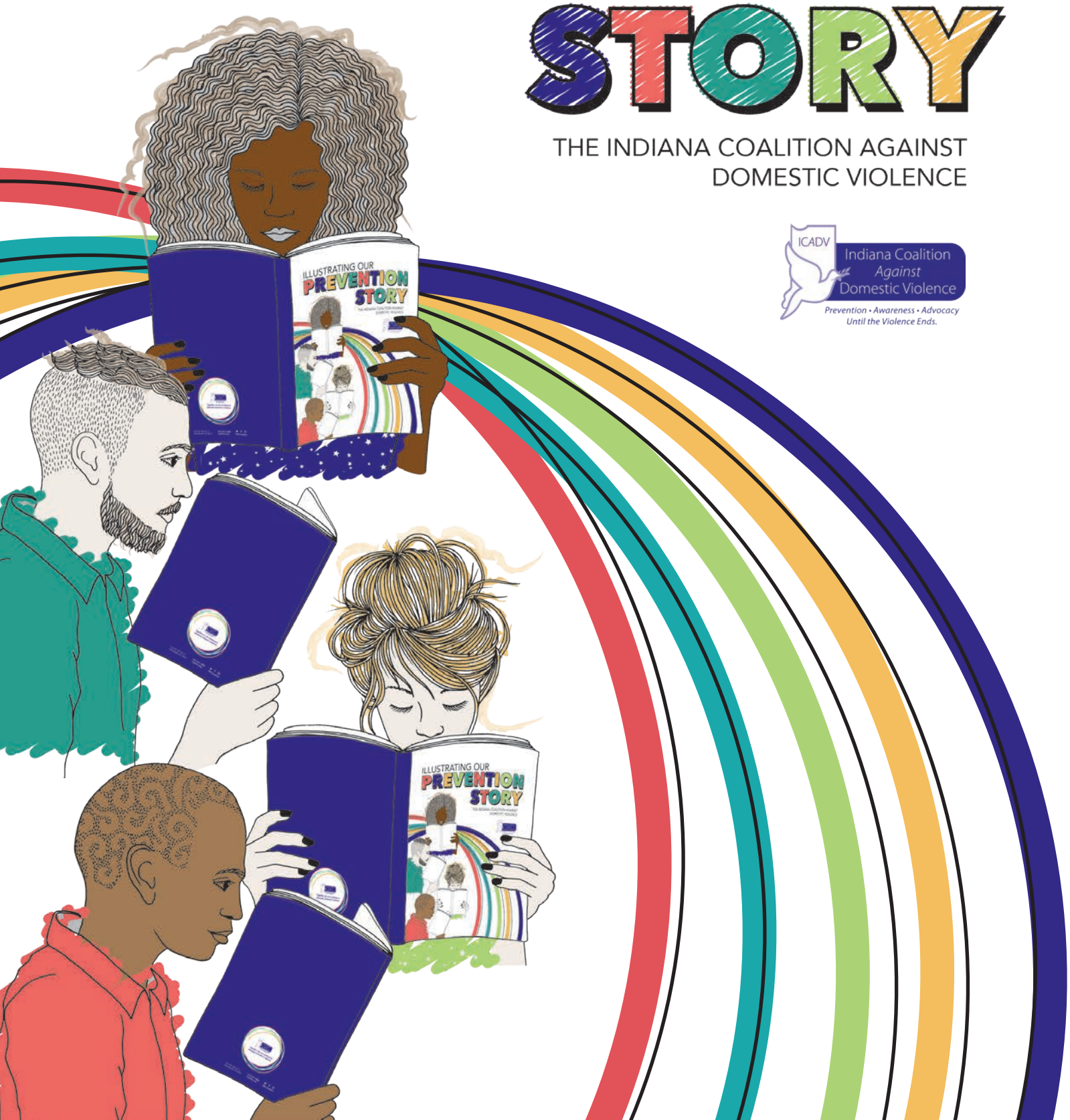
ILLUSTRATING OUR PREVENTION STORY

THE INDIANA COALITION AGAINST DOMESTIC VIOLENCE

ICADV
Indiana Coalition Against Domestic Violence
Prevention • Awareness • Advocacy
Until the Violence Ends.



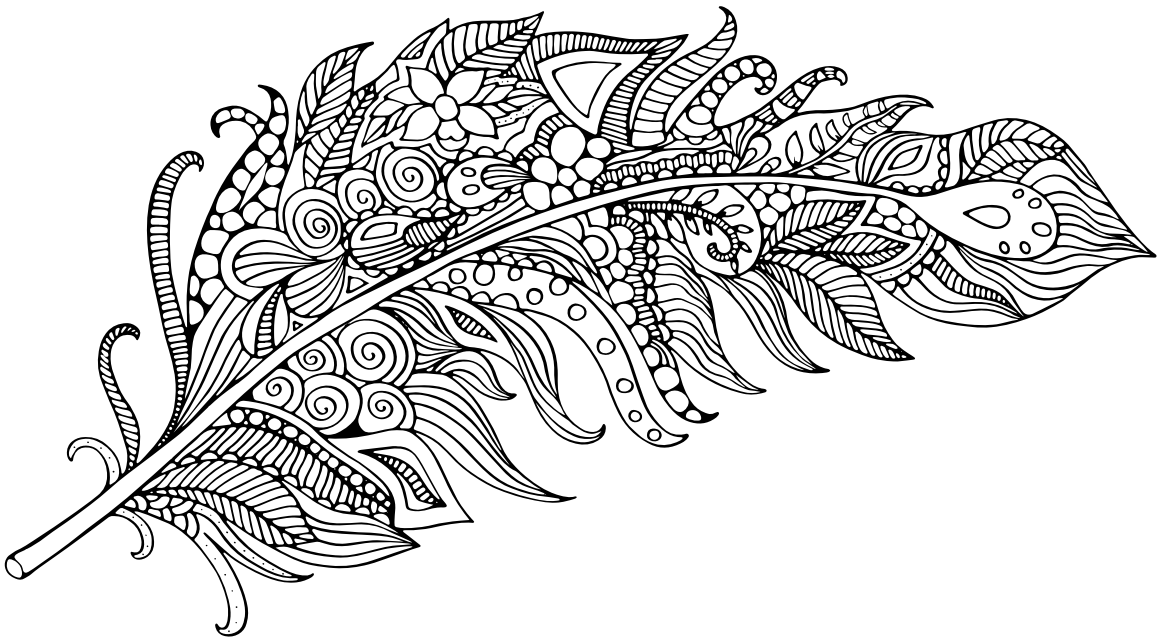


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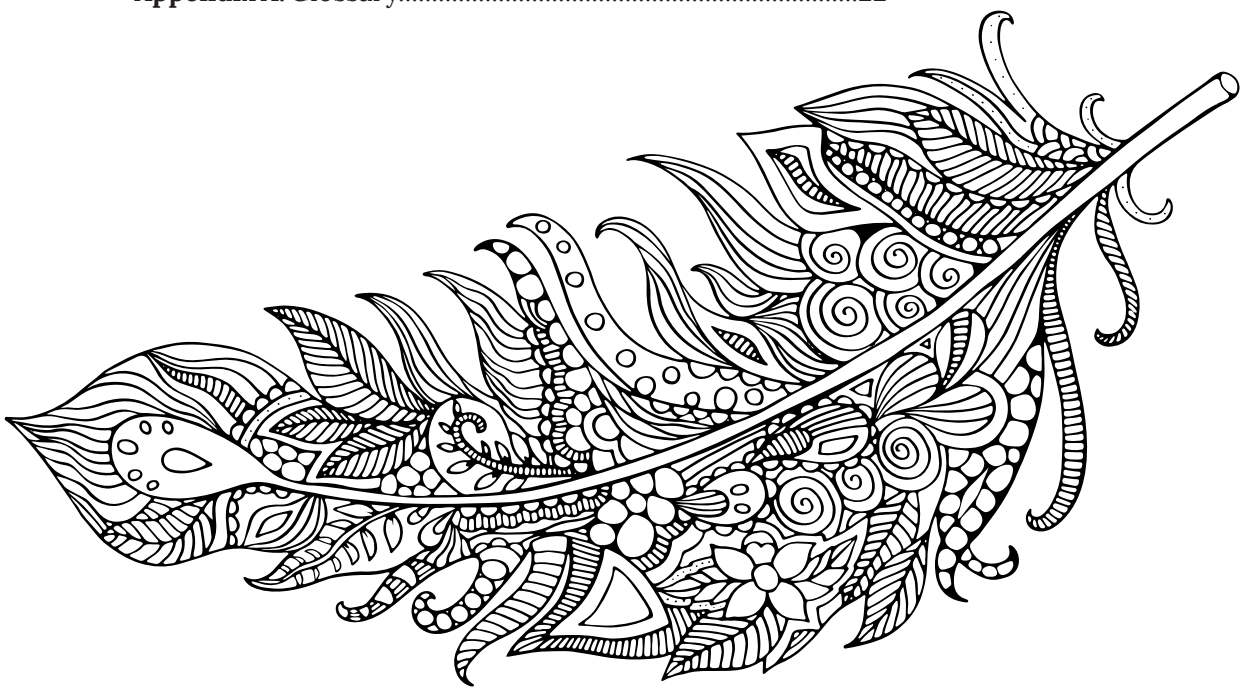
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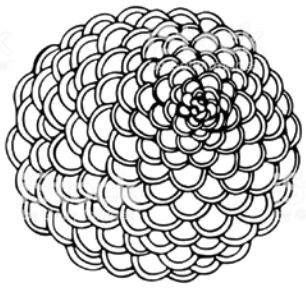
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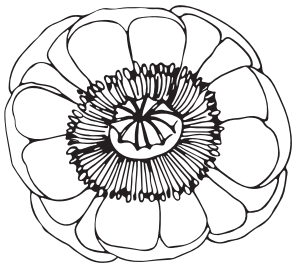
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REVIEWER ACKNOWLEDGEMENTS



The work of preventing violence takes all of us. It takes people who share our philosophy and those who push us out of our comfort zones towards better, more courageous and just action to create social change. You have helped us to think and re-think primary prevention. You have shared your work, time, energy and resources to support this, our storybook, and the vision of a world free from violence where all of us are safe, stable and nurtured. Thank you for nurturing us.

Deena Fulton, MPH, Prevention Coordinator, North Carolina Coalition Against Domestic Violence

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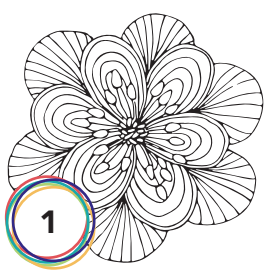
Stephanie Solomon, Prevention Coordinator, Youth Services Bureau of Monroe County; Building a Thriving Compassionate Community (BTCC) Team Member

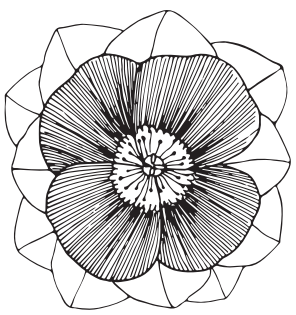
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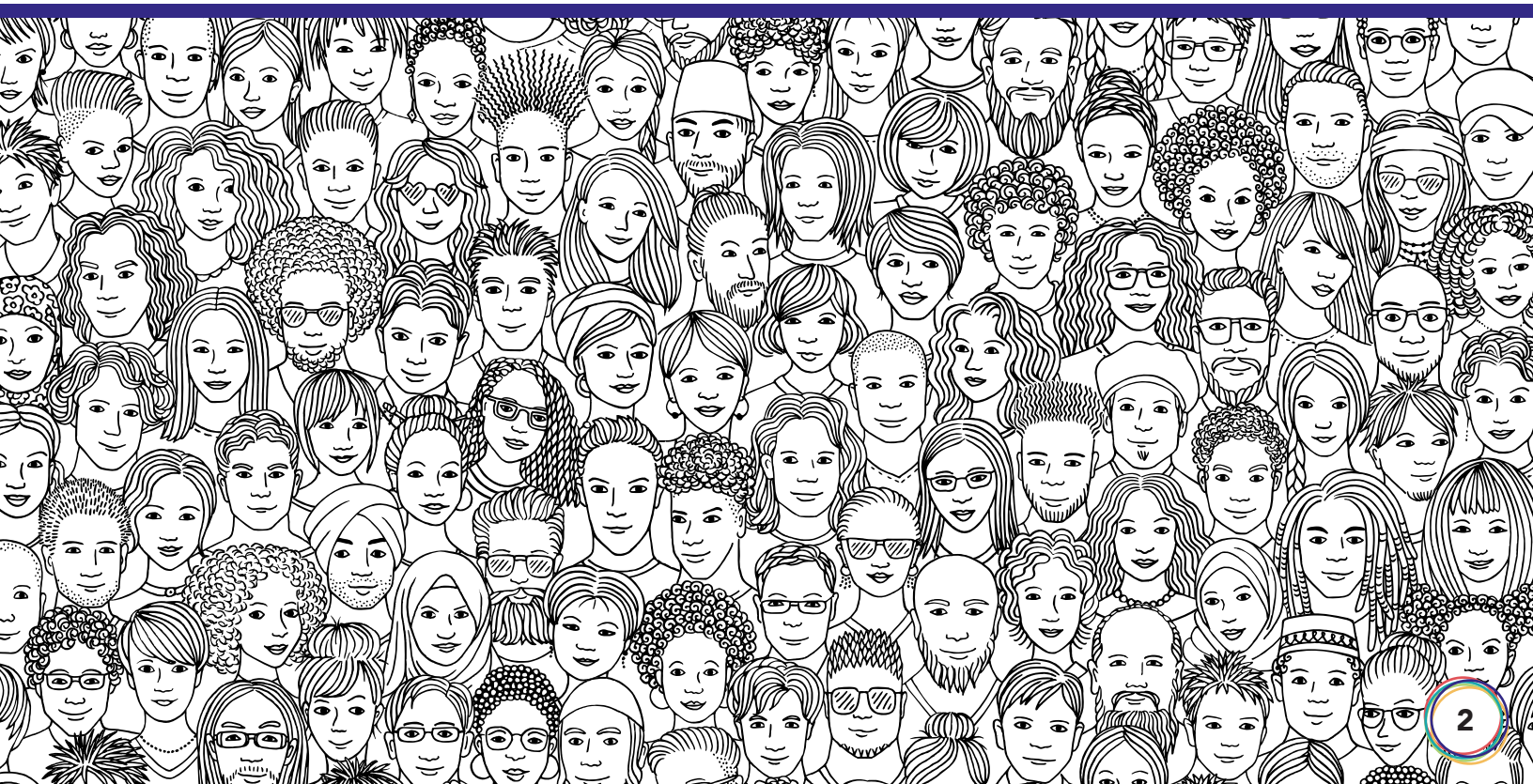






The Indiana Coalition Against Domestic Violence has served and advocated on behalf of survivors of domestic and sexual violence for over 40 years. With this history, we recognize the prevalence of the problem and also the scope of harms that violence causes for individuals, families and communities. But when we think of all of our opportunities to prevent violence, we are exhilarated by the possibilities. We get to work within a community of passionate, skilled ***preventionists*** across Indiana, we recognize the wisdom of our local communities and we believe in our collective ability to exponentially increase our reach and impact through multi-sector collaborations. With this publication we seek to describe our understanding of prevention strategy and to share a sample of our efforts to increase protections in order to prevent violence. This is our prevention story, and we'd love to hear yours.

Sincerely,
The Prevention Team
ICADV



OUR VISION:

The Indiana Coalition Against Domestic Violence pursues a vision where all people engage in healthy relationships characterized by the mutual sharing of resources, responsibilities and affection; where youth are nurtured with those expectations; and where all people are supported within a society committed to equality in relationships and equity in opportunity as fundamental human rights.



CREATING PROTECTIVE CONDITIONS

With our prevention strategies, we start from the idea that what surrounds us, shapes us. We know from the public health field that our life experiences and the behaviors we see modeled around us typically have a stronger influence on our behavior than the facts and information we have about a particular issue.

This means we can't solve the problem of violence just by educating people about abusive behaviors and telling them not to engage in them—because behavior is not driven by facts alone. To be effective, we have to address the cultural conditions that make it easy to exercise power over others, and also the motivations that increase the likelihood that some of us will make that choice.

This doesn't mean we shouldn't hold individuals accountable for the harms they cause; it just means that, in the long-run, we will be most effective at preventing violence when we change the cultural context that enables it. Essentially, *we work to make respectful relationship behavior the easy and expected choice in our communities.*



DEFINING THE PROBLEM

To solve the problem of violence, we believe that we have to start by really understanding what's going on with that problem. We know it's complicated—that lots of factors influence our relationship behaviors—but here's our basic thinking about the cultural conditions that enable the prevalence of multiple forms of violence in our communities.



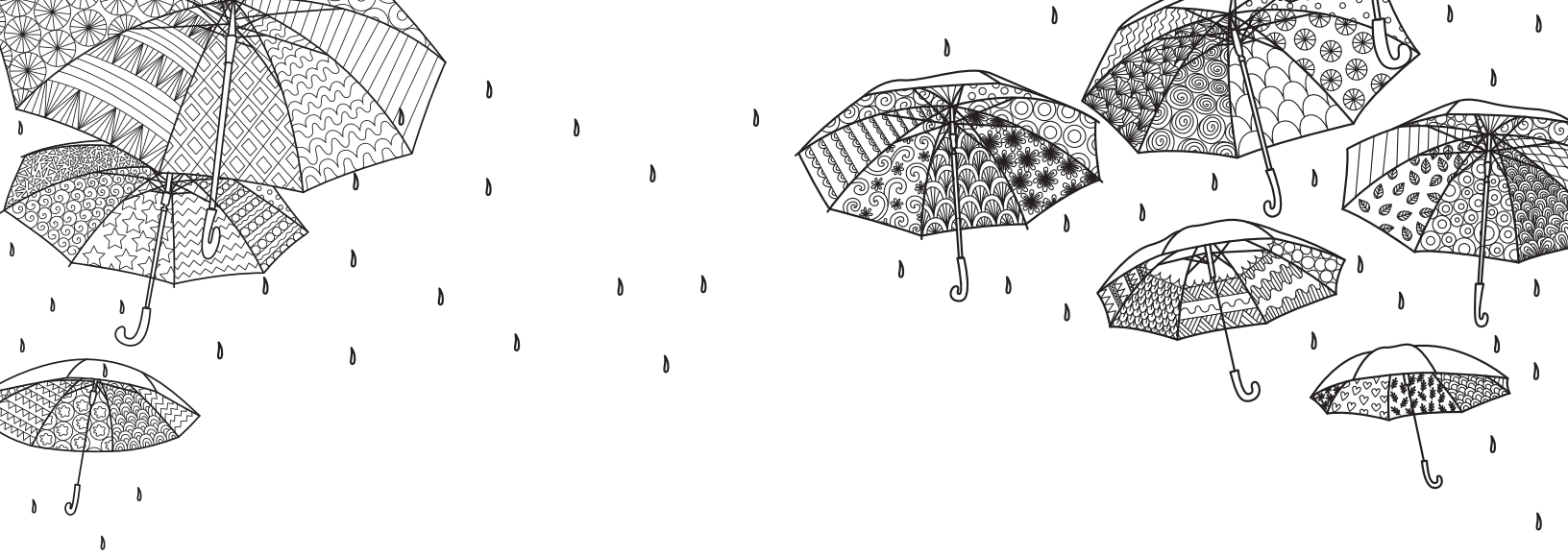
We believe that multiple forms of abuse are prevalent in our communities because factors in peoples' lives push and pull them to want to use violence (motivation) and because cultural tolerance for many forms of abuse make them feel like they can (permission).

PART 1: PERMISSION

Daily headlines remind us that multiple forms of violence are alarmingly prevalent in our lives. Violence is so common and normalized in our experience that we often ignore it unless it rises to the level of significant physical injury.

We believe that acts of abuse are common across communities because cultural norms create tolerance for those behaviors. The Prevention Institute and Prevent Connect have identified key social norms that support the prevalence of domestic and sexual violence; these include our love of ***power***, tolerance of many forms of ***violence***, rigid ***gender*** expectations and shielding ***privacy*** norms.[1]

With these norms, exercising power over those with less power in our relationships is a choice that is available to most of us, most of the time. Cultural standards about how we value people based on their ***perceived identities***—race, gender identity or expression, ethnicity, sexual or romantic orientation, age, or abilities, among others—gives some people more permission (through a combination of greater social tolerance and lesser legal accountability) to exercise power in abusive ways than others.



PART 2: MOTIVATION

Though we know intimate partner violence can and does happen across all groups of people, we believe that differences in exposures, experiences and opportunities result in different motivations for the use of abuse.

In a culture that often equates success with financial and material gain, we believe that those of us with experiences of significant disadvantage may feel motivated to exercise power over those in our relationships to compensate for feeling disempowered, devalued or disrespected. More fundamentally, those of us who are growing and living in settings that are unsafe may adopt an aggressive posture to try to increase our safety as we navigate dangerous circumstances. We believe that, for some of us, abusive behavior is the armor we develop in order to try to feel safer and more successful.

On the other end of the spectrum, we believe that those of us with life experiences of unearned privilege—usually because of our race, gender, abilities and other identities—may choose to exercise power over others in our relationships in order to reinforce that privilege. Examples of this include sexual harassment and violence perpetrated by people in leadership positions, hazing within social organizations and white supremacist threats and acts of violence perpetrated against people with identities that have been marginalized. We see these motivations playing out among individuals, but we also see the broader influence of histories of trauma and oppression for some communities and histories of privilege for others.

We believe that unfair ***inequities*** between groups of people in our culture—both through identity-based disadvantage and unearned privilege—fuel multiple forms of violence.

As previously mentioned, we believe that solving the problem of violence has to begin with understanding the problem. We don't describe the conditions of cultural permission and motivation to excuse abusive behavior, but because understanding the context of violence guides us towards the most impactful prevention solutions. With our prevention strategies we seek to reduce permission and motivation by introducing alternative norms that support respectful relationships and also by working to increase equity across identities to reduce the distance between the poles of disadvantaged and privileged status in our culture. We will tell stories of these strategies throughout the rest of this prevention storybook.

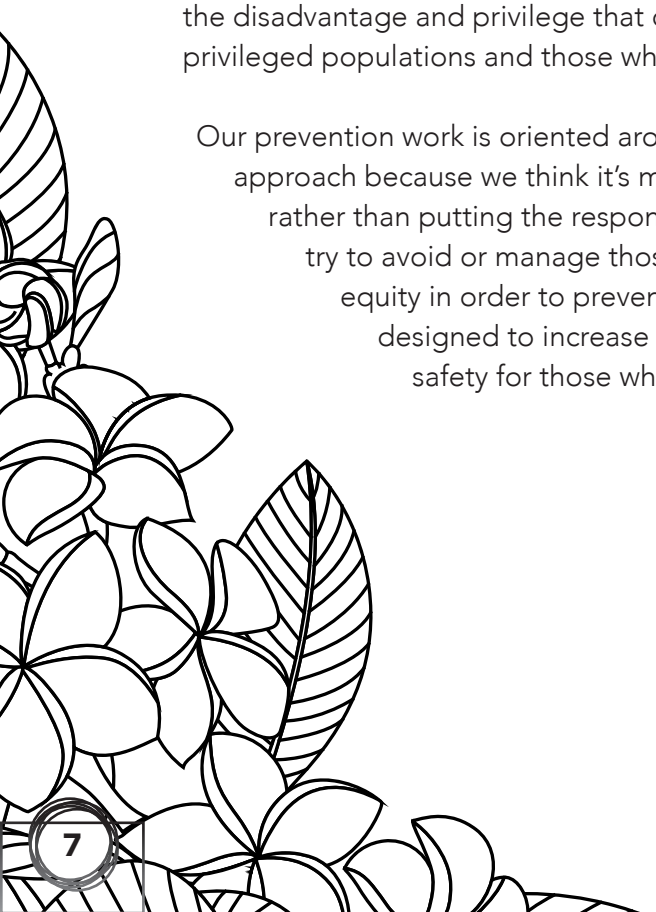
CENTERING IN SOLUTIONS: EQUITY

Because our understanding of the problem of violence is centered in inequity between people, our solutions must focus on ensuring that each of us get what we need to feel safe, supported and accountable. Accomplishing this requires us to make intentional decisions about the investment of community resources to ensure that the benefits of protections (things like great schools, housing, transportation and recreation) and the burdens of risks (including zoning decisions about business, industry and housing) are fairly shared by all members of our communities.[2]

To create equitable communities, we focus on promoting inclusive leadership and decision-making processes, equitably investing community resources and redressing discriminatory policies (things like redlining and other exclusionary policies) that have limited opportunities for some community members.

By working to increase equity in opportunity and safety across our identities, we address the disadvantage and privilege that drive abuse by reducing the distance between privileged populations and those who have been marginalized.

Our prevention work is oriented around preventing perpetration. We choose this approach because we think it's most effective and most fair to stop abusive behavior, rather than putting the responsibility on those who are vulnerable to victimization to try to avoid or manage those dangers. Though our strategy focuses on increasing equity in order to prevent perpetration, we also believe that strategies designed to increase equity in protections and opportunity also increase safety for those who are vulnerable to violence.



TRANSFORMING POWER

Creating equitable community conditions requires changing the ways power is used—in culture, as well as in relationships. To support all of us in having relationships that are both equitable and non-violent, we believe that we have to move from a model that supports the use of power over others to one that celebrates shared, collaborative and collective power.

In relationships this includes things like sharing power through decision making, resources and responsibilities. At the community level, sharing power requires us to work to eliminate racism, sexism, ableism and the other discriminatory norms and practices that limit the participation of community members who have been marginalized.

With each of our prevention strategies, we ask:

- **How is power operating here?**
- **Does our prevention strategy center in equity by sharing power, voice and resources?**
- **Are we leaving anyone out?**

Because we believe that increasing equity is fundamental to our prevention work, to be effective, we must hold ourselves accountable to these questions. With that thinking, we don't pursue strategies that don't fundamentally seek to increase equity by changing our orientation to power.

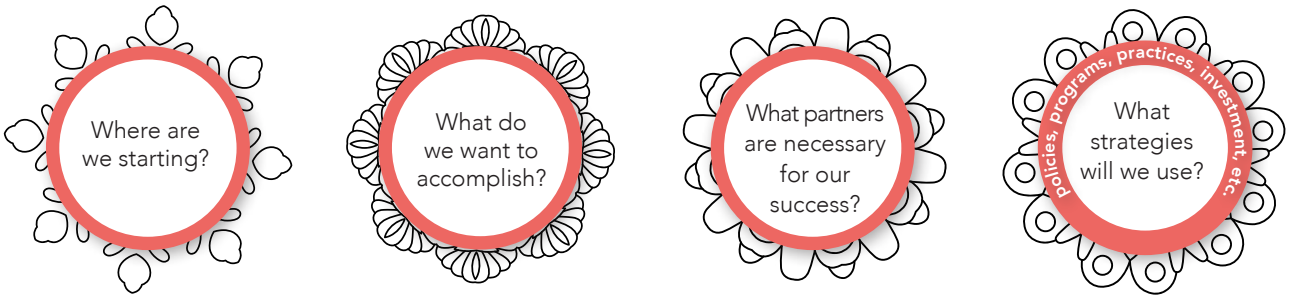
CHOOSING STRATEGY

The work to promote respectful community environments that deter multiple forms of violence creates lots of opportunities to address both permission and motivations for abusive behavior. While we have unlimited passion for this work, we are often limited in the resources needed to pursue it. Therefore, we try to make careful decisions about the prevention strategies we choose to take on, in order to maximize our impact. We do this by consistently evaluating where we are, having a clear vision for where we're going and making the necessary adjustments so we can stay on track to reach our prevention goals.

Understanding the context of a community is a critical first step to prevention planning. Community Needs Assessments give us the opportunity to better understand what matters to neighbors and to have a baseline measure of where we stand on those areas of concern. ICADV developed a Community Needs Assessment Toolbox that provides resources for a variety of assessment methods that can be used to get more information about our community's priorities, needs and strengths (check it out: icadv5.wixsite.com/icadv-cna-toolbox).

Once a community knows where it's starting, it can work to identify where it wants to go. ICADV's Prevention Toybox game, *Let's Go to the Beach* (here's a link to an electronic version of our toybox: icadvinc.org/program-resources), guides preventionists through the critical concept of determining the outcomes we would like to achieve prior to choosing strategy. If we don't know where we're going, how will we know how to get there? Once we have a destination (a goal) in mind, we can determine the best way forward.

Success in community-level change efforts usually requires the participation of multiple partners and sectors. As we build our strategy, it's necessary to consider those who could support our success—community leaders and advocacy groups, service organizations, businesses, schools and local government are just a few to consider.[3]

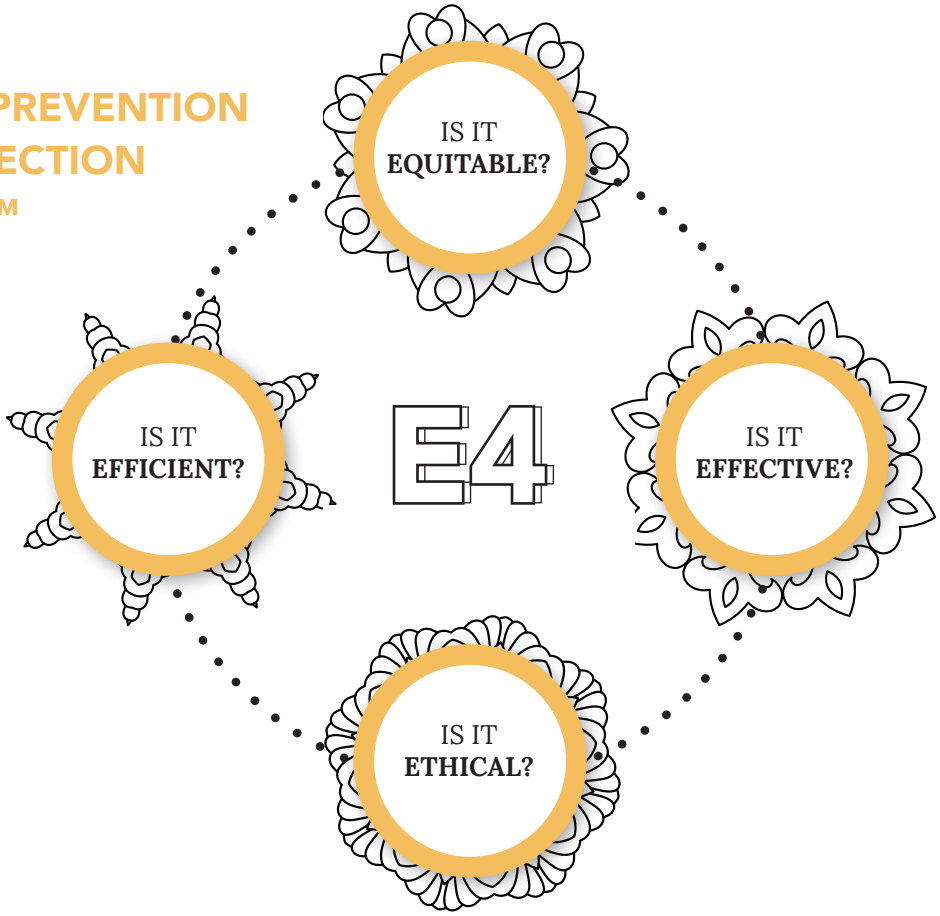


HOW WE DO IT: THE E4 FRAMEWORK

Our commitment to preventing violence requires us to be disciplined and strategic in the actions we take. Community needs and strengths assessments generally point us towards a range of prevention possibilities; these choices can feel very exciting, but also a little overwhelming. ICADV developed the E4 Framework as a decision tree to help us make decisions about the most impactful prevention strategies for moving us toward our vision of safe and equitable relationships.

This is the framework we use.

E4 VIOLENCE PREVENTION STRATEGY SELECTION FRAMEWORK™



IS IT EQUITABLE? *Does this strategy center the leadership, needs, interests and strengths of traditionally marginalized populations?* Have the people most impacted by the problem had the lead in defining the problem and solutions? It is unlikely that efforts to retrofit prevention strategies developed by/for mainstream populations with the hope of expanding the reach or relevance to communities that have been marginalized will be effective. When the benefits/protections of prevention strategies fail to support communities that have been marginalized we contribute to the inequities in health and safety between advantaged and disadvantaged populations.

IS IT EFFECTIVE? Has the community helped to define the problem so that we know what types of solutions make sense? When choosing a strategy, *what evidence makes us believe this strategy will work?* Research and practice-based and community-based knowledge are each valid forms of evidence in making this determination.

IS IT ETHICAL? *Does this strategy seek to reduce or eliminate risk factors in the community, or does it require vulnerable individuals to navigate those risks?* Rather than relying on vulnerable populations to change their behavior to try to safely navigate risks, we believe that it is the responsibility of the broader community to work to reduce those risks in order to make respectful behavior the easy and expected choice for all of us. This **does not** mean that members of traditionally marginalized communities shouldn't lead these efforts; rather, privileged individuals, programs and systems should work in collaboration with diverse leaders to reduce risks and to ensure opportunities to safely thrive are available for all community members.

IS IT EFFICIENT? *Does this strategy have the potential to impact broad populations and/or multiple social problems?* With consideration of our limited resources and the overlap in risk and protective factors between multiple social problems, it is in our strategic interest to maximize our impact by working at the intersections.

OUR PREVENTION STRATEGIES:

SAFE, STABLE AND NURTURING RELATIONSHIPS & ENVIRONMENTS

In the *Essentials for Childhood* publications, the Centers for Disease Control and Prevention describe safe, stable and nurturing relationships and environments as a promising strategy for preventing child abuse and neglect. In our work we see the conditions of safety, stability and nurturance as a nexus of protective factors with the potential to prevent multiple forms of violence—including domestic and sexual violence.

We believe that when people live and grow in settings that are free from physical and psychological danger, where stable conditions allow them to work, learn and explore, and where policies and systems support strong connections within families and communities, there will be little motivation for abusive behaviors among individuals and normative intolerance for abuse within communities.

ICADV pursues opportunities to increase safety, stability and nurturance across our prevention efforts, because we believe that these generative conditions are an efficient strategy for maximizing each of our human potential while also preventing multiple forms of violence across the lifespan.

By creating community conditions where all of us get what we need to feel supported and connected, we are addressing both the motivations and permission for abusive behavior. Where we ensure that everyone's needs are met, we reduce motivations for abuse that grow out of experiences of disadvantage. By fostering connectedness, we reduce cultural permission for abuse by supporting the transmission of respectful relationship norms and by increasing social accountability for abusive behaviors.



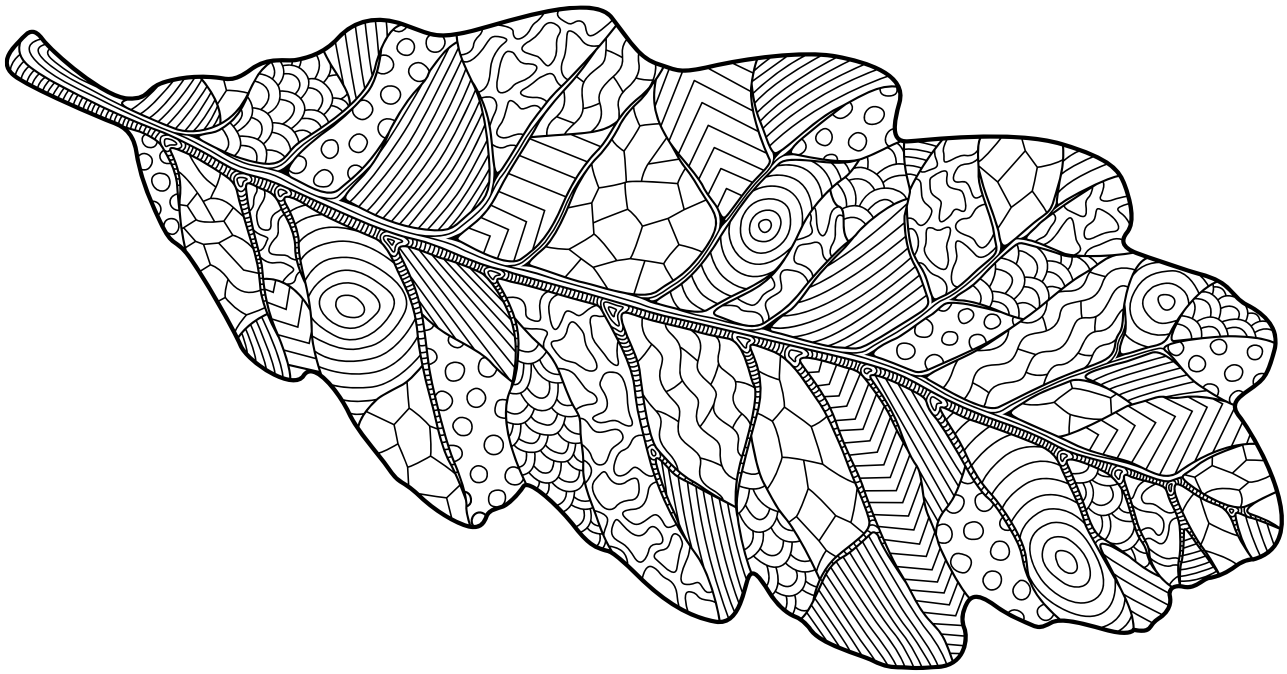
Thinking about all of the opportunities to increase safety, stability and nurturance across communities creates a vast playground of opportunities for prevention action. To narrow that field, ICADV staff and community partners asked teens engaged in youth councils across Indiana to tell us about the things they need in order to feel safe, stable and nurtured in their communities.

Top priorities identified by young people in our state included connectedness, stable living conditions, inclusive environments and opportunities for personal growth. These findings inform ICADV's prevention strategies at the state and local levels, including our public policy agenda, use of resources and the development of broad-based partnerships necessary to create these conditions. We used the youth data to develop the infographic on the following page in order to provide adults with a broad menu of opportunities for action to increase safety and support for our kids.

IS IT ETHICAL?: Lots of traditional teen dating violence prevention efforts focus on adults telling young people about the dynamics of abusive relationships and advising them about what they need to do in order to be safe. This approach doesn't score well with our "is it ethical?" E4 criteria. With our strategy, we move the power of solutions to young people by inviting them to tell adults what we need to do to create safe, stable and nurturing community conditions. Rather than putting the burden on young people to try to navigate risks, we put the primary responsibility for violence prevention on adults to create supportive community conditions that make respectful relationship behavior the easy and expected choice for all of us.

Digging Deeper—Questions for Reflection

- **Who has the power to define the problem?**
- **What information is guiding our definition of the problem, and where are we getting the information?**



OUR PREVENTION STRATEGIES:
PUBLIC POLICY

We focus on public policy in our prevention work, because policy shapes so much of what goes on around us. Policy determines where and how our public resources are invested. Policies inform our experiences and opportunities at work, at school, in the community and with our families.

For example, paid family leave policies can support strong family connections by providing employees with financially supported time away from work when they welcome a new child, when a loved one is deployed for military service or when an aging or ailing loved one needs their care. Such policies reduce financial stress and the pressure that families feel to maintain a balance between work and family life. There is protection in connection, and paid family leave policies can support families' abilities to provide nurturing care across the lifespan.

Wage Equity policies challenge identity-based discrimination in the workplace. Where we see significant inequities in earnings in Indiana by gender, race, ability and other identities, this is an urgent need. Wage equity policy can contribute to a normative standard of equality for all of us while increasing protections for those who are disproportionately impacted by violence.

IS IT EQUITABLE? Policies like these that increase protections are great prevention strategies, but their impact is compromised if they have a limited reach. Policies that only apply to full-time employees or workers in a particular sector may increase protections for some working people while leaving the most vulnerable workers behind. If we don't center our work in questions of equity, our well-intended prevention strategies can contribute to inequities. Incomplete policy measures that leave the most vulnerable members of our communities behind don't work with our E4, "is it equitable?" criteria.

Digging Deeper

- **Who is involved in the development of this policy initiative? How does it center the interests of groups that have been marginalized?**
- **Who does the policy benefit? Who is being left out or marginalized by the policy?**
- **What motivated the policy change?**

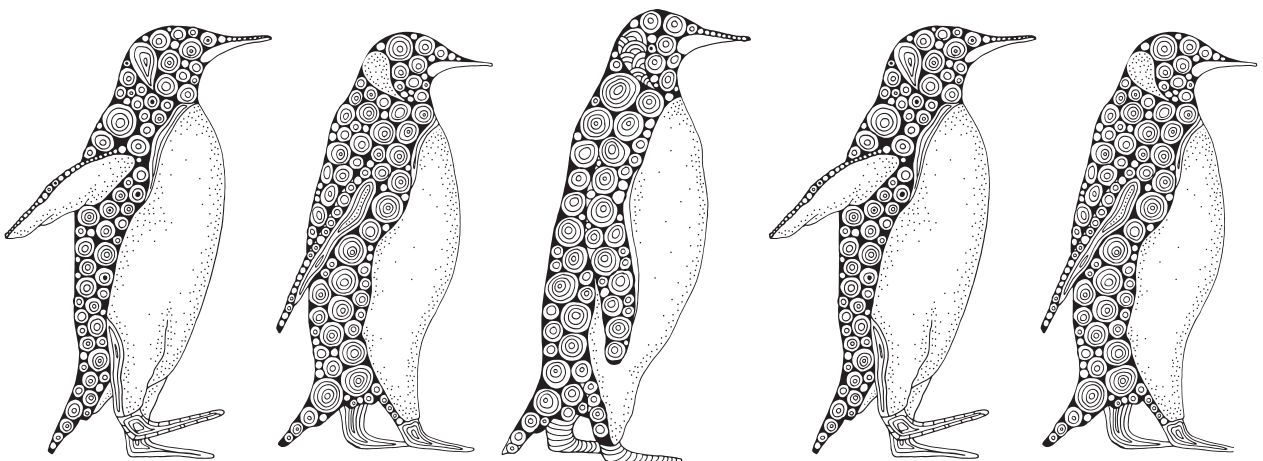
OUR PREVENTION STRATEGIES:

NORMATIVE ENVIRONMENTS — GENDER ROLES

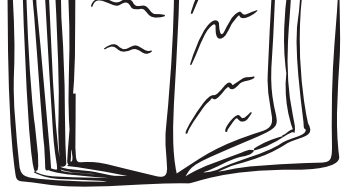
In Indiana, and nationally, women still experience significant wage and wealth gaps relative to men. One of the strongest factors contributing to this disparity is women's disproportionate responsibility for family caregiving responsibilities—including care for children, elders and loved ones with disabilities. We believe that providing care is one of the best parts of being human, and where we normalize shared responsibility for caregiving we increase opportunities for earning among women and opportunities for connected, nurturing behaviors among men.
With this approach, we have the opportunity to reduce societal risk factors for IPV, including income inequity and harmful masculinity norms.[4]

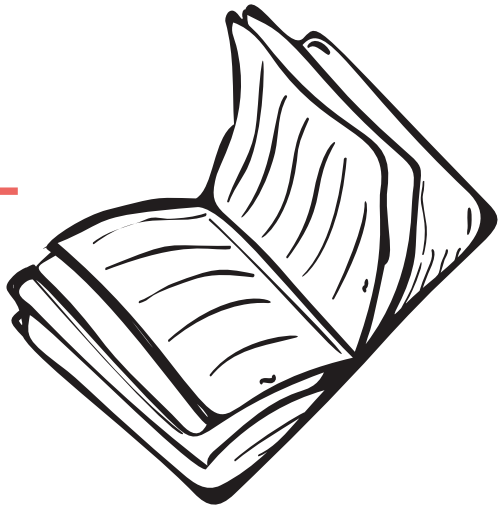
Promoting skin to skin practice between dads and their infants is a simple strategy that ICADV uses to invite men into nurturing caregiving relationships with their children. We believe that, where dads are engaged in early caregiving behaviors, a positive chain of engagement is catalyzed, including increasing dads' participation in parenting, thereby reducing maternal stress, reducing inter-parental conflicts and increasing protections for the child across the lifespan.

To truly enable caregiving among men, we must address the gender norms that create barriers to nurturing behaviors, but we must also address the policy, practice and structural barriers that reinforce the idea that caregiving is women's work. This means everything from ensuring that paid family leave policies are inclusive of dads to ensuring the presence of changing tables in all restrooms. We need to valorize caregiving and to support that value through policies that support caregiving among family members and also financial compensation for all of the professions that help to take care of us across our lifespans—nurses, teachers, social workers and caregivers.









OUR PREVENTION STRATEGIES:

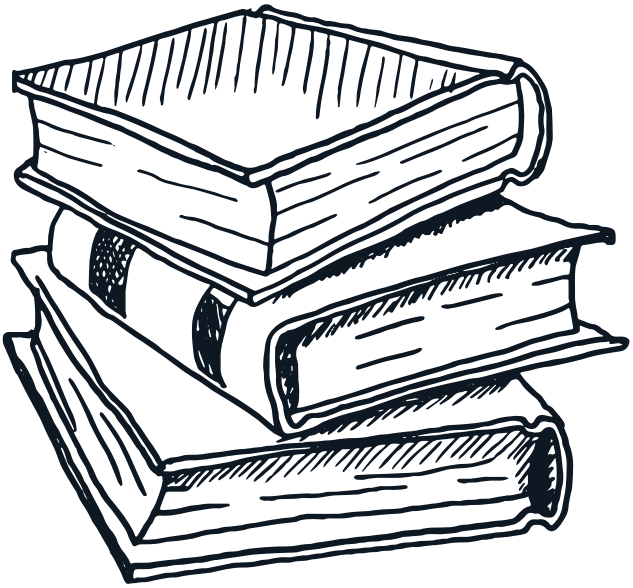
ORGANIZATIONAL POLICIES & PRACTICES

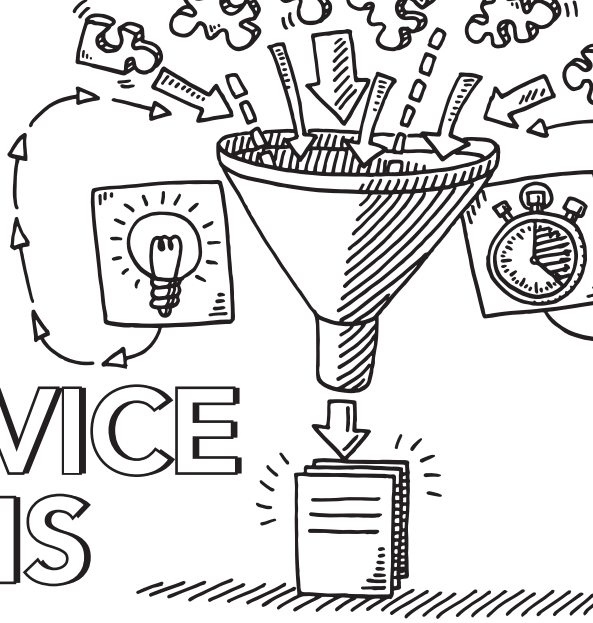
Because our kids spend so much time in schools, and prevention strategy encourages us to implement efforts with youth,[5] schools are a particularly productive area of focus for creating protective organizational environments.

ICADV worked with the Indiana Department of Education to create a model policy for the prevention of teen dating violence and sexual harassment that centers the responsibilities of adults in promoting safe, inclusive and protective school environments. This policy is supported by violence prevention curricula for middle and high school students that engage youth as leaders in efforts to increase protective factors at school. With this program, students assess their school environment, determine their priorities for improvement, lead projects designed to increase protections and report their findings to school administrators and the broader student body. The curricula create space for young people to practice relationship skills as they collaborate with adults, and one another, to foster a safe, stable and nurturing school environment for all students.

As part of our work with schools, ICADV is currently involved in a multi-year project to increase safety and protections with the Indiana School for the Deaf (ISD). Staff from the ISD have worked with ICADV to collect data from students, teachers and support staff, then to make changes to policy, practices, staffing and education in order to ensure a safe, stable and nurturing educational environment for all students.







OUR PREVENTION STRATEGIES: POLICIES AND PRACTICES — DISABILITY SERVICE ORGANIZATIONS

People who communicate without spoken or written English (i.e., deaf people, immigrants, people with cognitive and developmental disabilities) are excluded from data collection efforts due to the limitations of these methods: participation is just not an option for some individuals. Data about abuse prevalence used to define the problem of violence is collected through surveys from people who represent the mainstream population. Part of the impact of not being included in the process of defining the problem is that these populations are also excluded from the investment of resources in the solutions to end intimate partner and sexual violence. The impact of this marginalization is an increase in disparities among populations made vulnerable by such isolation and those who have the advantage of being represented.

Noticing the ways data is collected to inform our prevention actions is one way we can be intentional in the way that we use power in decision-making processes. We can increase the ethical and equitable nature of our prevention by asking ourselves: How is the data collected and from whom? How is the data being analyzed? Who is involved in the data analysis? Who decides how the data is used?

ICADV is working with Indiana Disability Justice (IDJ), a collective made up of Disabled* people, including survivors, community members, caregivers, state and local disability advocacy and services agencies, state and local violence prevention and intervention agencies, and state governmental agencies to identify sources of violence perpetration prevalence and victimization data among people with disabilities across multiple forms of violence. 100% of the IDJ leadership identify as people with disabilities, neurodivergent, or Disabled and are compensated for their leadership and decision-making roles.

Without centering people with disabilities in leadership and representation we run the risk of increasing disparities between populations, despite our best intentions, if those who are most impacted by the problem are not intentionally included. All people with disabilities deserve safe, stable, nurturing relationships and environments. Finding the appropriate action steps for state government, key state advocacy organizations, community agencies, families and people with disabilities is essential to combat the epidemic of systemic-level abuse rates among people made vulnerable through systematic exclusion.

*Note on language use: We use the phrases "people with disabilities" and "Disabled people" to honor the multiple ways people identify themselves. Some people prefer to use identity-first language, "I am a Disabled person," to centralize and destigmatize their experience and identity as disabled. However, there are also people who prefer to use person-first language, "I am a person with a disability," to emphasize their humanity above other identities. Both phrases are used in this document to support the diverse ways that Disabled people and people with disabilities choose to identify.

OUR PREVENTION STRATEGIES:

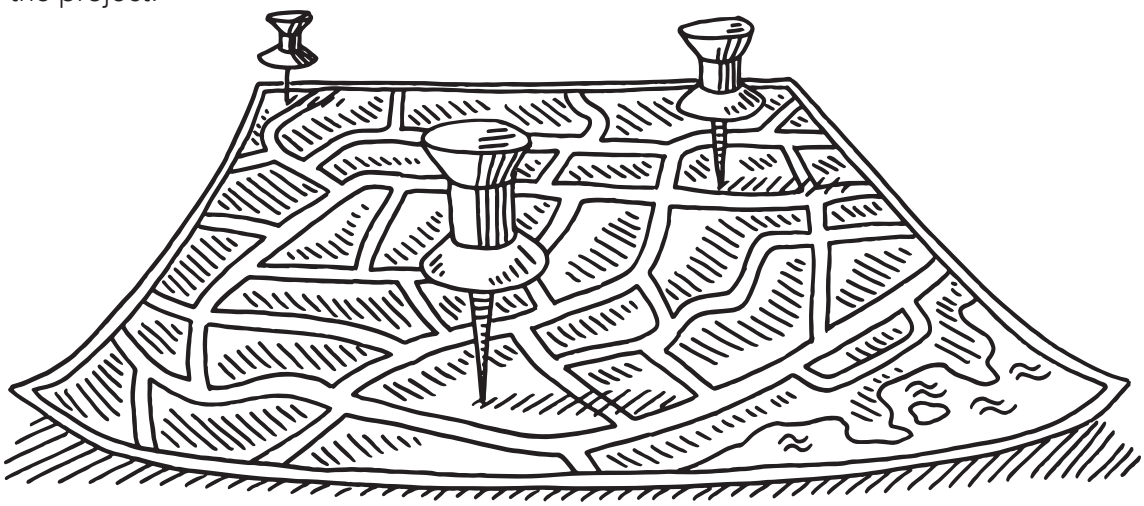
MAPPING A COMMUNITY FOR PHYSICAL AND SOCIAL BARRIERS TO INCLUSION FOR PEOPLE WITH DISABILITIES

Community support and connectedness are protective factors against multiple forms of violence across the lifespan. While there is not a great deal of literature published about how this protective factor manifests in communities, there is strong evidence that social inclusion through community support and connectedness has the potential to increase safe, stable, nurturing environments and relationships around everyone. The solution to decreasing risk for perpetration and victimization of sexual violence is increasing connections across all aspects of human life.

Adults with cognitive and developmental disabilities, along with eleven cross-sector partners, engaged in participatory social mapping to assess barriers to inclusion in neighborhoods, public spaces and businesses. The data about barriers to inclusion, gathered in teams led by Disabled people, were prioritized for solutions advocacy and implementation.

Lack of transportation is a primary source of isolation for people with disabilities, neurodivergent and Disabled people across Indiana and was identified as a primary barrier to inclusion during the mapping of Bloomington public spaces. Cross-sector project partners, together with people with disabilities, created the Monroe County Council on Accessibility and Mobility to advocate for safety on bus routes and for changing the bus routes to increase access to people in need; the group is still active and advocating for change. The connectedness of sidewalks was also identified by stakeholders as key to the process of inclusion.

Sidewalks provide the safest means of traversing neighborhoods and city streets for all members of society. Though many people are isolated from transportation services through zoning (bus services stop at city borders), increasing the number of sidewalks means an increase in the number of ways community members and stakeholders can safely connect with doctors, supermarkets, jobs and day programs. Today, there is increased sidewalk connectivity in areas that were identified as problematic during the project.

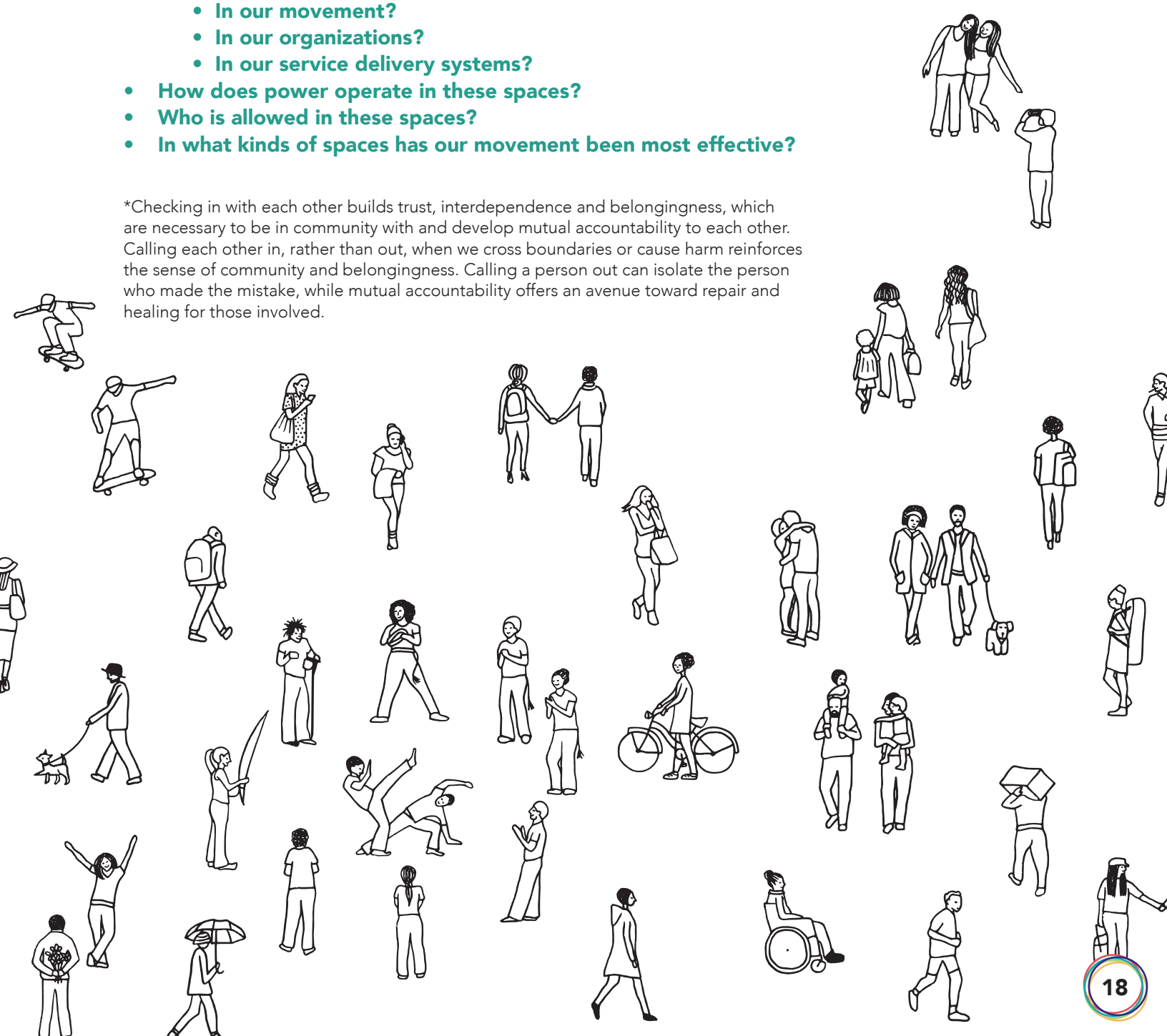


Physical infrastructure is important to increase social connections; so too are people. Social connections offer the opportunity for people to "check in" with others in their lives and allows for those people to "call in"* to conversation any use of unacceptable behaviors and to provide support for accountability and community building. The more social inclusion and connectedness a person experiences, the better protected that person is from silence—one of the social norms that allows sexual violence to continue. *Sidewalks to Sexual Violence Prevention: A Guide to Social Inclusion with Adults with Cognitive and Developmental Disabilities*, including accessible social and environmental network assessment protocols, is available here: indd.adobe.com/view/472df177-58e5-4b19-9542-092edeb4adf3.

Digging Deeper

- **What are the types of spaces that are closed, invited or created:**
  - **In our movement?**
  - **In our organizations?**
  - **In our service delivery systems?**
- **How does power operate in these spaces?**
- **Who is allowed in these spaces?**
- **In what kinds of spaces has our movement been most effective?**

*Checking in with each other builds trust, interdependence and belongingness, which are necessary to be in community with and develop mutual accountability to each other. Calling each other in, rather than out, when we cross boundaries or cause harm reinforces the sense of community and belongingness. Calling a person out can isolate the person who made the mistake, while mutual accountability offers an avenue toward repair and healing for those involved.



OUR PREVENTION STRATEGIES:

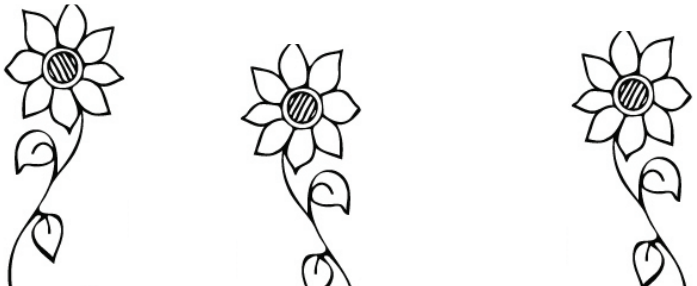
PHYSICAL ENVIRONMENT — BARNES PARK

Thriving community environments can promote community health and deter violence.[6] Public spaces, like parks, are places where neighbors can model and observe all kinds of respectful relationship behaviors—between people in romantic relationships, and also among friends, parents and children, siblings and across generations. The connections fostered in these community spaces facilitate the exchange of social support and also accountability. Thriving neighborhoods support community pride and engagement, potentially reducing feelings of alienation and disempowerment among neighbors.



The effort to rehabilitate Barnes Park, led by the community domestic violence program Hands of Hope, a division of Family Service Society, Inc. in Grant County, Indiana, is a great example of the influence that safe and engaging green spaces can have on our relationships. With a small infusion of DELTA FOCUS funding from the Centers for Disease Control and Prevention (CDC), combined with the in-kind donation of materials and hundreds of hours of volunteer support, community members completely rehabilitated a previously neglected neighborhood park. Improvements included new landscaping, the addition of seating areas, the development of a recreational path, rehabilitation of existing playground equipment and the addition of new, accessible equipment, the installation of a little library and also of new grills.

Prior to this initiative, neighbors described the park as an eyesore—a dangerous place to be avoided. With the rehabilitation, neighbors have reported increased utilization, feelings of neighborhood pride and willingness to engage in pro-social behaviors to support the community. Barnes Park is a well-maintained environment that supports the participation of neighbors diverse in age, interests and abilities.



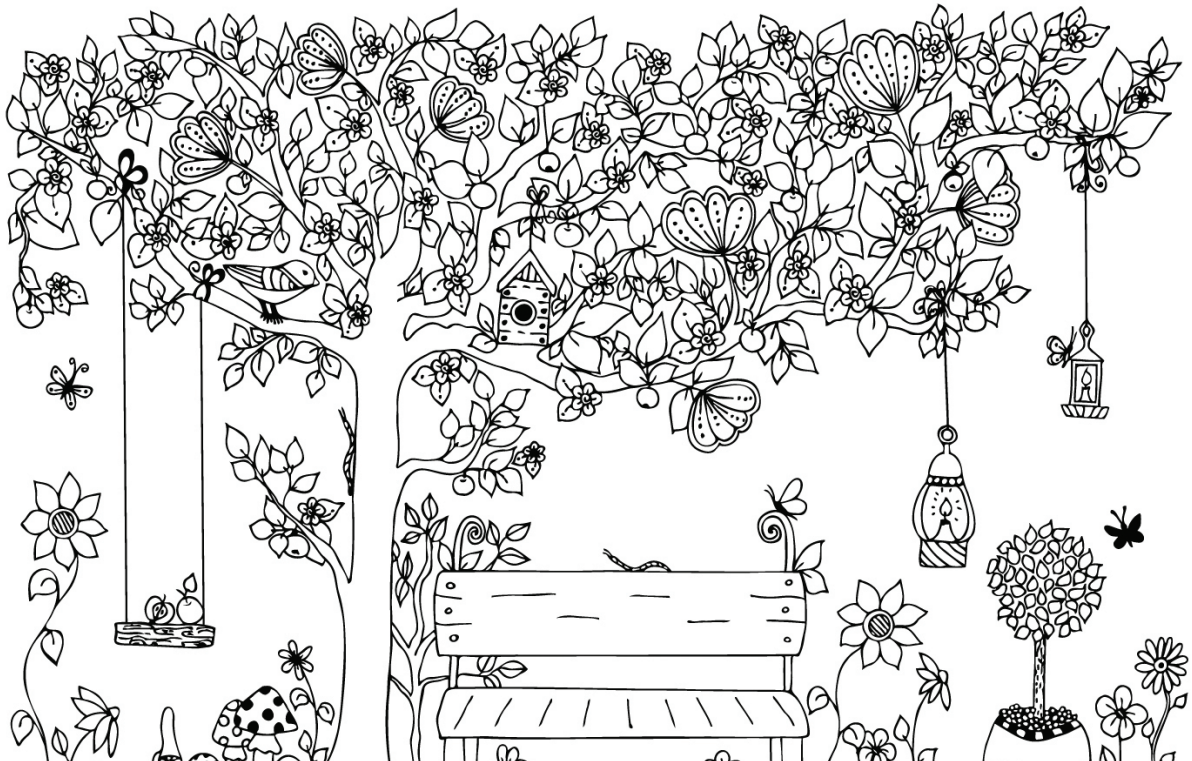
HOW DOES THE BARNES PARK STRATEGY SCORE ACCORDING TO E4?

- **Is it equitable?** Yes, this investment of funds and energy was located in one of the lowest income neighborhoods in the community. By investing in this park, the community increased protections for these neighbors to reduce the distance between their experiences and those of community members in more affluent neighborhoods.

- **Is it effective?** Yes, we have both community and research-based support for this strategy. In the CDC's technical package of best evidence for preventing intimate partner violence, promoting protective environments by modifying the physical and social environments of neighborhoods is identified as a strategy for modifying risk factors related to intimate partner violence,[7] and members of the local neighborhood identified the neglected park as a priority concern for the community.

- **Is it ethical?** Yes, in rehabilitating the community park, the neighbors sought to modify the physical and social environment to eliminate risks (physical decay and social disorganization) and to promote protections (social connectedness and efficacy). Collaborators took responsibility to fundamentally change the problems rather than giving neighbors advice about how they might safely navigate the problems.

- **Is it efficient?** Yes, the park rehabilitation strategy has the potential to impact multiple forms of violence and other public health problems. In addition to being identified as an effective strategy in the IPV technical package, modifying physical and social environments is also described as an effective strategy in the technical packages for preventing youth violence and sexual violence. The research makes these broader connections, but so do the neighbors. In our evaluation conversations, neighbors concluded that safe play space for their kids reduced parental stress and child abuse. They also believed that, with increased utilization of the park, drug-related crimes would be deterred. More broadly, the use of recreational space by neighbors has the potential to positively affect neighbors' physical and emotional health.

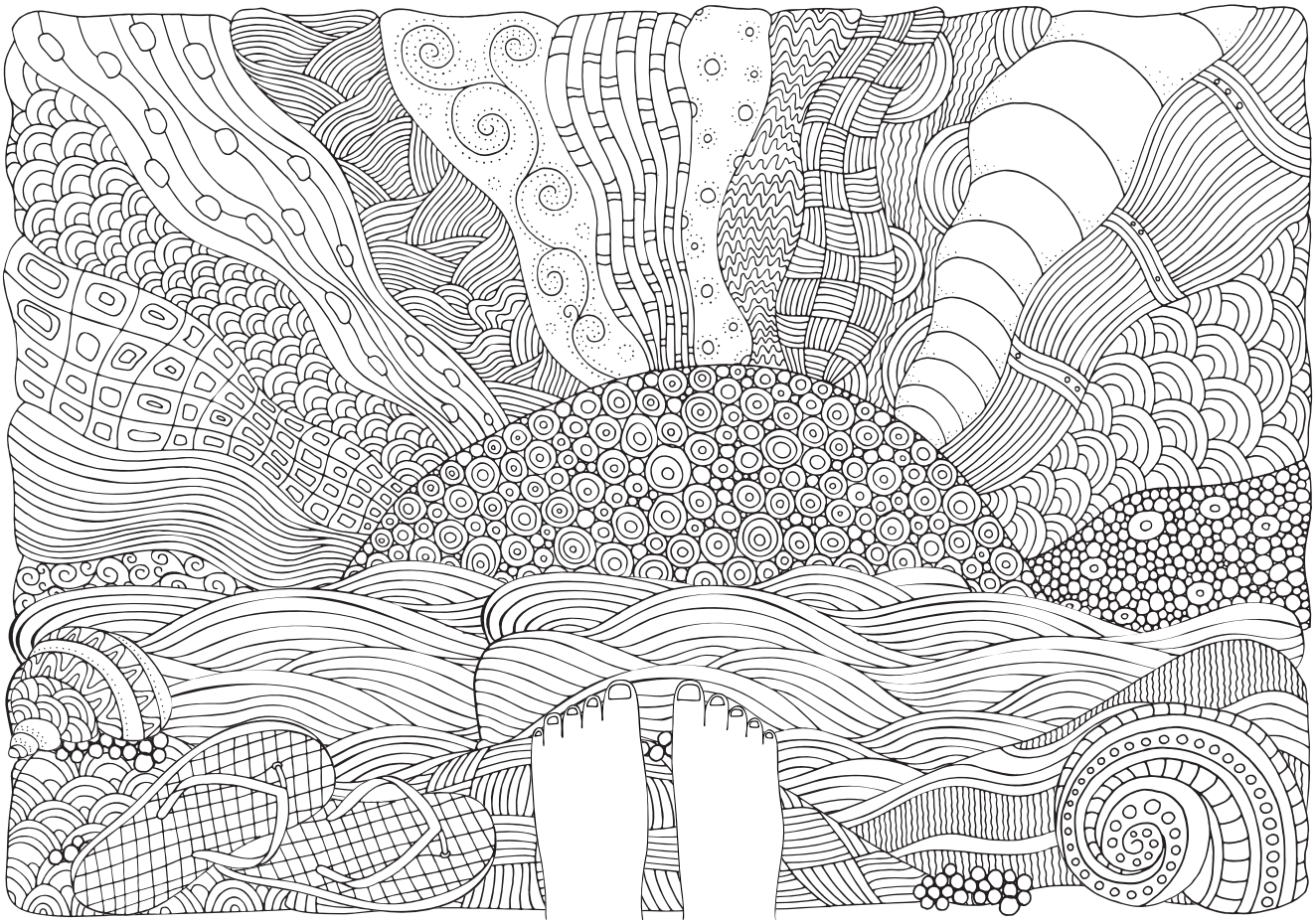


WHAT COMES NEXT

Those of us in the violence prevention field understand the deep complexity of the problem. The prevalence of violence is supported by so many factors in our cultures and communities that the necessary scope of solutions often feels overwhelming. And though we know that multiple forms of violence share common roots through shared risk and protective factors,[8] our potential for collective action is weakened by the fact that, for decades, funding structures have organized us into distinct silos. Preventionists in Indiana have separate coalitions for sexual violence and domestic violence, task forces to address bullying and youth violence, committees that focus on child abuse and suicide prevention. We recognize that this isolation across organizations is holding us back.

At ICADV, we've determined that we cannot do this work alone. With recognition of the common roots of multiple forms of violence, we have launched a collective impact initiative aimed at engaging professionals working to prevent multiple forms of violence to come together to envision what this work would look like if we did it together. We're in the early stages, and this process will take several years—but we're in it for the long haul.

At ICADV we believe violence is preventable, and we believe it takes all of us coming together to imagine the bold actions needed to prevent violence and to make those ideas a reality. We love being part of the prevention learning community and hope the ideas we've outlined here will inspire you to imagine new prevention possibilities with your communities. We would love to collaborate with you, and we would appreciate any advice you have for us!



STORYBOOK TERMS AND DEFINITIONS

An explanation of how we use these terms, with shout-outs to the authors and resources that informed our thinking

Collective impact: A process that brings people and organizations together to achieve large-scale social change by having a common agenda, shared measures, similar activities, continuous communication and a strong backbone. For reading about this collaborative practice visit the Collective Impact Forum: collectiveimpactforum.org/what-collective-impact.

Equity: Pursuing equity is a complex process that requires the distribution of resources according to individuals' needs. An equity framework considers the current conditions that communities are experiencing, but also the historical processes that created those conditions. Centering in equity requires us to shift cultural narratives that often blame people for their experiences of adversities like poverty, homelessness or addiction.

Health equity, according to the Prevention Institute, means "everyone has a fair and just opportunity to be healthier and requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." The pursuit of equity situates individuals within larger systems that unjustly distribute resources and opportunity over the course of the lifetime, where one's behavior and choices are heavily influenced by advantages or disadvantages that are outside of individual control. The Prevention Institute recommends reading this Robert Wood Johnson article for more information about health equity buildhealthyplaces.org/content/uploads/2017/05/health_equity_brief_041217.pdf.

Inclusive leadership: Similar to the phrase from the field of disability justice, inclusive leadership means "nothing about us without us." ICADV invites people who are directly impacted by the primary prevention strategy to help direct the development, implementation and evaluation of the strategy. An example of inclusive leadership in action is the ICADV Youth Council who, from 2012-2018, helped to ensure ICADV's violence prevention initiatives were responsive to what youth wanted and needed.

Inequity: Conditions that are imbalanced and unfair that disadvantage some large groups of people while advantaging others across large categories of need, such as housing, education, health care, employment, food access and food security. One example of inequity is the lack of accessible transportation options for people with mobility-related disabilities as compared to the ever increasing modes of transportation for people without those disabilities (Uber, Lyft, scooters, e-cars, bike-share, etc.). An Uber from Muncie to Indianapolis cost $56 in 2018, while the cost for an accessible cab ride for the same 63-mile distance cost $685 in 2018. A person using a wheelchair must pay 12 times more than a non-wheelchair user to get where they need to go. For reading that centralizes racism as inequity, please see "Addressing the Social Determinants of Children's Health: A Cliff Analogy" by Camara Phyllis Jones, MD, MPH, PhD et al. in the *Journal of Health Care for the Poor and Underserved 20 (2009)*: 1–12. vdh.virginia.gov/content/uploads/sites/76/2016/06/cliff-analogy.pdf.

Participatory social mapping: A formative evaluation method that involves community stakeholders in systematic observational data collection within a specific environment. Participants can use physical maps or take notes. Similar to a windshield survey, this process helps to identify specific conditions or answer a research question within the defined environment (i.e., neighborhoods, public spaces and businesses). In the Sidewalks to Sexual Violence Prevention project, participants looked for barriers to inclusion for people with disabilities in public spaces, businesses and neighborhoods. The process itself increases the social network of the participants by bringing people together in teams to do the evaluation process collaboratively. Participants do the social mapping, then gather to discuss what they found and identify options for further collaboration. For reading about windshield surveys, please visit the Community Tool Box: ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/windshield-walking-surveys/main.

Perceived identities: This refers to the way a person "reads" the identity of others and assigns that person to normative categories based upon that perception. Perceived identities refers to the way in which people are categorized by certain factors (such as race, religion, ability, sexuality) and assigned greater or lesser social value due to their membership within that category.

Preventionist: A preventionist is a person who works with communities to promote the conditions that support safety and wellbeing for all members to prevent violence, illness, injury or other social problems. For more information about the Indiana Coalition Against Domestic Violence's prevention philosophy and practices, visit icadvinc.org/primary-prevention.

Social ecology: The social ecology is a public health term that refers to the dynamic interaction of humans in relationship to each other within the context of different environments, including organizations, communities and society. Human behavior is complex, and the choices people make are enabled or inhibited by the social and structural conditions within each level of the social ecology. The social ecological model is a framework used by the Centers for Disease Control and Prevention to: 1) describe the impact of primary prevention strategies at different levels, including relationships, organizations, communities and society; 2) illustrate the interconnectedness of risk and protective factors across the different levels and 3) demonstrate the necessity of prevention strategies that address multiple levels of the social ecology for greater impact and sustainability. For more information about the social ecological model, visit the CDC's *The Social-Ecological Model: A Framework for Prevention*: cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

Risk and protective factors: These are factors associated with an increased or decreased likelihood of a person experiencing a negative condition or outcome. Risk and protective factors are identified at all levels of the social ecology. For reading about risk and protective factors associated with domestic and sexual violence, please visit the CDC website for intimate partner violence at cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html and sexual violence at cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html.

END NOTES

[1]For more information about social norms and violence, please see Prevention Institute's 2017 article "Together We Can Change Norms to Prevent Violence": preventioninstitute.org/blog/together-we-can-change-norms-prevent-sexual-violence-and-harassment.

[2]Dr. Camara Jones calls these processes that determine where society's protections and problems are located the social determinants of equity. To learn more, check out Jones et al's 2009 article "Addressing the Social Determinants of Children's Health: A Cliff Analogy": pubmed.ncbi.nlm.nih.gov/20168027.

[3]For more information about multi-sector partnership, please see the Prevention Institute's article, "A Health Equity and Multisector Approach to Preventing Domestic Violence": preventioninstitute.org/sites/default/files/publications/PI_DV_0726.pdf.

[4]For an explanation of risk and protective factors and how they relate to IPV, we encourage you to visit the CDC's site: cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html.

[5]For more information, see the CDC's publication, *Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots*: cdc.gov/violenceprevention/about/connectingthedots.html.

[6]For more information about this strategy please see the Prevention Institute's publication: *An Overview of the SAFE [Sectors Acting For Equity] Approach Promoting Community Environments that Support Safe Relationships and Prevent Domestic Violence:* preventioninstitute.org/projects/safe.

[7]You can view the CDC's technical package of best evidence for preventing IPV here: cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf.

[8]For more information about strategies for addressing multiple forms of violence through shared risk and protective factors, check out North Carolina's website: preventviolencenc.org.



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