

STATEWIDE PRIMARY PREVENTION PLAN

| 2021 - 2023 |



cca | DV

Connecticut Coalition Against Domestic Violence

TABLE OF CONTENTS

Introduction.....	1
Strategic Directions & Goals	
One: Social Emotional Learning	3
Two: Social Determinants of Health.....	6
Three: Promote Mentorship.....	8
Four: Social Media	10
Five: Collaboration.....	12
References	13

Welcome to the Connecticut Coalition Against Domestic Violence 2021 - 2023 Statewide Primary Prevention Plan. We invite you to read this plan, find something that resonates with you, and become involved within your organization, community or on a statewide level.

For more information about this publication, contact Linda Blozie, CCADV Director of Training and Prevention, at 959.202.5006 or lblozie@ctcadv.org.



As the statewide leader in intimate partner violence (IPV) prevention across the state, the Connecticut Coalition Against Domestic Violence (CCADV) is pleased to present the next round of our strategic priorities to prevent and address the public health crisis of intimate partner violence. This plan will build on the efforts from our 2017-2019 plan and guide our work for the next 3 years.

Just as our previous prevention plans laid out particular foci, this plan is guided by five overarching themes: Social Emotional Learning, Social Determinants of Health, Collaboration, Mentorship, and Social Media. This plan and the following 3 years will be both trauma-informed and social/racial justice-informed. An acknowledgement of the impacts of trauma, including race-based trauma, guides this work and our priorities.

The following plans correspond to five overarching strategic directions:

- Implement anti-racist social-emotional learning models for youth and teens throughout Connecticut to drive violence prevention priorities both within and outside the school system.
- Address the Social Determinants of Health and focus on root causes of violence in our communities.
- Promote mentorship programs for both youth and adults, valuing survivors, children, and people who formerly used violence for the unique contributions they can make to their community.
- Meet people where they are by effectively utilizing social media to promote IPV prevention goals and strategies.
- Collaborate and create the conditions for collaboration between IPV service providers and the larger academic community to investigate critical IPV prevention drivers and to forge new relationships for information sharing.

CENTERING SOCIAL & RACIAL JUSTICE

Currently across the country, regardless of region, racial inequities exist across every indicator for success including health, criminal justice, education, jobs, housing, and beyond, which are all systems that interface with people experiencing violence in their relationships. Our goal goes beyond closing the gaps; we must improve overall outcomes by focusing our prevention efforts on those who are faring worst.

IPV disproportionately affects marginalized groups, particularly groups who face multiple levels of oppression due to racism, sexism, heterosexism, classism and xenophobia. Black women experience IPV at rates that are 30-50% higher than that of other races (Smith et al. 2017). Black women who live in poor areas fare even worse, with a 3-fold increase in risk of experiencing IPV (Lacey et al. 2016). In fact, being poor dramatically increases risk for all victims: women in the lowest income bracket have six times the rate of IPV than women in the highest income bracket (Bureau of Justice Statistics). Native American women are also disproportionately impacted, with studies showing that more than four in five, or 84.3%, of Native Americans and Alaska natives have experienced IPV in their lifetime. In fact, Native women are 1.2 times more likely to experience IPV in their lifetime than non-Hispanic white women, and 1.7 times as likely to have experienced IPV in the last year (Rosay 2016). Lesbian and bisexual women also have significantly higher rates of IPV than heterosexual women do. Exposure to racism and discrimination inform both the experience of abuse and subsequent responses.

BLACK WOMEN
experience IPV at rates
30-50% HIGHER
than women of other races
while women in the
LOWEST INCOME BRACKET
have
6x THE RATE OF IPV
than women in the highest bracket.



“Economic insecurity contributes to and combines with isolation, racism and discrimination, limited education opportunities, language barriers, and immigration status to shape how women of color experience and respond to domestic violence.”

- The Women of Color Network. Inc.

Communities of color have faced high levels of state violence, which can complicate both reporting and help-seeking behaviors. Barriers can include cultural/religious views that prioritize staying together (not just an issue for women of color), feelings of loyalty to one's race/community, pressure from within the community to keep IPV private, prior experiences of racism, lack of culturally or linguistically appropriate services, fear that reporting will confirm negative stereotypes placed on their ethnicity, and distrust of law enforcement, the justice system, and social services. Black women are more likely to be criminalized by the system that is meant to protect them. When they do call for services, Black women often experience institutional violence by the police (Gross 2015), and are routinely arrested for IPV when they are defending themselves from the abuse by their partner (Crenshaw 2015).

By centering racial and social justice in this plan, we will create the context to confront issues such as historical racism, language/cultural barriers, and immigration concerns. Racial justice work combats racism in all of its forms. In its application to IPV, this framework includes addressing institutional racism by establishing practices and policies that ensure equitable power and opportunities for all. Racial and social justice play a key role in primary prevention by acknowledging the influence of racism and privilege in perpetuating violence, and ultimately working to dismantle these structures.

FROM TRAUMA TO PROTECTIVE FACTORS

Trauma informs our experience of violence, our ability to address conflict, and our ability to navigate relationships. It is also very common, with more than 50% of Americans reporting at least one adverse childhood experience (Bynum et al 2010). As such, trauma is a critical component to any violence prevention plan. Childhood trauma, including exposure to intimate partner violence, makes children more vulnerable to future trauma, particularly when it is not addressed. Childhood trauma is often something that people who use violence and people who are the targets of violence have in common. It is also a precursor to many other problems, such as substance misuse and behavioral health issues, with people often self-medicating to deal with past trauma. Substance use can lead to poor coping skills, which in turn can lead to violence and aggression in intimate relationships. Trauma is also a social justice issue, given that the burden of trauma is disproportionately experienced by the vulnerable and economically disadvantaged members of our community (Mersky 2019). This prevention plan is trauma-informed, which seeks system-wide awareness of trauma and its impacts.

In addition to being trauma-informed, this prevention plan integrates awareness of the importance of protective factors in the creation of safe homes and communities. Protective factors are characteristics of people, families, and/or communities such as parental resilience and social connections that promote children's healthy development and protect against abuse and neglect. While the trauma perspective is deficit-based, a protective factors framework is strengths-based, focusing on supporting families to build on their existing strengths to enable them to thrive. Positive experiences are very important for developing resilience. Given the importance of the trauma in this field, we often prioritize negative experiences. However, overlooking positive experiences can prevent healing. This prevention plan both acknowledges the importance of recognizing the signs and symptoms of trauma, but also integrates the protective factor framework in order to bolster family strengths and prevent violence.

Intimate Partner Violence (IPV) is coercive behavior used by one person in a relationship to control or harm the other. These behaviors may include physical or sexual assault, emotional, financial, and/or technological abuse, threats, stalking, or intimidation. This violence can happen once or repeatedly between same-sex or heterosexual couples and can be deadly. IPV knows no boundaries of age or income, race or culture, religion, or ethnicity.

Primary Prevention reduces the incidence of intimate partner violence by changing attitudes, behaviors and norms that support the perpetration of violence and abuse. Such changes can include the following activities and strategies:

- Raising awareness of IPV in relationships and the role we all can play in reducing it
- Promoting healthy behaviors in relationships
- Instituting programs that teach young people skills for dating
- Providing opportunities for positive social interactions
- Creating community conditions where healthy, respectful and equitable organizations and institutions thrive

Risk Factors are associated with a greater likelihood of intimate partner violence victimization or perpetration. A combination of individual, relational, community and societal factors contribute to the risk of becoming a victim or perpetrator of IPV. Understanding these factors can help identify various opportunities for prevention.

Protective Factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk of IPV in families and communities and increase the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Protective factors also provide individuals with the skills they need to be resilient when confronted with obstacles and challenges throughout their life.

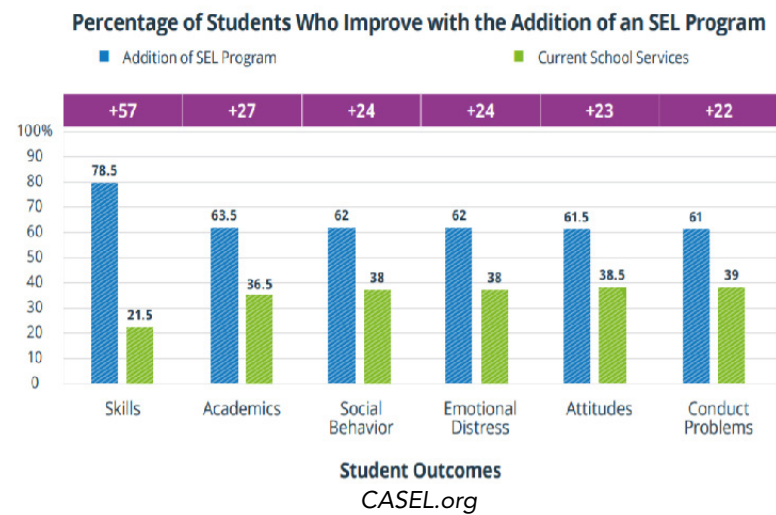
Trauma is defined as an event or series of events that involve fear or threat. For some people, experiencing or exposure to IPV causes trauma.

Trauma-Informed is defined as the awareness of trauma and its impact on an individual.

STRATEGIC DIRECTION ONE: SOCIAL EMOTIONAL LEARNING

Just as this prevention plan embraces the individual, the family, and the community in preventing IPV, Social-Emotional Learning (SEL) embraces a model for the whole child's learning including not just academic functioning, but the child's full behavioral, physical, social and emotional health needs (Greenberg et al., 2003). Over twenty years of research in various fields has shown that children trained in SEL show significant improvements in academic performance, as well as in social and emotional skills, attitudes, and behavior (Durlak et al. 2011), and that these skills persist well into adulthood (Taylor et al. 2017). Because SEL targets emotional regulation, the prosocial skills developed in early childhood translate into improved functioning in education, employment, interactions with the criminal justice system, and mental health (Jones et al. 2015).

Benefits in social behavior, emotional distress, and attitudes may be particularly relevant to intimate partner violence prevention programming. Researchers from the Collaborative for Academic, Social, and Emotional Learning (CASEL; www.CASEL.org), calculated how many more students would benefit from an SEL program. SEL skills developed in the context of IPV prevention education can be applied to many different scenarios in a child's life, and will continue to accrue benefits. Fundamental tenets of SEL such as self-awareness, self-management (including the ability to stay in control and manage emotions), showing empathy, communicating effectively, seeking help and building relationships can set children



up for success in schools and workplaces, while also providing the foundation for healthy and safe personal relationships. SEL can also help counteract some of the negative impacts of trauma by helping children develop the skills to talk about their feelings and promote safety skills that both prevent violence and buffer the impact of future trauma. It can also empower children to act as effective bystanders for their friends and family members. However, while the literature has demonstrated extensive positive results for SEL programs, in order for them to be effective, schools must make a clear commitment to this approach.

In addition to the need for clear commitment from schools, it is critical that SEL models be explicitly anti-racist. We must continuously acknowledge the impact of structural racism on our communities. Given the context of the murder of George Floyd and many others at the hand of law enforcement and the growing Black Lives Matter movement, now is the time to reevaluate the carceral approach to IPV and to explore solutions that exist outside of law enforcement. This prevention plan acknowledges the links between state and gender violence, recognizes that all forms of violence must be addressed, and sees SEL as offering students an introduction to non-punitive approaches. Unfortunately, while most SEL programs work to provide students with the social and emotional tools needed to navigate complex personal and social issues, they often fail to address issues of race and culture. Specifically, some SEL programs promote a "colorblind" approach, which does not include or address issues of power or privilege. This approach inherently prioritizes the values of the dominant culture. Failure to acknowledge the impacts of systemic racism can lead to the counterproductive and racist belief that observable differences in things like educational attainment are the result of individual failings rather than institutionalized barriers.

Fortunately, there are many SEL models that explicitly address race and the impact of racism. Schools can utilize these models to convene learning circles to build empathy and can provide the foundation to experiment with restorative justice paradigms. Restorative practices promote collaborative problem solving and focus on building and strengthening relationships, rather than punishment. Restorative interventions, "can help students correct their own behaviors, solve problems, make amends and repair harm, learn new behaviors, and restore their good standing" (Gregory and Fergus 2017). Many schools have begun to implement restorative approaches, with the goals of building equitable learning environments and developing strong social connections. SEL and restorative practices have improved school climate by strengthening relationships among and between students and staff (Augustine et al. 2016). This approach has also reduced suspension rates, particularly for African American students and those from low-income families, who disproportionately face suspension and its harmful effects.

SEL will benefit both the students and faculty. A truly anti-racist, trauma informed approach to SEL includes the educators and other staff, in acknowledgement of the role they play in student experiences with violence and trauma. The literature has demonstrated that black students and males students are more likely to be suspended or expelled, which drive educational disparities and limits choices for young men of color. An anti-racist SEL model demonstrates competencies with both students and faculty, in acknowledgment of the role that educators' own beliefs and values inform their approach

“Social and emotional learning involves the processes through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.”
- CASEL



to students. Additionally, SEL workshops can be developed for parents and caregivers, too. These workshops can expand on their ability to support their child’s SEL development, reinforce ideas learned in school, develop parents’ support networks, and help model SEL skills at home.

Through intentional programming, an anti-racist SEL model will have a demonstrable impact on the school climate, building emotional regulation and conflict resolution skills in our students, which can translate into healthier relationships with friends, family members, and intimate partners.

STRATEGIC GOAL ONE:

Youth in Connecticut have the social and emotional skills needed to live a safe and healthy life.

| OBJECTIVE 1.1 |

INCREASE EDUCATION OF DOMESTIC VIOLENCE PREVENTION EDUCATORS AND CHILD ADVOCATES ON SOCIAL EMOTIONAL LEARNING.

OUTCOMES:

- By June 30, 2022, 80% of domestic violence advocates who provide educational and/or children’s services will receive training on the principles of Social Emotional Learning, including models that address race and racism.

| OBJECTIVE 1.2 |

IMPLEMENT ANTI-RACIST SOCIAL-EMOTIONAL LEARNING MODELS THROUGHOUT CONNECTICUT TO DRIVE VIOLENCE PREVENTION PRIORITIES BOTH WITHIN AND OUTSIDE THE SCHOOL SYSTEM.

OUTCOMES:

- **Pre K-5th Grade School-Based SEL Resources**
 - By June 30, 2023, 25% of school districts in Connecticut will integrate culturally relevant K-5th grade curricula that promotes healthy social and emotional youth development.
- **6th-12th Grade School-Based SEL Resources**
 - By June 30, 2023, 25% of school districts in Connecticut will integrate culturally relevant 6th-12th grade curricula that promotes healthy relationships and social and emotional youth development.
- **School Climate 3rd-5th Grades**
 - By June 30, 2023, at least 40% of students who participate in any type of educational program through their local domestic violence organization report that there is at least one adult at their school whom they feel comfortable talking to about things that are bothering them.
- **School Climate 6th-12th Grades**
 - By June 30, 2023, at least 75% of students who participate in the CT Youth Risk Behavior Survey report that there is at least one adult at their school whom they feel comfortable talking to about things that are bothering them.

| OBJECTIVE 1.3 |

IMPLEMENT TEAMUP CONNECTICUT THROUGHOUT MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE/UNIVERSITY CAMPUSES IN CONNECTICUT.

OUTCOMES:

- Middle School
 - By June 30, 2023, at least 30% of all middle school athletic coaches will be trained on the implementation of TeamUp's Coaching Boys Into Men or Coaching Girls Into Leaders.
 - By June 30, 2023, 30% of all athletic coaches trained will implement TeamUp in their school.
- High School
 - By June 30, 2023, at least 30% of all high school athletic coaches will be trained on the implementation of TeamUp's Coaching Boys Into Men or Coaching Girls Into Leaders.
 - By June 30, 2023, 30% of all athletic coaches trained will implement TeamUp in their school.
- College/Universities
 - By June 30, 2023, at least 30% of all collegiate athletic coaches will be trained on the implementation of TeamUp's Coaching Boys Into Men or Coaching Girls Into Leaders.
 - By June 30, 2023, 30% of all athletic coaches trained will implement TeamUp in their school.

| OBJECTIVE 1.4 |

EXPLORE TRANSFORMATIVE JUSTICE AND COMMUNITY ACCOUNTABILITY TO DETERMINE WHAT COMMUNITIES IN CONNECTICUT ARE DOING TO PREVENT VIOLENCE AND HOLD PEOPLE ACCOUNTABLE OUTSIDE OF THE CRIMINAL JUSTICE SYSTEM WHILE SUPPORTING VICTIMS.

OUTCOMES:

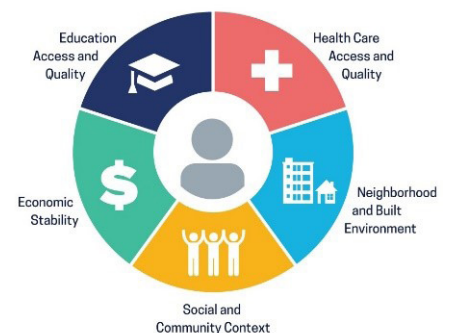
- By June 30, 2022, CCADV will have a greater understanding of transformative justice models being used in Connecticut to deter intimate partner violence.

STRATEGIC DIRECTION TWO: SOCIAL DETERMINANTS OF HEALTH

According to the World Health Organization, Social Determinants of Health (SDOH) are "the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels" (World Health Organization). SDOH comprise five domains: economic stability, educational access and quality, healthcare access and quality, neighborhood and built environment, and social/community context. SDOH intersect with intimate partner violence in many ways, often creating the conditions for better or worse exposures and outcomes.

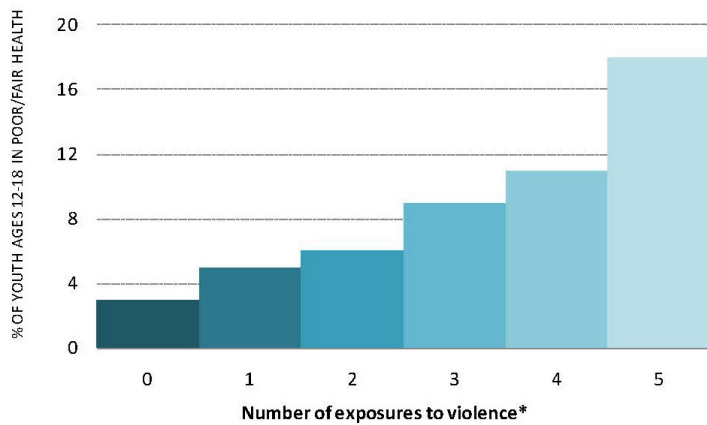
Socioeconomic disadvantage increases the risk for violence, as families that are experiencing unemployment or underemployment are at greater risk for experiencing IPV (Jewkes 2002). Poverty contributes to chronic stress as fewer resources translates into fewer options for getting and/or staying safe. Abusive individuals gain more control due to increased vulnerability related to finances. IPV is associated with unstable housing (Rollins et al 2011) and male perpetrator education level and employment (Walton-Moss et al 2005). Unstable or insecure housing often forces survivors to return to their abusive partners. Not only does socioeconomic disadvantage contribute to violence, but violence in turn leads to greater social disadvantage, thus compounding the impact.

Social Determinants of Health



Social Determinants of Health
Copyright 2018

Healthy People 2030



*Witnessed gun violence, threat of violence, repeated bullying, felt unsafe at school, or criminal victimization.
 Source: Boynton-Jarrett, 2006. Data from National Longitudinal Survey of Youth 1997-2004.

Robert Wood Johnson Foundation

The adverse health effects of exposure to violence (including serious psychological health consequences such as depression, anxiety, insomnia, suicidality and anger), increases with additional exposures. Strategies that address SDOH can occur at the level of individuals (including training and skill-building), relationships (building conflict resolution skills through mentoring, peer support models), community (developing campaigns for healthy relationships in schools and communities), and at the societal level (shaping policies to address poverty, increase educational quality and opportunity). This approach is grounded in the awareness that violence prevention must exist on multiple levels in order to address fundamental sources of violence.

The first step in addressing often hidden social issues is asking people accessing healthcare services about potential social challenges in a sensitive and culturally acceptable way. There are a growing number of clinical tools to help frontline practitioners ask about generally taboo topics such as physical and sexual abuse, and history of psychological trauma (Bigrigg et al 2005) or factors that can further complicate care such as low literacy, immigration status issues, fears regarding health care or barriers to making appointments (Behforouz et al 2014). For example, a simple screening question such as “do you ever have difficulty making ends meet at the end of the month?” is 98% sensitive and 64% specific for identifying patients living below the poverty line (Brcic et al 2011).

STRATEGIC GOAL TWO:
To understand and use the Social Determinants of Health to increase economic stability, housing access and quality healthcare access as a prevention mechanism to reduce intimate partner violence in Connecticut.

| OBJECTIVE 2.1 |

INCREASE EDUCATION OF DOMESTIC VIOLENCE ADVOCATES ON THE SOCIAL DETERMINANTS OF HEALTH AS A MEAN TO REDUCE INTIMATE PARTNER VIOLENCE.

OUTCOMES:

- By June 30, 2023, 80% of all domestic violence advocates will have an increased understanding of the social determinants of health as a means to reduce intimate partner violence.

| OBJECTIVE 2.2 |

INCREASE EDUCATION OF HOME VISITORS AND HEALTHCARE PROFESSIONALS ON THE SOCIAL DETERMINANTS OF HEALTH AS A MEANS TO REDUCE INTIMATE PARTNER VIOLENCE THROUGH IPV EDUCATION AND SCREENING.

OUTCOMES:

- By June 30, 2022, CCADV will develop a SDOH training module for home visitors and healthcare professionals to engage in primary prevention of IPV.
- By June 30, 2023, home visitors and healthcare professionals will be trained and 80% of those trained will demonstrate an increased understanding on the SDOH as a means to reduce intimate partner violence.
- By June 30, 2023, 50% of those trained and having demonstrated an increased understanding will implement IPV education with their clients and patients.
- By June 30, 2022, CCADV will collaborate with Hartford Hospital’s Violence Interrupter Program (HVIP) to install awareness of IPV as both a driver and consequence of violence.

| OBJECTIVE 2.3 |

INCREASE THE EDUCATION OF DOMESTIC VIOLENCE HOUSING ADVOCATES, HOUSING NAVIGATORS, AND HOMELESS AND HOUSING PROVIDERS ON THE SOCIAL DETERMINANTS OF HEALTH AS A MEANS TO REDUCE INTIMATE PARTNER VIOLENCE THROUGH HOUSING STABILITY.

OUTCOMES:

- By June 30, 2022, CCADV will develop SDOH training module for all housing advocates to engage in primary prevention of IPV.
- By June 30, 2023, housing advocates will be trained and 80% of those trained will demonstrate an increased understanding on the SDOH as a means to reduce intimate partner violence via housing stability.
- By June 30, 2023, 50% of those trained and having demonstrated an increased understanding will implement IPV with their clients seeking housing.

| OBJECTIVE 2.4 |

INCREASE THE EDUCATION OF DOMESTIC VIOLENCE ADVOCATES ON THE SOCIAL DETERMINANTS OF HEALTH AS A MEANS TO REDUCE INTIMATE PARTNER VIOLENCE THROUGH ECONOMIC STABILITY.

OUTCOMES:

- By December 30, 2022, 80% of all domestic violence advocates will have an increased understanding of economic pathways, through programs such as Allstate's Moving Ahead, as a means to reduce intimate partner violence.
- By June 30, 2023, 50% of all domestic violence organizations will implement some form of economic stability programming when working with IPV survivors as a means to prevent further abuse.

STRATEGIC DIRECTION THREE: PROMOTE MENTORSHIP

This plan promotes the use of mentors to prevent intimate partner violence. Mentorship provides the conditions where an individual with more knowledge and experience can pass along that knowledge to someone at the start of their journey. Given that violence is a learned behavior, and normatively learned by men, men play a key role in preventing these learned behaviors and in teaching new ways to handle conflict and stress. Men can choose not to perpetrate violence in their own relationships, and can challenge men who use violence and the ideas and attitudes that promote such violence. There are many mentorship models for victim/survivors of abuse, and it is very common for those working in the field of IPV prevention to have survived violence themselves, however there are new opportunities to build on the strengths of men who have in the past used violence in their relationships.

Given the standard use of group therapy models in batterer intervention, there are groups of men collectively processing the violence they have used in their relationships and working to develop new strategies for conflict resolution. Mentorship builds on the strengths of men who have used violence in the past but have learned and grown and are now living violence free. It allows these men to share their experience and help the growth of others who are just beginning to address the violence in their relationships. For example, most of the men who have participate in the group therapy domestic violence offender treatment at Radiance Innovative Services both complete the program and avoid future arrests for IPV. Additionally, some of these groups have continued to meet to learn and grow from one another, even after the completion of their 24-week program. Men who have completed the program and have changed their relationships know what it takes to be successful and have much to share. They can also help to keep men who are just starting to address their violence and trauma accountable. By creating mentorship opportunities, this can help both the mentor and the mentee. The mentor is given new opportunities to learn and grow through the act of mentorship, while the mentee can gain insight from someone who has faced and overcome similar challenges to their own.

“Healthy communities are those that view young people as partners rather than clients, and involve them in positions where their contributions make a difference.”

- Strengthening Communities Through Youth Participation



Mentorship programs can work with both adults and adolescents, as young people who have survived household violence also have much to share about their own journeys, and can help other children who are facing similar circumstances. The Youth Excellence Project (YEP) works with young boys who have faced significant life challenges and works to empower them to build resilience, attain personal goals, and effectively navigate life obstacles, with the overall goal of preventing violence. Each year, these boys develop lasting and meaningful relationships both internally and with the adult leaders. The YEP has created pools of young men who have learned effective life strategies and are well positioned to mentor other boys. In collaboration with community agencies, the YEP has worked to raise public awareness about the effects of violence and has provided many peer-led workshops for other violence-affected youth. This plan will build on the demonstrated benefits of YEP in order to formalize a mentorship role for graduates of YEP.

Youth engagement is critical to creating lasting social change and developing systems that promote healthy and safe relationships. Youth engagement benefits young people by providing opportunities to represent their own interests and gain skills and knowledge, as well as building a stronger sense of agency and social responsibility. Youth engagement also benefits adults by helping them to better understand and hold less stereotypical views of young people, and therefore design more effective services and outreach activities. Youth engagement has influenced public policies and practices in ways that have improved the lives of young people, their schools, and their community (Zeldin et al. 2008). It is critical to center youth from historically marginalized communities in order to honor their experiences and address social and racial justice.

STRATEGIC GOAL THREE:

To promote mentorship programs for both youth and adults, valuing survivors, children, and people who formerly used violence for the unique contributions they can make to their community.

| OBJECTIVE 3.1 |

INSTITUTE A YOUTH ADVISORY BOARD, DEVELOP YOUTH LEADERSHIP OPPORTUNITIES AND SUPPORT YOUTH-LED PROGRAMS THAT ADDRESS DATING AND SEXUAL VIOLENCE.

OUTCOMES:

- Through December 31, 2022, CCADV will work collaboratively with existing partners who have successful Youth Advisory Boards to establish the CCADV Youth Advisory Board.
- By June 30, 2023, CCADV will convene and support a Youth Advisory Board to plan and lead the Teen Dating Violence Awareness Month campaign, to design new outreach materials, and to form a speaker's bureau for other youth.

| OBJECTIVE 3.2 |

INSTITUTE A MENTORSHIP PROGRAM THAT BUILDS ON THE STRENGTHS OF MEN WHO HAVE USED VIOLENCE IN THE PAST BY ALLOWING THEM TO SHARE THEIR EXPERIENCE AND HELP THE GROWTH OF OTHERS WHO ARE JUST BEGINNING TO ADDRESS THE VIOLENCE IN THEIR RELATIONSHIPS.

OUTCOMES:

- By June 30, 2022, CCADV will work collaboratively with existing partners who have successful batterer intervention programs and state and community-based programs such as, Ball Headz and the Fatherhood Initiative, to establish a CCADV Mentorship Program.
- By June 30, 2023, CCADV will have in place an active Mentorship Program.

| OBJECTIVE 3.3 |

INSTITUTE A MENTORSHIP PROGRAM THAT BUILDS ON THE STRENGTHS OF FAITH LEADERS TO DELIVER IPV PREVENTION MESSAGING.

OUTCOMES:

- By December 31, 2021, CCADV will work collaboratively with faith leaders to create a faith leader ambassador program.
- By June 30, 2023, CCADV will have in place an active group of faith leaders that can deliver IPV prevention messaging to their congregations and fellowships.

STRATEGIC DIRECTION FOUR: SOCIAL MEDIA

The COVID pandemic brought to the forefront all the problems and opportunities associated with social media. Social media became critical as sources of both information and connection as the world shut down due to stay-at-home orders. And while this provided the conditions for many to connect and survive, it also highlighted the growing technological divide. Access to technology is a known important factor in our social environment and educational opportunities, thus a key social determinant of health. Just as social media has changed the dynamics of intimate partner violence by opening up new contexts for abuse to take place, either via bullying, stalking, or otherwise harassing the partner via social media, advocates and survivors have begun to use social media in creative ways to reach out to survivors.

ACCESS TO TECHNOLOGY
is an important factor in our
SOCIAL ENVIRONMENT
and
EDUCATIONAL OPPORTUNITIES,
thus is a key
SOCIAL DETERMINANT
OF HEALTH.

Social media offers opportunities for many people who may not otherwise be connected to anti-violence work to become involved with the movement by simply re-posting content from a toolkit or using a hashtag, or sharing their own anti-violence message. For instance, in response to growing rates of domestic violence as a result of the COVID lockdown, teenager Kaitlyn McGoldrick posted a video on the social media platform TikTok demonstrating how to silently call police without the abusive partner knowing, that quickly gained over 50,000 views (<https://www.japantimes.co.jp/news/2020/05/20/world/social-issues-world/lockdowns-domestic-abuse-social-media/>). The use of varying social media platforms can reach young people who may be unaware of the warning signs of abusive relationships, or may not know of the range of resources that are freely available throughout the state.

Social media can also promote the strengths-based approach associated with the protective factors framework. IPV is a

serious issue that deserves serious attention, but a variety of messaging is needed, including messaging about the severity of violence and the importance of holding people accountable, while also highlighting the resources available and how to access them. Different messages will resonate with different audiences, and social media provides the flexibility to craft messaging that is responsive to the full range of IPV experiences. Messaging can acknowledge that raising children is difficult and that even being in healthy relationships can be challenging. Positive, strengths-based approaches that highlight survivor resilience and/or offenders' changed behaviors and attitudes are necessary to provide hope. Social media must also be trauma-responsive, for instance captions can be action-oriented to empower observers to take action in their own lives.

Messaging should be strategic, consistent, and diverse; different social media platforms can be utilized for different reasons: twitter can be used to connect to the larger academic community, including people interested in IPV prevention. Instagram can disseminate information out to a wider audience, given that this is the platform that youth are more likely to use. The social media landscape changes quickly, thus community engagement and collaboration with mentorship programs and youth groups should drive decisions about what type of messaging to use for each media platform.

Social media can also effectively integrate lessons learned in IPV research. It is now well established that the presence of children has a dramatic impact on IPV victim/survivor decision-making, and can be the strongest motivating factor in help-seeking decisions (Meyer 2010; Randell et al. 2011). However, victims fear losing custody of their children, which can prevent victims from accessing help, as can cultural norms about keeping families together above all else (Rasool 2016). Carefully crafted social media messaging can speak to these anxieties and offer clear support and practical strategies. They can also help normalize experiences of violence and therefore help unravel the shame and stigma that worsens the impact of violence. Similarly, IPV has ripple effects throughout families and communities; friends and family members are often ambivalent about how to address the violence they observe in their families and communities. Social media messaging can also reach out to these important helpers and provide the practical guidance they need to help their friend or family member.

STRATEGIC GOAL FOUR:

To meet people where they are by effectively utilizing social media to promote violence prevention goals and strategies.

| OBJECTIVE 4.1 |

ENGAGE OTHER YOUTH SERVING ORGANIZATIONS AND SOCIAL MEDIA PLATFORMS TO POST INFORMATION ON THE PREVENTION OF DATING AND SEXUAL VIOLENCE.

OUTCOMES:

- By April 30, 2022, CCADV will partner with True Colors, CT Youth Forum, large youth-serving agencies for social media content/design.
- By June 30, 2022, teens will have expanded social media platforms to chat, exchange ideas and educate their peers about dating violence prevention.
- By June 30, 2023, youth participating in the TeamUp Connecticut Program will have a platform to post information about what they have learned to their social media and our TeamUp social media.

| OBJECTIVE 4.2 |

PROMOTE THE PREVENTION OF IPV DURING DOMESTIC VIOLENCE AWARENESS MONTH THROUGH CCADV SOCIAL MEDIA.

OUTCOMES:

- Each October as a part of Domestic Violence Awareness Month, CCADV will hold a minimum of one Facebook Live event featuring the prevention of IPV.

STRATEGIC DIRECTION FIVE: COLLABORATION

This prevention plan acknowledges the importance of cross-systems collaboration to best understand the drivers of intimate partner violence. Specifically, this plan promotes collaboration between IPV service providers and academics who are interested in or are already engaged in research about IPV prevention.

Fortunately there is an existing model in Massachusetts, the DVPERC - Domestic Violence Program Evaluation and Research Collaborative (DVPERC). DVPERC is an ongoing, regional collaboration of domestic violence service agencies, policymakers and researchers, which began in Massachusetts in 2011 (Thomas et al. 2018) with the goal of improving outcomes for survivors and families by addressing the gap between research and practice. This is a community-based participatory research model, which prioritizes co-learning and power sharing among all stakeholders and includes regular meetings to build relationships and develop trust and transparency among all partners. DVPERC has developed several culturally relevant measures of domestic violence programs (Goodman et al. 2016), and has published several DVPERC studies, including one on survivor perceptions of the trade-offs associated with seeking safety (Thomas et al. 2015) and one that examines how the advocate-survivor alliance impacts survivor wellbeing (Goodman et al. 2016). DVPERC has also published a how-to for forming their collaboration, which clearly lays out the lessons learned from creating this unique arrangement, and which will serve as a guide for the creation of a CT-DVPERC.

Thus far, CCADV is fortunate to be able to call on our academic colleagues to assist with various research projects over the years. Moving forward, CCADV will begin the development of a Connecticut DVPERC to provide the setting for fruitful collaborations among researchers, stakeholders, and service providers throughout the state.

STRATEGIC GOAL FIVE:

To collaborate and create the conditions for collaboration between intimate partner violence service providers and the larger academic community to investigate critical IPV prevention drivers and to forge new relationships for information sharing.

| OBJECTIVE 5.1 |

INCREASE THE POOL OF ACADEMICS INTERESTED IN CREATING A CT-DVPERC

OUTCOMES:

- By June 30, 2022, CCADV will reach out to Connecticut's universities and colleges to identify departments and programs interested in A CT-DVPERC.
- By June 30, 2022, CCADV will develop a listserv of interested researchers.

| OBJECTIVE 5.2 |

CONVENE CT-DVPERC

OUTCOMES:

- By June 30, 2023, CCADV will convene CT-DVPERC and will identify a minimum of one prevention related project to work on collectively.
- By June 30, 2023, a prevention "science café" will be held to build connections, understand local prevention research, identify community assets, and inform our work.

- Bynum, L., Griffin, T., Riding, D. L., Wynkoop, K. S., Anda, R. F., Edwards, V. J., ... & Croft, J. B. (2010). Adverse childhood experiences reported by adults-five states, 2009. *Morbidity and Mortality Weekly Report*, 59(49), 1609-1613.
- Durlak, J. A., Mahoney, J. L. (2019). The practical benefits of an SEL Program. December 2019. Available at <https://casel.org/wp-content/uploads/2019/12/Practical-Benefits-of-SEL-Program.pdf>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D. & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.
- Crenshaw, K. & Ritchie, A. J. (2015). Say her name: Resisting police brutality against Black women. African American Policy Forum, Center for Intersectionality and Social Policy Studies.
- Goodman, L. A., Fauci, J. E., Sullivan, C. M., DiGiovanni, C. D., & Wilson, J. M. (2016). Domestic violence survivors' empowerment and mental health: Exploring the role of the alliance with advocates. *American Journal of Orthopsychiatry*, 86(3), 286.
- Goodman, L. A., Sullivan, C. M., Serrata, J., Perilla, J., Wilson, J. M., Fauci, J. E., & DiGiovanni, C. D. (2016). Development and validation of the trauma-informed practice scales. *Journal of Community Psychology*, 44(6), 747-764.
- Gregory, A., & Fergus, E. (2017). Social and emotional learning and equity in school discipline. *The Future of Children*, 117-136.
- Gross, K. N. (2015). African American women, mass incarceration, and the politics of protection. *Journal of American History*, 102(1), 25-33
- Jewkes R. (2002). Intimate partner violence: causes and prevention. *Lancet*, 359(9315):1423-9
- Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health*, 105(11), 2283-2290.
- Lacey, K. K., West, C. M., Matusko, N., & Jackson, J. S. (2016). Prevalence and factors associated with severe physical intimate partner violence among US Black women: A comparison of African American and Caribbean Blacks. *Violence against women*, 22(6), 651-670.
- Mersky, J. P., Topitzes, J., & Britz, L. (2019). Promoting evidence-based, trauma-informed social work practice. *Journal of Social Work Education*, 55(4), 645-657.
- Meyer, S. (2010). Seeking help to protect the children? The influence of children on women's decisions to seek help when experiencing intimate partner violence. *Journal of Family Violence*, 25, 713-725.
- Randell, K., Bledsoe, L., Shroff, P., & Pierce, M. (2011). Mothers' motivations for intimate partner violence help-seeking. *Journal of Family Violence*, 27, 55-62
- Rasool, S. (2016). Help-seeking after domestic violence: The critical role of children. *Journal of Interpersonal Violence*, 31(9), 1661-1686.
- Rosay, A. B. (2016). Violence against American Indian and Alaska Native women and men. <https://nij.ojp.gov/topics/articles/violence-against-american-indian-and-alaska-native-women-and-men>
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Taylor, R., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88, 1156-1181. DOI:10.1111/cdev.12864
- Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American Journal of Orthopsychiatry*, 85(2), 170.
- Thomas, K. A., Goodman, L. A., Vainer, E. S., Heimel, D., Barkai, R., & Collins-Gousby, D. (2018). "No sacred cows or bulls": The story of the Domestic Violence Program Evaluation and Research Collaborative (DVPERC). *Journal of Family Violence*, 33(8), 537-549.
- World Health Organization, Social Determinants of Health. Accessed 5.20.21. <https://www.who.int/teams/social-determinants-of-health>
- Zeldin, S., Petrokubi, J., & Camino, L. (2008). Youth-adult partnerships in public action: Principles, organizational culture, and outcomes. Retrieved May 17, 2021, from the Ready by 21 site: <http://www.readyby21.org/resources/youth-adult-partnerships-public-action-principles-organizational-culture-and-outcomes>

cca | DV

Connecticut Coalition Against Domestic Violence

655 Winding Brook Drive | Suite 4050 | Glastonbury, CT 06033

860.282.7899 | www.ctcadv.org



CTSafeConnect

CALL • TEXT • CHAT • EMAIL • 24/7

888.774.2900 | CTSafeConnect.org

CONFIDENTIAL, SAFE, FREE, VOLUNTARY