Creating Safer Communities:
A Plan for Preventing Intimate Partner Violence in Pennsylvania

NO MORE | TOGETHER WE CAN END DOMESTIC VIOLENCE & SEXUAL ASSAULT
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The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the Funders.
Domestic violence is a significant public health problem in the United States. Most responses to domestic violence have focused on addressing the problem after it has occurred — shelters, support groups, advocacy, employment counseling, legislative and legal changes, legal services, and batterer intervention programs, among others. Many of these efforts have proven to be successful in responding to the needs of survivors and supporting community efforts to hold offenders accountable. Time, resources and the unremitting demand for intervention have inhibited progress on the development and implementation of programs that would prevent domestic violence before it occurs. The plan outlined in this document would initiate, enhance and expand statewide and regional primary prevention initiatives.

In October 2012, a diverse group of stakeholders came together to form the Pennsylvania Domestic Violence Prevention Consortium. The Consortium accepted the charge to collaboratively develop a plan using a public health approach to prevent domestic violence in Pennsylvania and to use that plan to promote best practice. The Consortium agreed to provide state level leadership and support in challenging and reshaping the social conditions and norms that condone domestic violence. This plan identifies, recommends, and proposes to evaluate prevention strategies for state level action, as well as provides a “state of the state” on domestic violence. The Consortium brings together a vital mix of formal organizational collaboration along with broad community support through the inclusion of a multidisciplinary group of experienced prevention practitioners, stakeholders, and advocates.

Domestic violence is a critical public health issue that calls for community-oriented approaches to stopping abuse before it can begin. This plan emphasizes building the capacity of individuals, organizations, and systems to more effectively identify, implement, and evaluate strategies to prevent first-time perpetration.

Pennsylvania’s domestic violence programs have a long and successful history of providing services to survivors and conducting domestic and dating violence awareness education that includes tips for risk reduction. Over the past several years PCADV received critical support to launch its prevention efforts in the form of training and technical assistance from the Centers for Disease Control and Prevention Foundation; the Robert Woods Johnson Foundation; and sister coalitions to better understand how to support community level strategies that would stop violence from happening in the first place. PCADV also received the generous support of funders to develop and disseminate strategies to support communities to change the norms, climate and culture that allows domestic violence to thrive. Strategies designed to change conditions in the culture as well as knowledge, attitudes, beliefs and behaviors are referred to as primary prevention.

It is important to note that while this plan focuses on primary prevention, there is a continued need to fund and provide resources for both primary prevention and intervention. Prevention and intervention are complementary approaches for keeping our communities and families safe.

**The goals, outcomes and implementation strategies outlined herein are derived from four sources:**

1. multiple stakeholders involved in diverse work across the state and in the southwest region
2. community and state level data about Pennsylvania
3. literature related to the prevalence of domestic violence
4. existing approaches to prevention used in community contexts.
**GOAL STATEMENT 1**

Goal Statement 1: Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania

**Activities that support Goal 1:**

- Pursue funding, both private and governmental, to support evidence-based and evidence-informed prevention activities*
- Strengthen the existing capacity of domestic violence programs to promote primary prevention of domestic violence in their communities and in school-based settings*
- Create guidelines for prevention for domestic violence programs and allies*
- Promote primary prevention strategies throughout Pennsylvania among domestic violence programs and allies*

**Outcome Statement 1:**
The capacity of organizations working on domestic violence will increase through improved access to resources and funding over a period of five to eight years as compared to baseline.

**Outcome Statement 2:**
The number of primary prevention strategies implemented by organizations working on domestic violence in school-based and community settings will significantly increase over a period of five to eight years as compared to baseline.

* Indicates activities already underway by PCADV

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**GOAL STATEMENT 2**

Goal Statement 2: Elevate the profile of primary prevention of domestic violence as a public policy issue

**Activities that support Goal 2:**

- Promote coordination among public sector entities within the Domestic Violence Prevention System*
- Provide guidance for prevention programming to be included in the Teen Dating Violence Policy with Department of Education*
- Develop prevention-related legislative agenda, cultivate legislative champions, create “tools” to inform legislative processes
- Convene a Legislative Action Committee

**Outcome Statement:**
The commitment and capacity of local and state governments to promote and coordinate the implementation of primary prevention programs locally, regionally and statewide will significantly increase over a period of five to eight years as compared to baseline.

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**GOAL STATEMENT 3**

Goal Statement 3: Pennsylvania will work together to bring about the social change necessary to end domestic violence

**Activities that support Goal 3:**

- Promote primary prevention strategies throughout Pennsylvania among domestic violence programs and allies*
- Educate and raise awareness of domestic violence among domestic violence programs and allies*
- Reduce tolerance for domestic violence through social marketing and media campaigns*
- Reduce disparity based on gender, race, class, ethnicity and sexual orientation
- Promote organizational policy and practices that will build community support for equality and access

**Outcome Statement 1:**
Organizational policy and practices and community at-large will support the primary prevention sentiments of equality, justice and access. [Baseline measurement tools will be designed to ascertain increase over a period of five to eight years.]

**Outcome Statement 2:**
Organizations addressing domestic violence show a significant increase in engaging new populations and new settings as outlined in plan. Priorities include: schools and after school programs, college campuses, mass media, government entities, social media engagement, school nurses, athletic associations, social workers and mental health professionals.
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**Introduction**

**PCADV** is a private, nonprofit organization with a statewide office in Harrisburg. Established in 1976, PCADV was the nation’s first state domestic violence coalition. Over the years, it has grown into a coalition of 60 local programs that serve all 67 Pennsylvania counties. PCADV works with local domestic violence programs and providers of domestic violence services to address the needs of victims by ensuring the quality standards of services are met to enhance domestic violence intervention and prevention in the Commonwealth.

The mission of PCADV is to eliminate personal and institutional violence against women through programs providing support and safety to battered women, direct services, public information and education, systems advocacy and social change activities. PCADV members work toward this goal through supportive, cooperative practices in all aspects of our individual programs and collective efforts.

The mission and history of PCADV make it uniquely positioned to leverage the momentum built within the domestic violence field throughout the nation in the past decade and within Pennsylvania over the past four years. PCADV has convened two diverse groups of stakeholders and collaboratively developed a specific and targeted set of prevention strategies to be implemented. The knowledge and organizational capacity acquired in the previous prevention projects outlined below served as a strong foundation that equipped PCADV to facilitate a regional and statewide planning process that provides a blueprint for the next phase of development proposed in this document.

**The DELTA Prep Program**

In early 2009, PCADV was awarded a DELTA Prep grant — Preparing and Raising Expectations for Prevention — through the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention Foundation (CDC).

The DELTA Prep program worked to build organizational capacity within statewide domestic violence coalitions to be able to address risk and protective factors at all levels of the social-ecological model (diagram on p. 33.) The social-ecological model is a public health framework for understanding how multiple levels of influence affect social problems like domestic and dating violence. The CDC has identified four interrelated levels that increase likelihood for intimate partner violence perpetration or victimization. The individual level includes factors such as an individual’s knowledge, attitudes, and beliefs. The relationship level includes peer and family influences, or the influence of other individuals such as teachers, coaches, employers, or mentors. The community level involves the local context such as community norms about relationships and violence. Community settings include neighborhoods, schools, faith communities, and workplaces. The societal level includes broader social and cultural norms and values about violence, gender and relationships. Understanding this framework is essential to designing comprehensive prevention strategies.

Participation in DELTA Prep included monthly coaching with other domestic violence coalitions already successful at promoting and implementing primary prevention initiatives, national technical assistance calls, online documentation of performance, and national and regional trainings on multiple facets of prevention. The Coalition also built its capacity to develop systematic evaluation methods, necessary to determine whether a program or strategy is successful. This includes using results to inform future prevention programs and activities.
Philadelphia Teen Dating Violence Prevention Team

PCADV participated on the Philadelphia Teen Dating Violence Prevention Team, another CDC-funded project, led by the Pennsylvania Department of Health. PCADV administered grant funds to the local domestic violence member programs in Philadelphia, two project evaluators, and other system partners. This project resulted in an environmental and policy scan and findings from focus groups with youth ages 13-23 in the metropolitan Philadelphia area. Other project partners included the Pennsylvania Coalition Against Rape, The Institute for Safe Families, The Pennsylvania Commission on Crime and Delinquency, The Center for Schools and Families, and the Pennsylvania Department of Public Welfare.

The official report of the Philadelphia Raising Teen Dating Violence as a Public Health Priority project, released in early 2012, outlined the grant findings and accomplishments of the effort. First, the project built the understanding and capabilities of the large and varied array of teen dating violence education leaders in the largest metropolitan area in Pennsylvania. Second, critical components necessary to a comprehensive public health intimate partner violence primary prevention effort were documented in detail; including environmental factors, existing relevant policy, key stakeholders, and perhaps most importantly existing useful state level data sets. Finally, a primary prevention of dating violence logic model was drafted and documented, creating a map of the risk and protective factors to be pursued in a comprehensive effort to stop violence before it begins. Further discussion of recommendations generated in this report can be found in Chapter One’s Needs Assessment.
Legislation Milestones
To prevent and intervene in dating abuse, PCADV sought legislation to ensure that schools have a policy on dating violence; train school personnel on effective intervention strategies and resources; and integrate dating violence education into the curriculum. In late 2010, the Pennsylvania General Assembly passed such legislation, although the dating violence policy, training, and education are optional for schools. However, the new law also included a provision to establish a three-year study of whether mandatory, as opposed to optional, dating violence education is necessary.

This positive development will help create community and society level change in partnership with the Department of Education. Of course, any law is only as effective as its implementation. PCADV worked collaboratively with the Pennsylvania Department of Education to implement the new law, including the development of a model policy for the 500 public schools in the Commonwealth to adopt. The Coalition is the Department of Education’s lead training partner to complete necessary training for school administrators, teachers, counselors and school board members on effective teen dating violence curriculum and intervention best practices across the state.

PCADV Project Connect 2.0
Promoting Adolescent Health Through School Connectedness
One of PCADV’s prevention efforts already underway at the writing of this plan is Promoting Adolescent Health Through School Connectedness, a project supported with funding from Futures Without Violence and the Office on Women’s Health. In the fall of 2012, PCADV was selected, along with 10 sites across the United States, to participate in Project Connect 2.0. The scope of this national project focuses on how adolescent, reproductive and native health services prevent and respond to domestic and sexual violence while promoting healthy relationships, bystander behavior, and community and state partnerships.

PCADV designed a project to help establish and enhance an adolescent health network across Pennsylvanian through a collaborative approach that convenes a state level leadership team, as well as six pilot sites comprised of seventeen school, organization and clinic partners. All six pilot site locations are also focused on building a greater community team of adolescent health providers interested in networking, project collaboration and learning how the Project Connect model can be used within their service environment to better respond to adolescent health needs. Adolescent Relationship Abuse (ARA) is understood as a continuum of behaviors that includes dating violence, sexual violence and reproductive and sexual coercion, and spans ages 10 to 24 years of age. Project Connect utilizes age-appropriate messaging, and seeks to improve mechanisms to respond effectively and refer appropriately as well as deliver positive messages designed to prevent ARA from happening in the first place. Training and support is made available through a team approach to build the capacity of school nurses working from school based health settings to promote healthy relationship knowledge, attitudes, beliefs and behaviors. The project also influences and institutionalizes public policy and programming on the local, county and statewide levels.

Project Connect is a three-year project with a significant evaluation attached. PCADV is partnering with Dr. Elizabeth Miller, chief of adolescent medicine at the Children’s Hospital of Pittsburgh, University of Pittsburgh Medical Center. Her team is conducting the evaluation of PA’s Project Connect demonstrations sites, findings of which will be available in 2015 along with PCADV’s guidelines for replication across the Commonwealth.
Project Connect partners

Community level partners across all sites include: County Department of Health nurses, hospital nurses, teen task force representatives, media representatives, community counselors, college students, university counselor, school social worker, superintendents, school resource officers, county Nurse Family Partnership representatives, physicians, Drug and Alcohol Commission representatives, Children and Youth Services representatives, and domestic violence program and family planning clinic providers.

State-level organization partners are:

- Pennsylvania Department of Health
- Pennsylvania Association of School Nurses and Practitioners
- Pennsylvania Coalition Against Rape
- Children's Hospital of Pittsburgh at the University of Pittsburgh Medical Center
- Alliance of Pennsylvania Councils
- Pennsylvania American Civil Liberties Union
- Pittsburgh Action Against Rape
- Temple University
- Woodland Hills School District
- Berks Women in Crisis
- LGBT Center of Harrisburg

Community level organization partners are:

- Wayne County: Honesdale High School, Victims Intervention Program, Maternal and Family Health Services Circle of Care.
- Allegheny County: Woodland Hills Junior High School, Center for Victims, Magee Hospital Monroe Clinic.
- Union, Snyder, Northumberland Counties: Lewisburg Area High School, Selinsgrove High School, Transitions (supports Lewisburg and Selinsgrove), Family Planning Plus (supports Lewisburg and Selinsgrove).
- Lehigh/Northampton County (Expand health and reproductive health care services): Turning Point, Planned Parenthood of North East, MidPenn and Bucks County.

Prevention Is NOT:

- A one-time program or event
- One skill-building session
- One protocol

Prevention IS:

- An on-going process, requiring leadership and commitment
- Integrated into community infrastructure

Want to learn more about Prevention? Visit www.pcadv.org/Learn-More/Prevention for more information.
Engaging Parents as Key Influencers to End Adolescent Relationship Abuse

During state and regional level prevention planning, it became evident that PCADV’s partners were eager to develop and utilize parent engagement tools to address adolescent relationship abuse. At the time, there were few effective, evidence-based programs for engaging parents in school and community based dating violence prevention programs. And yet it is widely understood that open lines of communication between parents and their adolescents is a strong factor for resilience.

The Woodland Hills School District in Pittsburgh, already a partner in PA’s Project Connect strategy, offered Woodland Hills Junior High School as a demonstration site for a parent engagement strategy that included a youth engagement component adapted from Expect Respect. The Center for Victims, well-versed in delivering Expect Respect in areas high schools, is the prevention education partner on the project. Dr. Elizabeth Miller, MD, PhD, Chief of Adolescent Medicine at the Children’s Hospital of Pittsburgh, and her team are evaluating the strategy.

Parents, adult caregivers and other adult influencers in the school setting engage in focus groups that inform curriculum development and tool kits that include “conversation starters” that will facilitate parent/child discussions about many relevant topics, including healthy relationship behaviors, leadership development and responsible “upstander” behaviors.

Woodland Hills Junior High School serves as an ideal pilot site, having agreed to participate in two additional primary prevention initiatives — Project Connect and Coaching Boys Into Men. As such, Woodland Hills presents a unique opportunity to saturate one middle school in the Pittsburgh area with a variety of programming, messages and strategies designed to prevent and respond to a range of adolescent relationship abuse.

Funding for this demonstration project is made available by the Heinz Endowments and will continue through June 2016. Findings from the final implementation year (2015-2016 school year,) will be synthesized and compiled into a tool kit that will be made available throughout Pennsylvania and will include ideas for adapting the strategies for use in a variety of local community contexts and settings.

As a result of the work on the projects mentioned, PCADV has a solid foundation and understanding of the essential components and strategies to implement a successful statewide primary prevention initiative for youth that is synergistic with and gives visibility to existing local community efforts.

Goals of the project include:

- Reducing tolerance of adolescent relationship abuse
- Promoting healthy relationships and positive “upstander” behaviors; and
- Building skills of youth and the adults who have influence in their lives and can model the positive behaviors and skills to be adopted by youth.
Recruitment and Planning
The goals, strategies, and activities outlined in the prevention plan are derived from four sources: 1) multiple stakeholders involved in diverse work across the state; 2) community and state level data about Pennsylvania; 3) literature related to the prevalence of domestic violence; and 4) existing promising prevention approaches used in community contexts.

In fall 2012, PCADV convened both a regional and a statewide advisory committee to assist with planning for a statewide primary prevention initiative. Using a participatory planning and consensus building decision-making approach, PCADV ensured that a thoughtful and inclusive prevention plan was developed that met the particular needs of vulnerable populations.

PCADV’s prevention team, with input from staff, worked closely with PCADV’s director of prevention to recruit members for the statewide consortium and the southwest regional planning committee to ensure that the racial, ethnic and gender diversity of the state was reflected. Efforts were also taken to create diverse committees with representation from organizations and allies that serve the needs of historically marginalized and vulnerable populations in Pennsylvania that may face multiple forms of oppression and challenges to accessing appropriate services, including communities of color, the LGBTQ community and persons with disabilities.

The statewide consortium includes staff from the Pennsylvania Coalition Against Rape who oversee funding to rape crisis programs and a statewide plan for the prevention of sexual assault as well as key staff from the Pennsylvania Department of Health, the Center for Safe Schools, the Department of Drug and Alcohol Programs, the Alliance of Pennsylvania Councils, the Commission on Children and Families, the Office of Victims Assistance and Planned Parenthood. Other consortium members include representatives from local and regional level programs that can contribute to the overall knowledge of this group as it pertains to daily practice and community and program level response to domestic violence.

The southwest regional planning group includes local funders, domestic violence program staff, including prevention educators, local district attorney, local school district staff, local government, and a public relations consultant, among many others.
State Prevention Consortium Members

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Southwest Pennsylvania Prevention Planning Committee

The southwest regional planning group included local domestic violence program staff, a local District Attorney, children’s advocacy center staff, local school district staff, local government, public health department, a public relations consultant, among many others.

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Rochelle Sufrin, DV Coalition, Jewish Women’s International
LouAnn Williams, while at Alice Paul House
Dave Wingerson, Center for Victims

These acknowledgements include all individuals who participated on either the southwest PA or statewide committee at any time during the planning process.
Purpose of Domestic Violence Prevention Plan for Pennsylvania

Domestic violence is a significant public health problem in the United States. Most responses to domestic violence have focused on addressing the problem after it occurs — women’s shelters, support groups, employment counseling, advocacy, legal changes, legal services, batterer intervention programs, etc. These efforts have proven to be successful in responding to the needs of survivors and supporting communities’ efforts to hold offenders accountable. However, time, resources and the unremitting demand for intervention have inhibited progress in the development and implementation of programs that would prevent domestic violence before it occurs. The purpose of the plan outlined in this document is to initiate, enhance and expand statewide primary prevention initiatives.

The overall aim for the plan is to:

• provide guidance for effective primary prevention efforts
• honor efforts already under way
• allow the flexibility required to develop strategies and activities that are relevant and appropriate for each community; and
• provide shared goals at the state level

All of the above will support community driven efforts that ultimately work toward the same goals, thus building cohesiveness among programs and partners along with a unified message that will increase the likelihood for change to take place across the Commonwealth.

Definitions

Domestic violence & intimate partner violence

During the planning process, it was agreed that domestic violence is best understood as a pattern of abusive behaviors used by an adult or adolescent against a current or former intimate partner to establish or maintain power and control in the relationship. It includes a range of tactics that may be physical, sexual, psychological or economic in nature.

For the purposes of this document, domestic violence and intimate partner violence are synonymous.

Primary prevention

Primary prevention goes beyond raising awareness of domestic violence and works to promote the behaviors we want to see adopted. Strategies are often focused on changing conditions that promote and enable perpetration to conditions that promote and enable safe, healthy relationship behaviors, and equitable relationships.

Primary prevention reduces the incidence of domestic violence by changing conditions in an environment, influencing the societal norms, practices and behaviors that support the perpetration of abuse. While the public health model utilized to inform this plan categorizes prevention on a continuum that includes stopping violence before it occurs and responding to the short- and long-term effects of violence after it has happened, the focus of this plan remains on primary prevention.

This is a relatively new concept for many working to end domestic violence, whose primary focus has been on responding to the needs of people who have been victimized. Education and awareness strategies that are often thought of as prevention are actually risk reduction strategies that focus on changing the behavior of people who are considered “at risk” or vulnerable to victimization. Although these approaches may help reduce the recurrence of abuse, it is only by preventing perpetration that violence is prevented. Prevention and intervention are complimentary approaches for increasing safety in our communities.
Shared Prevention Vision
The Pennsylvania Domestic Violence Prevention Consortium’s vision is to work collaboratively to promote healthy, respectful relationships and attitudes and create safer communities throughout Pennsylvania.

Philosophy
PCADV believes that violence is preventable and that the most effective strategies will focus on preventing perpetration not on training people who are most at risk of victimization to be, in any way, responsible for preventing the abuse that is directed at them.

During the planning process, discussion about the utility and effectiveness of programming for girls often came up. The planning groups agreed that the best way to prevent victimization was to prevent first-time perpetration through primary prevention approaches directed at the group most at risk for perpetration. Although violence in any form should be considered unacceptable, research continues to show that perpetration of domestic, dating and sexual violence is highly gendered. In fact, the data collected through the National Intimate Partner and Sexual Violence Survey, conducted by the Centers for Disease Control and Prevention and analyzed in Intimate Partner Violence in the United States — 2010 concludes that “women are disproportionately affected by sexual violence, intimate partner violence and stalking.”

Too frequently, however, teen dating violence prevention approaches focus on risk reduction for the potential victim, recognizing the warning signs and avoiding getting into relationships with abusers in the first place. Putting the onus on the potential victim to be responsible for preventing violence perpetrated against them goes against everything we know about dismantling oppression and working for social justice and equity: victim blaming and deflecting responsibility is ineffective at violence prevention because it diverts us from addressing root causes of violence.

Goals
Three major goals provide a blueprint for implementing a range of strategies that together create a comprehensive approach to preventing domestic violence

• Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania
• Elevate the profile of primary prevention of domestic violence as a public policy issue
• Work together to bring about the social change necessary to end domestic violence

Chapter 1: Needs and

Population and geography

According to census estimates in July 2011\(^2\), Pennsylvania had a population of 12,742,886, sixth in the United States — Male: 6,214,562 (48.8%); Female: 6,528,324 (51.2%).

The southwest region includes the counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland. The total population is 2,574,959 with the number of households totaling 1,088,482. Women comprise 51.6% of the population of the region at 1,328,724, with men comprising 48.4%, at 1,246,235. 98.4% identified as being one race only with 88.4% identifying as white, 7.9% Black or African-American and 1.7% as Asian. 1.3% of the population identify as being Hispanic or Latino.

Approximately 8% of Pennsylvanians live in rural areas and nearly eight in ten (78.7%) live in urban areas.

Pennsylvania is becoming increasingly urbanized. The number of Pennsylvanians living in urban areas increased 5.6% between 2000 and 2010. In 2010, the Commonwealth’s urban population was 9,991,287 (78.7%), with 89.9% of the urban population residing in urbanized areas and 10.1% inside urban clusters. In 2000, a total of 9,464,101 (77.1%) Pennsylvania residents lived in an urban area, with 86.8% of urban residents living inside urbanized areas and 13.2% of the population inside urban clusters. The Census Bureau identifies two types of urban areas: “urbanized areas” of 50,000 or more people and “urban clusters” of at least 2,500 and less than 50,000 people. “Rural” encompasses all population, housing and territory not included within an urban area.

In Pennsylvania, the industry clusters employing the greatest number of people are health care and social assistance; retail; finance and insurance; manufacturing; and professional, scientific, and technical services, respectively. In the southwest, educational services, healthcare and social assistance employ the largest number of people at 26.1%, with the next largest cluster being retail trade at 11.8%, and manufacturing at 10.7%.

Age distribution

Throughout Pennsylvania just over 6% of the population are below five years of age; 16% are below the age of 18 years; and 15.6% are 65 years or older. The age distribution does not differ dramatically by geography. Relevant for prevention planning is the fact that nationally Pennsylvania has the 4th highest proportion of persons 65 and over. The percent of the population under 18 years of age was nearly identical in urban and rural parts of the state (21.9% compared to 22.1% respectively).

\(^2\) U.S. Census Bureau, 2010 Census.
Race/Ethnicity

The prevention plan must take into account that there are people of color in all areas of the state, that population density varies widely, and that the pattern of variation is unique for each group. Prevention planning needs to be flexible to reach isolated sub-populations, and areas of concentration.

It is also important to be aware of race and ethnicity as different dimensions of identity.

Culture and language

According to 2011 census figures, 5.7% of Pennsylvania residents are foreign-born with only 10% speaking a language other than English at home. An analysis of language spoken and ethnic and racial categories by county indicate that there are pockets of non-English speaking people in certain areas across the Commonwealth.

Economic Conditions

Pennsylvania has the sixth largest state economy in the nation with a median household income of $50,228 and poverty rate of 13.8% (estimated data from 2011 American Community Survey.)

The relocation of jobs to suburban locations has led to a general worsening of conditions in cities that persists today. Likewise, much economic activity, notably manufacturing and the headquarters of corporations, also moved to the suburbs. When compared to surrounding towns, cities tend to have greater levels of poverty, higher levels of vacant housing, a greater percentage of female-headed households with children, and more adults lacking a high school diploma. Although domestic violence is a significant cause of injury and death for women at all income levels, women living in poverty are at higher risk of domestic violence.

Race/Ethnicity

The racial and ethnic composition of city populations in Pennsylvania differs from rural areas. One in four residents in urban areas identified as being a person of color by choosing the non-white category.

Approximately 83.8% of the state’s population is white, 11.3% black, and 2.9% Asian. Just over 5.9% are of Hispanic origin.

White: 10,673,040; Black: 1,443,659; American Indian: 40,421; Asian: 368,649. People who identified as being two or more races: (1.6%); Hispanic/Latino: 750,431 (5.9%).

Broad racial and ethnic categories can mask great diversity in cultural and family history. For example, the Hispanic category includes people who self-identify their origins are Mexican, Puerto Rican, Cuban or other.

Culture and language

According to 2011 census figures, 5.7% of Pennsylvania residents are foreign-born with only 10% speaking a language other than English at home. An analysis of language spoken and ethnic and racial categories by county indicate that there are pockets of non-English speaking people in certain areas across the Commonwealth.

Economic Conditions

Pennsylvania has the sixth largest state economy in the nation with a median household income of $50,228 and poverty rate of 13.8% (estimated data from 2011 American Community Survey.)

The relocation of jobs to suburban locations has led to a general worsening of conditions in cities that persists today. Likewise, much economic activity, notably manufacturing and the headquarters of corporations, also moved to the suburbs. When compared to surrounding towns, cities tend to have greater levels of poverty, higher levels of vacant housing, a greater percentage of female-headed households with children, and more adults lacking a high school diploma. Although domestic violence is a significant cause of injury and death for women at all income levels, women living in poverty are at higher risk of domestic violence.
General

**Population**
- Total population: 12,742,886
- White, non-Hispanic: 79.2%
- Black: 11.3%
- Hispanic/Latino: 5.9%
- Asian: 2.9%
- American Indian/Alaska Native: 0.3%
- Native Hawaiian/Pacific Islander: 0.1%
- Two or more races: 1.6%

**Median Family Income**
- Median Family Income: $63,354
- Male Earnings: $47,019
- Female Earnings: $35,369
- Persons below poverty: 12.4%

**Industry**
- Agriculture, forestry, fishing, hunting, mining, construction, manufacturing, wholesale trade, retail trade, transport, warehousing and utilities,
- Information, finance, insurance, real estate, rentals and leasing, professional/scientific/management/admin waste management services,
- Educational services, health care and social assistance, arts, entertainment, recreation, accommodations, food services, other services, public administration

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**PA Domestic Violence Center Services**

**State Fiscal Year 2013/2014**
- Staff: 1,177
- Volunteers: 2,018
- Centers: 60
- Victims served: 85,000
- Regions: 3

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**PCADV Regions**

- Western PA
- Central PA
- Eastern PA
Data Profile

Pennsylvania Physical Violence, Rape, Stalking Prevalence

This data snapshot identifies universal and selected groups that may benefit from tailored prevention efforts, and untapped resources and opportunities for intervention, including universal prevention and prevention targeting specific audiences.

Female–by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiracial non-Hispanic</td>
<td>53.8%</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>46.0%</td>
</tr>
<tr>
<td>American Indian</td>
<td>43.7%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>40.0%</td>
</tr>
<tr>
<td>Hispanic women</td>
<td>37.1%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>34.6%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

Female–Lifetime

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape/Lifetime</td>
<td>18.8%</td>
</tr>
<tr>
<td>SV otherwise/Lifetime</td>
<td>45.3%</td>
</tr>
<tr>
<td>Youth DV victims</td>
<td>up to 9.8%</td>
</tr>
</tbody>
</table>

Male–Lifetime

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.5% or 1,298,000</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

Female & Male Youth–
Over a 12-month time span (U.S.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically hurt on purpose</td>
<td>9.4%</td>
</tr>
<tr>
<td>Forced to have intercourse</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Population Prevalence Impact of Pennsylvania Gender Violence

<table>
<thead>
<tr>
<th>Impact</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any reported IPV-related impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fearful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned for safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any PTSD symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed housing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed victim advocate services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needed legal services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacted a crisis hotline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed at least one day of work/school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted a sexually transmitted infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Became pregnant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Female & Male Fatalities 2014: 141

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>59</td>
</tr>
<tr>
<td>Men</td>
<td>38</td>
</tr>
<tr>
<td>Children</td>
<td>4</td>
</tr>
<tr>
<td>Male Perpetrators</td>
<td>43</td>
</tr>
<tr>
<td>Female Perpetrators</td>
<td>1</td>
</tr>
</tbody>
</table>

All Victim Fatalities 2004-2014

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>765</td>
</tr>
<tr>
<td>Men</td>
<td>445</td>
</tr>
<tr>
<td>Children</td>
<td>98</td>
</tr>
</tbody>
</table>

References:

Scope of Domestic Violence Problem
Domestic violence, often referred to as Intimate Partner Violence (IPV), is any violent or coercive behavior, including physical, sexual, economic and psychological abuse, perpetrated by someone who is or was involved in an intimate relationship with the victim. Examples of physical domestic violence include the use of weapons, slapping, kicking, and pushing. Reproductive health may also be affected as tactics of domestic violence may include forced, coerced or unwanted sexual acts, as well as forced or coerced pregnancy or forced termination of a pregnancy. Threatening to hit or to use weapons, continually criticizing, and controlling access to family, friends, work, and money are examples of psychological IPV. Intimate refers to either a current or former partner or spouse, boyfriends, girlfriends, lovers, casual or regular dating partners, etc. It is important to note this broad conceptualization of IPV is not uniformly applied across all surveillance and research efforts. Thus, comparisons across data systems referenced below must be made with caution.

Women and domestic violence
The Centers for Disease Control and Prevention defines violence as “the threatened or actual use of physical force or power against another person, against oneself, or against a group or community which either results in, or has a high likelihood of resulting in injury, death or deprivation.” Domestic violence or intimate partner violence is violence that occurs in an intimate or formerly intimate relationship. Thus domestic violence may be directed at a spouse, ex-spouse, partner, ex-partner, girlfriend/boyfriend or ex-girlfriend/boyfriend. The abuse can include physical abuse, sexual abuse, psychological abuse, abuse of pets, property destruction, stalking, and violence towards others, among many other tactics of abuse. Intimate partner violence is typically chronic, while the frequency of various types of violence may wax and wane over time. However, there is a constant potential for physical and sexual assault, including severe injury. The memory of past violence and the threats of future violence remind survivors of that constant potential. Violence and abuse, and

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threats thereof, are used by batterers to control, dominate and punish their victims. The intended and actual result of fear, intimidation, and coercion as experienced by victims are distinguishing hallmarks of domestic violence from other forms of violence.

Domestic violence remains one of the most common sources of injury and death for women in the United States. In the early days of domestic violence research, Strauss, Gelles and Steinmetz conducted a national telephone survey of 2,143 women, which was reported in their now classic book published in 1980, *Behind closed doors: A survey of family violence in America*. That study found that 16% of women reported physical partner violence in the past year — a push, shove, hit or more severe violence — while 28% reported physical violence at some time in their marriage. Twenty years later, the National Institute of Justice and Centers for Disease Control and Prevention conducted a nationwide survey and found that:

- 22% of women reported physical assault by a current or former spouse, cohabiting partner, boyfriend or girlfriend, or date in their lifetime.
- 17.6% reported a completed or attempted rape at some time in their life. Of this group, 32.4% were between ages 12 and 17 when they experienced a first attempted or completed rape, and 21.6% were younger than age 12.
- 30.4% of the women who had married or lived with a man as part of a couple reported being raped, physically assaulted, or stalked by a husband or male cohabitant.

Sexual violence is not only common for girls and women, but is most often perpetrated by a man who is known by the woman. As reported by the *Sex in America* study, a national random telephone survey of 2,143 women, 22% of women reported “being forced, by a man, to do something sexual they did not want to do.” Significantly, only 4% of the men were strangers; 9% were spouses, 46% a man the woman was “in love with”, 22% a man the woman “knew well” and 19% an acquaintance. This study highlights the fact that women are most at risk for sexual violence from men they know.

When domestic violence occurs, it is most often chronic, lasting for a number of years. One recent random telephone survey of 3,429 women found 7.8% reported IPV in the past year, 14.7% in the past 5 years, and 44% in their lifetime. The mean duration of relationships in which domestic violence was being perpetrated was 4.6 years. Of those women who reported abuse at some time in their lifetime, 86% had been abused by one partner and 14% had been abused by two or more partners.

The problem of domestic violence is not confined to the United States — the World Health Organization has found that IPV is the 10th leading cause of death for women age 15-44 worldwide. WHO has conducted population surveys of IPV in rural and urban areas in a stratified sample of developed and developing countries using a standard methodology. They found that between 10% and 50% of women reported physical abuse by an intimate partner and 12% to 25% reported attempted or completed forced sex by an intimate partner or ex-partner. Lifetime prevalence of physical and sexual violence combine ranged from 15% for women living in urban Brazil, to 69% for women living in rural Peru.

Within the United States and world-wide there are significant variations in domestic violence across geographic regions, and ethnic, racial, socioeconomic and religious groups. However, physical and sexual violence against women, perpetrated by men, is common enough in all geographic regions and groups that we can consider it one of the most significant preventable causes of morbidity and mortality, and a world-wide epidemic.

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5WHO, Primary prevention of intimate-partner violence and sexual violence: Background paper for expert meeting, May 2–3, 2007 A. Harvey, C. Garcia-Moreno and A. Butchart, WHO, Department of Violence and Injury Prevention and Disability, WHO, Department of Reproductive Health and Research
Men and domestic violence

What about men’s experience of interpersonal violence? Tjaden and Thoennes (July, 2000) found that 7.4% of men reported physical assault by a current or former spouse, cohabiting partner, boyfriend or girlfriend, or date in their lifetime. In some other surveys of women and men in the general population, men have reported rates of physical violence that are similar to rates reported by women. The rate of physical violence reported by men in these general population surveys has led some people to argue that domestic violence is an equally serious problem for men and women. However, this conclusion is not supported when all scientific evidence available to us is analyzed, including studies of men and women seeking services for domestic violence, and crime statistics.

Many studies of men and women who seek services for domestic violence have compared the experiences of men and women who report physical violence by their opposite-sex partners. The experience of women in these studies is dramatically different from men:

- Women report being frightened and feeling threatened by their male partner’s violence, whereas men do not report being frightened or threatened but do report being amused and irritated
- Women report using violence for self-protection or retaliation, while men report using violence to punish, dominate and control their partner
- Men use the most severe forms of violence (assault with a gun or knife; beating; strangulation; etc.) at a much higher rate than women
- Women are injured more frequently and more severely by their partner’s violence, while men are injured less frequently and less severely

In the vast majority of intimate heterosexual relationships in which physical violence is perpetrated, women are the primary victims and men the primary perpetrators even though men frequently report experiencing partner violence on surveys. Atypically, for a very small percentage of heterosexual relationships, men are primary victims and report experiencing fear, control, punishment and injury. While all victims of interpersonal violence deserve support, from a public health perspective, the risk factors remain low for men in heterosexual relationships to be victims of domestic violence.

Men are much more likely to be physically or sexually assaulted by male friends, male acquaintances and male strangers, than by female partners. This is confirmed by Tjaden and Thoennes (July, 2000), who found:

- 64% of women who reported rape, physical assault or stalking since age 18 were victimized by a current or former partner.
- 84% of men who reported rape, physical assault or stalking since age 18 were victimized by a non-partner.

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National crime statistics also support the conclusion that women are at much higher risk of domestic violence than men. Between 2001 and 2005 women were 4 times more likely than men to report a non-fatal violent assault by an intimate partner — 4.2 per 1,000 women per year vs. 0.9 per 1,000 men.

Non-fatal violent assaults:
- 21.5% of assaults reported by women were perpetrated by an intimate partner
- 3.6% of assaults reported by men were perpetrated by an intimate partner

Homicides — while 11% of all murder victims were killed by an intimate partner:
- 30% of female homicide victims were killed by an intimate partner
- 5% of male homicide victims were killed by an intimate partner
- Over the past 20 years the proportion of female murder victims killed by an intimate partner has been increasing while the proportion of male murder victims killed by an intimate partner has been decreasing.

When all the evidence is weighed, from national surveys, clinical studies and review of crime statistics, one can make a solid, public health argument for focusing domestic violence prevention efforts upon preventing men’s partner violence against women. From a public health perspective, efforts to prevent violent injury to men should focus upon preventing men’s violence against men, which is perpetrated by male friends, male acquaintances and male strangers.

World Health Organization

Available research on domestic violence suggests that effective primary prevention strategies include approaches that:

- Are designed to promote gender equality
- Change norms that contribute to tolerance of violence
- Challenge rigid notions of masculinity and gender roles and relationships
- Strengthen social and economic safety nets to reduce poverty
- Promote healthy and equal relationships
- Focus on young people
- Prevent exposure to violence in childhood
The LGBT community is underserved and has significant unmet needs. The National Intimate Partner and Sexual Violence Survey found that LGBT survey respondents experience intimate partner violence at a rate equal to or higher than that experienced by heterosexuals:

- 44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women experienced rape, physical violence, or stalking by an intimate partner in their lifetime.
- 26% of gay men, 37% of bisexual men, and 29% of heterosexual men experienced rape, physical violence, or stalking by an intimate partner at some point in their lifetime.
- 22% of bisexual women and nearly 9% of heterosexual women have been raped by an intimate partner in their lifetime.

Domestic violence and lesbian, gay, bisexual and transgender people

Bisexual women experience stalking at a rate nearly double for heterosexual women. Nearly 1 in 3 bisexual women (27%) and 1 in 6 heterosexual women (16%) have experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed. This means approximately 1.2 million bisexual women and 16.8 heterosexual women have been stalked.*

According to the National Transgender Discrimination Survey, transgender individuals are also victimized at disproportionate rates. The NTDS, which surveyed 6,450 transgender and gender non-conforming individuals from all 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands, found that 64% of respondents had been the victim of a sexual assault. 12% of those who expressed a transgender identity or gender non-conformity while in grades K-12 reported sexual violence.

Other than NISVS, there are few studies of domestic violence among lesbian and gay partners that are not based on smaller and less systematic samples. In a convenience sample of 213 gay men, researcher S.C. Turell found that 58% of the men reported being physically assaulted by a male partner or ex-partner at some time, and 11% reported being sexually assaulted. In a convenience sample of 250 lesbian and gay women Turell found that women reported similar rates of physical (56%) and sexual (13%) violence by a female partner or ex-partner. In Tjaden and Thoennes nationwide survey 11% of women who had lived with a woman as part of a couple reported rape, physical assault, or stalking by a female cohabitant. Halpern and colleagues surveyed 117 adolescents aged 12-21 who reported exclusive same-sex intimate relationships, and found that 11% reported experiencing physical IPV in a same-sex relationship — 9% of males and 13% of females. Although there is clearly a need for additional research in domestic violence in LGBT populations,

men and women in same-sex relationships seem to experience domestic violence at rates comparable to women in heterosexual relationships.

While rates of intimate partner violence among the LGBT population are generally considered to be the same or only slightly higher than in heterosexual relationships, issues of power and control can take on additional dimensions in a same-sex relationship. LGBT victims report that societal homophobia and heterosexism are often used as tools of power and control over them in relationships. Abusers often threaten victims with “ outing” them to family or employers and coworkers. Abusive partners also use children as leverage, often threatening to call child protective services to report that a child’s mother is lesbian, bisexual or transgender and unfit to parent. Gay men report being made to feel shame that they would “allow” another man to beat them up. Transgender victims are often told they are not a “ real” woman or man, that no one would believe them if they tried to report the abuse. Abusive partners also use medicines and hormone therapies withheld as part of the pattern of coercive control and abuse.

Further complicating same-sex victims’ ability to seek help are prominent deep-rooted gender stereotypes and views of masculinity that suggest only a “ manly man” or a “ butch” woman can be an abuser. This notion frequently results in the arrest of the victim and causes significant revictimization. It should not be assumed that a more masculine gender expression increases propensity to abuse. Gay men and lesbians who “ fight back” are also at risk of being arrested for mutual abuse and issued orders of protection when they are the victim. It is critical that law enforcement and service providers conduct thorough primary aggressor screenings to insure that victims are not treated as abusers, and have full access to appropriate services.

The true extent of non-fatal intimate partner violence may be unknown but all of the available data indicate a high burden. Sources of data are discussed below.

**PCADV’s fatality reporting**

Each year, PCADV tracks and reports on domestic violence-related fatalities in Pennsylvania. “Fatalities” includes both victims killed by the perpetrators and perpetrators who committed suicide or were killed by law enforcement. “Victims” includes all the innocent victims: the intended victims as well as bystanders, children and other family members, and law enforcement officers killed by the perpetrator.

In Pennsylvania between 2004 and 2014, at least 1,678 people died as a result of domestic violence-related incidents, a rate that has spike 49 percent in recent years – from 121 in 2007 to 180 in 2009.

Pennsylvania’s domestic violence fatality count in 2014 was the lowest it’s been since 2007 although numbers are still shocking. In 98 separate incidents, 95 victims and 26 perpetrators died.

As usual, firearms were the weapons of choice in 2012; nearly 53 percent of victims were shot.

The next most common method of killing was stabbing, which accounted for 20% of victim fatalities. Other victims were smothered, burned, poisoned, drowned, pushed down stairs, drugged, had their throats slashed and were bludgeoned with baseball bats, pipe wrenches and other implements.

Because Pennsylvania has no central database or reporting requirements for domestic violence fatalities, PCADV relies on media reports and police data to compile this report.

For each report, PCADV counts killings among current, former and new intimate partners and family members. Also included are perpetrator suicides and killings and bystander and intervener deaths during domestic violence situations. Perpetrator deaths are part of our count because they also are a loss of life and a tragedy that impacts families and communities.

**Scope of the problem in Pennsylvania**

Few statewide surveillance systems exist that accurately provide prevalence and magnitude data. While conclusive data may not exist in Pennsylvania, several sources of data are available for analysis that can provide a snapshot of domestic violence. Additionally, there is much national data that can be drawn upon by states to estimate the prevalence.
PCADV’s Needs and Readiness Assessment Findings: Prevention Capacity, Statewide Snapshot of Prevention Activities and Curricula Use

In 2011 and 2012, PCADV’s prevention team established an infrastructure that could support the organization to plan for and launch primary prevention activities including: conducting surveys and contributing primary prevention activities to PCADV’s overall strategic plan. The prevention team conducted several surveys to ascertain capacity and readiness for primary prevention efforts across the state. Tools and reports of findings can be viewed in the attachments.

Survey findings: Penn State survey of knowledge and attitudes

In the fall of 2011, PCADV partnered with Penn State University’s Center for Survey Research to conduct a statewide assessment of Pennsylvanians’ knowledge, attitudes, and prevalence of domestic violence, as well as awareness of community resources through a phone survey.

PCADV’s prevention team worked with PSU to design a survey instrument. PSU’s team used a dual frame sample consisting of a Random Digit Dial (landline) phone sample supplemented by a cell phone sample (108/615) to ensure representation from 18-35 year olds. They conducted a survey of 615 adult Pennsylvanians between Nov. 9 and Dec. 17, 2011. (Link to survey report)

Most respondents recognized that “physical violence such as pushing, hitting, kicking or choking” is domestic violence. Fewer people associated “abusing or threatening to abuse pets” and “taking or destroying property” with domestic violence; an indication that more education is warranted about the less obvious tactics of coercion and control used by abusers.

Participants were also asked to identify what caused domestic violence from a list of 11 possible choices. Stress, mental illness, jealousy, drugs and alcohol and lack of self-control were all chosen at high rates. This is evidence that myths regarding what causes domestic violence are still prevalent among the general population.

When asked how likely they would be to intervene if they knew someone was being abusive, 55.4% said they’d be “very likely” to intervene and 39% said they’d be “somewhat likely.” A strong bystander response is a critical part of any strategy, to create a climate of intolerance to violence and abuse.

PCADV’s prevention team also noted that 84.6% chose “lack of positive role models.”

Findings from this survey continue to be used for public awareness and to inform state and regional prevention planning processes. For example, plans are underway to design a statewide multi-media campaign to support young men to be “upstanders.” The campaign addressed domestic and dating violence among peers, as well as other unhealthy and dangerous behaviors that lead to violence, addressing the perceived “lack of positive role models” as a cause of domestic violence cited above.

When looking for champions to support anti-violence efforts and pro-social healthy relationship messaging, it will be important to engage adult influencers of youth.

In March of 2012, PCADV’s prevention team conducted a survey of its’ membership to ascertain the following: the extent to which they were using established curricula in their prevention education programs, how much of it was evidence based or evidence informed and how much of it was “home grown” or “self-designed delivery” (which we defined as activities that were drawn from multiple sources, adapted over time, combined with other curricula and not necessarily delivered with fidelity to the intended use either systematically or consistently). The survey focused on questions that would help PCADV better understand engagement efforts and priorities including: tools and techniques preferred by domestic violence programs, school engagement, parent engagement and community mobilization.
This survey helped PCADV’s prevention team prioritize resources, materials and curricula to be reviewed and assessed in our literature/program review. This ongoing review process, which began in March 2012, was launched to establish an online library of prevention resources to be housed on PCADV’s website.

The survey found that prevention educators conveyed that engaging parents was challenging due to work hour conflicts, lack of interest and childrens’ after school schedules. The difficulty of engaging parents in a meaningful, ongoing way, came up repeatedly during the planning process.

Tools, training and resources are needed to support domestic violence programs working with schools and other community based organizations, to effectively engage parents in dating violence prevention efforts.

PCADV’s prevention team immediately recognized gaps in the survey that will be corrected. Follow up instruments will need to include questions specifically asking about: intervals and frequency of prevention programming, LGBTQ youth engagement efforts and efforts to engage men and boys, and rationale behind “home grown” and “self-designed delivery” methods.

Early on in PCADV’s efforts to assess capacity, a survey was designed to gauge the knowledge, attitudes and experience with primary prevention of PCADV staff and Executive Directors of member programs. One Executive Director stated, “We are a dual program. Our process is slow and deliberative. With funding reductions, the expectation for statewide work needs to be addressed – either through a carve out funding for all network members to work at least nominally on the same primary prevention effort as defined by PCADV. This is an exciting and necessary aspect of the work we do. Here in our county, we have embraced a two-prong mission – helping victims break bond with violence, and partnering with all to reduce the climate that supports domestic, emotional and sexual violence.”

Results of this survey were used to design a training and technical assistance plan to increase the knowledge and capacity of programs across the state. Throughout 2011, trainings on primary prevention topics, concepts and theories were offered in a series of regional trainings. Topics included: using the public health model, designing or enhancing programming, designing effective youth engagement strategies, prevention planning, consuming research, evaluation tools, methods and approaches.

Prevention Approach

Grounded in an analysis of social constructs that prioritize certain categories of people above others, the approach identifies unequal access to power, resources, rights, consideration as a root cause that may be addressed through comprehensive programming.
Philadelphia teen dating violence project: process and recommendations

Under the auspices of a cooperative agreement from the Centers for Disease Control and Prevention, the Pennsylvania Department of Health spearheaded an initiative, focusing on the prevention of teen dating violence. The *Raising Teen Dating Violence Prevention as a Public Health Priority*, a Philadelphia, PA final report, by the Pennsylvania Department of Health, was released July 31, 2012. It “aims to provide evidence to raise teen dating violence as a public health issue, with focus on the city of Philadelphia and informed by agency and organization leaders working within and on behalf of Philadelphia.”

The initiative focused on dating violence among youth ages 10-19 residing in Pennsylvania’s largest urban area, the city of Philadelphia. In 2009, 17.3% of Philadelphia public high school students were victims of dating violence, compared to 9.6% statewide and 9.8% nationally. The initiative further focused on primary prevention programs, activities or policies that prevent violence from initially occurring.

The purpose of the Teen Dating Violence Prevention Initiative was to: raise TDV as a public health priority, build and enhance internal and external partnerships with key TDV violence prevention stakeholders, build capacity of state and local health departments to support and evaluate TDV prevention programs and policies, and generate recommendations for local leaders and partners to support the implementation and evaluation of TDV prevention programs and policies through surveillance and partnerships.

Included among the activities of the initiative, the PA DOH and a Teen Dating Violence Prevention Team completed an environmental scan as well as a policy scan of TDV prevention in Philadelphia. An inventory of data indicators was also developed along with an assessment of capacity and readiness. In June 2011, the TDVPT coordinated a series of focus groups to gather youth perspectives on TDV prevention. This report culminates the work completed in this initiative with specific recommendations for local stakeholders, to address teen dating violence as a public health priority.

Potential Risk and Protective Factors

A risk factor is a variable that increases the likelihood of perpetration or victimization. Risk factors for domestic violence may be defined as “attributes or characteristics that are associated with an increased probability of [its] reception and/or expression.”

During planning sessions, both the Southwest regional planning group and the statewide prevention consortium articulated several factors that cause or are correlated with domestic violence.

Causes and correlates

Research on the relationship between many risk factors and the causes of intimate partner violence is limited. In some cases, it is difficult to determine if the risk factor occurred prior to the intimate partner violence or an unknown factor. as a result of the intimate partner violence or an unknown factor.

Why discuss male violence?

Males perpetrate the majority of domestic, dating and sexual violence. This fact is widely recognized and proven by the Centers for Disease Control and Prevention and the World Health Organization.

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Unequal power
Income disparities, occupational segregation, disproportionate representation in public and private sector leadership positions, disparate legal status, traditional and popular culture objectification of women and more, exemplify the unequal status and valuing of men and women. Systemic and social constructs of male power are mirrored by social constructions of masculinity, which emphasize power and maintaining control, especially in relation to the “objectified other.” This diminishment of women invariably leads to violence and other forms of abuse.

Social norms support violent masculinity and male power
Sexism (as characterized by negative attitudes toward women, their social roles, and their traditional gender roles) and misogyny (negative attitude towards women as a group) produce and support both the belief and the behavior. Violence is learned through exposure to social values and beliefs regarding the appropriate roles of men and women, the prevalent devaluing of women and girls and anything associated with the feminine. Violent behavior perpetrated by men against women is only reinforced when peers and authorities fail to sanction batterers for using violence. Boys who witness their fathers beating their mothers are seven times more likely to batter their partners.

Within most societies some forms of violence are more permissible than others, meaning there are fewer consequences attached to certain types of violence. Additionally, there are numerous places of overlap in the risk factors for more generalized violence and intimate partner violence. Given these two propositions, tolerance within society for various types of violence supports and reinforces the use of violence in intimate partner relationships. Since consequences for violence are often tied to the status of the group being victimized, other risk factors (such as traditional gender norms, male dominance, race, class, disability, sexual orientation and gender identity) may act in conjunction to create reduced consequences for intimate partner violence.

Weak community sanctions against domestic violence perpetrators
Without community sanctions, whether legal in nature or otherwise, social norms that support male violence and use of power are reinforced, as is the devaluing of women, children and other historically marginalized people. A cross-cultural study of 16 societies with either high or low rates of partner violence led to the development of the “sanctions and sanctuary” framework. The lowest levels of partner abuse were found to exist in societies that had strong community sanctions against partner violence and where abused women had access to sanctuary, either in the form of shelters or family. Sanctions occurred in the form of either formal legal sanctions or where there was strong moral pressure for community members to intervene when a woman was beaten. The absence of community sanctions, not only limits the ways in which individual offenders can be held accountable, but it can also promote community level risk factors.

Protective factors
A protective factor is defined as a variable that creates a buffer against perpetration or victimization, while also facilitating a related positive outcome.

The statewide prevention planning groups identified several protective factors that warrant further exploration. Both the Southwest regional planning group and the statewide prevention consortium were clear that each protective factor required multiple strategies working together to complement one another. Factors discussed included: belief in equality, healthy masculinity, having empathy, having strong ties to the community and growing up in a healthy and non-abusive environment (assumptions were made that this last strategy would include positive role models and conflict resolution skills). For organizations that had influence over youth programming, the vital importance of promoting youth leadership and media literacy were discussed.

Strong community sanctions and egalitarian social norms are often cited as obvious protective factors that challenge the risk factors identified above. Community level sanctions for mens’ violent and controlling behavior may be supported through

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promoting strong peer relationships. Positive role modeling encourages male ally behavior and positions men to be part of the solution to challenge violence against women.

Strategies that were discussed during the planning process, ranged from social marketing campaigns to influence behaviors. Strategies also included: equity and stronger community sanctions in schools, workplaces, faith communities, justice system, as well as local and state level government. The group was also interested in identifying awareness campaigns that increased social capital and/or community engagement.

Prevention Programs in School Based Settings

Any discussion of promising prevention practices will center on school engagement, as there is considerable evidence that schools are effective settings for activities aimed at preventing and reducing dating violence. PCADV’s prevention approach attempts to enhance traditional teen dating violence awareness programs and takes it one step further, by growing and nurturing students to become change agents themselves. Organizations working on domestic violence can be instrumental in helping schools make the paradigm shift from conducting programs that include one-time sessions to implementing ongoing, comprehensive and youth led prevention activities.

According to *Youth Violence: A Report to the Surgeon General* effective strategies for youth primary prevention include: skills training, behavior monitoring and reinforcement, behavioral techniques for classroom management, building school capacity, continuous progress programs, cooperative learning and positive youth development programs. Effective primary prevention programs involve families, peers, schools and communities in order to achieve multiple outcomes. It is for these reasons that PCADV believes it is not enough to only engage youth and expect that behaviors will change without reinforcement from the adults in their lives. Adult influencers — parents, caregivers, teachers, coaches, counselors and others — should be provided training and skill-building opportunities on how to support healthy relationship behaviors through both informed dialogue and modeling.

It is also prudent to consider where adult influencers can be found. Non-traditional or non-school-based settings could be utilized more consistently to engage adults and youth, who might not otherwise be exposed to prevention messaging in order to further reinforce the behaviors PCADV wants to be adopted.

Non-school based settings include: organizations that serve youth and young adults such as Gay/Straight Alliances, delinquency settings or residential facilities for youth, neighborhood and community centers, faith based communities and organizations, Planned Parenthood and peri-natal organizations, as well as workplace settings.

With that said, domestic violence programs report continued difficulty gaining access to schools. When they do, it is challenging to get the time it requires to provide programming with the frequency and dosage necessary to be effective in changing the attitudes and behaviors that could, ultimately, change school and community climates.

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10Office of the Surgeon General (US); National Center for Injury Prevention and Control (US); National Institute of Mental Health (US); Center for Mental Health Services (US). 2001
Chapter 2: Goals and Outcome Statements

Available research on domestic violence suggests that effective primary prevention strategies include approaches that are designed to promote gender equality; change norms that contribute to tolerance of violence, challenge rigid notions of masculinity and gender roles and relationships; strengthen social and economic safety nets to work to reduce poverty; promote healthy and equal relationships; focus on young people; and prevent exposure to violence in childhood.

Both the regional and state level prevention planning groups identified activities that address the recommendations listed above by the World Health Organization. The three major goals articulated in the state plan provide a structure for implementing a range of strategies, that together, create a comprehensive approach to preventing domestic violence and the conditions that exist permitting it to thrive. Lastly, there will be a discussion of the various programming and strategies necessary to achieving the goals.

Goal Statement 1: Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania

Activities include:

- Pursue funding, both private and governmental, to support evidence-based and evidence-informed prevention activities
- Strengthen the existing capacity of domestic violence programs to promote primary prevention of domestic violence in communities and school-based settings
- Create guidelines for prevention for domestic violence programs and allies
- Promote primary prevention strategies throughout Pennsylvania among domestic violence programs and allies

Goal Statement 2: Elevate the profile of primary prevention of domestic violence as a public policy issue

Activities will include:

- Promote coordination among public sector entities within the domestic violence prevention system
- Provide guidance for prevention programming to be included in the teen dating violence policy with Department of Education
- Develop prevention-related legislative agenda, cultivate legislative champions, create “tools” to inform legislative processes
- Convene a legislative action committee

Goals

- Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania
- Elevate the profile of primary prevention of domestic violence as a public policy issue
- Pennsylvania will work to bring about the social change necessary to end domestic violence

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11The Public Health Model defines the prevention system as the network of organizations and practitioners at the state or local community level that create, support or expand prevention efforts using the four-step public health approach.
Goal Statement 3: Pennsylvania will work together to bring about the social change necessary to end domestic violence

Activities will include:

- Promote primary prevention strategies throughout Pennsylvania among domestic violence programs and allies
- Educate and raise awareness of domestic violence across systems and professions
- Reduce tolerance for domestic violence through social marketing and media campaigns
- Reduce disparity based on gender, race, class, ethnicity and sexual orientation
- Organizational policy and practice and the community at-large will support equality and promote equity and access

Considerations for Implementation

An overarching philosophy of PCADV’s prevention work is that interpersonal and intimate partner violence cannot be addressed in a vacuum. The context in which communities live in everyday must be taken into consideration at all times. One important way to do this is to include community members in every aspect of the prevention activity, from planning to delivery and evaluation. Partnering with stakeholders from the community will ensure that the work is relevant and timely as well as culturally competent, appropriate and inclusive.

The following recommendations expand on specific activities identified for goals. They are offered as approaches to address the conditions that exist in the state and local contexts and which may strengthen capacity of organizations and individuals to support primary prevention.

“Il becomes an impossible task, in terms of meaning and practicability, to seek to eradicate violence from women’s lives in the absence of attempts to end all manifestations of violence in our society.”

~ Gail Garfield

Considerations for Goal 1

Strengthening the existing capacity of domestic violence programs to promote primary prevention of domestic violence in their communities will require providing resources for implementation in a variety of settings and sectors including school-based settings; workplace settings; faith based settings; and community settings. Resources will also need to be provided to support the engagement of specific populations or groups. These include boys and men; parents; youth; faith leaders; youth serving organizations; LGBTQ youth and adults; policy makers; veterans; and health care providers. Resources that address dismantling oppression and community organizing will be included in PCADV’s online prevention library to promote outreach and engagement of diverse communities as partners.

Considerations for Goal 2

Promoting coordination among the public sector entities within the domestic violence prevention system will require ongoing state and regional level coalition building. PCADV will continue to convene state and regional groups in order to support a growing community or practice. These groups will continue to identify prospective partnerships and areas of potential collaboration as well as pursue resources that can be shared.

Considerations for Goal 3

Pennsylvania will work together to bring about the social change necessary to end domestic violence. This goal requires prevention stakeholders to identify and pursue community and society level strategies that can change environments in common social settings, including within affinity groups and organizations. Programming should include activities that can change attitudes, policy and provide training that can affect the interpersonal skills and behavior of people in a variety of settings. Perhaps more challenging will be finding strategies that can change macrosystems; media, legislation and economic opportunity as well as work to decrease societal disparities based on gender, race, class, sexual orientation/identity and ability.
PCADV facilitated a participatory, consensus building process and a modified “Getting To Outcomes” approach to prevention planning. “Getting to Outcomes: Methods and Tools for Planning, Evaluation, and Accountability (GTO)” is a 10-step, logically organized process for planning, implementing, evaluating and continuously improving programs and community initiatives and was a framework for creating this plan. GTO is designed to help programs and initiatives get to their desired outcomes. The process also includes methodologies that ensure that state and community contexts and capacities are considered, so that strategies are chosen that are feasible.

**Needs/Resources Assessment and Prevention System Capacity**

PCADV’s prevention team conducted several state-level assessments to inform the strategic direction of this plan and utilized the experience and knowledge of planning group members whenever possible. Key informants included domestic violence program directors and prevention educators, PCADV staff and prevention planning group members. They were asked to provide insights about:

- Knowledge and attitudes about primary prevention (Capacity Survey of PCADV staff and programs, 2011)
- Approach to prevention, curricula used and groups engaged (March 2012)
- Demographics of Pennsylvania
- Definition of domestic violence
- Differences between urban, suburban and rural communities
- Resources needed for effective primary prevention
- Risk and protective factors
- Promising practices
- Implications for prevention programs

Additionally, in the fall of 2011, PCADV partnered with Penn State Harrisburg’s Center for Survey Research to design and conduct a randomized telephone survey of 615 adult Pennsylvanians. Questions ranged from general knowledge of domestic violence to where they would go in their community for help. PCADV’s prevention team worked with research designers to craft questions that would also gather information from survey participants about what they thought caused domestic violence. That information is being used to inform messaging for a media campaign that will engage men to take an active role in addressing gender based violence and to be “upstanders.”

In an effort to understand and explore primary prevention practices, both the southwest regional prevention planning group and the statewide prevention consortium participated in a number of orientation activities which include:

- Oriented themselves to the Public Health Approach to primary prevention
- Learned About The “PCADV Prevention Approach” informed by CDC’s DELTA Program
- Explored promising practices for engaging youth
- Explored promising practices for engaging adults
- Discussed community organizing practices
- Identified potential state and regional partnerships
A Public Health Approach To Primary Prevention

The public health model can provide a blueprint for successful prevention of domestic violence along with the tools, techniques and concepts necessary to change behaviors and attitudes that create the social norms that allow violence to thrive unchecked. At the root of the model is the belief that “violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases, and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to [violence]... can be changed” (Dahlberg & Krug, 2002, p.3).

The Centers for Disease Control and Prevention uses a public health perspective to categorize a continuum of prevention: primary, secondary and tertiary. Primary prevention approaches take place before domestic violence has occurred to prevent first time victimization or perpetration. Secondary prevention attempts to prevent violence from happening again and addresses the short-term consequences, while tertiary prevention focuses on long-term issues dealt with through treatment of abusers and ongoing healing support for victims. Many secondary and all tertiary prevention efforts can be called intervention. Thus, primary prevention does not replace intervention, but instead complements it. Communities must have safety and support for victims and accountability for abusers in place, in addition to working on primary prevention.
Designing primary prevention efforts that recognize the interrelation between people and their environments has emerged as a critical step to effective change. The Social Ecological Model\(^\text{12}\) provides a framework that is built on the multidimensional and complex aspects of people’s lives and identifies that behaviors do not occur in a vacuum. The four levels of the model — individual, relationship, community and society — are connected and reinforce each other, while representing separate but complementary avenues through which to prevent domestic violence. Traditionally, efforts for prevention have naturally gravitated toward individual and relationship level activities. Identifying strategies and engaging at community and societal levels of change is more complex and requires dedication, creativity and time.

Because factors at one level are influenced by connected factors at another level, primary prevention strategies are most likely to be successful when they operate on multiple levels of the social ecology simultaneously.

Critical elements of primary prevention of domestic violence include directing efforts to the general population instead of working solely with victims, their children and abusers, and comprehensive approaches that address individual as well as community and system change. The Prevention Institute defines primary prevention as “taking action to build resilience and prevent problems before they occur.” Primary prevention policies and programs help prevent violent behavior through strategies that eliminate the underlying causes and risk factors and strengthen protective factors.

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1. **Individual** level strategies are directed at individuals to change their social/cognitive skills and behaviors.

2. **Relationship** level strategies seek to change people in close interpersonal relationship with your priority individuals.

3. **Community** level strategies seek to change environments in common social settings, groups or organizations through changing attitudes, policy, training and interpersonal skills of people in these settings.

4. **Societal** level strategies seek to change macrosystems such as media, legislation, and economic opportunity.

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Examining risk and protective factors for domestic violence is best approached through a four step public health model. This model has been successfully used for multiple disease or health promotion issues such as tobacco cessation, health disparities, and maternal and child mortality. It can be adapted to a complex issue such as domestic violence.

Any attempt to identify risk and protective factors for domestic violence is challenging, because no one factor alone can be said to be causal or even a correlate, as risk and protective factors do not occur in isolation. While prevalence data exist, although likely underreported, there is little understanding about how a risk factor can exist for one person who perpetrates violence, but another person can be exposed to the same risk factor and not perpetrate. Therefore, there is a lack of predictability with domestic violence as to who might be at risk for either victimization and perpetration and who to direct prevention strategies to, because there is a perception that these factors, as they relate to victimization, could be victim blaming. Planning prevention strategies must include identifying and addressing biases and prejudices that might lead to focusing on a limited or stereotyped understanding of domestic violence victimization or perpetration.

As primary prevention strategies are developed, it is critical to address multiple risk and protective factors at multiple levels of the social ecology. Combining the four-step public health model with the social ecological model will ensure that communities design comprehensive prevention efforts.

In the article *What works in prevention: Principles of Effective Prevention Programs*, the authors used a review-of-reviews approach across four areas — substance abuse, risky sexual behavior, school failure, and juvenile delinquency and violence — to identify characteristics consistently associated with effective prevention programs.

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Principles of Effective Prevention Programs

- Comprehensive
- Varied teaching methods
- Sufficient dosage
- Theory driven
- Positive relationships
- Appropriately timed
- Socio-culturally relevant
- Outcome evaluation
- Well-trained staff

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**PCADV’s Prevention Approach**

PCADV’s prevention approach combines public health principles, domestic violence movement based social change theory and community organizing principles, and an analysis of the interconnectedness of oppressions — sexism, racism, heterosexism, classism, adultism, ableism, ageism — to frame the complexity of domestic violence and develop strategies to prevent it. This approach is grounded in an analysis of domestic violence that is premised on a tradition of sexism and other forms of oppression. PCADV’s prevention approach fosters creative strategies for community organizing and locally tailored initiatives while maintaining core principles about domestic violence and a “root cause” analysis.

Changing social norms requires changing values that support perpetration rather than changing behaviors of individuals who are vulnerable to victimization. The PCADV prevention approach promotes activities that lead from awareness to action and values practices that are relevant to the group that is being engaged, or exposed, to prevention messaging and activities. For instance, in a setting that addresses teen dating violence, PCADV’s experience with prevention over the past several years shows that partnering with youth, cultivating their skills and capacity, and engaging them as partners and peers in the programming is critical to the success of the program. Broad based and inclusive collaboration integrating public health and prevention principles, community organizing approaches and a strong commitment to ending oppression of all kinds, while promoting social justice and equity, is the foundation of the PCADV Prevention Approach.

**Prevention planning group members agreed that prevention programs need to be:**

- Evidence-based, evidence-informed and/or practice-based*
- Data driven
- Multi-faceted and comprehensive
- Community specific and community driven

**And should:**

- Include capacity building approaches for organizations and individuals
- Prioritize shifting social norms and changing environmental conditions
- Focus on preventing perpetration rather than teaching potential victims how not be victimized through risk-reduction approaches

*Practice based evidence refers to information gathered from practitioners that have implemented effective strategies and may have process or implementation evaluation findings where lessons may be gleaned from. CDC’s continuum of evidence chart may help organizations engage in informed decision making. [http://www.cdc.gov/violenceprevention/pdf/continuum-chart-a.pdf](http://www.cdc.gov/violenceprevention/pdf/continuum-chart-a.pdf)
The purpose of this plan is to identify best practices for the prevention of domestic violence in order to advance the prevention of domestic violence in Pennsylvania. The three major goals identified herein provide a structure for implementing a range of activities that, together, create a comprehensive approach to preventing domestic violence in Pennsylvania. No single prevention strategy can end domestic violence when implemented in isolation and each goal identified builds the capacity of local organizations and increases the state level “prevention system capacity.”

The consortium identified the following priorities for strategies, populations and settings:

1. Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania

2. Elevate the profile of primary prevention of domestic violence as a public policy issue

3. Pennsylvania will work to bring about the social change necessary to end domestic violence

**Strategies In Support of the Goal Statements**

Proposed strategies and activities included here will foster broad based collaboration and support of primary prevention and will enhance the overall effectiveness of this plan. Changing norms, attitudes, beliefs and behaviors in systems requires that the systems themselves become part of the solution. Cultivating partnerships with allies that can advance a statewide prevention agenda is critical to successful implementation of the proposed activities. Coordinating efforts across the Commonwealth and increasing community capacity and readiness for prevention efforts with a common message and a unified voice, will increase the likelihood of success both by making efforts better informed and more strategic.

**Goal Statement 1:**

*Increase state and local resources available for the primary prevention of domestic violence across Pennsylvania*

Trainings and technical assistance to domestic violence programs will include:

- Basic and advanced workshops and trainings on primary prevention concepts and practices will help to create new primary prevention programs and enhance existing programs

- Basic and advanced community organizing concepts and skills, including leadership training techniques, will build organizing skills among youth and young adults

- Trainings in a train-the-trainer format will be offered to domestic violence programs so that they may train and support their local adult influencers, youth serving organizations and others

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14 The Public Health Model defines the **prevention system** as the network of organizations and practitioners at the state or local community level that create, support or expand prevention efforts using the four-step public health approach.
• Training and support will be provided to promote a team approach to implementing prevention strategies, i.e., *Project Connect School Nurse Engagement*— team includes school nurses, school social workers, family planning and domestic violence programs; *Coaching Boys Into Men*— teams include coaches and athletic directors, school personnel, and domestic violence programs; *Parent Engagement*— teams include domestic violence programs, school administration and personnel, school social workers, coaches, Parent Teacher Organizations and committees, community partners, etc.

• Materials, resources and strategies will assist agency staff to incorporate primary prevention into established programs

**PCADV’s Online Prevention Library will include:**

- Evidence-based, evidence informed and practice based primary prevention strategies
- Primary prevention definitions and messages based on knowledge of risk and protective factors in Pennsylvania
- Resources that nurture youth activism, including those that encourage youth-created, youth led activities and messaging
- Models and approaches for community-based prevention strategies for youth and adult influencers
- Resources that support dismantling oppression strategies and that promote outreach to and engagement of diverse communities and populations
- Workplace violence policies along with primary prevention strategies appropriate for workplace settings
- Local pilot site project results and guidelines for replication— Parent Engagement, Project Connect and Coaching Boys Into Men are examples of current efforts underway
- Examples of successful partnerships that further primary prevention activities

**Partnerships will be cultivated with the following entities in order to explore ways to introduce primary prevention and community organizing concepts for:**

**Youth:**

- Local and regional partners serving youth, including “at risk” youth
- Local and state agencies that interface with youth, including “at-risk” youth, such as probation and parole
- Community and cyber-based young adult affinity groups
- Diverse local allies that serve youth and young adults (service clubs; YMCA/YWCA; Scouts; neighborhood associations, gay-straight alliances, ethnic/minorities service agencies, i.e., programs that serve migrant farm workers, faith communities, family planning and peri-natal organizations, etc.)

**Adult Men:**

- Schools and community based organizations
- Athletic associations
- Campuses
- Veteran serving organizations
- Civic, municipal, local, neighborhood and volunteer organizations
- Local, municipal and state governmental entities
- Local businesses and other workplace settings including those with union presence
- Faith based community leaders
- Parents and other adult influencers
- Parent/Teacher Organizations
- Schools, daycares, campuses
- Faith based communities
- Civic, municipal, local, neighborhood and volunteer organizations
- Local, municipal and state governmental entities
Goal Statement 2: Elevate the profile of primary prevention of domestic violence as a public policy issue

- PCADV will work with partners to provide training and technical assistance to diverse partners on local, regional and state level.
- Provide educational opportunities for legislators, state level policy makers, administrators and staff of state agencies on the importance of primary prevention of domestic violence and current successful strategies being implemented.
- Provide technical support and resources to state agencies and allies on designing relevant primary prevention programs, as well as agency-wide policies.
- Provide educational opportunities for county level policy makers and staff within local governments on the importance of primary prevention of domestic violence.
- Provide technical support and resources to local governments that wish to support primary prevention programs, including policy development.
- Provide support to domestic violence programs that are collaborating with local government to coordinate primary prevention programs.

PCADV’s online prevention tool kit will include:

- Information regarding legislative and state level policy initiatives and ideas.
- Resources, materials, strategies and talking points for engaging local and state legislators on the importance of supporting primary prevention.

Partnerships will be cultivated with the following entities:

- The PA Department of Education will understand PCADV’s and the Consortium’s priorities for school-based prevention strategies and policies.
- State and regional organizations that provide legislative education and advocacy so that common goals and interests can be identified and coalitions can be created in order to leverage a unified statewide voice for change.

Goal Statement 3: Pennsylvania will work together to bring about the social change necessary to end domestic violence

Training and technical assistance:
PCADV and Consortium members will work in tandem with state agencies on orientation and training on effective, mission-relevant primary prevention strategies.

PCADV’s online prevention tool kit will include:

- Examples of other social marketing campaigns with effective messages and strategies.
- Resources, materials, strategies and talking points for engaging local and state legislators on the importance of supporting primary prevention.
Partnerships
Utilize established communication mechanisms to foster a community of practice and a collaborative network of domestic violence organizations that are interested in starting or enhancing primary prevention work. Utilize the community of practice as a “brain trust” of domestic violence programs and allies to further a statewide agenda that advances primary prevention knowledge and skills;

- Collaborate with the Pennsylvania Coalition Against Rape to support dual programs
- Convene an Engaging Men committee to plan for strategies that can be replicated in communities across the Commonwealth
- Create a legislative action committee that will educate policy makers and the legislature on primary prevention in order to promote ownership.
- Find a champion among the legislature to cultivate and support.

Events and campaigns
- Continue PSA Teen Dating Violence Campaign Contest
- Create a multi media campaign with a focus on engaging adult influencers and other role models to be “upstanders” with a focus on healthy behavior and relationship messaging for and from young adult men
- Convene a media messaging committee
- Design and convene a statewide Engaging Men’s symposium that brings together male allies to the domestic violence movement and builds their skills and capacity to organize in their own communities

In order to explore the strategies listed above, the planning groups identified potential outreach and engagement efforts for both populations and settings. They included:

Populations:
- Men and boys
- LGBTQ community
- Parents
- School Administrators, teachers, coaches
- Counselors
- Coaches and athletes
- Student leaders
- Veterans
- Faith based leaders
- Health care providers
- Social workers and mental health professionals
- Child welfare workers
- Legislators: local and state
- Corporations and businesses
- Volunteer organizations
- Domestic violence task force members/S.T.O.P Team or other coordinated community response team members

Settings:
- Schools
- Athletic associations
- Boy Scouts
- Fraternities
- Campuses
- Masons, Elks clubs
- Juvenile justice settings
- Independent living programs
- Community centers and other places where youth gather
- Online communities and affinity groups

Conclusion
Creating Safer Communities: A Plan for Preventing Intimate Partner Violence in Pennsylvania provides a blueprint, a starting point from which the coordination, implementation and evaluation of specific prevention strategies can be launched. Several exciting and innovative prevention efforts are already underway at the writing of this plan, however, there is much planning and coordination yet to be done, before our vision for safer homes and safer communities can be achieved.

We hope that you will be as inspired by this plan as we are and, if you have not already done so, that you will consider joining our effort. The prevention planning groups are ever-expanding and welcome new members. Everyone has a role and we invite you to share with us, where you feel you can make a contribution, to create a safer Pennsylvania.


References


Youth Violence: A Report to the Office of the Surgeon General (US); National Center for Injury Prevention and Control (US); National Institute of Mental Health (US); Center for Mental Health Services (US). 2001