

**Peer Learning Forum**  
Session 3

**Welcome,  
This Web Conference  
Will Begin Soon**



A Project of



**Shaping perceptions of sexual and  
domestic violence for prevention:  
The power of public narratives**

**PreventConnect**  
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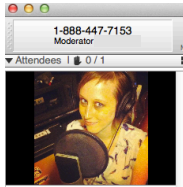
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## How to use this technology



- Raise hand
- Text chat & private chat
- PowerPoint slides
- Polling questions
- Phone
- Closed captioning
- Web conference guidelines

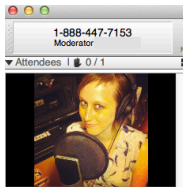
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*Peer Learning Forum*

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## Web Conferences

### Joining our fellow travelers: Practical applications for expanding the impact of sexual & domestic violence prevention efforts

March 25: Foundations in Prevention

April 24: **Growing Our Impact: Moving from individual awareness building to community norms change strategies as a part of sexual and domestic violence prevention efforts**

May 21: **Public Sector Partnerships: The role of local government in sexual and domestic violence prevention initiatives**

June 23: **Introducing PreventIPV: Tools for social change**

June 26: **All Communities are Not Created Equal: Advancing health equity goals to enhance sexual and domestic violence prevention efforts**

September 17: **Shifting our Goal from Individual Knowledge Change to a Community Mobilized for Norms Change: What does it take to move from a skills building focus to practice and policy change success?**



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## Next Peer Learning Forum

Better multi-sector partnerships: What does it really take to work across sectors to prevent sexual and domestic violence?

August 2014

July 2014

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## PreventConnect

- Domestic violence/intimate partner violence
- Sexual violence
- Violence across the lifespan
- Prevent before violence starts
- Connect to other forms of violence & oppression
- Connect to other prevention practitioners



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**Dave Mann**  
Grassroots Policy Project



**Camille Hayes**  
California Partnership  
To End Domestic Violence



**PC**  
PreventConnect



**Noel Duckworth**  
Delaware Coalition  
Against Domestic Violence



**Lauren Camphausen**  
Delaware Coalition  
Against Domestic Violence

**SHAPING PERCEPTIONS OF SEXUAL  
AND DOMESTIC VIOLENCE FOR  
PREVENTION: THE POWER OF  
PUBLIC NARRATIVES**

## Series Objectives

- Articulate a definition/description of public narratives.
- Provide example of how public narratives have been used in SV/DV work.
- Identify how public narratives limit SV/DV work.
- List ways public narratives can enhance your prevention work.



## Audience Question

How have you participated so far?

Feedback	
0	A
0	B
0	C
0	D
0	No Answer

- a. Both web conferences
- b. First web conference only
- c. Second web conference only
- d. Reviewed web conferences online



## Audience Question

Where do you work?

Feedback	
0	A
0	B
0	C
0	D
0	No Answer

- a. State SV/DV coalition
- b. State health dept.
- c. Local grantee
- d. Other



## Where We've Been

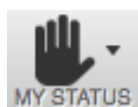
- Introduced concept of public narrative & dominant narrative
- Discussed relationship of public narrative to framing and messaging
- Explored how current dominant narrative limits DV/SV work
- Heard stories from people beginning work on dominant narratives



## Audience Question



Raise your hand!



What conceptual questions do you still have?





## Alaska

- **Statewide Steering Committee**
- **Prevention Coordinators**
- **AWARE (Juneau)**
- **SAFV (Sitka)**



## Key Points from Last Session

- Developing public narratives is not an exercise in creative writing – more about process than product
- Engaging people from different perspectives will make your work more powerful
- Important to hold & work thru tension of experimenting without knowing exactly what is next



# WHAT DID YOU SAY?!

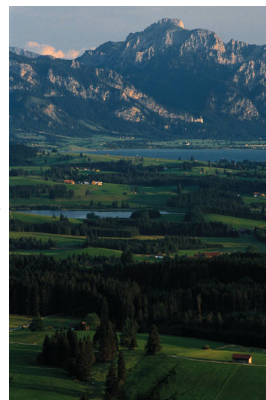
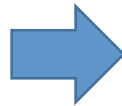
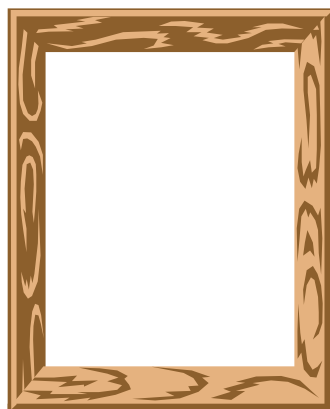


*Taking a  
Closer Look  
at Public  
Narratives*



*Noël Sincere Duckworth and Lauren Camphausen  
Delaware Coalition Against Domestic Violence*


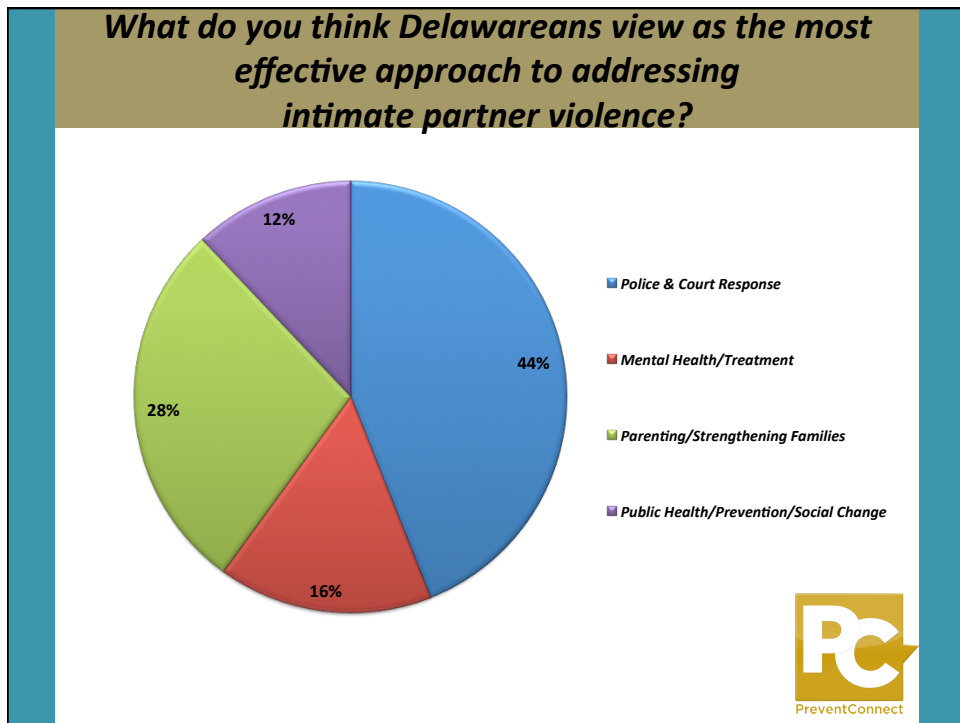
## Framing: From Portrait to Landscape



## Mapping the Gaps

	EXPERTS	PUBLIC
Cause	Systemic. Social inequalities position some acts to be accepted.	Individual. Bad parenting and exposure to violence- all within a "family bubble."
Perpetrators	Everyday people.	Bad or immoral people.
Victims	Anyone.	Defenseless, passive or easy targets.
Victim Blaming	Never the victim's fault.	Not really the victim's fault but put some responsibility on personal protection.
Societal View	Public health concern.	Criminal or moral problem.
Healthy Sexuality	A component of public health that includes freedom from sexual violence.	Freedom from disease or other physical health concerns.
Prevention	Social change; utilizing programs and policies to prevent first time perpetration of violence.	Punishment of perpetrators as deterrence. Teaching self-defense and risk reduction to youth.

O'Neil, M., & Morgan, P. (2010). American perceptions of sexual violence: A FrameWorks research report. Washington, D.C.: FrameWorks Institute.

Current Narratives	New Narratives
<ul style="list-style-type: none"> <li>• Individuals can control their own health outcomes if they make the right choices.</li> <li>• Hard work, discipline and self-determination will outweigh other factors such as the conditions in which people live and broader messages they receive.</li> <li>• IPV is a criminal or moral problem.</li> <li>• IPV is a private matter and should be addressed privately.</li> <li>• IPV stems solely from individual and family factors; such as bad parenting and exposure to violence- all within a “family bubble”.</li> <li>• The best way to prevent IPV is through punishment of perpetrators as deterrence and teaching self-defense and risk reduction.</li> <li>• Some incidences of IPV are to be expected because violence is inevitable in society.</li> </ul>	<ul style="list-style-type: none"> <li>• Environments matter when it comes to our health and well-being.</li> <li>• IPV is a serious public health problem that has lasting harmful effects on individuals, families, and communities.</li> <li>• IPV as a community or societal health issue is preventable and avoidable.</li> <li>• Prevention of IPV focuses on stopping perpetration from happening in the first place, and this requires broad-based public health strategies.</li> <li>• IPV stems from a larger context of social, political, economic and gender inequality, and links to many different forms of discrimination affecting a person’s status. While certain forms of violence are specific to regions and countries, reflecting different historical experiences, a universal pattern of domination connects them all.</li> </ul>

## Discussion

- Which narrative (or elements of each narrative) do you see or hear often within your agency/setting?
- In what ways might your agency/setting:
  - Reinforce the current narrative?
  - Invoke the new narrative?
  - Have opportunities to shift the narrative?



## Current Narrative

- Family issue then police/courts
- Mental health
- Settings/structures reinforce current narrative
- Medical field feels “not our business”
- Not approached collaboratively – or as big picture
- Too much focus on “after the fact” – prevention focus needed for new narrative
- Current frame makes prevention feel like a “non-issue” issue



## New Narratives

- “Experts” vs. Public
- Connect to other public health issues
- Individual choice element of current narrative – difficult for Public Health and deeply rooted in American culture
- Expand narrative vs. “shifting”



## Takeaway

Enthusiasm  
Collaborative  
Communication  
Engaged Motivated  
Awareness Purpose  
Inspired  
Narrative Perception  
Community Informative  
Daunting Prevention Productive  
Engagement  
PublicHealth  
Collaboration Health  
Hopeful CommunityBuilding



## Suggestions

- Keep it simple
- Make it powerful
- Help it feel feasible



## New Narratives

IPV is a health issue.  
IPV is preventable.  
Health begins where we live, learn,  
work, pray and play.



## Value of Fairness

- Everyone deserves the opportunity for optimal health.
- Everyone deserves to feel safe and respected in his/her relationship.



Delaware currently has 1,866 hospital beds statewide. To serve all of the adult Delawareans who have experienced **severe physical violence** by an intimate partner (143,000), we would need to build **84** more Christiana. Kent General. Nanticoke & Beebe Hospitals.



**These numbers do not include:**

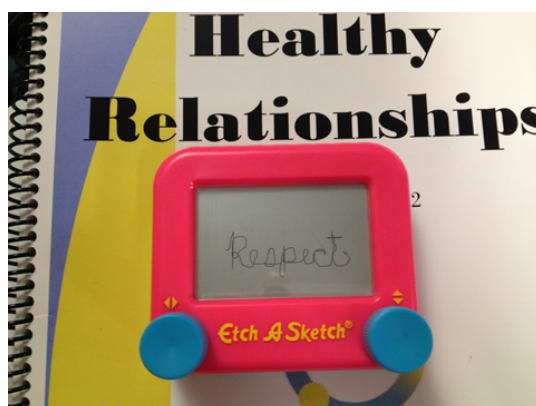
- **Teens**
- **Mental Health Services for children who witness the violence**
- **Services for individuals who've experienced abuse of power, control, or coercion that does not include physical violence**

*National Intimate Partner and Sexual Violence Survey, 2010, CDC*



Take a few minutes to....

- Name 3 qualities or characteristics of Healthy Relationships





## Now take a few minutes to....

- Name 3 characteristics (i.e. conditions, practices, policies, culture, mission/vision, philosophy) of settings or communities where Healthy Relationships thrive



## Example: *Preventing Childhood Obesity*

### Individual Factors

Education to kids/parents on food pyramid (healthy eating)

Campaigns to engage youth (and parents) in physical activity

### Community/Environmental Factors

Increase access to healthy foods in neighborhoods

- Increase ratio of healthy vs. unhealthy foods in local grocery stores/markets
- Policies to mandate healthier school lunches/remove access to “junk foods” at local schools

Increase access to safe spaces for exercise

- Funding for new/expanded/improved playgrounds or parks
- Increase “community-watch” programs to improve neighborhood safety
- Increase number of sports rec programs at low/no cost



## Example: *Preventing Childhood Obesity*

<u>Individual Factors</u>	<u>Community/Environmental Factors</u>
Health Recommendations/Guidelines: <ul style="list-style-type: none"> <li>• Nemours “5-2-1-Almost None” campaign</li> <li>• Number of minutes of exercise/week</li> <li>• Ideal BMI zones</li> </ul>	Legislate healthy options (local): <ul style="list-style-type: none"> <li>• NYC “soda ban”</li> <li>• Business permit process – limit number of “fast food” permits and increase number of “health food permits”</li> <li>• Zoning – require % of park/exercise space per fast food establishments or limit locations of fast food establishments</li> </ul>
Marketing healthy recipes (books, cooking shows, etc.)	Legislate health options (national): <ul style="list-style-type: none"> <li>• Regulations for food industry around “truth labeling of products”</li> <li>• Regulations of acceptable sodium or sugar (HFC) content in certain foods</li> </ul>
BMI screenings by pediatricians	Norms Campaigns: Ads to target attitudes/beliefs about healthy eating and exercise



## THRIVE Delaware



### Our Approach:

- Improve the health care response to IPV
- Coordinate efforts to address IPV as a public health matter and health equity issue
- Prevention and social change

# News Articles

**PERSONAL HEALTH**

## Changing attitudes on domestic violence

By Kelly Bothum  
The News Journal

Domestic violence causes more than bruises and black eyes. It also can contribute to depression and substance abuse, promote unhealthy eating habits and make it hard for someone to manage a chronic illness like diabetes.

Despite that, many people don't view domestic violence through the lens of personal health, said Noel Duckworth, director of prevention and training for the Domestic Violence Coordinating Council, a statewide, nonprofit organization that works to raise awareness of domestic violence issues and provide advocacy for victims.

Expanding the scope of domestic violence to expose its many impacts is one of the goals of Domestic Violence Awareness Month. But that can be a

challenge, considering many people have a narrow view of what intimate partner violence looks like.

"We want to move from domestic violence being seen as a private, family issue to one that people think about as a social issue. We're getting people to see it as a health issue," Duckworth said. "It really does impact all of us, not just the victims."

Last year in Delaware, there were more than 27,000 incidents of domestic violence reported to law enforcement, according to a report by Domestic Violence Coordinating Council. Family court processed 3,359 protection from abuse petitions. There were eight domestic-violence related deaths recorded in 2012.

Duckworth's group seems to be making progress in changing attitudes. In February, the American College of

Obstetricians and Gynecologists issued guidelines recommending doctors be aware of signs of reproductive coercion among their patients. This year, the U.S. Preventive Services Task Force also recommended that clinicians screen women of childbearing age for intimate partner violence and offer access to intervention services. Under the Affordable Care Act, insurance providers are required to cover the cost of domestic violence screening and counseling.

Catherine Dukes, vice president of education and training of Planned Parenthood of Delaware, said more health care providers are learning how they can educate their patients about domestic violence and get them the help they need.

Duckworth said a survey of callers to

See VIOLENCE, Page D4

## Intimate Partner Violence Impacts the **Health** of Individuals, Families, and Communities.

### Ads

#### Did You Know...

The nation's leading health organizations recommend that intimate partner violence screening and counseling be a core part of women's preventative health visits. These services are now covered under the Affordable Care Act.



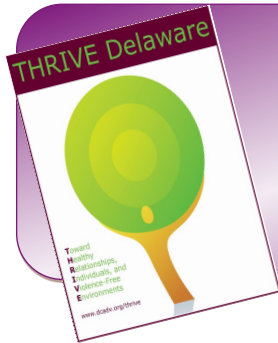
**Is Your Doctor Talking To You About Your Relationship Health?**

THRIVE Delaware

Towards Healthy Relationships, Individuals, and Violence-Free Environments

www.dcahv.org/thrive  
A Project of Delaware Coalition Against Domestic Violence

## Fact Sheets



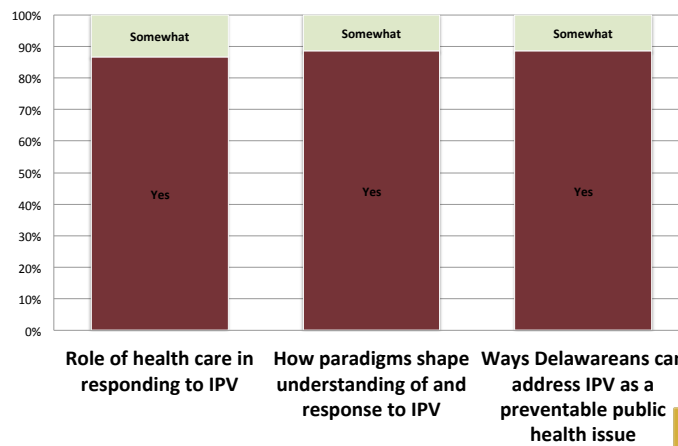
Intimate Partner Violence impacts the health of individuals, families, and communities.

Intimate Partner Violence is preventable.



## CONFERENCES

*Participants gained new insight and understanding into key conference objectives:*



## System Norms Survey

- Web-based survey (SurveyMonkey) targeted to individuals who work in:
  - Delaware’s Domestic Violence Community
  - Delaware’s Division of Public Health
  - Delaware’s Health/Health Care System
- Core Components of Survey
  - “Norms” measure based on narrative items
  - Respondent’s operational definition of prevention
  - Measure of system/organization practice



## Narrative Norms Measure

- 9-items on a 4-point scale (*SD, D, A, SD*)
- Respondents are asked to indicate to what extent **they** Agree or Disagree with certain aspects of the dominant narrative and the expanded narrative.
- Respondents are then asked to indicate what extent they feel **others** Agree or Disagree with the same items.



## Examples of Items

- *Intimate partner violence is best prevented using a criminal justice framework (establishing clear, strong sanctions and punishments of perpetrators as a deterrence).*
- *Individuals can control their own health outcomes if they make the right choices.*
- *Intimate partner violence mainly stems from individual and family factors (i.e., anger issues, bad parenting, exposure to violence).*
- *An individual's commitment to hard work, discipline and self-determination can always overcome social or structural factors such as the conditions in which people live, the messages they receive, or their social/political capital.*
- *Structural inequalities (i.e., racism, classism, sexism, etc.) are a major factor in determining our health outcomes.*
- *Delaware's Domestic Violence System should include efforts to address root causes (prevention) of intimate partner violence even if it may mean fewer resources for criminal justice response and/or intervention services.*



## Case Study

A local community center is working to improve their programming to better address community needs . For years this center has been primarily known for it's youth basketball program. The center would like to promote community health and wellness more comprehensively and is working on a "Health Happens Here" center-wide initiative. The community center leadership has asked for your input on this initiative. What do you suggest?



## Celebrate Success!

"As the state director for Public Health, I want to be clear: domestic violence is a public health issue as much as newborn screenings, immunizations, healthy lifestyles, disease prevention, and safe drinking water."

*- Dr. Karyl Rattay, Director, Delaware Division of Public Health*

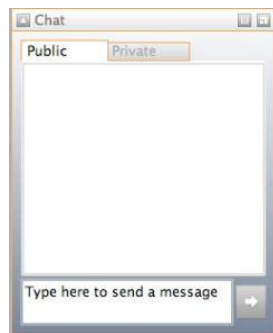


## Next Up

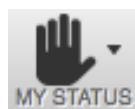
- Developing your narratives
- Do's and don't's for shifting narratives
- Opportunities for shifting narratives



## Audience Question



What are the key steps you are hearing in developing a narrative?





## Developing a New Public Narrative

1. Work with people you want invested in the new narrative
2. Build relationships, including identification of core values and beliefs
3. Provide grounding in the concepts of public narrative
4. Name the dominant public narrative and it's impact/power
5. Develop elements of a new narrative through discussion questions

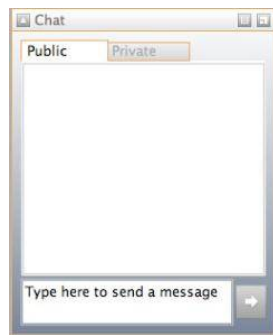


## Some Questions To Explore

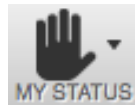
- What are the shared values, beliefs and assumptions that ground your narrative?
- What would it be like if your values/beliefs shaped reality?
- Who has a stake in this and why?
- What transformation in society does this suggest?
- What transformation in yourself and others does this suggest?
- Who is responsible for making transformation happen?



## Audience Question



What other questions might you explore?



## Some Questions To Explore

- What are the shared values, beliefs and assumptions that ground your narrative?
- What would it be like if your values/beliefs shaped reality?
- Who has a stake in this and why?
- What transformation in society does this suggest?
- What transformation in yourself and others does this suggest?
- Who is responsible for making transformation happen?



## “To Do” When Shifting Narrative

- Unmask
  - Name the dominant public narrative
- Uncover & Elevate
  - Name the values and beliefs you hold
- Contrast
  - Offer a choice



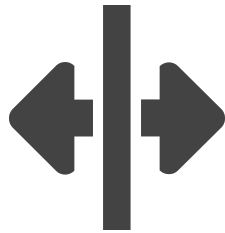
## “To Do” When Shifting Narrative

- Draw on your own journey
- Sustain your efforts and connect with others
- Demonstrate your narrative



## To Avoid When Shifting Narrative

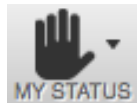
- Challenging facts or interpretations of information
- Attacking people for their narrative
- Naming the dominant narrative as 'wrong'
- Trying to convert or convince people



## Audience Question



Raise your hand!



Which of these will be hardest for you?  
Why?



## To Avoid When Shifting Narrative

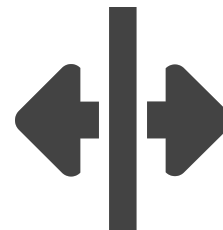
- Challenging facts or interpretations of information
- Attacking people for their narrative
- Naming the dominant narrative as 'wrong'
- Trying to convert or convince people

Which of these will  
be hardest for you?  
Why?



## Opportunities for Shifting Narrative

- Trainings and outreach
- Leadership development
- Communications
- Campaigns and program
- Building external relationships
- Planning


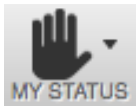


## Audience Question

↑

Raise your hand!

What ideas do you have?



## Opportunities for Shifting Narrative

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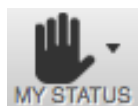
What ideas do you have?



## Audience Question



Raise your hand!



How could you measure progress?



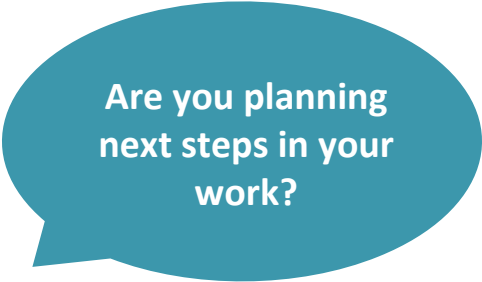
## Opportunities for Shifting Narrative

- Trainings and outreach
- Leadership development
- Communications
- Campaigns and program
- Building external relationships
- Planning
- Measuring progress

How could you measure progress?



## Audience Question



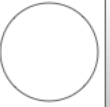
Are you planning next steps in your work?


▼ Feedback


Yes

No


No Answer









## Audience Question




What next steps are you planning?

Raise your hand!





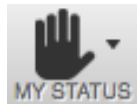




## Audience Question



Raise your hand!



What support do you need to move forward?



## NSVRC Project with Berkeley Media Studies Group

- Research & analyze the current narrative being used in the media and among advocates
- Identify 3-4 policy goals related to preventing SV
  - Campus Safety
  - Perpetration Prevention
  - Child Sexual Abuse



## NSVRC Project with Berkeley Media Studies Group

- Develop toolkit with tips for effective messaging
- Build media advocacy capacity in the field
- Focus resources on identified goals
- Contact NSVRC: [www.nsvrc.org](http://www.nsvrc.org)  
Email: [resources@nsvrc.org](mailto:resources@nsvrc.org)



## Next Peer Learning Forum

Better multi-sector partnerships: What does it really take to work across sectors to prevent sexual and domestic violence?

August 2014

July 2014

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**PreventConnect**  
**1215 K Street**  
**Suite 1850**  
**Sacramento CA**  
**95814**

**Website:** [preventconnect.org](http://preventconnect.org)  
**Email:** [info@preventconnect.org](mailto:info@preventconnect.org)  
**Email Group:**  
[preventconnect.org/email-group](http://preventconnect.org/email-group)  
**eLearning:** [learn.preventconnect.org](http://learn.preventconnect.org)  
**Wiki:** [wiki.preventconnect.org](http://wiki.preventconnect.org)



[preventconnect.org/Facebook](http://preventconnect.org/Facebook)  
[preventconnect.org/Twitter](http://preventconnect.org/Twitter)  
[preventconnect.org/Flickr](http://preventconnect.org/Flickr)



[preventconnect.org/YouTube](http://preventconnect.org/YouTube)  
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