

FOSTERING COMMUNITY RESILIENCE

VIRGINIA'S GUIDELINES FOR THE PRIMARY PREVENTION
OF SEXUAL AND DOMESTIC VIOLENCE



VIRGINIA SEXUAL & DOMESTIC
VIOLENCE ACTION ALLIANCE

FOSTERING COMMUNITY RESILIENCE: VIRGINIA'S GUIDELINES FOR THE PRIMARY PREVENTION OF SEXUAL AND DOMESTIC VIOLENCE IS PUBLISHED BY THE



VIRGINIA SEXUAL & DOMESTIC
VIOLENCE ACTION ALLIANCE

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The Action Alliance, a diverse group of individuals and organizations, believes that ALL people have the right to a life free of sexual and domestic violence.

We will use our diverse and collective voice to create a Virginia free from sexual and domestic violence—inspiring others to join and support values of equality, respect and shared power.

We recognize that sexual and domestic violence are linked to other forms of oppression, which disproportionately affect women, children, and marginalized people. Understanding the great harm racism has created for individuals, families and our communities in Virginia, we commit to building within the coalition an anti-racist framework from which to address sexual and domestic violence.

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The purpose of Fostering Community Resilience: Virginia's Guidelines for the Primary Prevention of Sexual and Domestic Violence is to assist local communities in creating primary prevention strategies that focus on identifying and dismantling the root causes of sexual and domestic violence.

This document and its corresponding website (guidelines.vsdvalliance.org) have been built on the foundations of two core concepts: social justice principles and public health models. Social justice and public health have a lot in common. They both seek to address health challenges (i.e., violence) by changing cultural norms, systems, and institutions while understanding that oppression is at the root of inequality and access to health.

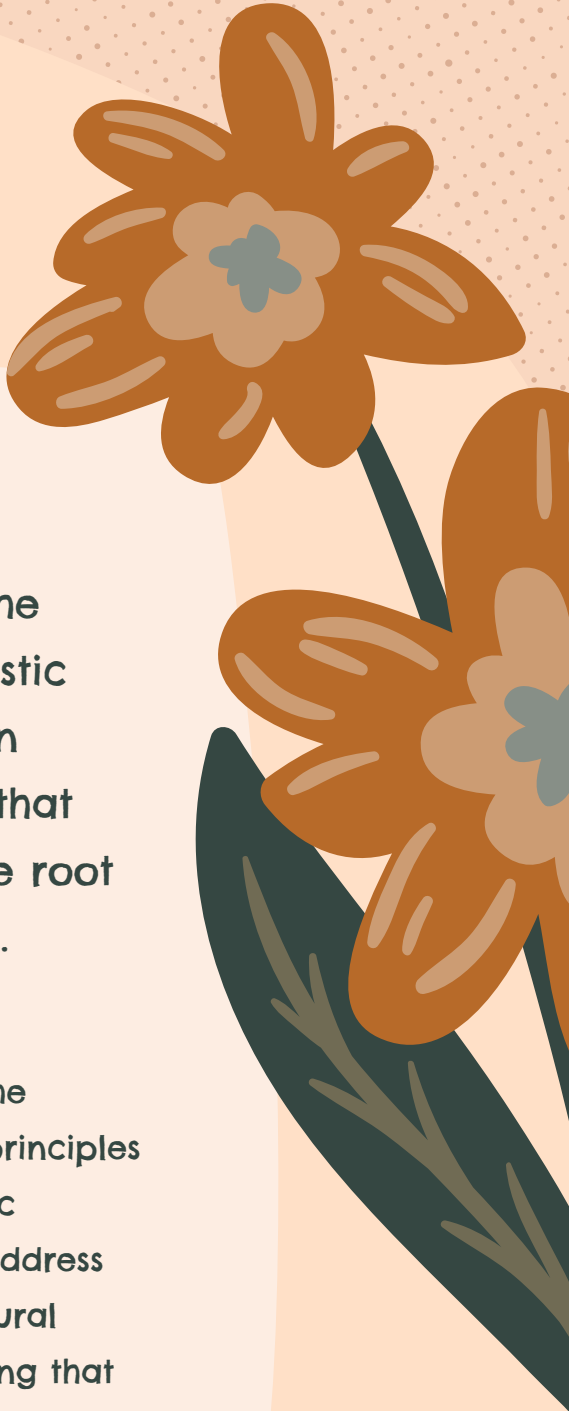




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Introduction

In 2009, the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) published Virginia’s Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence. At that time, many local sexual and domestic violence (SV/DV) agencies were just beginning to think about how to incorporate primary prevention strategies into their largely “service delivery” focused model. Great strides have been made over the last 15 years in Virginia to build capacity across the Commonwealth to plan, implement, and evaluate innovative strategies that seek to prevent SV/DV. Significant time has passed since the original document was published, and much has been learned in that time. The original publication contained concepts that continue to be used as the foundation to build primary prevention programs. However, there is a need to expand on the root causes and explicitly name how systems of oppression support SV/DV perpetration.

The need to focus on root causes became clearer when the Action Alliance engaged in a series of listening sessions to imagine what the future would look like when the movement to end SV/DV had achieved its goals. Action Alliance members, who largely consist of staff from local SV/DV agencies and individuals across the Commonwealth, were asked to stretch their imaginations and look 500 years into a future where violence doesn’t exist. This process led to an updated *Vision, Values, and Strategies* document that now guides our work. The Action Alliance’s vision is rooted in flourishing, freedom, equity, and a healthy future for all and seeks a radically hopeful future in which:

- People are free and have what they need to reach their full potential;
- Relationships, families, and communities are healthy, equitable, nourishing, and joyful;
- Government, institutions, and systems are rooted in equity and justice; and
- All decisions are grounded in whether they will benefit our future descendants, and sustain our beautiful earth.

Fostering Community Resilience: Virginia’s Guidelines for the Primary Prevention of Sexual and Domestic Violence is significantly informed by the *Vision, Values, and Strategies* document.

At the time of its original publication, *Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence* was one of the first documents created by a SV/DV coalition to center the importance of primary prevention in the field of SV/DV advocacy. The Action Alliance had a significant role in the national discourse about how to prevent SV/DV through participating in Centers for Disease Control and Prevention (CDC) grant programs like Rape Prevention and Education (RPE) and Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA).

This document, and the framework within it, is meant to assist local SV/DV agencies in creating primary prevention strategies that focus on identifying and dismantling the root causes of SV/DV. The Action Alliance recognizes that this framework is aspirational, meaning it is not expected that any one organization could achieve all of the guidance in this document. The goal is to build primary prevention strategies that are informed by this framework and to systematically improve program development. The reflection questions throughout this document are meant to assist organizations in assessing where sufficient capacity exists and where to focus more energy and resources based on gaps. It is our hope that

this document helps every existing SV/DV primary prevention program reach its full potential and provides new initiatives with information on how to build a solid foundation for successful primary prevention work.



“We have the power within us to create the world anew. We can begin by doing small things at the local level, like planting community gardens or looking out for our neighbors. That is how change takes place in living systems: not from above but from within, from many local actions occurring simultaneously.”

GRACE LEE BOGGS

Core Concepts

In reflecting back on the Action Alliance’s mission that ALL people have the right to a life free of SV/DV, one must wonder what it would be like to live in a community, state, or nation where SV/DV are no longer commonplace. To get closer to living in that world, we must consider the underlying factors that contribute to the prevalence of SV/DV. If we step back and take an eagle-eye view of the world and our history, it is apparent that the use of violence in our culture is widespread and has been used as a tool of control throughout history. Violence, in its many forms, has been and is currently used to control individuals, groups, communities, and nations.¹

A foundational belief within the movement to end SV/DV is that people who use violence as a means to control others often feel entitled to use their power to get their needs met. Focusing our work to address individual/interpersonal examples of power, control, and harmful behaviors in relationships and families can feel like the most direct approach. However, to make lasting change, it is necessary to dig deeper into the societal factors that support this type of violence.

Research, theories, and lessons from the field will be introduced throughout this resource to explain how SV/DV is so deeply connected to other forms of power, control, and violence in our institutions, our cultural/social norms, and throughout our history. Two theoretical foundations inform the Action Alliance’s approach to preventing SV/DV: social justice principles and public health models and research.

¹ Pharr, S. (1988). *Homophobia: A weapon of sexism*. Chardon Press.



CORE CONCEPT 1:

Social Justice Principles

Social justice is a practice that builds equal economic, political, and social rights and opportunities. Social justice advocates work toward dismantling beliefs, practices, policies, and norms that do not support this view.² Anti-oppression refers to all the ways an individual, community, institution, or system actively prevents, challenges, and ends power and control over other people. It means standing up for oppressed peoples and addressing the ways they are prevented access to crucial resources, let alone choices.

This includes addressing violence, abuse of power, and the ways people are manipulated, limited, controlled, silenced, incarcerated, and erased. Oppression in all its forms can cause mental, emotional, physical and spiritual trauma to individual people, communities, and our environment. Trauma can cause deep and devastating damage, particularly when it is rooted in systemic harms experienced across many generations.³ The term “oppression”

is different from prejudice or discrimination. Oppression is power plus prejudice; a social group with more power suppresses the social, political, and economic influence of another group for its own gain. Oppression is upheld by institutions (e.g., media, government, education, healthcare, religion, financial, etc.), laws and policies, economic systems, and societal beliefs and norms. Anti-oppression activities and actions support the principles of social justice.

² Morgaine, K. (2014). Conceptualizing social justice in social work: Are social workers “too bogged down in the trees?” *Journal of Social Justice*, (4), 1-18.

³ Tremblay, N., Malla, A., Tremblay, J., & Piepzna-Samarasinha, L. L. (2014). *Artful anti-oppression: A toolkit for critical & creative change makers* (Volume 2: Isms). ArtReach. <https://www.artreach.org/artful-anti-oppression-2-isms>

Anti-Oppression Framework for Prevention Staff



“Prevention requires us to shift from a movement based on sharing information to one that shifts power. Building a strategy around social change – to make safety the default for all communities, and to help people understand how systems perpetuate oppression and violence – is very challenging work.”

COLLEEN YEAKLE

INDIANA COALITION AGAINST DOMESTIC VIOLENCE

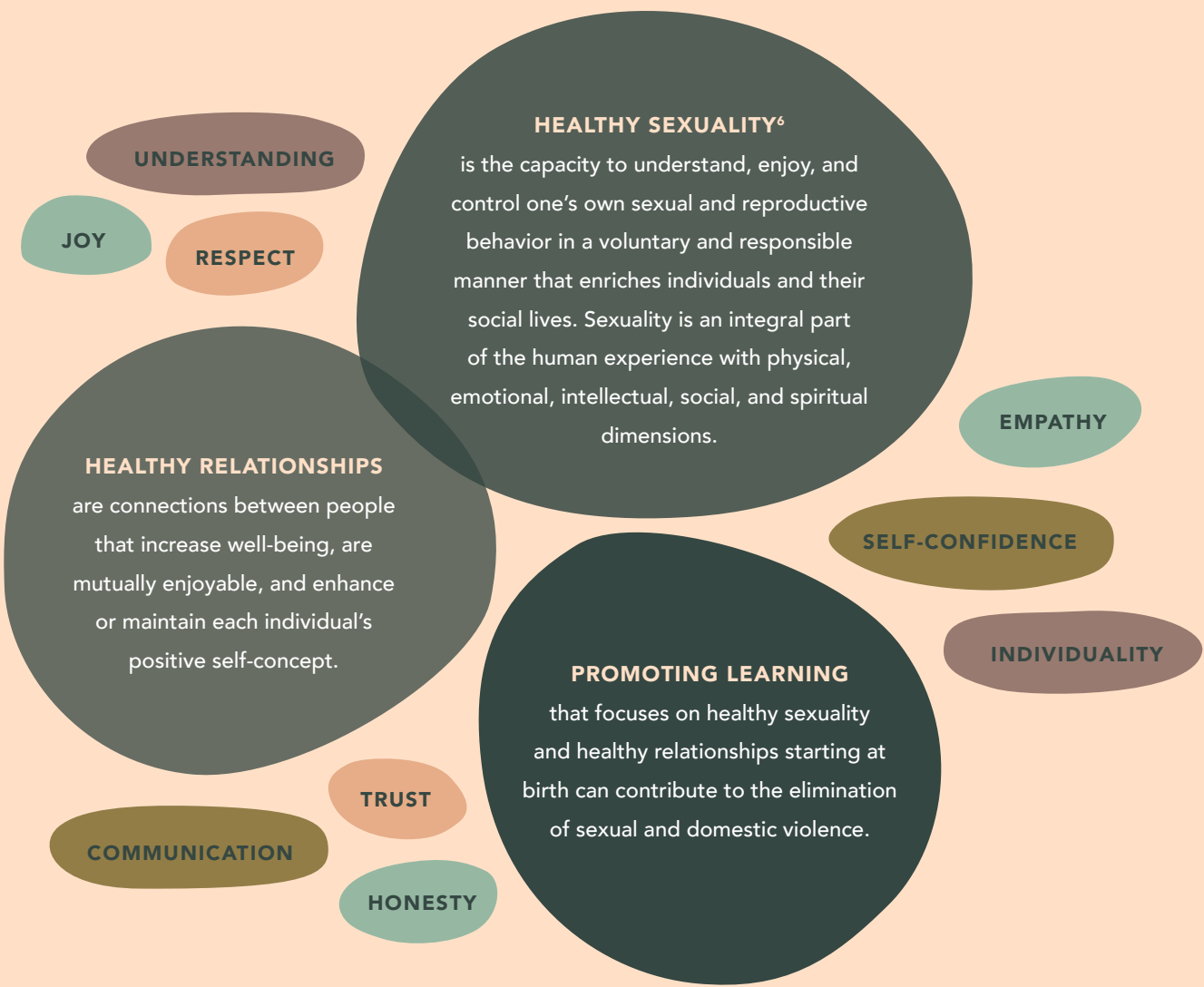
CORE CONCEPT 2:
Public Health Models

Public health is the science of protecting and improving the health of people and their communities. Public health professionals promote healthy lifestyles through education, policy making, and research.

Overall, public health is concerned with protecting the health of entire populations. Working at a population level helps to bring about the greatest health benefits to the greatest number of people. Public health also works to limit health disparities, which are preventable differences (i.e., levels of violence experienced) based on social disadvantages.⁴

“A public health perspective characterized by social justice argues that public health problems are primarily socially generated and can be predicted based on the level of injustice and inequality in a society. Thus, the solutions to such problems must be through progressive social and public health policies and are best understood as a collective responsibility shared across the various levels of society.”⁵

⁴ CDC Foundation. (n.d.). *What is public health?* <https://www.cdcfoundation.org/what-public-health>
⁵ Wallack, L. (2019). Building a social justice narrative for public health. *Health Education & Behavior*, 46(6), 901-904.



HEALTH PROMOTION

Health promotion is the process of enabling people to increase control over and improve their health.⁷ “As a core function of public health, health promotion supports governments, communities, and individuals to cope with and address health challenges. This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills.”⁸ The goal of health promotion is to address and prevent the root cause of poor health, not just focus on treatment and cure. Health promotion strengthens protective factors, promotes resilience, bolsters developmental assets, and values social emotional learning. If we apply the “public health” and “health promotion” concepts to SV/DV, the

focus on addressing the root causes, as opposed to response, is at the center.

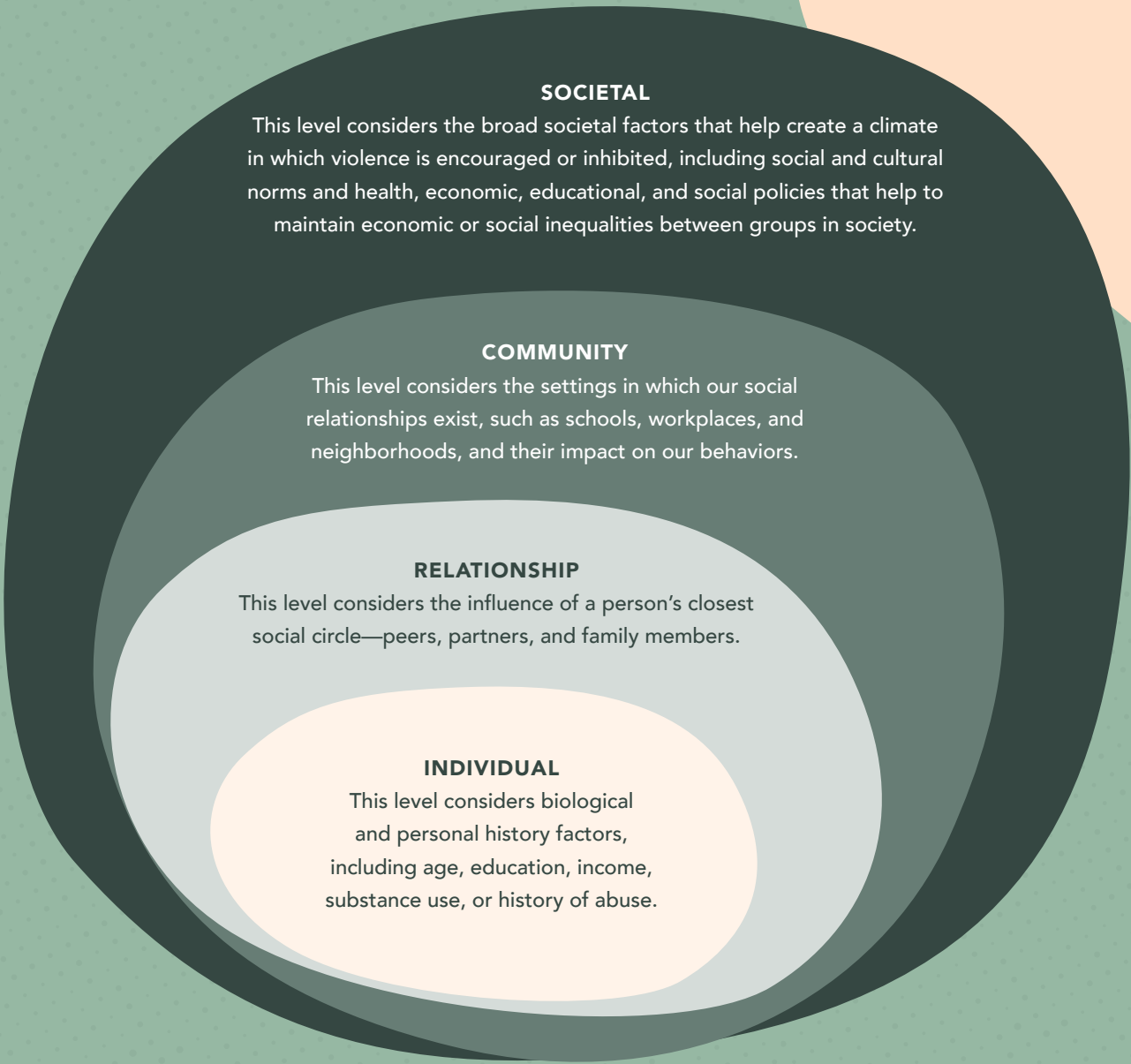
Social justice and public health have a lot in common. They both seek to address health challenges (i.e., violence) by changing cultural norms, systems, and institutions. Both work to increase equity and eliminate barriers to health and wellness created by people and systems that hold power and privilege based on gender, race, class, and other social/political classifications. Both acknowledge that oppression is at the roots of inequality and access to health. Finally, each core concept uses quality data to support conclusions.

⁶ Ford Foundation. (2006). *Sexuality and social change: Making the connection. Strategies for action and investment.* https://www.fordfoundation.org/media/1740/2006-sexuality_social_change.pdf
⁷ World Health Organization. (n.d.). *Health promotion.* <https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion>
⁸ Ibid.

SOCIAL-ECOLOGICAL MODEL

The social-ecological model (SEM) is a framework used in public health and violence prevention for understanding the range of factors that influence health and well-being. The SEM suggests that individual behavior is shaped by factors at multiple levels: the individual, relationship, community, and societal. The SEM helps us to identify root causes of violence and helps to identify and plan potential prevention strategies.⁹

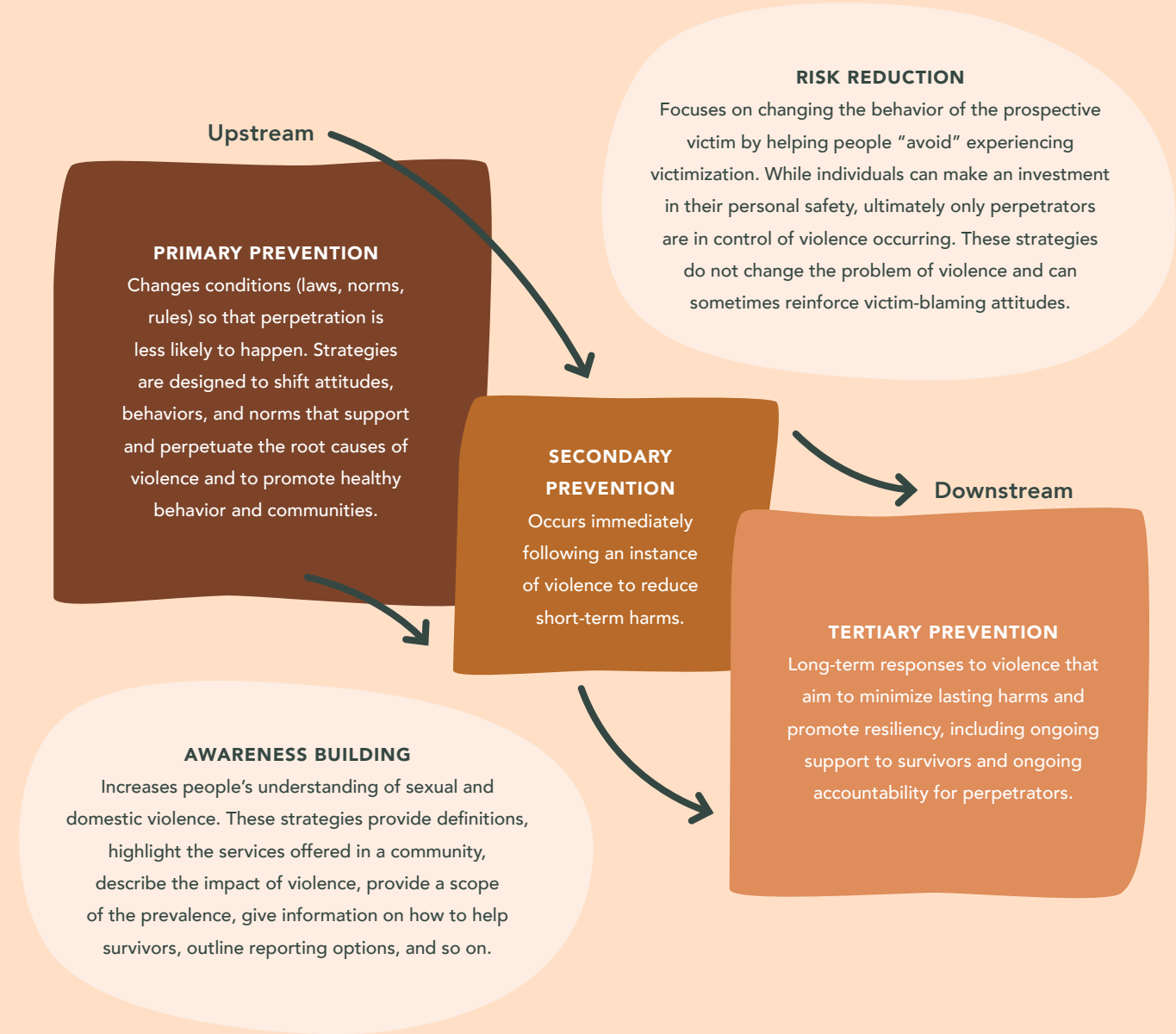
The Social-Ecological Model¹⁰



LEVELS OF PREVENTION

Primary prevention strategies are designed to promote healthy behaviors and communities by shifting attitudes, behaviors, and norms that support and perpetuate the root causes of violence. Secondary and tertiary prevention, often referred to as our advocacy direct services, aim to improve short- and long-term outcomes for survivors (and perpetrators). When primary, secondary, and tertiary prevention are used together, they create a comprehensive response to SV/DV.

While awareness building and risk reduction are activities that may support or reinforce our ongoing prevention efforts, they are not considered prevention themselves because they focus on victimization as opposed to preventing perpetration and do not shift our existing attitudes, knowledge, or behavior to address the root causes of perpetration.



⁹ Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. <https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf>
¹⁰ Prevent Connect. (n.d.). *Socio-ecological model*. <http://wiki.preventconnect.org/socio-ecological-model/>

Guidelines for the Primary Prevention of Sexual and Domestic Violence

The following nine guidelines are meant to help community-based SV/DV agencies focus and strengthen their work to prevent violence before it can occur. These guidelines are equally rooted in a commitment to social justice principles as well as rigorously evaluated public health principles and research. The goal for primary prevention programs is to develop strategies using this framework, even if aspirational. Great primary prevention programs are ever-evolving and pivot based on what is learned over time.



Grounded in an Anti-Oppression Framework



Institutionalized in Organizational Culture



Based in Logic and Research



Rooted in Health Promotion



Built by Diverse Community Partnerships



Developed Using Meaningful Evaluation Practices



Tailored to a Specific Audience, Community, or Group



Saturated Across the Lifespan



Delivered Creatively and in a Variety of Settings

GUIDELINE 1

Grounded in an Anti-Oppression Framework

- Anti-oppression efforts are intended to undo the power imbalances that exist and are perpetuated by the societal inequalities that impact individuals, communities, and institutions worldwide. This framework advocates for the elimination of injustice and recognizes that all forms of oppression (e.g., racism, sexism, homophobia, transphobia, xenophobia, ableism, classism, etc.) are interconnected. These forms of oppression support dominance and control over specific individuals and groups based on socially constructed value judgments, rather than supporting shared power, accountability, and opportunity.

EXAMPLE

Staff at a local SV/DV program discover that Black and brown high school students in their service area are receiving disproportionate disciplinary referrals for subjective offenses, like “acting out” or “showing disrespect.” Data suggests that these behaviors could be trauma responses or reactions to Adverse Childhood Experiences (ACEs).¹¹ Excessive use of disciplinary practices increases the likelihood of school pushout, which increases drop-out rates and justice system involvement, a dynamic called the School-to-Prison or Trauma-to-Prison Pipeline.¹²

In order to combat the pipeline, prevention staff implement Social-Emotional Learning (SEL) programming with 9th grade students to build awareness of emotions and mindfulness, relationship skills, and social awareness and capacity for empathy. Simultaneously, prevention staff deliver ACEs and trauma training for all teachers and staff in the school, which helps teachers better identify and respond to trauma-responses in the classroom. This training leads administrators to revise school disciplinary policies to be more trauma-informed, equitable, and restorative.

¹¹ Saar, M.S. Epstein, R., Rosenthal, L., and Vafa, Y. (2019). *The sexual abuse to prison pipeline: The girls’ story*. Human Rights Projects for Girls, The Center on Poverty and Inequality, and The Ms. Foundation for Women.
¹² ACLU. (n.d.). *School-to-prison pipeline*. <https://www.aclu.org/issues/juvenile-justice/juvenile-justice-school-prison-pipeline>

- In order to address oppression as a root cause of SV/DV, we must center anti-oppression work in our prevention programs and actively promote knowledge, attitudes, and behaviors that support freedom, equity, and health for all people in all communities.



REFLECTION

How have you integrated concepts of anti-oppression into your prevention strategies?

WANT MORE INFORMATION ABOUT GUIDELINE #1?

Visit guidelines.vsdvalliance.org for more information about oppression, intersectionality, root-causes of violence, and social justice movements.

GUIDELINE 2

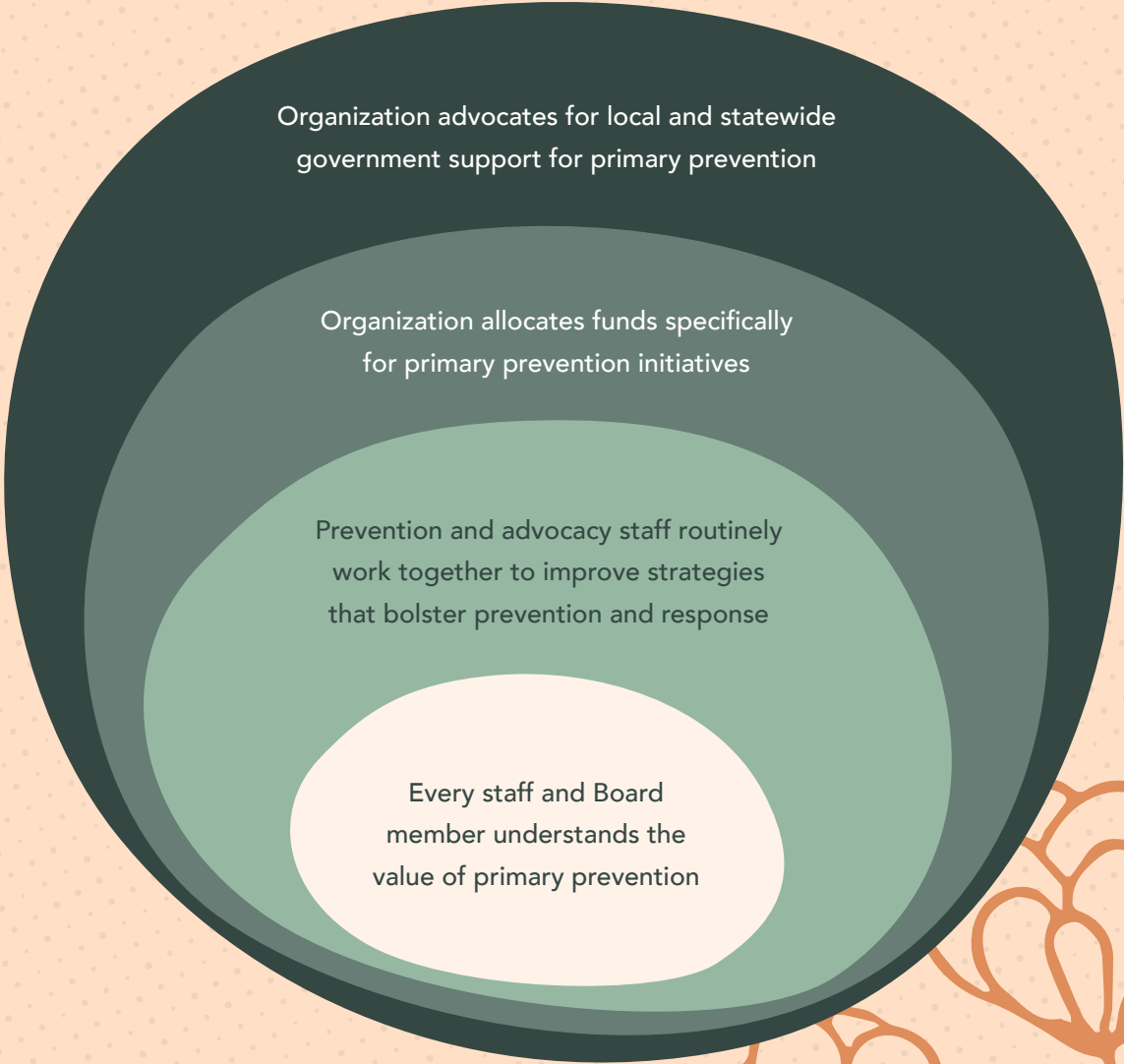


Institutionalized in Organizational Culture

- Primary prevention is an integral aspect of building a world free from violence. SV/DV agencies view both primary prevention and advocacy as core services.
- Primary prevention must be institutionalized and made a part of the organization's culture by:
 - Explicitly naming primary prevention in the mission statement, strategic plan, and/or vision and values statement.
 - Equitably funding primary prevention work through sufficient staffing and effective programming.
 - Ensuring all staff, volunteers, and Board members have a deep understanding of primary prevention regardless of their scope of work (i.e., shelter-based work, finance and operations, or community outreach).
 - Identifying and valuing the unique skill set needed when hiring, supporting, and training prevention staff.
 - Enacting organizational policies that support individual, family, and community health and wellness, including a living wage, robust health insurance, holistic parental support, flexible work schedules, and retirement benefits.

REFLECTION

In what ways are prevention and advocacy treated equitably (or given equitable resources) in your organization? Are there opportunities to create more balance?



WANT MORE INFORMATION ABOUT GUIDELINE #2?

Visit guidelines.vsdvalliance.org for more information about how to build capacity in your organization to equitably address both primary prevention work and advocacy/response.

GUIDELINE 3



Based in Logic and Research

- Primary prevention strategies, activities, and programs are developed based on:
 - The collective experience of those who live in the community, particularly survivors (contextual evidence);
 - The best data/research available on the issues (best available research evidence), and;
 - SV/DV prevention experts who can identify factors that may impact success (experiential evidence, e.g., funding, local history, community norms, etc.).
- The way we implement primary prevention strategies should be based on a set of principles, or theories, and be informed by data or research that lets us know what works and what does not work.
- Experiences and expertise from diverse and directly impacted community members should inform the programming in an ongoing way.

REFLECTION

What research or theories support your organization's prevention strategies?

A Framework for Thinking About Evidence¹³



WANT MORE INFORMATION ABOUT GUIDELINE #3?

Visit guidelines.vsdvalliance.org for more information about how to build a primary prevention program from the ground up! Need to develop SMART goals or conduct a needs and resources assessment? Do you want to understand Theories of Change? We've got you covered!

EXAMPLE

Data suggests that one of the risk factors for domestic violence is an individual adherence to rigid or strict gender roles.¹⁴ The Gay/Straight Alliance from a local high school has identified that their school dress-code policy severely limits gender expression, and that the policy is disproportionately enforced against female and non-binary identified students. Your agency delivers a multi-session program to the 9th and 10th grades that addresses this risk factor through education that explores the ways in which narrow gender-roles may lead to increased risk for perpetration of SV/DV. Youth who receive the programming decide to work with their teachers, administrators, and other students to change the dress-code policy at their school and county-wide.

¹³ Centers for Disease Control and Prevention. (n.d.). *The evidence project overview*. National Center for Injury Prevention and Control, Division of Violence Prevention. https://www.cdc.gov/violenceprevention/pdf/Evidence_Project_Overview2013-a.pdf

¹⁴ Centers for Disease Control and Prevention. (2021). *Risk and protective factors*. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

GUIDELINE 4



Rooted in Health Promotion

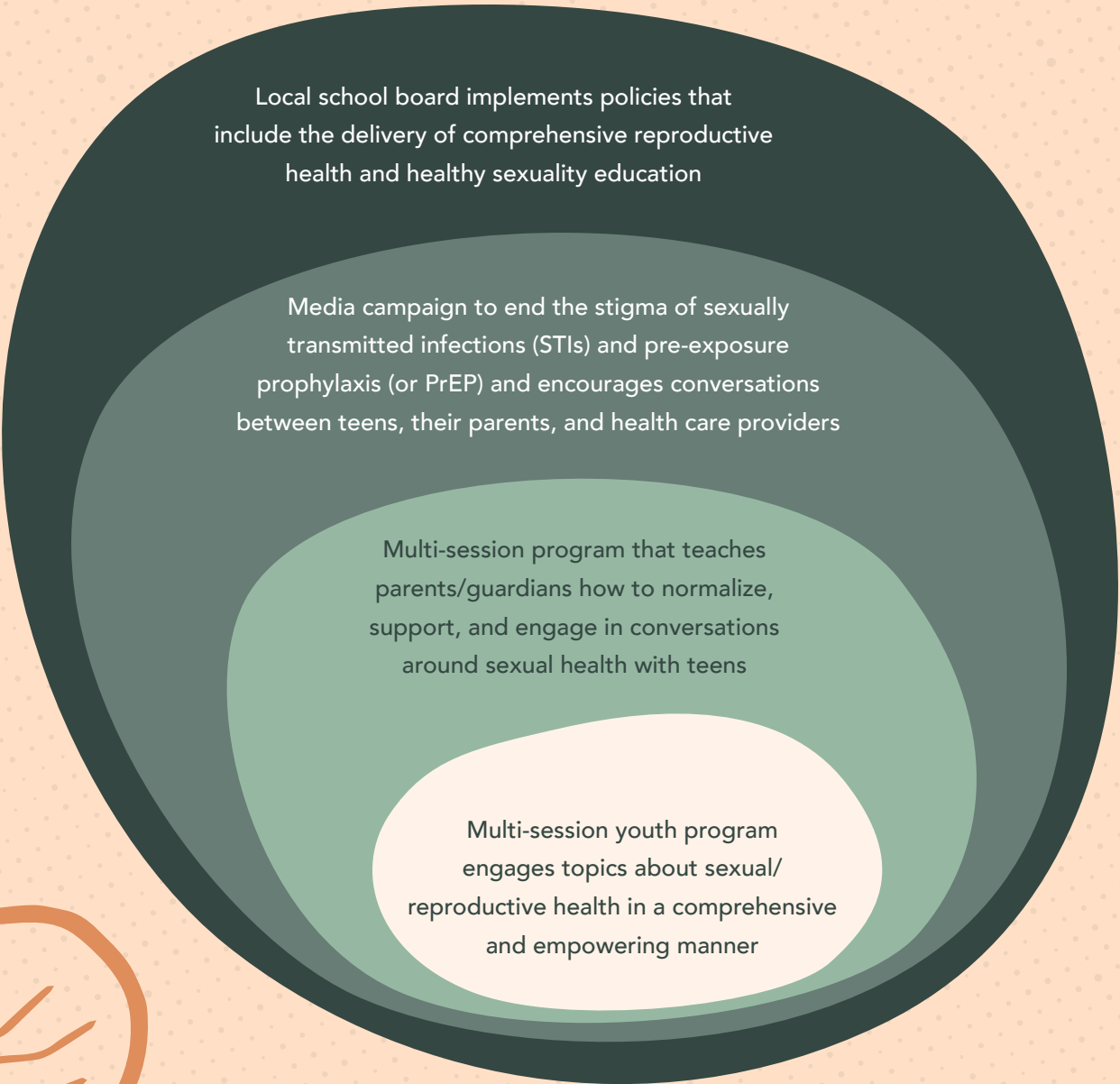
- Primary prevention requires that we envision what a world free from violence looks like and that we actively take steps to create that world.
- Health promotion moves us from simply acknowledging the existence of violence, and raising awareness about the harm it creates, to supporting the emergence of new knowledge, behaviors, and norms that are inconsistent with the existence of violence in the first place.
- The goal of health promotion is addressing and preventing the root causes of poor health (i.e., SV/DV), not just focusing on treatment and cure (i.e., response and punishment).¹⁵
- Health promotion suggests that governments, communities, and individuals have a responsibility to address barriers to health by developing public policies that support health, creating supportive and healthy environments, prioritizing community needs, and strengthening individual skills.¹⁶
- Health promotion strengthens protective factors, promotes resilience, bolsters developmental assets, and values empathy and connection across individuals and communities.

¹⁵ World Health Organization. (n.d.). *Health promotion*. <https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion>

¹⁶ Ibid.

WANT MORE INFORMATION ABOUT GUIDELINE #4?

Public health is a vast area of study with significant data supporting its effectiveness. Visit guidelines.vsdvalliance.org to learn more about health promotion, health equity, protective factors, and more.



REFLECTION

What root causes of violence exist in your community? How are you strengthening protective factors against these root causes and across the SEM?

GUIDELINE 5



Built by Diverse Community Partnerships

- Effective strategies are developed through relationship building that prioritize collaboration, creativity, and reciprocal learning. Prevention staff value and center the experiences and expertise of community partners to better address root causes and to deepen community understanding of and commitment to SV/DV prevention.
- Partnerships must include communities that are most at risk or vulnerable to violence and have been historically marginalized and oppressed. Intentional partnerships are rooted in empowerment; prevention staff recognize and build upon existing community strengths.
- Prevention staff can maximize impact by forming relationships based on shared risk and protective factors and utilize similar strategies between organizations and across populations.

REFLECTION

Where are there opportunities in your community to collaborate with organizations that have similar goals? Who else needs to be at the table?

“Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected.”

DEBORAH PROTHROW-STITH
MD, HARVARD SCHOOL OF PUBLIC HEALTH¹⁷

WANT MORE INFORMATION ABOUT GUIDELINE #5?

How do we develop relationships with community members who encounter barriers to accessing health and safety? Check out guidelines.vsdvalliance.org for examples and guidance on community mobilizing and organizing.

EXAMPLE

SV/DV prevention staff hold listening sessions across their service area and focused on the needs of historically underserved youth. Listening sessions lead the prevention staff to coordinate an ongoing and diverse coalition that seeks to build youth empowerment initiatives. These initiatives, grounded in theory and backed by research, focus on strengthening intergenerational family support and facilitating community connectedness (protective factors) across the service area. Program strategies seek to address low school attendance, substance use, youth exposure to community trauma and violence, and the prevalence of dating violence, bullying, and suicide (risk factors). To minimize working in silos and increase impact, the coalition works to spread these initiatives across organizations in the community, each addressing the same set of risk and protective factors and each using the same theories, research, and program strategies to achieve their shared goals.

¹⁷ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). *Connecting the dots: An overview of the links among multiple forms of violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Prevention Institute. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

GUIDELINE 6



Developed Using Meaningful Evaluation Practices

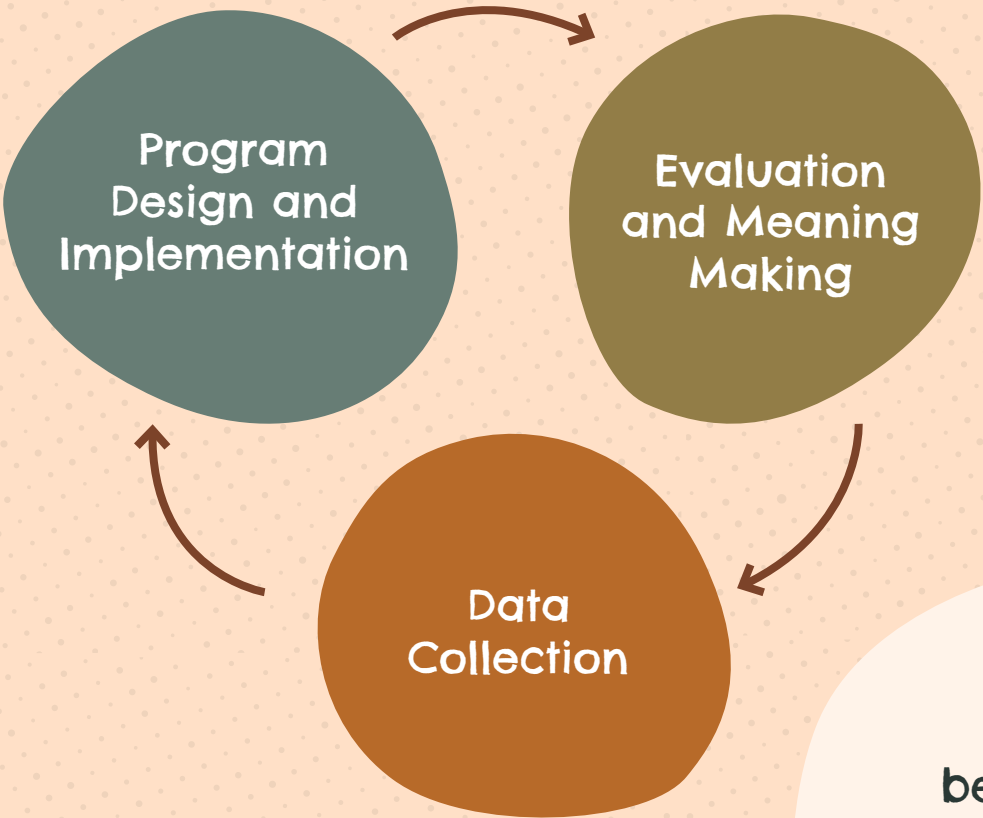
- It is very important to know whether our primary prevention strategies are working. Evaluation is a critical tool to document and measure change and allow prevention staff to know if strategies are achieving the intended outcomes.
- Evaluation that shows communities are making positive impacts will help garner continued support, secure and/or increase funding, and create more buy-in from stakeholders and community members.
- Effective strategies incorporate evaluation practices from initial program design through implementation. Ongoing feedback helps programs adjust throughout implementation of the program.
- Both quantitative (numerical) and qualitative (observational and descriptive) data are valuable when evaluating primary prevention strategies. Useful data can be collected through activity-based observation, creative arts, and storytelling.

REFLECTION

What evaluation steps do you routinely take to ensure your prevention strategies are working?



WANT MORE INFORMATION ABOUT GUIDELINE #6?
Explore evaluation tools at guidelines.vsdvalliance.org.



“Continuous improvement is better than delayed perfection”

MARK TWAIN

EXAMPLE

The DO YOU Campaign was born out of a collaborative assessment and systematic planning process. To support the development and strategic design of the DO YOU Campaign, a Teen Campaign Advisory Committee was created with representation of stakeholders who have specific experience or expertise related to achieving the desired outcomes. Under the guidance of the Advisory Committee, Action Alliance staff conducted 18 same-sex focus groups with more than 100 high school students from across the Commonwealth. A significant number of focus groups were held with African American teens specifically, because statewide data suggest that African American women are disproportionately affected by intimate partner homicide in Virginia. The resulting goals, strategies, and activities that are contained within DO YOU were directly informed and shaped by the majority African American youth who were involved.

GUIDELINE 7



Tailored to a Specific Audience, Community, or Group

- Primary prevention strategies resonate best when they are developed for and with the intended audience.
- Effective primary prevention strategies are developmentally appropriate, culturally relevant, and trauma-informed. Strategies will look different depending on the community and their experiences.
- Prevention staff should ensure that prevention strategies are consistent with the shared values, identities, and practices of a community in an effort to increase impact.

EXAMPLE

SV/DV prevention staff have collected community data that suggests high risk for sexual violence perpetration exists among male athletes in a predominantly African American high school. Prevention staff create an Advisory Board of directly impacted high school athletes and hold focus groups with the target audience to learn more and to develop informed and effective primary prevention strategies. The Advisory Board and prevention staff focus on developmental (e.g., social acceptance) and cultural factors (e.g., reliance on hyper-masculinity and the impacts of historical racism) when crafting strategies, ensuring strategies will not cause harm to participants, and giving deep consideration to the historical context of community and culture.

REFLECTION

In what ways do you involve your audience in crafting prevention strategies? How are you incorporating historical and community experiences into your prevention efforts?

WANT MORE INFORMATION ABOUT GUIDELINE #7?

Visit guidelines.vsdvalliance.org for information on youth development, cultural relevance, and how to apply trauma-informed practices when creating primary prevention strategies.

GUIDELINE 8



Saturated Across the Lifespan

- Ideally, strategies to prevent SV/DV begin before birth and continue throughout one's lifetime.
- Research has shown that one-time sessions rarely, if ever, produce lasting behavioral changes that will prevent violence.^{18, 19}
- Primary prevention aims to shift behaviors and norms. This requires intensive time, sustained support, and focused attention. This cannot be accomplished in one session or by simply operating on one level of the SEM.
- Effective primary prevention strategies focus on data-driven key messages and build skills for individuals and communities through intentional, connected, and continuous programming starting very early in life, or even before birth (e.g., targeting expecting parents), and well through adulthood.

REFLECTION

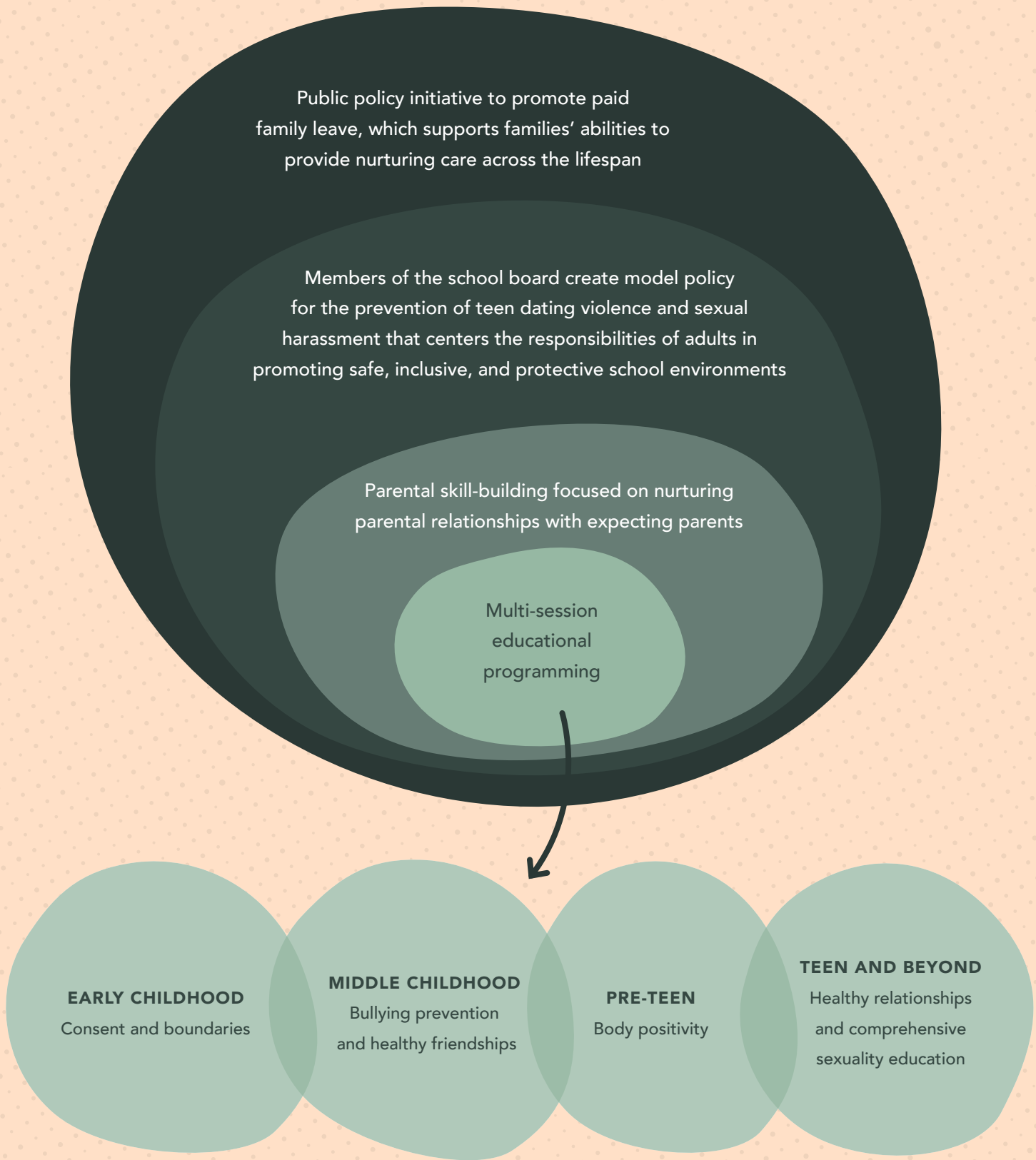
Are there opportunities to expand prevention strategies to engage individuals and communities across multiple developmental milestones?

¹⁸ Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A technical package to prevent sexual violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

¹⁹ DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence prevention. *Aggression and Violent Behavior*, 19, 346-362. doi:10.1016/j.avb.2014.05.004

WANT MORE INFORMATION ABOUT GUIDELINE #8?

Visit guidelines.vsdvalliance.org for tools to develop prevention strategies that reach multiple developmental milestones.



GUIDELINE 9

Delivered Creatively and in a Variety of Settings

- Effective strategies utilize creative settings (e.g., sports, arts, gaming, nature, etc.) to deliver primary prevention messages that will sustain engagement from different people and communities.
- Prevention staff employ different methods to deliver messages and to engage the audience. A wide variety of techniques are used to appeal to different learning styles, including activities, experiences, creative arts, media, and robust dialogue.

REFLECTION

Is your audience engaged? Is there enough variety in your prevention strategies for all types of learners?

WANT MORE INFORMATION ABOUT GUIDELINE #9?
Visit guidelines.vsdvalliance.org for examples of prevention strategies that take place in a variety of settings.

GARDNER'S THEORY OF MULTIPLE INTELLIGENCES



VISUAL-SPATIAL



LINGUISTIC-VERBAL



INTERPERSONAL



INTRAPERSONAL



LOGICAL-MATHEMATICAL



MUSICAL



BODILY-KINESTHETIC



NATURALISTIC

EXAMPLE

A local shelter-based SV/DV program engages children and adults to participate in a "gardening camp." This camp, hosted by local master gardeners, helps children from the shelter and the county build skills related to teamwork, healthy communication, boundaries, and self-confidence. The master gardeners also mentor shelter residents while teaching them botany, sustainability, and nutrition. The program hosts monthly community meals to raise money and improve community connectedness. Staff, residents, and community members create a community mobilization campaign to address food insecurity, sustainable fresh produce, and the impact of climate change on the local community. In this example, the program has elements of both primary prevention (building healthy communication skills and boundaries, monthly community meals to improve community connectedness) and tertiary prevention (working with shelter residents who have already experienced violence).



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