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

Primary Prevention Glossary & Resources

Adverse Childhood Experiences (ACEs) evolved out of a long term study that links early childhood trauma and negative health outcomes later in life, including poor quality of life, certain illnesses and death. Researchers developed a tool that counselors and other trained professionals use to "score" childhood trauma (called an ACE score), which is useful to determine the proper interventions and to provide services. The ACEs that are tested for in the tool are considered risk factors for long term negative health outcomes, which necessitate trauma informed practices (see trauma informed care). For more information including readings, podcasts, and the ACEs scoring mechanism, please visit: http://www.acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf (ACE quiz in English), http://www.acestudy.org/ and http://www.cdc.gov/violenceprevention/acestudy/

Community Needs Assessment (CNA): A process used to identify the priority needs in any given community. Many forms of violence are interconnected and share the same root causes (see *Connecting the Dots*). In short, the CNA process includes gathering local data in order to understand the problems unique to that locale, identifying gaps between needs and resources that address those needs, determining risk factors in the community and sharing the information with key stakeholders. Forms, resources, and suggestions about how to conduct a CNA in your community are free and can be found at *Community Toolbox* http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources

Crime Prevention Through Environmental Design (CPTED): A multidisciplinary method that emerges from the study of criminology, CPTED focuses on elements of the built environment. Crowe (2000) argues "CPTED attempts to reduce or eliminate opportunities [for crime] by using elements of the environment to (1) control access; (2) provide opportunities to see and be seen; and (3) define ownership and encourage the maintenance of territory." Environmental conditions and the opportunities they offer have the added benefit of increased community health and relate very closely to the ideas presented in *Essentials for Childhood*, because CPTED is a means to achieve safe, stable and nurturing environments (see SSNERs). Ultimately, Crowe argues "proper design and effective use of the built environment can lead to a reduction in fear and incidence of crime, and an improvement in the quality of life" (2000, p6). http://www.popcenter.org/tools/pdfs/cpted.pdf and http://www.portlandoregon.gov/oni/article/320548

Determinants of Health (SDOH): The conditions in which people are born, grow, live, work and age that influence their opportunities for a healthy, productive life. These circumstances are shaped by access to money, power and resources at global, national and local levels. The determinants of health contribute to health inequities-the unfair and avoidable differences in health status seen within and between countries. These factors include internal and external conditions that contribute to long term health outcomes. The CDC in its definition identifies factors, such as "biology and genetics (sex and age), individual behavior (alcohol/drug abuse, smoking, etc.), social environment (discrimination, income and gender), physical environment (where a person lives, crowded conditions, and health services (access to quality health care, having/not having health insurance)" as DOH (CDC, 2015). The DOH are usually preceded by the terms *social* or *structural* as in "social determinates of health" or "structural determinates of health" resulting in the acronym SDOH. The two phrases are often used interchangeably, however, the Jones, et. al. (2009) article on the cliff analogy provides a nuanced discussion of the difference (see *further reading* for citation). Definitions from the *CDC* at http://www.cdc.gov/socialdeterminants/Definitions.html. For a short easily accessible article about the ten greatest determinates according to the World Health Organization, please read *Social Determinates of Health: The Solid Facts, 2nd Edition* by the World Health Organization, http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

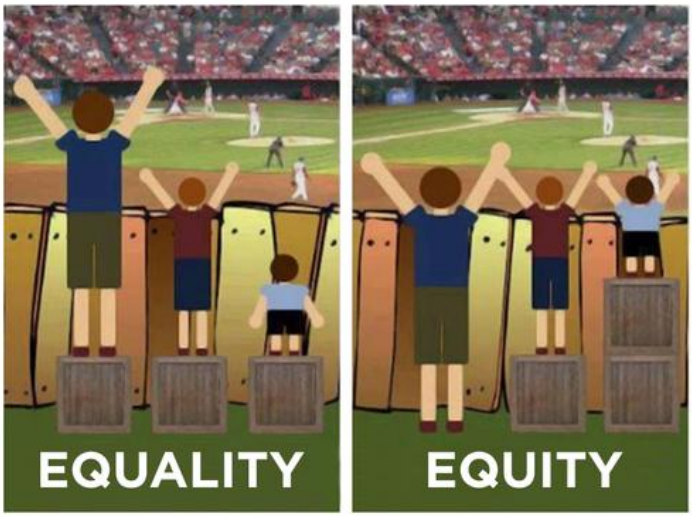
Developmental Assets: A tool that helps youth workers identify and develop the internal and external assets of youth they work with. The strengths based approach includes attention to the development of skills, experiences, relationships and behaviors that help young people become "successful contributing adults." The Search Institute created an instrument called "The 40 Developmental Assets," a list derived from research, of the assets necessary for youth to thrive. This tool is a fantastic way to develop curricula and programs to address and intervene in ACEs. The tools and companion interventions are online and available for purchase at: http://www.search-institute.org/research/developmental-assets and http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18

Empowerment Evaluation: "Empowerment evaluation places an explicit emphasis on building the evaluation capacity of individuals and organizations so that evaluation is integrated into the organization's day-to-day management processes Empowerment evaluators coach individuals and organizations through an evaluation of their own strategies by providing them with the knowledge, skills, and resources they need to conduct just such an evaluation." Definition from Centers for Disease Control and Prevention: http://www.cdc.gov/violenceprevention/deltafocus/

Equity: An equitable society is one in which all people can participate and prosper; just and fair inclusion is a means to create conditions that allow people to fulfill their "potential" or to create capacity for success.

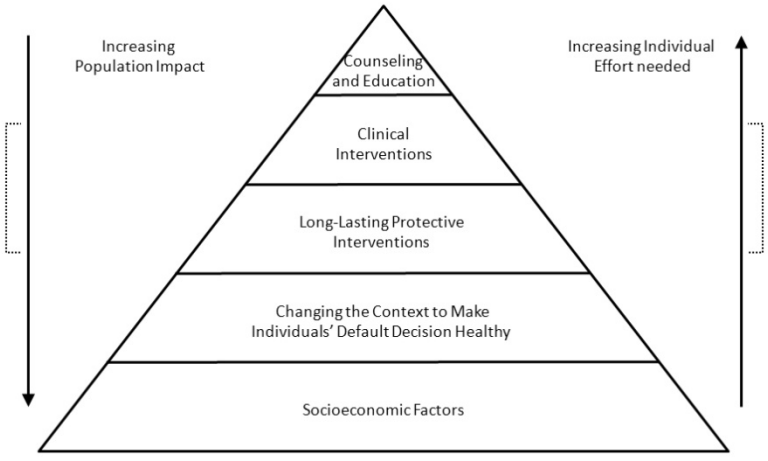
Health: A state of complete physical, mental, and social well-being and not just the absence of sickness (W.H.O. 2003).

Health Disparity: A type of difference in health that is closely linked with social or economic disadvantage.



Health Equity: Health equity is a focused effort to address disparities in population health that can be traced to unequal economic and social conditions that are systemic yet avoidable. Health equity is achieved when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" such as poverty, family violence, poor work environment, lack of healthcare, etc. (W.H.O., 2003).

Health Impact Pyramid (Friedan): A five-tier pyramid that demonstrates the importance of attending to the structural determinants of health as a baseline for sustainable primary prevention efforts. The base of the pyramid indicates "interventions with the greatest potential impact" on the population, because they address "socioeconomic determinants of health" that change the "context to make individuals' default decisions healthy" (p. 590). Friedan argues structural changes are the most politically charged and difficult prevention interventions, because they directly address power differentials, however, they are more efficient than individual efforts to educate people to change their behavior and more likely to have a sustainable impact. From Thomas R. Friedan's free online article: "A Framework for Public Health Action: The Health Impact Pyramid" (2010) *American Journal of Public Health*. 2010 April; 100(4): 590–595 at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/



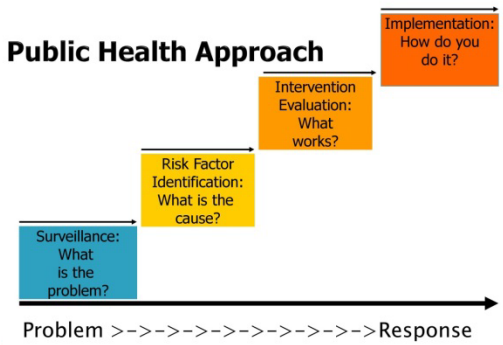
Frieden TR. Am J Public Health 2010;100(4):590-5

Primary Prevention: A systematic process/practice that promotes safe and healthy environments and behaviors that may reduce the likelihood or risk of the perpetration or victimization of violence. For more details on the different forms of violence prevention, visit: http://www.cdc.gov/violenceprevention/index.html

Protective Factors: Circumstances that correlate with protection and are associated with the absence of perpetration or victimization. See *Connecting the Dots* for more information: http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Public health approach to population level problems: The focus of public health is on the health, safety and well-being of entire populations. Rooted in the scientific method and grounded in data, public health "strives to provide the maximum benefit for the largest number of people" (CDC, 2015). The four steps to this process are:

1. Define and monitor the health problem.
2. Identify risk and protective factors associated with the problem.
3. Develop and test prevention strategies to control or prevent the cause or the problem.
4. Ensure widespread adoption.



See *CDC* for more information: http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html

Risk Factors: Circumstances and conditions associated with an increased likelihood of perpetration or victimization. See *Connecting the Dots* for more information: http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Safe, Stable Nurturing Environments and Relationships (SSNERs): The conditions necessary to collaboratively create and sustain protective health promotional practices that prevent child maltreatment and build healthy communities.

- **Safety**: the extent a child is free from fear and secure from physical/psychological harm within their environment.
- **Stability**: degree of predictability and consistency in a child's social, emotional and physical environment.
- **Nurturing**: the extent to which a caregiver is sensitive and consistently available to respond to the needs of the child.

The presence of each of these conditions is necessary to prevent child maltreatment to assure children reach their full potential, to provide a buffer against the effects of stressors, and ultimately they are fundamental to healthy brain development. See *Essentials for Childhood* for more information: http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

Social Ecological Model (SEM) is a framework for understanding that effective, efficient and sustainable primary prevention efforts include addressing risk and protective factors across an entire social ecology. This framework situates individuals within a larger ecology that encompasses not only individuals' knowledge, skills and behaviors, but the interpersonal relationships they exercise them in, organizational structures they work in, communities they play in and the public policies, which inform all of the preceding levels. To read a history of sexual violence prevention that explains the importance of using SEM, please see Centers for Disease Control and Prevention (2004). *Sexual violence prevention: beginning the dialogue*. Available online at: http://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf

Social Inclusion: Equitable access to tangible and intangible resources (social capital/emotional support, meaningful paid employment, love, justice, services, healthcare, etc.) This means that power is examined, re-distributed and/or made available to all people. Social inclusion is both an outcome and a process of improving the cultural conditions in which people live.

Social Norms: The shared beliefs, standards and social mores that shape behavior within a given community or society. The five social norms that contribute to sexual violence as identified by Prevention Institute and the CDC are:

1. Limited roles for femininity and women (gender);
2. Limited roles for masculinity and men (gender);
3. Privacy & Silence;
4. Power (over others); and the
5. Normalization of Violence.

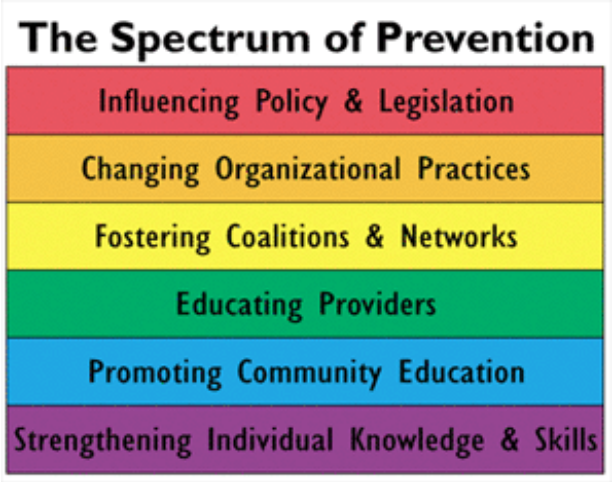
More readings about social norms and a how-to guide to the methodology for use in your work, please read the following:

A Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: Social Norms Toolkit: http://www.alanberkowitz.com/Social_Norms_Violence_Prevention_Toolkit.pdf

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Promoting Positive Community Norms, a supplemental guide to *Essentials for Childhood*: http://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf.pdf

Spectrum of Prevention: A model that "identifies multiple levels of intervention to encourage people to move beyond the perception that prevention is about teaching healthy behaviors." Its comprehensive approach to addressing primary prevention uses six levels that build on each other and interact, including strengthening individual knowledge and skills, promoting community education, educating providers, fostering networks and coalitions, changing organizational practices, and influencing policy and legislation. More information at *Prevention Institute* online: http://preventioninstitute.org/component/jlibrary/article/id-105/127.html



Trauma Informed Care (TIC) is a systemic approach to human services derived from the understanding that most people in America have experienced at least one of the ACEs in their lifetime (VetoViolence, 2015) and that these traumatic events can have a significant negative impact on the health outcomes of the individual who suffered trauma. Providers who are **Trauma Responsive** understand that "traumatic events can impact people's behaviors, perceptions, cognitions and productivity," thus interactions between service providers and people in need are sensitive to triggers and as a result are empathetic and compassionate (Trauma Matters KC, 2015). **Trauma Sensitive Practices** require providers to work *with* (rather than on behalf of) an individual to collaboratively develop a service plan all the while acknowledging a person's experiences (should they disclose trauma) and supporting them throughout the process. One of the most common ways of explaining this model of care is the movement away from posing the question "what's wrong with you?" and instead asking "what happened to you?" then designing a care plan from a place of compassion. For more information about the impact of trauma on people and society take a look at the VetoViolence infographic about the ACES at: vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf.

For more free information, training and technical assistance on Primary Prevention, please contact the prevention team at Indiana Coalition Against Domestic Violence via email at icadv@icadvinc.org.

Recommended for further reading:

American Public Health Association (March 2015). *Better Health through Equity: Case Studies in Reframing Public Health*. https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx

Berkowitz, Alan (2012). *A Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: Social Norms Toolkit*. Mt. Shasta, CA. http://www.alanberkowitz.com/Social_Norms_Violence_Prevention_Toolkit.pdf

Centers for Disease Control and Prevention (2014). *Building Community Commitment for Safe, Stable, Nurturing Relationships and Environments*. http://www.cdc.gov/violenceprevention/pdf/efc-building-community-commitment.pdf.pdf

Centers for Disease Control and Prevention (2014). *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments for all Children*. http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

Centers for Disease Control and Prevention (2014). *Promoting Positive Community Norms*. http://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf.pdf

Centers for Disease Control and Prevention (2004). *Sexual Violence Prevention: Beginning the Dialogue*. Atlanta, GA: Centers for Disease Control and Prevention. http://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf

Department of Health and Human Services (2015). *Prevention Resource Guide: Making Meaningful Connections*. Available online at https://www.childwelfare.gov/pubpdfs/guide.pdf

Friedan, Thomas R. (2010). "A Framework for Public Health Action: The Health Impact Pyramid." *American Journal of Public Health*. 2010 April; 100(4): 590–595 at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

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Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute. Available online at: http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

World Health Organization (2003). *Social Determinates of Health: The Solid Facts, 2nd Edition*. Ed: Richard Wilkinson and Michael Mermot http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

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