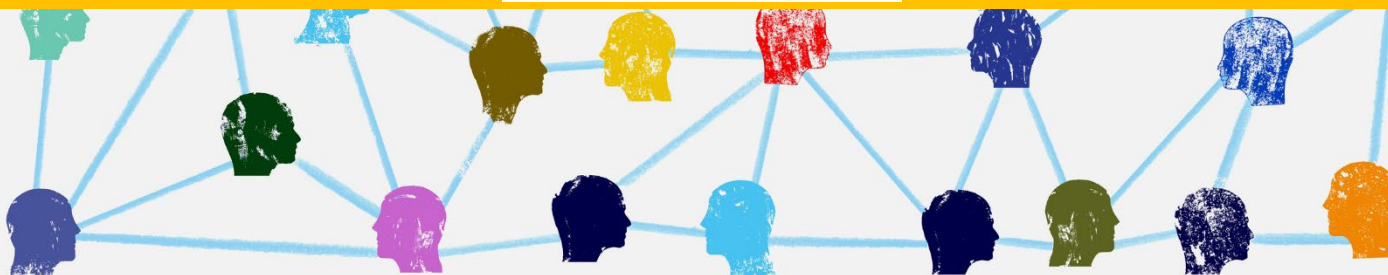


Prevention Toolkit

A crash course in all things Prevention!



Introduction and Context:

This document is a work in progress aimed at assisting preventionists and our allies in social change to begin to gain clarity in planning, implementing, and evaluating the impact of our efforts to prevent gender-based violence (GBV). In this relatively young movement to end GBV we continue to evolve in our understanding of what it takes to do so. Part of that evolution has entailed finding the right tools to inform our analysis of the problem we seek to address and our creativity to infuse new energy and tangible, measurable and meaningful efforts to end the violence and coercion that harms the dignity of the human lives impacted by it.

Over the evolution of this effort, we started where many such efforts begin, at the point of harm and all of the responses necessary to address the impact of that harm and to create mechanisms to hold accountable those that have caused it. As such, the vast majority of our time, effort and resources have been consumed in that response, what we define later in this document as “Tertiary Prevention”.

Activists, advocates, survivors, and communities know first-hand the importance of preventing this harm before it occurs. In our striving to find effective prevention strategies and solutions, we have drawn from public health experts to help us understand how to find the tools to find, plan and execute them. This paradigm has greatly increased our efficacy and enhanced our approach to prevention, however, without a strong social justice framework it lacks the dimension and depth to find the solutions to such complex problems. Social justice approaches address the oppression which is at the root of power and resource imbalance, inequity and lack of access to resources and power necessary to support health and well-being.

Social justice approaches based in cultural humility and community centered focus are informed by history, culture and lived experience. And social justice efforts on their own are insufficient to effectively plan, execute and measure our prevention efforts and so we need to use public health knowledge with social justice approaches combined with a commitment to increase equitable access to health and wellbeing of the communities we serve together to craft the most effective GBV prevention efforts. We seek to help demystify these elements here.

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Glossary: Terms and concepts regularly used in Prevention work

Gender-Based Violence: Gender-based violence (GBV) refers to any form of violence against an individual or group based on sex or gender identity or expression. GBV is rooted in power differences related to genderism, ableism, transphobia, racism, classism, ageism, xenophobia, and other forms of structural oppression. It can occur across the lifespan through individual relationships, organizational structures, and public policy. Below are some examples, but is not an exhaustive list:

- Physical, sexual, verbal, emotional, and psychological abuse
- Sexual or Reproductive coercion
- Restricting economic, educational, health care access/rights for individuals and public policy
- Stalking
- Harassment in the workplace
- Lack of access to gender affirming resources/spaces
- Threats to any of the above

Source: Washington State Gender-Based Violence Prevention Collaborative

Sexual Violence: Sexual violence happens in every community and affects people of all genders and ages. Sexual violence is any type of unwanted sexual contact. This includes words and actions of a sexual nature against a person's will and without their consent. A person may use force, threats, manipulation, or coercion to commit sexual violence.

Source: National Sexual Violence Resource Center

Domestic Violence: Abuse is a pattern of behavior that one person uses to gain power and control over the other. These behaviors can include:

- isolation from friends and family
- emotional abuse
- monitoring
- controlling the finances
- physical and sexual assault

The fundamental harm of abuse is a loss of autonomy. Autonomy means independence and freedom from external control. Everyone should be free to make their own choices in relationships.

[Source: Washington State Coalition Against Domestic Violence](#)

Teen Dating Violence: Physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner.

[Source: Centers for Disease Control](#)

Stalking: A pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.

[Source: Centers for Disease Control](#)

Psychological Aggression: The use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally or to exert control over a partner.

[Source: Centers for Disease Control](#)

Oppression: A combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups.

[Source: National Museum of African American History and Culture](#)

Equity: Equity is fairness and justice achieved through systematically assessing disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions. (Urban Strategies Council)

Equity is the measured experience of individual, interpersonal, and organizational success and well-being across all stakeholder populations and the absence of discrimination, mistreatment, or abuse for all. (Lily Zheng)

[Source: Source: Washington State Gender-Based Violence Prevention Collaborative](#)

Intersectionality: “Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.” - Kimberle Crenshaw

[Source: Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color](#)

Kimberle Crenshaw

Universal Approach: Prevention efforts focused on a population without knowing individual risk. Example: A violence prevention course that is taught to all students in a school or to an entire grade level.

Selected Approach: Prevention efforts focused on those individuals or groups that show one or more risk factors for violence. Example: A weekly workshop designed to teach effective parenting skills to low income, single parents.

Indicated Approach: Prevention efforts for those who have already demonstrated violent behavior. Example: A series of treatment or counseling sessions for perpetrators of domestic violence.

Source: [A Prevention Primer for Domestic Violence: Terminology, Tools, and the Public Health Approach](#)

Capacity Building: Increasing the skills, abilities, resources, and reach of an identified effort. Capacity building within violence prevention can look like increasing avenues and opportunities for funding, creating and increasing the accessibility of trainings and resources, collaborating on projects statewide, increasing evaluation and impact tracking etc.

Social determinants of health: Non-medical conditions that affect a person's well-being and quality of life. These are shaped by a wide variety of conditions that are shaped by systems of oppression. For example, someone's ability to live a full and happy and healthy life is going to be impacted by their access to affordable housing, healthcare, food, and resources. Because the root causes of violence are systems of oppression and because social determinants of health are also impacted by systems of oppression, it is advantageous for prevention efforts to seek to address social determinants of health and vice-versa.

Source: [Centers for Disease Control](#)

Health equity: Health equity provides everyone with the things they need to have a fair and just opportunity to attain their highest level of health.

[Source: Centers for Disease Control](#)

Risk Factors: Characteristics that may increase the likelihood of experiencing or perpetrating intimate partner violence. It is important to note that while an individual may have certain risk factors for violence, it does not necessarily mean that they are a violent person or will definitely cause harm to others.

Protective Factors: Characteristics that may decrease the likelihood of experiencing or perpetrating intimate partner violence. Similarly to risk factors, a person may have several protective factors and still experience harm or violence.

[Source: Centers for Disease Control](#)

[Source: National Sexual Violence Resource Center](#)

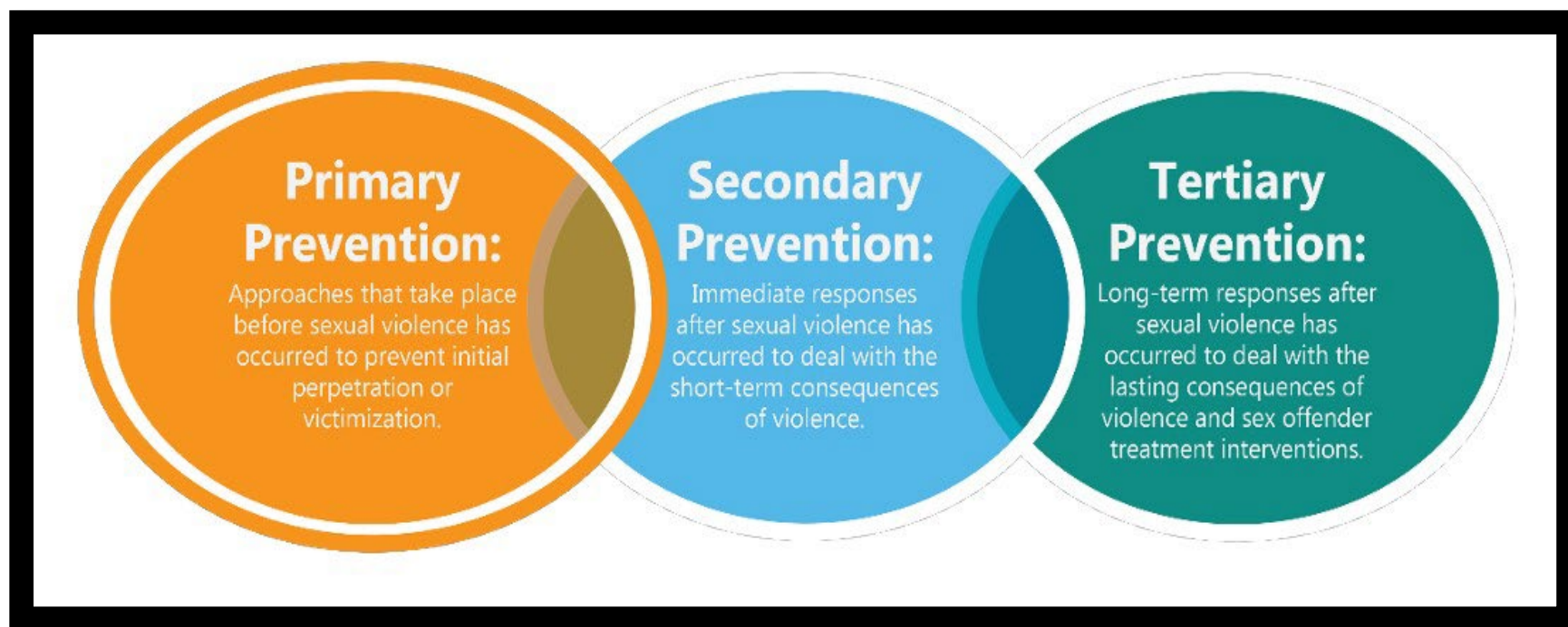
Prevention: Efforts that seek to address the root causes of violence, shift culture, build skills, and promote healthy relationships. Prevention is grounded within anti-oppression and trauma-informed care and seeks to change the conditions in which violence is normalized.

Primary Prevention: Primary Prevention is about preventing violence before it occurs. Primary prevention take place before the initial perpetration or victimization by promoting safe and healthy alternatives infused into individual, relational, community, and societal norms. They are designed to shift attitudes, behaviors, societal norms, including formal structures, that support and perpetuate the root causes of violence.

Secondary Prevention: Immediate response to violence. (Emergency and medical care to address short-term consequences)

Tertiary Prevention: Long-term responses to violence. (Approaches in aftermath to address trauma and rehabilitate perpetrators)

[Source: Veto Violence: Prevention Fundamentals](#)



(2017 Washington State Sexual Violence Prevention Plan)

Preventing Violence Happens at Three Levels

Primary
Stopping Violence Before It Occurs
Strategies like healthy relationships & environments reduce risks & increase buffers.

Secondary
Immediate Responses to Violence
Services like emergency and medical care address short-term consequences.

Tertiary
Long-Term Responses to Violence
Approaches in aftermath address trauma & rehabilitate perpetrators.

Our goal is to stop violence before it occurs.

Learn more: <http://vetoviolenecdc.gov/basics-primary-prevention.html> **VetoViolence**

Glossary II - When we say _____, we mean _____:

Digging into some important concepts a bit more.

Collective impact: When we say collective impact, we mean that even though we come from different regions of the state and work with different communities, even though our funding sources and programming might be different, we all have a common goal to prevent violence. We can leverage our collective programming to build capacity for prevention statewide and pool our data and evaluation to get a better picture of the success and progress of our efforts.

Capacity-building: When we say capacity-building, we are talking about the work we put in to increase the reach and impact of our prevention programming. This can be regarding actual reach (increasing the amount of people engaging in our programming), increasing the rate at which we are doing programming, increasing the number of partners we are engaging with in the work, or increasing the long-term impact of programming. It's all about strategic and sustainable ways to continue to grow and expand our programming size wise and impact wise.

Multi-sector partners: Multi-sector partners are organizations, groups, communities, and agencies that don't necessarily engage directly in working with survivors or violence prevention but work on interconnected issues or work with communities impacted by systems of oppression and inter-personal violence. Examples would be working with youth-substance use prevention groups, suicide prevention groups, engaging with sports teams / athletic institutions, working with local businesses, working with housing resource providers etc.

Social determinants of health: When we say social determinants of health, we are talking about all the different ways someone's health is impacted by their environment. Things like access to transportation, safe and stable housing, nourishing foods, clean water, and clean air are all going to impact someone's quality of life and therefore their health. Other things that

are considered social determinants of health are access to resources, access to mental and medical healthcare, a sense of community and connectedness, access to education and methods of learning, and a living wage from an affirming and safe workplace.

Social determinants of health recognize that our overall health and well-being goes far beyond medical factors. Social determinants of health are also directly tied to risk and protective factors. If our programming seeks to positively impact social determinants of health, it will also inherently address risk and protective factors associated with violence.

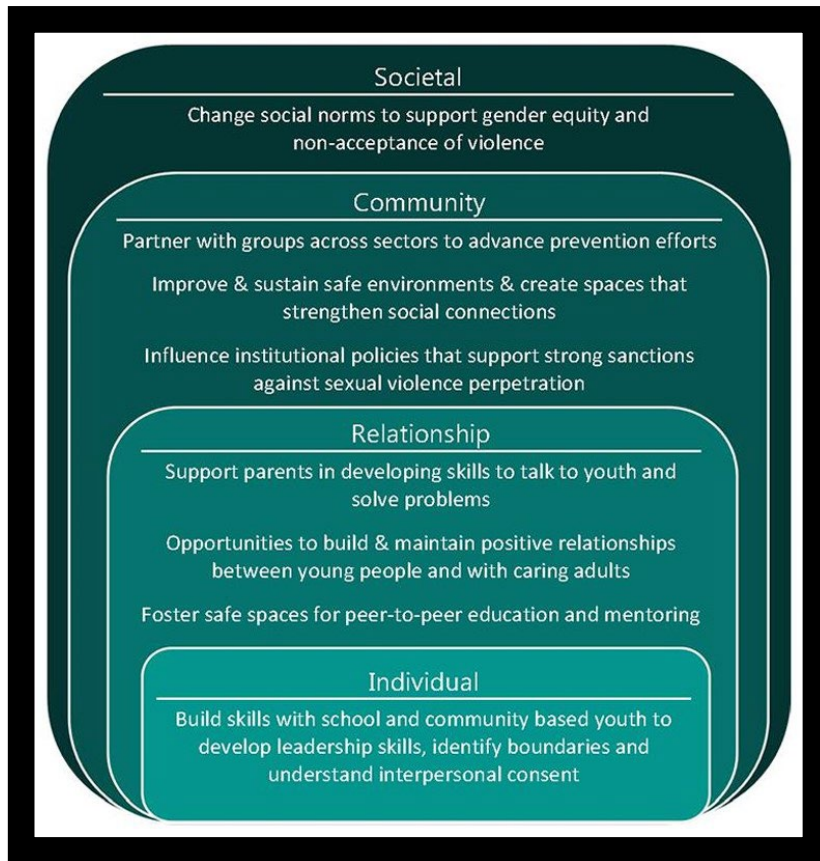
Health equity: When we say health equity, we mean that everyone has access to the specific things they need in order to living full, happy, safe, healthy, and thriving lives. It is about removing barriers to achieving health and well-being in whatever ways that looks for someone. Efforts to achieve health equity and transform communities into healthy places must address violence; preventing violence and trauma is a prerequisite for health equity. Working towards health equity is violence prevention work.

Risk factors: When we say risk factors, we're talking about things that put someone at a higher risk of perpetuating and / or experiencing harm. There are a wide range of risk factors ranging from individual attitudes, beliefs, and behaviors, exposure to violent behaviors or attitudes, experiencing violence or harm, lack of access to information related to healthy relationship behaviors etc. Identifying risk factors is an important step in violence prevention work because it can serve as a guiding point for your programming. Ask yourself "what am I trying to impact / address / change?" If your program seeks to engage young men and boys as allies, the risk factor you're trying to address could be sexist and misogynistic values and beliefs.

Protective factors: When we say protective factors we are talking about things that help protect against the potential of causing / experiencing harm. Protective factors can often be considered as "antidotes" for risk factors. If a risk factor for perpetuating violence is social isolation or lack of community, a protective factor to uplift would be community

connectedness. It's important that our prevention programming not only seeks to address risk factors but to also uplift protective factors as well. The Social Ecological Model, Risk and Protective Factors, and Prevention Approaches

Social-Ecological Model (SEM): A prevention tool used to organize risk and protective factors for violence across the different areas of our lives, from individual, to relationships with others, to our larger communities, to society as a whole.



(2017 Washington State Sexual Violence Prevention Plan)

Risk and Protective Factors for Domestic Violence / Sexual Assault:

The things we want to address and the things we want to uplift

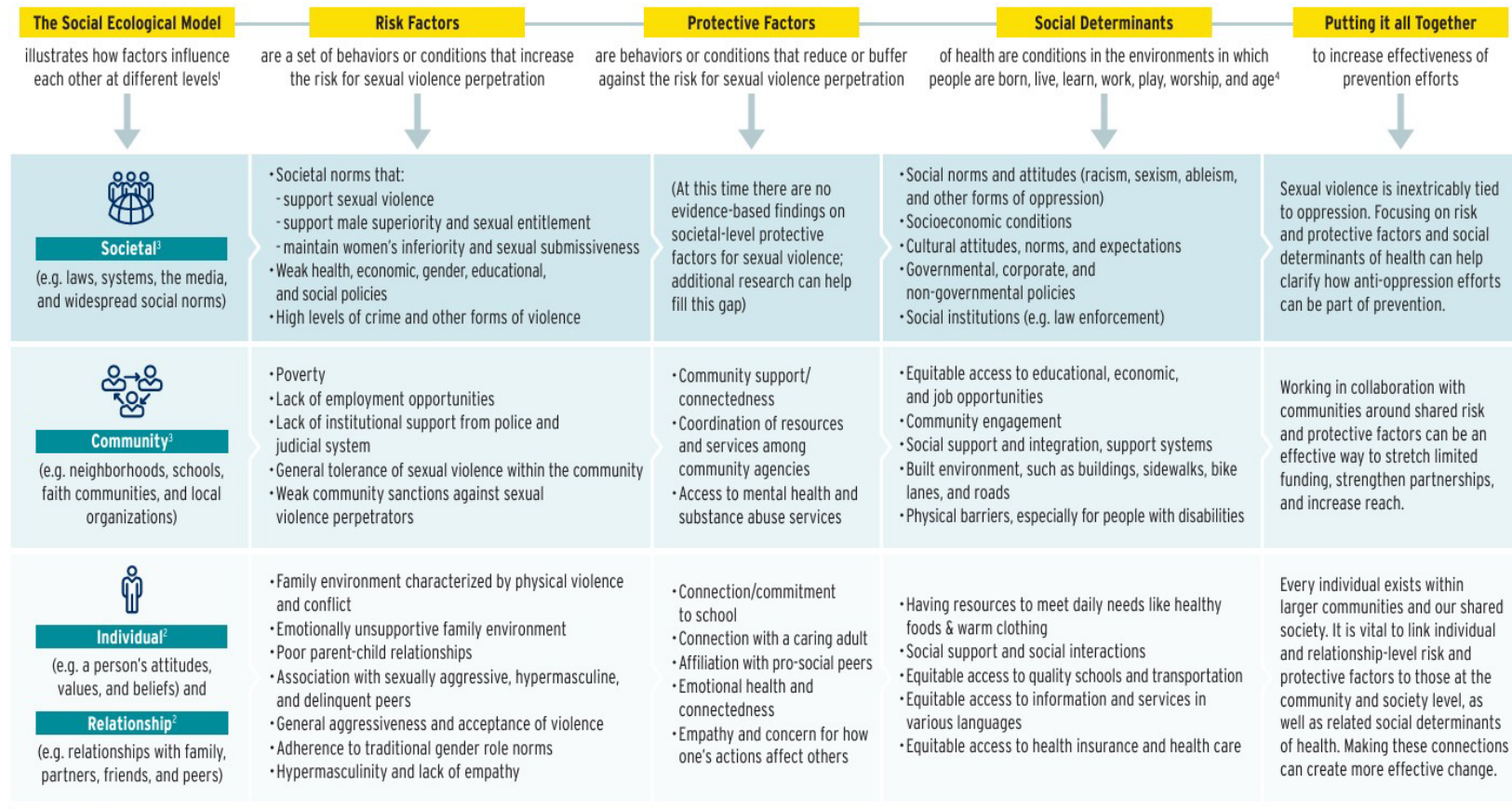
Individual Level	
Risk Factors for domestic violence / sexual assault (The things we want to address)	Protective Factors for domestic violence / sexual assault (The things we want to uplift)
<ul style="list-style-type: none"> - Low self esteem - Low education or income - Aggressive behavior as a youth - Heavy alcohol and substance use - Depression and suicide attempts - Anger and hostility - Lack of nonviolent social problem-solving skills - Antisocial personality traits Poor behavioral control and impulsiveness - History of being physically abusive - Having few friends and being isolated from other people - Economic stress - Emotional dependence and insecurity - Belief in strict gender roles (e.g., male dominance and aggression in relationships) - Desire for power and control in relationships - Hostility towards women - Attitudes accepting or justifying violence and aggression - History of physical or emotional abuse in childhood 	<ul style="list-style-type: none"> - Emotional health and connectedness - Academic achievement - Empathy and concern for how one’s actions impact and affect others

Relationship Level	
Risk Factors for domestic violence / sexual assault (The things we want to address)	Protective Factors for domestic violence / sexual assault (The things we want to uplift)
<ul style="list-style-type: none"> - Relationship conflicts including jealousy, possessiveness, tension, divorce, or separations - Dominance and control of the relationship by one partner over the other - Families experiencing economic stress - Unhealthy family relationships and interactions - Association with antisocial and aggressive peers. - Parents with less than a high school education - Witnessing violence between parents as a child - History of experiencing poor parenting as a child - History of experiencing physical discipline as a child 	<ul style="list-style-type: none"> - Strong social support networks and stable, positive relationships with others.
Community Level	
Risk Factors for domestic violence / sexual assault (The things we want to address)	Protective Factors for domestic violence / sexual assault (The things we want to uplift)
<ul style="list-style-type: none"> - Communities with high rates of poverty and limited educational and economic opportunities - Communities with high unemployment rates - Communities with high rates of violence and crime - Communities where neighbors don't know or look out for each other and there is low community involvement among residents - Communities with easy access to drugs and alcohol 	<ul style="list-style-type: none"> - Neighborhood collective efficacy, meaning residents feel connected to each other and are involved in the community - Coordination of resources and services among community agencies - Communities with access to safe, stable housing - Communities with access to medical care and mental health services - Communities with access to economic and financial help

<ul style="list-style-type: none"> - Weak community sanctions against intimate partner violence (e.g., unwillingness of neighbors to intervene in situations where they witness violence) 	
Societal Level	
<p>Risk Factors for domestic violence / sexual assault (The things we want to address)</p>	<p>Protective Factors for domestic violence / sexual assault (The things we want to uplift)</p>
<ul style="list-style-type: none"> - Traditional gender norms and gender inequality (e.g., the idea women should stay at home, not enter the workforce, and be submissive; men should support the family and make the decisions) - Cultural norms that support aggression toward others - Societal income inequality - Weak health, educational, economic, and social policies or laws - Negative attitudes or beliefs against groups of people due to their race, ethnicity, sexual orientation, gender, disability, social class, or country of origin (e.g., homophobia, transphobia, ableism, racism, xenophobia) - Negative and usually unfair beliefs (e.g., stigma) against people who exchange sex - Societal norms that support sexual violence - Societal norms that support male superiority and sexual entitlement - Societal norms that maintain women's inferiority and sexual submissiveness 	<p>*Not enough research has been done to point to any specific, evidence-based societal-level protective factors</p>

RISK & PROTECTIVE FACTORS

This chart maps out risk and protective factors and social determinants of health along various points in the social ecological model. Understanding these factors and determinants at the societal, community, and individual/relationship levels can increase the effectiveness of sexual violence prevention efforts.



CDC Strategies and Approaches: Rooted in public health / medical model

These are some examples of ways to address the root causes of violence while uplifting protective factors.

Strategy	Approach	Risk / Protective Factors and SEM Level
Teach safe and healthy relationship skills	<ul style="list-style-type: none"> - Social-emotional learning programs for youth. - Healthy relationship programs for couples. 	<ul style="list-style-type: none"> - Individual Level - Relationship Level
Engage influential adults and peers	<ul style="list-style-type: none"> - Men and boys as allies in prevention. - Bystander empowerment and education. - Family-based programs. 	<ul style="list-style-type: none"> - Individual Level - Relationship Level
Disrupt the developmental pathways toward partner violence	<ul style="list-style-type: none"> - Early childhood home visitation. - Preschool enrichment with family engagement. - Parenting skill and family relationship programs. - Treatment for at-risk children, youth and families. 	<ul style="list-style-type: none"> - Individual Level - Relationship Level
Create protective environments	<ul style="list-style-type: none"> - Improve school climate and safety. - Improve organizational policies and workplace climate. - Modify the physical and social environments of neighborhoods. 	<ul style="list-style-type: none"> - Community Level
Strengthen economic supports for families	<ul style="list-style-type: none"> - Strengthen household financial security. - Strengthen work-family supports. 	<ul style="list-style-type: none"> - Community Level
Support survivors to increase safety and lessen harms	<ul style="list-style-type: none"> - Victim-centered services. - Housing programs. - First responder and civil legal protections. - Patient-centered approaches. - Treatment and support for survivors of intimate partner violence, including teen dating violence. 	<ul style="list-style-type: none"> - Community Level

4 Prevention Guidelines:

These are the things we hope our prevention program does, regardless of strategy or approach

- Address Root Causes
- Shift Culture
- Build Skills
- Promote Healthy Relationships



Prevention work → Delivery Method ↓	Address root causes of violence	Shift culture	Build skills	Promote healthy relationships
Individual	E.g. Offer an anti-oppression workshop that helps participants examine the intersections of sexism, homophobia, racism, and violence.		E.g. Review <i>Love Like This</i> series about making a move and consent – discuss the concept of an enthusiastic Yes! and practice asking for consent.	
Relationship	E.g. Host a discussion on money and relationships. Challenge participants to reflect on the role that money plays in their decision-making about relationships.	E.g. Use How's Your Relationship cards to have a conversation about expectations of intimate relationships with a small group of teens.	E.g. Provide a dating 101 class for new daters. E.g. Provide a dating 101 class for parents of new daters.	E.g. Deliver a school-based curriculum on healthy relationships in a classroom setting for 12 weeks.
Community	E.g. Work for affordable housing in your community so that people do not have to move in together in order to make ends meet. E.g. Join allied social justice movements (like Black Lives Matter) to work to end oppression in all its forms.	E.g. Have a community reads program with your local library and read a book with a relationship theme and discuss the hallmarks of healthy relationships and shared power.	E.g. Provide relationships skills classes where you teach skills for healthy conflict resolution and shared decision-making.	Run a break-up clinic to provide support for participants who want to break up in a way that prepares them and their ex for healthy relationships in the future.
Society		E.g. Work for policies and practices that hold abusers accountable in a meaningful, culturally relevant way.		E.g. Join the Refuse to Abuse campaign with the Seattle Mariners to promote respect as part of a healthy relationship.

Public Health's Approach to Violence Prevention in Four Steps:

These are steps that help to figure out how to create a prevention program specific to our community's needs. It's a tool to get us from "we want to prevent violence" to "this is more specifically how we'll do that".

Violence prevention involves these steps:

1. Define the Problem

Understanding the problem involves analyzing data about experiences of violence and the conditions that influence health. Collecting data to find out the "who," "what," "when," "where," and "how" is an important step in defining the problem. Data can be obtained from a variety of sources - death certificates, medical or coroner reports, hospital records, child welfare records, law enforcement, population-based surveys, and more. Data collection can also include connecting directly with communities through conducting surveys, focus group discussions, and lived experience engagements.

2. Identify Risk and Protective Factors

Scientific research reveals what puts groups at increased risk (known as risk factors) and what protects them (known as protective factors) from the likelihood of violence. The goal of violence prevention is to decrease risk factors and increase protective factors – thereby reducing violence. These factors also help us identify where prevention efforts can focus to make the greatest impact.

People's health outcomes are also influenced by the conditions in which they live, work, play, and learn. These conditions are called social determinants of health. Systemic racism, bias, and discrimination, economic instability, concentrated poverty, and limited housing, education, and healthcare access drive health inequities, like experiencing violence, and are important to consider in violence prevention efforts.

3. Develop and Test Prevention Strategies

In this step, prevention strategies are developed using the information gathered in steps 1 and 2. Engaging community members during this step can help ensure prevention strategies are developed and tested with input from people living in the community and affected the most. Once prevention strategies are developed, they are evaluated to see if they prevent violence.

4. Assure Widespread Adoption

In this step effective strategies are disseminated and implemented widely for greater impact. Though this is considered the final step of the public health model, assessments and evaluations continue. Continued evaluation helps ensure all components of a strategy fit within a community and have the desired effect of preventing violence.

9 Principles of Prevention:

Maury Nation and colleagues completed research that looked at successful prevention programs and identified criteria that were commonly found in these programs. These are referred to as the Nine Principles of Effective Prevention Programs. The Nine Principles serve as a good checklist when reviewing prevention plans to ensure that multiple criterion are met.

<https://pubmed.ncbi.nlm.nih.gov/12971191/>

We want our programming to have:

Comprehensive Services: Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.

Example: A program that works to address individual-level risk factors like adherence to traditional gender norms and hostility towards women while also working to address the community-level risk factor of general tolerance of sexual violence within the community

Varied Teaching Methods: Strategies should include multiple teaching methods, including some type of active, skills-based component.

Example: Programming can include a mix of things like information sharing / facilitation, skills-building through small and large group activities, large and small group discussions, work groups, taskforces etc.

Sufficient Dosage: Participants need to be exposed to enough of the activity for it to have an effect.

Example: This does not need to be done in the form of a multi-session curriculum. For example, if you are creating a community-advisory board for a community-level project focused on increasing community connection, you might not be facilitating a curriculum with board members, but you will be meeting on a regular, ongoing basis over time as opposed to a one-time meeting

Positive Relationships: Programs should foster strong, stable, positive relationships between children and adults.

Example: Trust and rapport-building between communities and prevention staff is essential within effective prevention programs.

Outcome Evaluation: A systematic outcome evaluation is necessary to determine whether a program or strategy worked.

Example: This can be achieved in various ways, ranging from pre-post surveys, focus groups, qualitative data via written testimony from participants, observations, tangible policy changes, etc.

Well-Trained Staff: Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision. Follow-up (booster) training and technical assistance to staff are critical.

Example: Prevention staff should receive specific prevention training on things like anti-oppression and its connection to prevention, the Social Ecological Model, risk and protective factors.

We want our programming to be:

Theory Driven: Preventive strategies should have scientific or logical rationale.

Example: Prevention strategies should address risk and / or protective factors within the Social Ecological Model and should apply the 9 principles of prevention.

Appropriately Timed: Program activities should happen at a time (developmentally) that can have maximum impact in a participant's life.

Example: Content should be both developmentally appropriate and relevant but also accessible and easy to understand and relate to.

Socio-culturally Relevant: Programs should be tailored to fit within cultural beliefs and practices of specific groups, as well as local community norms.

Example: Programming for specific communities should be informed by members of that community and have examples and content relevant to them. Programming for LGBTQ participants that is heteronormative or programming for Muslim communities that isn't relatable to aspects of their culture and practices are not only not relatable but can cause harm.

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