4. Can it work in other community contexts? How flexible is it? How could communities adapt and use the core components?
5. Are there useable collateral materials?
6. Does this strategy fit into a larger plan of being comprehensive on a statewide level?

7. Will this resource support organizations to integrate community mobilization and community-driven work as part of their prevention approach?
8. Are there social marketing messages that can be coordinated with all three model strategies in ways that contribute to a statewide, coordinated movement?

Overview of Resources Identified Through this Assessment

Through the course of this Resource Assessment, over 300 resources, including articles, reports, program documents, websites, webinars, curricula, videos, social marketing campaigns, and other collateral materials (See Appendix G) were scanned and catalogued. These resources represented a wide array of not just programs and materials, but rather, distinct strategies and approaches as well as diversity in populations and community contexts. Obtaining this “big picture” scan of existing resources, along with data from the practitioner survey and key informant interviews, assisted DVPPTAT staff and PAT members to begin to define broad categories of approaches to domestic violence primary prevention such as: community mobilizing/organizing; bystander; positive youth development; human rights; civil rights; and systems change, among others.

As the focus of the DVPPTAT narrowed, just over 60 resources emerged which were relevant to the newly identified priority populations (Youth Ages 11-14 and Men & Boys) and proposed approaches (Bystander; Promoting Assets and Positive Norms; and Community Mobilizing/Organizing) (See Appendix H). This list of 61 resources was further sorted into 32 resources for intensive screening. See Appendix I for this final list of resources that were screened. The screening and selection process is described in more detail below.

All resources reviewed through this assessment were organized and placed into an electronic resource bank for consideration in technical assistance and training. See Appendix J for an outline of how these resources have been electronically filed.

Resource Screening and Selection Process

The resource/strategy screening and selection process is divided into three levels: 1) Weeding; 2) Screening and Ratings; 3) Confirmation.

Level One: Weeding

As noted above, 61 resources were identified which were relevant to the newly identified priority populations (Youth Ages 11-14 and Men & Boys) and proposed approaches (Bystander; Promoting Assets and Positive Norms; and Community Mobilizing/Organizing) (See Appendix H).

The following questions were then applied to each of these 61 resources/strategies. To remain in the screening process, potential resources were required to have a “yes” answer to each of these six questions:

1. Is this strategy responsive to needs and priorities as identified by the field through the online survey and key informant interviews?
2. Is this strategy in alignment with DVPPTAT goals and core values?
3. Does this strategy have any evidence of effectiveness?
4. Could the implementation of this strategy be documented in a way that could build the evidence base for primary prevention of domestic violence?
5. Does this strategy/approach seem adaptable given the clarity of program components and potential to work in different communities?
6. Is the capacity or cost required to implement this strategy do-able given the resources of the DVPPTAT?

Based on this initial “weeding,” this list of resources was further narrowed down to 32 resources for intensive screening and rating (See Appendix I).

Level Two: Screening and Rating

In surveying the resources that passed *Level One: Weeding*, nine core components emerged that were common to those programs that were beginning to surface as promising practices:

1. Comprehensive (including multiple points of entry/impact with a range of populations within a community)
2. Gender-Based Analysis
3. Individual Skills Building
4. Community Engagement and Transformation
5. Constituent Leadership
6. Policy Changes in Organizations and Systems
7. Adaptability to Different Contexts
8. Resocialization/Gender Transformation
9. Participatory Transformative Evaluation

These core components in part reflected excellent work being done in the field, and in part reflected the values, strategic questions, and interests that informed this project. Every resource eventually considered would be screened for these components.

Three very broad categories of approaches were then selected that are currently being used in the field to address the priority populations of Youth Ages 11-14 and Men & Boys:

1. Bystander
2. Promoting Assets and Positive Norms
3. Community Mobilizing and Organizing

These three broad categories were initially selected because a) the RA indicated that there were a number of promising practices and programs in each of these categories; b) these

approaches are being used across both of our priority populations and are having impacts across the social ecology model; and c) looking at strategies across these categories and populations in different communities could lead to important evaluation results for the DVPPTAT.

Even within these broad categories, the resources and strategies represented enormous diversity in terms of theoretical underpinnings, activities, and community contexts. To help compare resources within each category, a list of components was developed unique to the category. (See Appendix K). Again, these lists of unique and shared components were developed based both on what appears to be thoughtful and effective work in the field and the values and interests of this project in terms of advancing this work on a statewide level.

These unique and shared components formed a large part of the screening tool for Level Two (See Appendix L). In addition, the following guiding questions were used to screen for implementation and evaluation factors:

1. Implementation: Could this resource be used by others? How easily? Are there any major barriers to using this resource?
2. Evaluation: Has this resource been evaluated? How well developed was that evaluation? What does the evaluation say happened? Interestingly, the evaluation aspect proved to be the most difficult aspect to screen. In many cases, we did not have sufficient information to answer these evaluation-related questions. In other cases, there was tremendous detail about evaluation. And, in some other cases there was little to no evaluation.
3. Collateral Materials: Are there any social marketing or other collateral materials that could be useful to the DVPPTAT? These materials were identified through the screening but were not used in scoring (i.e. Resources were not given credit for having collateral materials nor penalized for having minimal collateral materials).
4. Added Value: Does this resource build upon the values/principles which emerged from discussions with the DVPPTAT Project Advisory Team? In particular, does this resource:
 - a. Strengthen intergenerational partnerships?
 - b. Address a range of gender identities and sexualities?
 - c. Make connections between VAW and other oppressions and community issues?
 - d. Re-center and reframe marginalized populations and communities as agents of change (rather than program recipients)?
 - e. Address a gap in the field, deepen an existing practice, or bring added value to the field in a particular way?

Level Three: Confirmation

Once resources are screened and prioritized, and once the DVPPTAT project team has finalized its priority populations and approaches, the final stage will be to assess whether or not it will be possible (due to logistics, costs, interest, etc.) to work in collaboration with

those projects, expert trainers, and organizations. This final level of screening was not yet completed at the time of the writing of this RA report.

Section Four

Collateral Materials Selection and Development

Introduction to this Section

Domestic violence prevention advocates have consistently noted the need for common messages and/or themes that could be used locally and statewide, either in educational efforts or campaigns. This includes effective “collateral materials” -- including curricula, videos, posters, art work, etc, that could be printed, public service announcements (PSAs), digital stories, social networking tools, and other aspects of social marketing campaigns -- that can be easily accessed and adapted for local use.⁵

Statewide social marketing materials support local advocates by lending their work legitimacy and a level of “professionalism” that builds community buy-in and credibility. Anecdotally, advocates report the importance of having uniform and well-produced resources to use when approaching schools and other local institutions. Legitimacy also comes from the testing of the materials – in the sense that local officials and community members are more ready to believe that these materials “work” if they are borrowed from well-researched campaigns and adapted to and tested in the local context. These materials are also an opportunity to help frame primary prevention of domestic violence for the field and in the wider community at a time when there are few domestic violence-specific materials for California prevention advocates to use. While intended primarily for use in California, the collateral materials developed through the DVPPTAT may also be a helpful framing of messages for use by other states and other campaigns internationally.

The development and use of these collateral materials will be initially conducted through training and technical assistance activities offered by DVPPTAT with CDPH/EPIC pilot project participants, and secondarily in a toolkit that will permit the materials and the thinking around how to utilize them to be more widely accessed.

- Collateral materials and messages developed and disseminated through DVPPTAT will reflect the project’s analysis of domestic violence primary prevention and its core values and assumptions as identified in this RA Report.

Any collateral materials identified through the DVPPTAT will likely inform future efforts to further develop or test social marketing campaigns related to domestic violence primary prevention.

⁵ For example, the Violence Against Women Strategic Planning Project (VAWSSP) identified statewide common messaging for domestic violence prevention as a priority. This need has also been mentioned at statewide trainings such as CPEDV’s prevention forum.

Plan for Further Development of this Component

Based on this initial review of existing materials and resources, the DVPPTAT aims to:

- ❖ Identify promising collateral materials and core messages (common themes) that relate to the project's priority populations (Youth Ages 11-14 and Men/Boys).
- ❖ Work closely with a social marketing consultant to:
 - Identify the most resonant/applicable messages for communities across California;
 - Conduct product testing and focus groups with diverse California practitioners (including in-person and/or web-based testing methodologies);
 - Modify materials as necessary and feasible to California's context and the needs identified by practitioners in focus groups and other assessments;
 - Create a user-friendly packet of collateral materials for use by pilot project grantees and other practitioners.
- ❖ Incorporate collateral materials and messages into DVPPTAT activities (such as pilot grantee projects, technical assistance and training, regional workshops, and statewide forum) as appropriate.
- ❖ Establish core components, messages and materials that could be the foundation for a CDPH/EPIC statewide domestic violence primary prevention social marketing campaign.

Appendix A. Working Definitions

The following working definitions were adapted from the Centers for Disease Control (CDC) and/or generated by TC-TAT to provide a starting point for the project. These definitions may be adapted throughout the course of the project.

Activity (also called program components or tactics): Specific action or methodology used to implement a strategy.

Approach: Broad category describing a general way to address domestic violence primary prevention. The DVPPTAT will focus on the following approaches:

- Bystander
- Promoting Assets and Positive Social Norms
- Community Mobilization/Community Organizing

Other approaches (such as human/civil rights and others) may be explored in future work.

Comprehensive Prevention Program: The combination of complementary and synergistic prevention strategies.

Community: Refers to people with a shared experience and identity as a group – in other words, those that self-define as a community. This may be based on geography (such as those who live in a defined neighborhood, or who live in a rural community); personal identity (such as immigrant or LGBTQ); defined by activity (such as an internet-based activity group) or a range of other factors, and is not limited to co-location.

Re-centering Marginalized Populations as Agents of Change: The term “marginalized populations” is an effort to describe communities that have been historically and/or currently kept out of policy making, resource allocations, and decision making in general. We have chosen to use “marginalized populations” instead of “underserved,” “at-risk,” “victims,” or “minority” communities to emphasize: 1) the “solution” for these communities is not to receive more service – but to address the underlying inequities that generate disparities in resources and services; and 2) oppression, exclusion, isolation, and marginalization are not only forms of violence themselves, but also increase the severity and “risk” of other violence. In other words, the violence of becoming a marginal community impacts the likelihood of interpersonal violence.

One promising practice in prevention work is to *re-center* the sovereignty, self-determination, and decision-making power of people and organizations that have been historically marginalized. This intentional framing and practice includes a) raising awareness of “over-resourced,” powerful, dominant communities; b) including women, girls, and LGBTQ communities as agents of change for prevention rather than only as victims of domestic violence; and c) prioritizing and centering Native/First Nations people; immigrants; Diaspora, African-American, and disability communities in developing a prevention agenda.

Many interventions and prevention strategies focus on “educating” in a way that impacts knowledge or beliefs. Changing the focus from educating participants to engaging them as agents of change not only helps put transformative gender expectations into practice, but also opens the potential to change community-wide norms and policies. Engaging people as change agents also opens the possibility of more effective partnerships between “experts in the field” and communities – which help connect thoughtful and reflective practice with practical and effective application.

Re-socialization / Gender Transformation/ Masculinities: One underlying working principle of many promising practices is to address the issue of gender socialization. This work may increase awareness of gender expectations; promote positive and empowering messages around gender; include efforts to move beyond a binary distinction of gender; and draw from the traditions of multiple communities in transforming how we relate to socially constructed gender roles. In all of these practices, the goal is to address how community members can transform rigid, hierarchical gender norms which support violence rather than equality and respect. Resocialization (Berkowitz 2004) refers to the exploration of cultural and societal expectations of men that influence how men are taught to think and act in relation to women. Gender Transformation (Engender Health) applies a “gender perspective” to understand the ways that we are socialized to behave as men and women and how these stereotyped roles are taught, reinforced, and internalized; transforming how we raise and view men & boys and women & girls is a necessary part of promoting more equitable communities. Masculinities refers to the range of ways that men & boys are socialized to behave as well as the range of positive alternatives that are possible. These definitions and the DVPPTAT’s analysis of these terms will continue to evolve throughout the project.

Bystander Approach: The Bystander Approach to domestic violence prevention seeks to engage people as responsible bystanders rather than as victims or as perpetrators. It involves teaching people skills to intervene safely in situations that are imminently or potentially high risk for violence; declaring public support towards ending violence; and encouraging bystander action and accountability in the broader community. A bystander includes BOTH those who are witnesses to an incident (or ongoing incidents) of violence AND those who are in relationship with an abusive partner, the victim, and/or others impacted by the ongoing violence. A bystander may be defined by either the act(s) of violence or their relationship to others impacted by/causing the violence.

Promoting Assets and Positive Social Norms Approach: The Promoting Assets and Positive Norms approach values people and their development – including promoting positive behavior -- as the most effective strategy for the prevention of social problems. This approach develops a sense of competence, usefulness, belonging and (individual) power/agency in making meaningful contributions to family, community, and social life. Because people are products of their environment, this approach’s success is tied to rebuilding communities and to connecting people to their communities. This approach involves building skills, supports and opportunities for *all* people in a given population, not just those who are considered at “high-risk.”

Community Mobilization/Organizing Approach: Community Mobilization involves gathering people, developing a shared understanding of a problem and moving together towards a common goal (such as policy or norms change). Community Organizing is a long-term strategy involving strengthening community ties, skills and power/influence over the systems, organizations and individuals that cause or condone oppression. This approach involves a social movement analysis and includes activities such as: community assessments, leadership development, building the base of people involved in prevention, interconnection to other community concerns, and building capacity to respond strategically to local events and political moments through short- or long-term campaigns.

Transformative Participatory Evaluation (T-PE): The DVPPTAT's approach to evaluation capacity building is based on a combination of practical and transformative participatory evaluation (Sabo Flores 2008) which posits that:

- Evaluation findings should be useful to the programs being evaluated;
- Participation of stakeholders/constituents in the evaluation process enhances the relevance and ownership of findings, which in turn makes it more likely that evaluation results will be used to support programmatic development; and
- Evaluation can support the transformation and empowerment of individuals and groups through the process of constructing and respecting their own knowledge.

Appendix B. Continuum of Prevention Programs (Diagram)

Evidence-Based Programs:

In addition to the below, systematic empirical research has provided evidence of statistically significant effectiveness in preventing first time perpetration/victimization of domestic violence.

Best Practices:

In addition to the below, local organizations have a comprehensive, written summary of core program components and materials (i.e. curricula, social marketing, etc.), have contracted with a professional evaluator to fully document their outcomes (i.e. can demonstrate that the program has reduced risk factors) and have clear documentation of linkages between their program activities and outcomes.

Evidence-Generating or Supporting Practices:

In addition to the below, local organizations have strong evaluation systems in place to gather and analyze data related to their prevention program's impact.

Promising Practices:

In addition to the below, local organizations have documented their primary prevention approach (i.e. through a well-developed logic model and/or theory of change) and have some compelling written evidence and/or anecdotal research to support this approach.

Emerging Concepts and Strategies:

Local organizations have primary prevention activities that include at least some of the *Principles of Effective Prevention Programs*. Local organizations have some sense that their prevention activities are having a desired impact. Some compelling evaluation data exist but may not be well analyzed or organized.

Appendix C. Expanded Principles of Effective Prevention Programs⁶

1. **Comprehensive:** Strategies should include multiple components and take place in multiple settings to address a wide range of risk and protective factors across the social ecology (i.e. individual, relationship, community, societal level changes).
2. **Varied Teaching Methods:** Strategies should use varied teaching methods to address multiple learning processes, including active, skills-based components.
3. **Sufficient Dosage:** Emphasize high contact/exposure with participants within a concentrated time-frame; reinforce the key messages over time through expanded/sustained prevention strategies.
4. **Theory-Driven:** Preventive strategies should have a purposeful justification or logical rationale. "Theory" is a cohesive set of ideas about why a problem exists and how a change can be created.
5. **Positive Relationships:** Programs should foster strong, stable, positive relationships between children/youth and adults, parents and children, youth and youth, and adults and adults; and should support the development of gender equality, self-esteem, respect for others, and healthy sexuality within peer groups for children, youth and adults.
6. **Reach People of All Ages in Developmentally Appropriate Ways:** Activities should happen at a time developmentally that can have maximal impact in a participant's life (i.e. promote protective factors prior to the developmental stage in which a problem behavior typically emerges).
7. **Socio-Culturally Relevant:** Programs should be developed, implemented and evaluated in collaboration with a representative cross-section of community members to incorporate diverse cultural beliefs, practices, and community norms.
8. **Evaluation:** Include systematic methods to determine program effectiveness, promote continuous quality improvement, and demonstrate impact/outcomes.
9. **Well-Trained Staff and Integration with Agency Mission:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and resources. Prevention should be part of an organization's mission and strategic plan.
10. **Mobilize the Community:** Programs should aim to a) get people to a point of action where they act differently as a result of the program; and b) increase the numbers of people who are engaged.
11. **Cost Effective/Sustainability Mechanisms:** Programs should demonstrate that resources are spent wisely; result in positive changes in knowledge, behaviors, policies and practices; and build in ways to sustain the prevention messages and programming beyond a particular funding period.
12. **Integrate Peer Learning and Leadership:** Programs should include peer-led activities and actively support emerging constituent and community leadership, especially of underrepresented or historically marginalized populations.

⁶ Principles 1-9 are adapted from *Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence*, Virginia Sexual and Domestic Violence Action Alliance (2008) and based on practitioner experience as well as earlier research by Nation, M., Crusto, CI, Wandersman, AI, Kumpfer, K.I., Seybolt, D., Morrissey-Kane, EI, and Davino, K. (2002) "What works in prevention: Principles of Effective Prevention Programs." *American Psychologist*, 58, 449-456. Principles 10-12 are suggested additions by TC-TAT. This list is a work in progress.

Appendix D. List of Key Informants Interviewed

National Experts

1. Amanda Suttle, Ohio Department of Public Health
2. Brad Perry, Virginia Sexual and Domestic Violence Action Alliance
3. David Lee, California Coalition Against Sexual Assault
4. Debbie Lee, Family Violence Prevention Fund and Robert Wood Johnson Foundation
5. Jennifer Rauhouse, Peer Solutions (Arizona)
6. Karen Lane, DELTA (Montana)
7. Karen Lang, CDC
8. Kimberley Freire, DELTA PREP Program
9. Lucy Rios, DELTA (Rhode Island)
10. Pam Cox, CDC
11. Sandra Cashman, CDC
12. Walter DeKeseredy
13. Wendi Siebold, EMT (Seattle)
14. Tuval Dinner, White Ribbon Campaign (Canada)
15. Marc Mannes, Search Institute (Minneapolis, MN)
16. Susan Loeb, Voices of Women (New York, NY)
17. Paul Kivel (Oakland, CA)
18. Jeff O'Brien, Mentors in Violence Prevention
19. Brian O'Conner, Family Violence Prevention Fund
20. Aimee Thompson, Close to Home, (Dorchester, MA)
21. Rus Ervin Funk – MensWork, (Louisville, KY)

California Experts

1. Abby Sims, Peace Over Violence (Los Angeles, CA)
2. Chevon Kothari, Mountain Crisis Services (Mariposa County, CA)
3. Kathy Moore, CPEDV (Sacramento, CA)
4. Lisa Fujie Parks, CPEDV (Sacramento, CA)
5. Tatiana Colon, Oakland DV Law Center (Oakland, CA)
6. Zoe Flowers (formerly of CPEDV, now in Florida)
7. Susan Thompson, Lake County Family Resource Center (Lakeport, CA)
8. Sharon Turner, STAND! Against Domestic Violence (Contra Costa, CA)
9. Mimi Kim, Shimtuh (Oakland, San Francisco, CA)
10. Kate Kain, Transforming Communities and Marin Abused Women's Services (San Rafael, CA)
11. Donna Garske, Transforming Communities and Marin Abused Women's Services (San Rafael, CA)
12. Christy Chung, Groundspark (San Francisco, CA)
13. Beth Raub, DELTA (San Louis Obispo, CA)
14. Tamara Costa - Communities United Against Violence, Love and Justice (San Francisco, CA)

Local Experts (non-California)

1. Jessica Walsh – Students Against Domestic Abuse (Rhode Island)
2. Emily Emmerson – New Beginnings Shelter (Seattle, Washington)
3. Daniel Jose Older – Make the Road by Walking (New York City, NY)
4. Emily Hall – Tennessee Coalition Against Domestic and Sexual Violence, (Nashville, Tennessee)
5. Robin Castle – Safe T curriculum – Prevent Child Abuse Vermont (Montpelier, VT)

Other Related Experts:

- Linda Cambell, Building Movement Project (Detroit, MI)
- Trish Tchume, Building Movement Project (New York, NY)
- Miho Kim, DataCenter (Oakland, CA)

Appendix E. Survey of California Practitioners



TECHNICAL ASSISTANCE, TRAINING & RESOURCE CENTER

Transforming Communities: Technical Assistance, Training & Resource Center (TC-TAT) is dedicated to finding ways to further support your prevention efforts by identifying or developing needed trainings and resources. We recognize that organizations have limited resources for prevention in this economic climate, and hope to identify resources that are accessible and realistic for your organizations and communities. We are conducting this survey to better understand the types of training and resources that are needed by people doing domestic violence prevention work in order to further support our collective efforts to prevent domestic violence. This survey was developed in collaboration with the California Partnership to End Domestic Violence (CPEDV).

For the purposes of this survey, "domestic violence prevention" is defined broadly and may include activities such as strengthening individual knowledge and skills; promoting community awareness; educating other community agencies and providers; fostering coalitions; mobilizing communities and neighborhoods; changing organizational practices; and influencing policy legislation.

Name and Title:	
Organization:	
County:	Phone Number: ()
Email:	

1. How prepared are you and/or your prevention program staff to do prevention work in your community in terms of skills and knowledge, trainings received, and practical life experience?
 (1) not at all (2) somewhat (3) average (4) fairly well prepared (5) extremely well prepared

2. Have you or has your agency engaged in a comprehensive, coordinated prevention program or campaign? Yes No *(If not, skip to question #5)*
 - a) If yes, please describe your prevention campaign/comprehensive program *(i.e.: target audience, name of curriculum, topics, activities, start and end dates, outcomes):*

b) Was your campaign evaluated? Yes No (Please elaborate)

3. Was your prevention campaign/program designed around any pre-existing programs or models?

- Yes No

a) If so, which one(s)?

b) What components of the campaign/program were most applicable to your community?

c) Which components were the least applicable?

d) Did you receive any assistance in adapting the campaign/program to your community? If yes, please describe:

4. What audience(s) are you currently engaging in your prevention efforts around violence against women?

- | | |
|---|---|
| <input type="checkbox"/> Young people | <input type="checkbox"/> Immigrant communities |
| <input type="checkbox"/> Men and boys | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Faith communities | <input type="checkbox"/> Rural populations |
| <input type="checkbox"/> Other populations (please list): | |

5. What audiences do you currently have access to/buy-in from within the community you serve?

6. What support could you benefit from in implementing a future campaign?

- assessing and developing organizational readiness and buy-in
- assessing community readiness
- gaining skills for community mobilizing
- building networks with other domestic violence prevention advocates
- outreach in the community or gaining community buy-in
- adapting an existing curriculum or program to fit my community's context
- other (please elaborate):

7. Following is a “menu” of topics that could be provided in either regional or statewide trainings. Please rank the following potential topics using the below scale of 1-5, where:

(1)=not needed (2)=somewhat needed (3)=average (4)=very needed (5)=top priority
(Circle the number that most accurately reflects your response.)

Understanding frameworks for prevention and integrating theory and practice: (1) (2) (3) (4) (5)

Community mobilization strategies and tools for domestic violence prevention: (1) (2) (3) (4) (5)

Planning community-based prevention campaigns or activities: (1) (2) (3) (4) (5)

Evaluation of domestic violence prevention efforts: (1) (2) (3) (4) (5)

Community mobilization in diverse communities: (1) (2) (3) (4) (5)

Strengthening or building partnerships or collaborations: (1) (2) (3) (4) (5)

Media advocacy and social marketing: (1) (2) (3) (4) (5)

Changing systems and policies to support prevention: (1) (2) (3) (4) (5)

How to make prevention activities sustainable financially: (1) (2) (3) (4) (5)

Making the case for prevention using cost-benefit tools: (1) (2) (3) (4) (5)

Integrating primary prevention and intervention within our organization: (1) (2) (3) (4) (5)

Understanding the personal change required to promote values of prevention: (1) (2) (3) (4) (5)

Other (please describe):

8. Within the context of the above in-depth training and networking opportunities, would you like a special focus on (check as many as apply):

- | | |
|---|---|
| <input type="checkbox"/> Young people | <input type="checkbox"/> Immigrant communities |
| <input type="checkbox"/> Men and boys | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Faith communities | <input type="checkbox"/> Rural populations |
| <input type="checkbox"/> Other populations (please list): | |

9. Would you like to implement (more) primary prevention programs or expand/enhance those that you are now conducting?

- Yes No Not sure

10. What would you do with long-term funding for primary prevention of violence against women? Please indicate your **top three priorities** only:

- Parenting programs
- Mentoring (e.g. Big Brothers, Big Sisters)
- Peer-led programs, including training peer-advocates and “promotores”
- Violence prevention programs in elementary school
- Violence prevention programs in middle school
- Violence prevention programs in high school
- Violence prevention programs in college settings
- After school programs for high-risk youth
- Art shows, theater projects, other creative activities that include presentation to the public
- Community awareness activities (e.g., outreach, clothesline project, rallies, vigils)
- ‘Zines, videos, murals, websites, etc.
- Training people who have contact with the public (e.g., teachers, hairdressers, clergy, others)
- Changing organizational practices and policies (e.g., getting businesses, schools, hospitals to improve family-related policies or initiate activities such as volunteer groups, seminars on violence, addition of violence against women policies/procedures to personnel policies)
- Social marketing, public education media campaigns
- Media advocacy
- Policy: changing or initiating legislation
- Developing educational and prevention materials for others to use/present/distribute
- VAW education in non-school settings, such as medical practices (e.g., videos in waiting rooms, brochures)
- Collecting and analyzing information about VAW and/or risk and protective factors
- Screening for VAW in a non-VAW-specific setting
- Other activities (please specify and include the population you would serve)

11. What do you think is the MOST important training or assistance that could be provided to prevention advocates to support this work?

Thank you very much for your input!

You might receive a follow-up phone call from someone at TC-TAT to learn more about your current prevention efforts or concerns.

*If you are interested in receiving regular electronic announcements of TC-TAT trainings and publications,
please email info@transformcommunities.org.*

Appendix F. List of Broad Resources Identified

1) DELTA

- Project Reading List
- Awareness is Not Enough
- INTERVIEW highlights email.ppt
- PREP-Grants Available for Primary Prevention of IPV
- Fostering PP of IPV power point

2) RPE

- CDC-RPE Activities Models 1-31-07 FINAL
- Creating Safer Communities Model
- Definitions of Approaches
- EPIC RPE 1 Page Overview
- EPIC RPE Program Overview
- Eval Assessment of the RPE Grant Program
- ExecSummary RPE Eval Assmt
- GTO Step 3
- GTO Step 3 Webinar
- GTO Step 3 Webinar Final C and K
- GTO Step 4 RPE webinar
- Logic Model final large
- New Jersey Capacity Context Considerations
- New Jersey Summary Statement RA of SVP Lessons EXCERPTS 4
- NJ SVP Readiness Assessment Template 11 08 Capacity Building for Primary Prevention Webinar2 (2)
 - New Jersey Capacity Context Considerations
 - NJ SVP Readiness Assessment Template 11 08
 - RPE Benchmarks June 2008
 - Summary Statement RA of SVP Lessons EXCERPTS 4
 - RPE Benchmarks June 2008
- RPE Guideline Tables 4 (3)
- RPE models lit review IM
- RPE Strategic Planning - Definitions March 09
- RPE Logic Model from CDC
- RPELogicModel
- social change model
- Social Ecological Model
- SPT Meeting History and Future Dates
- SPT Vision and Definition of SV
- State Profile Summary
- State Provide Summary March 09
- SVperpetrationRiskFactors
- System Capacity Assessment Tool
- NJ RPE capacity building plan

- [Annual Report Data](#)
- [Capacity Building for Primary Prevention Webinar2 \(2\)](#)
- [A Mental Health Intervention for Schoolchildren Exposed to Violence](#)
- 3) [Fourth R](#)
- 4) [Good Touch Bad Touch](#)
- 5) [Green Dot Campaign](#)
- 6) [Groundspark](#)
- 7) [Humane Education](#)
- 8) [Lake County Family Resource Center](#)
- 9) [Peace Over Violence](#)
- 10) [Peer Solutions - Stand and Serve](#)
- 11) [PREVENT - Preventing Violence through Education Networking and Training](#)
- 12) [Project Respect - mariposa county](#)
- 13) [Rural](#)
 - [Dangerous Exits - Escaping abuse in rural America - De Keseredy & Schwartz](#)
 - [Separation-Divorce Sexual Assault - Contribution of Male Support - De Keseredy Shwartz, Hall and Fagen](#)
 - [Separation-Divorce Sexual Assault in Rural Ohio - Rural](#)
 - [Sexual Assault During and After Separation-Divorce - De Kesseredy](#)
 - [Thinking Critically About Rural Gendered Relations - Rural](#)
 - [Toward a Gendered Second Generation CPTED - Rural](#)
- 14) [Safe Dates](#)
- 15) [WHO Meeting PP IPV-SV Background Paper](#)
- 16) [Bringing in the bystander](#)
- 17) [Choose Respect](#)
- 18) [Close 2 Home](#)
- 19) [AIUSA-HREA-Service Learning](#)
- 20) [Alcohol Facilitated Sexual Abuse](#)
- 21) [All Stars Program Evaluation](#)
- 22) [All Stars Program Special Report1](#)
- 23) [Answer key for Primary Prevention or Not Cards](#)
- 24) [Apply the Principles of Prevention](#)
- 25) [AR Assessment for lifetime Exposure as a pathway to prevention](#)
- 26) [AR evaluating VAW research reports](#)
- 27) [AR Marital Rape Revised](#)
- 28) [AR MenPreventVAW1](#)
- 29) [AR MenPreventVAW2](#)
- 30) [AR Mobilizing Communities to prevent domestic violence](#)
- 31) [AR Prevention Primer](#)
- 32) [AR SA & Homelessness](#)
- 33) [AR Screening for SV gaps in research](#)
- 34) [AR SV Indian Country](#)
- 35) [Avon Grant Guidelines](#)
- 36) [Best practices men](#)
- 37) [Break the Cycle.htm](#)
- 38) [break the cycle safe schools project](#)

- 39) [Bringing in the Bystander program evaluation](#)
- 40) [Building an Evidence Base Using Local Prevention Programming](#)
- 41) [Building Assets to prevent substance abuse](#)
- 42) [Building assets to strengthen substance abuse prevention](#)
- 43) [bystanders 082608 color](#)
- 44) [California Programs List.xls](#)
- 45) [Canadian prevention science cluster](#)
- 46) [Casa De Esperanza - childrens tools.htm](#)
- 47) [CDC Injury Research Agenda-2009](#)
- 48) [choose respect](#)
- 49) [Climbing Toward Program Description](#)
- 50) [Coaching Boys into Men Logic Model - Feb 08](#)
- 51) [Community Awareness OJJD website](#)
- 52) [Community Mobilization to prevent youth violence](#)
- 53) [Community Mobilization - shepard](#)
- 54) [Community Mobilization as PP of VAW](#)
- 55) [Community Readiness](#)
 - [CR Research to Practice](#)
 - [Fujie Parks.Community Readiness](#)
 - [community readiness.Handbook](#)
 - [Community readiness.LFP](#)
 - [CR Handbook for Successful Change](#)
- 56) [Covariation of physical and intimate partner aggression](#)
- 57) [CPEDVSpring09.LR](#)
- 58) [CR.Edwards.2000](#)
- 59) [Crisis Intervention Program 11-10-08](#)
- 60) [Dating Violence Power Point ENID](#)
- 61) [Decade for Change SUMMIT Report 2008](#)
- 62) [DV Prevention Primer CoAuthored by Donna Garske](#)
- 63) [Emerging responses to children exposed to dv](#)
- 64) [Empowerment Evaluation of male SV prevention](#)
- 65) [Engaging Bystanders For Teens](#)
- 66) [Evaluating CCRs](#)
- 67) [Evaluating Sexual Violence Programs Articles](#)
- 68) [Expanding the Movement for Empowerment and Reproductive Justice](#)
- 69) [Expect Respect Overview](#)
- 70) [Expect Respect Evaluation Highlights 10-08-08](#)
- 71) [Expert Trainer Recommendations in our RA](#)
- 72) [Five Indicators Social Change Women's Fund](#)
- 73) [FVPF's Speaking Up Volume 15 Issue 3.htm](#)
- 74) [Gender Violence in elementary and secondary schools - nan stein.htm](#)
- 75) [Guide to Addressing TDV and SV in a School Setting](#)
- 76) [Guide to Addressing TDV and SV in a School Setting Blueprint](#)
- 77) [Guidelines for Communications Materials on VAW](#)
- 78) [Guidelines for the Primary Prevention of SV IPV Almost FINAL](#)
- 79) [Guide TDV Bullying SV - Rhode Island](#)

- 80) [Healthy Kids Resilience Model](#)
- 81) [Hopa Mountain Youth Leadership Program Manual](#)
- 82) [Human Rights Training for Adults Research](#)
- 83) [Immersion Research to Support Brand Development for Youth Media Campaign](#)
- 84) [Kayte Anton - Dating Violence PPT](#)
- 85) [Kayte Anton - Relationships Curriculum](#)
- 86) [L+J CUAV Youth Relationship Violence Survey Findings](#)
- 87) [L+J CUAV Youth Hate Violence Survey Findings](#)
- 88) [lessons from literature - FVPF](#)
- 89) [Lessons from Literature Standards Chart- FVPF](#)
- 90) [Lifetime Health Costs of CSA and Exposure to DV](#)
- 91) [lit review of prevention programs for dating violence.cornelius2007](#)
- 92) [Making sure your SV Prevention Initiative is theory based - Marc Mannes.PPT](#)
- 93) [men can stop rape](#)
- 94) [Men in the movement Men as allies - Brad Perry](#)
- 95) [Men's Social Marketing Campaigns](#)
- 96) [Mental health intervention for school children exposed to violence](#)
- 97) [Middle School Youth](#)
 - [POV Schools Guide](#)
 - [Project Respect.03.09](#)
 - [research.school-based strategies.01.08](#)
 - [resilience research.04.06.09](#)
 - [safe school environments](#)
 - [Safe Dates Scope Sequence1](#)
 - [HealthyKidsResilienceModel](#)
 - [in4y Resilience and Protective Factors-2](#)
 - [media violence impact](#)
- 98) [Mobilizing Communities to prevent DV](#)
- 99) [Model Peer Led Sexual Assault Prevention Programs - Youth](#)
- 100) [Mountain Women's Resource Center training and projects 1 09](#)
- 101) [Moving Upstream Vol 2-3 VSDVAA 9-08](#)
- 102) [MVP evaluation yr 2](#)
- 103) [mvp_eval summary](#)
- 104) [mvp-evaluation yr1](#)
- 105) [NJ Strategy Sources - Wendi](#)
- 106) [Non Violent Communication class outline](#)
- 107) [NYSCADV Teen Resources.3.09](#)
- 108) [Ohio Dept of Health Healthy Attitudes Focus Group Project – Exec Summary](#)
- 109) [Ohio Dept of Health Healthy Attitude Focus Group Final Report](#)
- 110) [one-pagers promising strategies](#)
- 111) [OVW Leadership Institute Trainers Guide.June 2008](#)
- 112) [Paul Kivel.02.18.09](#)
- 113) [Peace Begins With You poster](#)
- 114) [Prevent-Connect Covariation in the Use of Physical and Sexual Intimate Partner Aggression Among Adolescent and College-Age Men A Longitudinal Analysis.htm](#)

- 115) [Prevent-Connect Sexual Violence Current Perspectives on Prevention and Intervention in Journal of Prevention and Intervention in the Community.htm](#)
- 116) [Prevent-Connect Youtube Viral SV Prevention Strategy.htm](#)
- 117) [Preventing Injuries and Violence in Schools](#)
- 118) [Prevention of DV and SV](#)
- 119) [Primary SV Prevention or Not Cards](#)
- 120) [Principles of PP Curriculum Version 2](#)
- 121) [RA screen shots 4.23.09](#)
- 122) [RA screen shots II 4.23.09](#)
- 123) [Research.Bystander men](#)
- 124) [Resilience and Protective Factors-2](#)
- 125) [resources.12.01.08](#)
- 126) [role of men and boys in acheiving gender equality](#)
- 127) [role of restorative justice in teen courts](#)
- 128) [Rosie Camp Glendale](#)
- 129) [RV Program Tools Evaluation](#)
- 130) [RWJ Grantees](#)
- 131) [safe school environments](#)
- 132) [School based child sexual abuse prevention programs evaluation](#)
- 133) [School Response to TDV Jan24](#)
- 134) [Sexual Assault Prevention TOOLKIT](#)
- 135) [Sexual Violence Prev Beginning the Dialogue](#)
- 136) [Sexual violence prevention activities.outcomes.rtf](#)
- 137) [Sexual Violence-Current Perspectives on Prevention & Intervention](#)
- 138) [smartMeme Relmaging Change Story Based Strategy](#)
- 139) [Social Capital.casadeesperanza.01.09](#)
- 140) [social skills programs found to yield gains in academic subject](#)
- 141) [Spectrum of Prevention Level 1](#)
- 142) [Spectrum of Prevention Model 1 Page](#)
- 143) [Starting Young and Sustaining - Moving Upstream](#)
- 144) [Strategic info-spectrum-Data Center](#)
- 145) [SV & Af Am Women](#)
- 146) [SV and Adolescents](#)
- 147) [Taking Community Empowerment to Scale 2008](#)
- 148) [Talking About It](#)
- 149) [TC TAT needs assessment summary.07.03.07](#)
- 150) [TC TAT Snapshots - A Picture of California's DV Prevention Efforts](#)
- 151) [TC TAT TA Guidelines](#)
- 152) [TDV Prevention webinar](#)
- 153) [TDV A Guide to Addressing Teen Dating Violence ADAoe](#)
- 154) [Teen Dating Violence](#)
- 155) [Teen Violence Prv Campaign Family Violence Fund](#)
- 156) [Teen Dating Violence risk and prevention](#)
- 157) [The Rio Declaration Final](#)
- 158) [Theories of Change and Logic Models - Telling them Apart ppt.ppt](#)
- 159) [Tough Issues Youth and Sexual Violence Curriculum](#)

- 160) Ubícate! A short film by and for Latino Youth
- 161) VAWG a compendium of monitoring and evaluation indicators
- 162) VAWnet.resources.12.08
- 163) Vic Health Review of Social Marketing Campaigns
- 164) Vic Health, Social marketing on VAW
- 165) Violence prevention key works.01.09
- 166) Webinar FVPF teen dating violence
- 167) Websites
- Call to Men - <http://www.acalltomen.org/>
 - White Ribbon Campaign - www.whiteribbon.ca
 - Men Stopping Rape - <http://www.men-stopping-rape.org/>
 - Second Step Curriculum - <http://www.cfchildren.org/programs/ssp/ms/classvideo/>
 - Menswork - <http://www.mensworkinc.com/>
 - New beginnings – Social Change Program - <http://www.newbegin.org/get-educated/social-change>
 - Owning UP curriculum - http://www.rosalindwiseman.com/html/profdev_about_owningup.htm
 - Tennessee Coalition against Domestic and Sexual Violence- Boys against violence - <http://www.tcadv.org/>
 - Sonke Gender Justice Network – one man can - <http://www.genderjustice.org.za/projects/digital-stories.html>
 - Global Symposium on Engaging Men and Boys to End Gender violence - http://www.engagingmen2009.org/42?locale=en_US
 - Rio Declaration – Global Symposium on Engaging men and boys to end Gender violence - http://www.genderjustice.org.za/rio_declaration
 - Silence Speaks - <http://www.silencespeaks.org/>
 - Violence is Preventable - <http://www.violenceispreventable.org.uk/>
 - Safe Place – Expect Respect (using choose respect) - http://www.safeplace.org/site/PageServer?pagename=program_scl_schoolservices
 - Boys and Men Healing from Child Sexual Abuse - <http://www.boysandmenhealing.com/>
 - Groundspark – Straightlaced - <http://groundspark.org/our-films-and-campaigns/straightlaced>
 - National Sexual Violence Resource Center – Sexual Assault Awareness Month Resources - <http://www.nsvrc.org/saam>
 - Hardy Girls Healthy Women - <http://www.hardygirlshealthywomen.org/index.php>
 - The Bingham Program - <http://www.binghamprogram.org/Pages/about>
 - Click to empower Survivors of domestic violence – Allstate foundation - <http://www.clicktoempower.org/>
 - PSA – white ribbon Massachusetts - <http://www.youtube.com/watch?v=sgTIHHf1wgg>
 - PSA Healthy relationships - <http://www.youtube.com/watch?v=Je6sYCa0Q7w>
 - smartMEME - <https://smartmeme.rdsecure.org/article.php?list=type&type=83>
 - Choose Respect - <http://www.chooserespect.org/scripts/index.asp>
 - FVPF – Lessons from Literature - <http://www.lessonsfromliterature.org/>
 - Bringing in the Bystander- Know Your Power - <http://www.know-your-power.org/>

- Women Thrive - http://www.womenthrive.org/index.php?option=com_issues&view=issue&id=5&Itemid=115
 - Building Movement - <http://www.buildingmovement.org/>
 - Funders Collaborative on Youth Organizing - <http://www.fcyo.org/>
 - The Kolo Womens Cross Cultural Collaboration - <http://www.kolocollaboration.org/>
 - Raising Voices - <http://www.raisingvoices.org/>
 - Rallying Youth Organizers Together - <http://www.safehavenofpikecounty.org/?itemCategory=32495&siteid=277&priorId=0>
 - Beyond Beats and Rhymes - <http://www.bhurt.com/beyondBeatsAndRhymes.php>
 - Project Cornerstone - http://www.projectcornerstone.org/html/youth/PCclubs_resources.htm
 - California Healthy Kids - <http://www.californiahealthykids.org/c/@pQXbYcuSnZaC6/Pages/rvsafe.html?nocache@5+printer@Yes>
 - Oregon Department of Human Services - <http://endsexualviolence.oregonsatf.org/>
 - Glendale Women's Commission – Camp Rosie - <http://www.ci.glendale.ca.us/women/RosieTheRiveter.asp>
 - Schools for Growth - http://books.google.com/books?id=8gg6Tz5jclC&dq=Lois+Holzman+Schools+for+Growth&printsec=frontcover&source=bl&ots=s0WJquZLH1&sig=Hn8wjQat_BQJsu0MPCejzDao3NM&hl=en&ei=SPzTSYnEMIOAtgPXmMGqCg&sa=X&oi=book_result&ct=result&resnum=1#PPP12,M1
 - Casa de Esperanza – Ubicate - http://books.google.com/books?id=8gg6Tz5jclC&dq=Lois+Holzman+Schools+for+Growth&printsec=frontcover&source=bl&ots=s0WJquZLH1&sig=Hn8wjQat_BQJsu0MPCejzDao3NM&hl=en&ei=SPzTSYnEMIOAtgPXmMGqCg&sa=X&oi=book_result&ct=result&resnum=1#PPP12,M1
 - SisterSong - <http://www.sistersong.net/>
 - PDHRE the Peoples Movement for Human Rights Learning - <http://www.pdhre.org/chre/>
 - Youth Innovation Center - <http://www.theinnovationcenter.org/>
 - Abused Deaf Women's Advocacy - <http://www.adwas.org/>
- 168) Web Pages
- Incorporating evaluation into media campaign design_files
 - It's Time to Talk _ About Domestic Violence_files
 - Keynote by Loretta Ross_files
 - Office of juvenile Justice and Delinquency Prevention Model Programs guide_files
 - Preventing Adolescent Dating Violence_files
 - Project Cornerstone Middle School resources_files
 - Respect in Schools Everywhere Ontario Canada_files
 - Restorative Justice responses to Sexual Assault_files
 - Safe T vermont_files
 - See It And Stop It!_files
 - Sexual Assault on College Campuses Harvard ASH Linl_files
 - Sexual Assault on College Campuses Resource Links_files

- Social Skills programs found to yield gains in academic subjects_files
- staying_safe_for_girls_girl_scouts_files
- Substance abuse and IPV_files
- Violence Is Preventable UK_files
- FIERCE - SPOT campaign.htm
- Getting Together for Social Justice Winter 09.htm
- Healthy Teen Dating Texas.htm
- incorporating evaluation into media campaign design.htm
- It's Time to Talk _ About Domestic Violence.htm
- Keynote by Loretta Ross.htm
- Office of juvenile Justice and Delinquency Prevention Model Programs guide.htm
- Preventing_Adolescent_Dating_Violence.htm
- Project Cornerstone Middle School resources.htm
- Respect in Schools Everywhere Ontario Canada.htm
- Restorative Justice responses to Sexual Assault.htm
- Safe T vermont.htm
- See It And Stop It!.htm
- Sexual Assault on College Campuses Harvard ASH Linl.htm
- Sexual Assault on College Campuses Resource Links.htm
- Social Skills programs found to yield gains in academic subjects.htm
- staying_safe_for_girls_girl_scouts.htm
- Substance abuse and IPV.htm
- Violence Is Preventable UK.htm
- FIERCE - SPOT campaign_files

169) Welfare and DV

170) Young People Shaping Environmental Justice

171) Youth Violence Prevention Sourcebook - CDC 1

172) Youth Violence Prevention Sourcebook - CDC 2

173) Youth Violence Prevention Sourcebook - CDC 3

174) Youth Violence Prevention Sourcebook - CDC 4

175) Youth Violence Prevention Sourcebook - CDC 5

176) YWCA Enid OK Relationships Curriculum

177) YWCA Enid OK. Dating Violence PowerPoint

Appendix G. List of Sixty-One Resources for Level One:

As the focus of the DVPPTAT narrowed, 61 resources emerged which were relevant to the newly identified priority populations (Youth ages 11-14 and Men & Boys) and proposed approaches (Bystander; Promoting Assets and Positive Norms; and Community Mobilizing/Organizing) The DVPPTAT team applied the following questions to each of these 61 resources/strategies. To remain in the screening process, potential resources were required to have a “yes” answer to each of these six questions:

- ❖ Is this strategy responsive to needs and priorities as identified by the field through the online survey and key informant interviews?
- ❖ Is this strategy in alignment with DVPPTAT goals and core values?
- ❖ Does this strategy have any evidence of effectiveness?
- ❖ Could the implementation of this strategy be documented in a way that could build the evidence base for primary prevention of domestic violence?
- ❖ Does this strategy/approach seem adaptable given the clarity of program components and potential to work in different communities?
- ❖ Is the capacity or cost required to implement this strategy do-able given the resources of the DVPPTAT?

List of Resources

1. A Call to Men
2. All Stars Talent Show Network
3. All that Camp - Lake County
4. Athletes As Allies (MAWS)
5. Beat the Punch – San Luis Obispo DELTA
6. Beyond Beats and Rhymes - Byron Hurt
7. Boys Men and Healing
8. Break the Cycle
9. Bringing In the Bystander
10. Building Movement Project
11. Casa De Esperanza
12. Center for Digital Storytelling - Amy Hill
13. Chevon Kothari (Mariposa County DELTA)
14. Choose Respect
15. Close to Home
16. Coaching Boys into Men - FVPP
17. CUAU Love and Justice
18. David Lee
19. Eighteen and Under - UK based Program - VIP Programme
20. Engaging Bystanders in Sexual Violence Prevention - Joan Tabachnick
21. Expect Respect
22. Fourth R - Curriculum - Grade 8
23. Glendale Women's Commission - Camp Rosie
24. Green Dot
25. GroundSpark -Respect for All
26. Hopa Mountain - Climbing Towards

27. Kim Sabo
28. Lessons From Literature
29. Lisa Fujie-Parks
30. Marc Mannes/Search Institute 40 Developmental Assets
31. Men Can Stop Rape
32. Men Stopping Rape - Wisconsin
33. Men Stopping Violence
34. MVP - Jeff O'Brien
35. My Strength
36. Nan Stein/Gender Justice Curriculum
37. Owning Up Curriculum
38. Paul Kivel
39. Peace Over Violence
40. Peer Solutions - Stand and Serve/ Jennifer Rauhouse
41. Project Cornerstone - San Jose
42. Project H (hombre)
43. Project Respect - Mountain Crisis Center
44. Second Step Curriculum
45. Rus Ervin Funk/MensWork
46. Safe Dates
47. Shimtuh - Mimi Kim
48. STAND Against DV - Sharon Turner
49. Start Strong- RWJF /FVPPF Debbie Lee
50. Students Against Domestic Abuse
51. Susan Thompson (Lake County Delta)
52. Tennessee Coalition Against Domestic and Sexual Abuse - Youth Leadership Institute/Promoting Gender Respect Curriculum
53. That's Not Cool
54. Transforming Communities - TC Novato/CAT model
55. Transforming Communities - Respect for All/Kate Kain
56. Wendi Seibold
57. White Ribbon Campaign - Tuval Dinner
58. Data Center
59. Family Violence Law Center -Tatiana Colon
60. Institute on DV and the African American Family
61. Brad Perry and Virginia Coalition

Appendix H. List of Thirty-Two Resources for Level Two: Screening and Rating

Level Two: Screening and Rating involved using pre-established criteria to conduct an in-depth review of thirty-two resources and determine a “ballpark” score for each resource. This process was part science, part art and was used in order to identify strengths, gaps, and the most promising approaches given the criteria and available information.

List of Resources Screened and Rated

1. A Call to Men
2. All Stars Talent Show Network
3. All that Camp - Lake County
4. Athletes As Allies (MAWS - George Pegalow)
5. Break the Cycle
6. Bringing In the Bystander
7. Choose Respect
8. Close to Home
9. Coaching Boys into Men - FVPP
10. CUAU Love and Justice
11. Expect Respect
12. Fourth R - Curriculum - Grade 8
13. GroundSpark -Respect for All
14. MVP - Jeff O'Brien
15. Nan Stein/Gender Justice Curriculum
16. Paul Kivel
17. Peace Over Violence
18. Peer Solutions - Stand and Serve/ Jennifer Rauhouse
19. Project Cornerstone - San Jose
20. Project Respect - Mountain Crisis Center
21. Second Step Curriculum
22. Rus Ervin Funk/MensWork
23. Safe Dates
24. Shimtuh - Mimi Kim
25. Transforming Communities - TC Novato/CAT model
26. Transforming Communities - Respect for All/Kate Kain
27. Family Violence Law Center (Tatiana Colon)
28. Hopa Mountain Climbing Towards program
29. Men Stopping Violence
30. Owing Up Curriculum
31. Tennessee Coalition Against Domestic and Sexual Abuse – Promoting Gender Respect
32. Institute on DV and the African American Family

Appendix I. Outline of Electronically Filed Resource Materials

All of the resources identified through this resource assessment have been organized and filed electronically according to the following general structure.

Filing Super Structure

1. Articles (including powerpoints, webinar notes)
 - a. Academic
 - b. Non academic
2. Curriculum (including program materials, independent workshops)
3. Social marketing (digital media, conventional media)
 - a. Digital media
 - b. Conventional
4. Web-based Resources (list/description of all web-based content with URL's)
5. Consultants/Trainers
6. Promising Programs
7. General Prevention Resources
8. National Funders and Programs
9. International Work

Categories within each of the above (tabbed items)

-Populations (these will likely be cross filed)

- LGBTQ
- Immigrant
- African-American
- Asian Pacific Islanders
- Latino
- Native/First Nations
- Disability Communities
- Poor/Low-Income
- Rural
- Women and Girls
- Survivors
- Men and Boys
- Youth:
 - Pre-school
 - Elementary School Age
 - Middle School Age
 - High School Age
- Young Adults (approximately 18-25)

-Approaches:

- Community Mobilizing/Organizing
- Systems Change/ Law and Policy
- Social Norms Change

Human Rights / Civil Rights

Faith Based

Bystander

Youth (Youth development, youth-led, youth organizing, healthy relationships)

-Implementation

Readiness (organizational and community)

Capacity (organizational and community)

Core competencies for prevention advocates

Tools/principles of Prevention

-Evaluation/Evidence