



From Foundations to Innovations: Applying a Public Health approach to Prevent Sexual and Domestic Violence

Wednesday, January 17, 2018

AKJ: Hi everyone! Thanks so much for joining us today. We will get started at the top of the hour!

AKJ: Slides for this session can be downloaded here <http://www.preventconnect.org/2017/12/from-foundations-to-innovations-applying-a-public-health-approach-to-prevent-sexual-and-domestic-violence/> TX.

PI: If you are having audio issues through your computer, please call 1-888-447-7153. The passcode is 879 736 #

PI: Be sure to check out our new report on the themes and summaries from the 2017 PreventConnect series: <http://www.preventconnect.org/2018/01/new-report-themes-and-summaries-from-the-2017-preventconnect-web-conference-series/>

AKJ: Themes and summaries report from the 2017 web conference series can be found here <http://www.preventconnect.org/2018/01/new-report-themes-and-summaries-from-the-2017-preventconnect-web-conference-series/>

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AKJ: For more info on what we have planned in 2018, so far, visit <http://www.preventconnect.org/2017/12/announcing-the-2018-preventconnect-web-conference-series/>

TLG: We need to be inclusive of bystander elements of #metoo and #timeisup folks who knew what was happening the whole time and said nothing!

PI: Prevention Institute's Lisa Fujie Parks was interviewed on 'Rising Up With Sonali' and spoke about moving beyond Me Too to Preventing Sexual Violence. Watch the video here: <http://www.risingupwithsonali.com/moving-beyond-metoo-to-preventing-sexual-violence/>

PI: How do you promote health equity in your work?

KV: Being more inclusive for everyone i.e. LGBTQ and men being victims

MT: Providing free mental health services to survivors in the Bronx, a historically underserved borough of NYC

CB: We like to focus on "the last girl" idea when working to end violence

CV: focusing on prevention education in under-served populations

KM: DE established a bureau of HE that includes the office of minority health and the office of women's health. I'm the director for OWH

MR: emphasizing need for women's access to reproductive health / awareness of reproductive coercion

PI: Hi Carrie. Can you elaborate on what you mean by "the last girl"?

DB: WE provide counseling to crime victims free of charge.

MAC: Screening 100% of our patients for intimate partner violence.

AB: We provide free counseling services and we have a resource person whose task is to ensure that we're aware of as many services that would be helpful as possible.

KM: we are adjusting our programs to be able to reach children with disabilities.

CC: Preventing IPV among refugees in the U.S.

BB: Free services for survivors of DV and SA, as well as a new program with the focus on high school students at risk of not graduating and LGBTQ populations, who are extremely marginalized in Utah

AC: help with financial planning, job applications, life skills

TO: Focusing on serving the most vulnerable populations!

MS: Making sure our services are free, we are also working on creating faster, greater, equal service and making services accessible to everyone especially in the community.

NP: The Center for Hope and Healing's aim is to serve those that have historically been underserved (POC, LGBTQ, refugees and immigrants)

Jl: I work closely with other agencies who work in the healthcare field to promote health equity across the board of healthcare. that includes physical, mental, spiritual, and financial health

RS: Apna Ghar participates in a Chicago-area coalition promoting health care coverage for undocumented and underinsured individuals called the HC3 Coalition.

JL: collaborating with agencies that work with underserved populations

GM: Raising awareness of free services available to the community, with a focus on underserved populations

EL: I work specifically with college age students and connect them to resources in their campus community as well as the wider community in an effort to improve their lives in a holistic way.

SD: Helping, supporting folks affected by sexual violence

KA: Providing Healthy Relationship Curriculum to youth from 4th grade up in our county schools

EL: we've attended health fairs in colonial areas in which bring free primary basic health services

KM: DE bureau of health equity focuses on health in all policy approach and has placed emphasis on cultural training for all public health staff as well as awareness building throughout the state.

TAT: Volunteer my services for DV & SA survivors, encourage clients to engage in support organizations, share/advocate with colleagues on these issues and about support organizations

CS: Collaborating with other agencies and providing free services to under served populations

KP: All services we provide are free of charge, and we seek out underserved populations in our area.

EH: Identifying and eliminating gaps in between different communities to help ensure highest levels of health and health services.

AC: providing safe relationships education to elementary, middle and high school students

SB: Knowing what services are available to clients and community members and making referrals. Also,

networking with lesser-known agencies to bring in information and discuss available services.

JV: What is the name of the location in Chicago that provides health care for those without insurance?

JB: We educate medical professionals in our community about how to serve ALL victims of DV and SA as well as provide education to youth from the age of 2 years.

CB: Gandhian philosophy—that in order to create justice, one should do their work thinking of the person or child who is valued the least, who suffers the most, who comes in last.

PI: Prevention Institute's report on A Health Equity and Multisector Approach to Preventing Domestic Violence <https://www.preventioninstitute.org/publications/health-equity-and-multisector-approach-preventing-domestic-violence>

CB: This is one of the core principles of the Move to End Violence (www.movetoendviolence.org)

CB: Apna Ghar is one of our member agencies. We at the Illinois Coalition Against DV are advocating for a public health view of DV & SA

AKJ: @Jazline I don't believe they provide health care, but they promote health care coverage -- the org is Apna Ghar. Maybe Radhika Sharma can provide more info?

PI: Rhode Island's Ten Men - <http://www.ricadv.org/en/what-we-do/prevention/ten-men>

AKJ:@Carrie thanks!

JV: Thank you!

AB: We have a Men's Action Coalition here in Omaha Nebraska that works with us at the Women's Center for Advancement!

AA: Question: Would you please explain "healthy media" a bit more?

LFP: Hi Armin! This is Lisa at Prevention Institute. By healthy media we mean media and marketing practices that support healthy and equitable relationships, portray healthy and equitable relationships and limit negative norm-enforcing media and advertising. Because of the power of media consumption and marketing in shaping behavior, it is likely that such media and marketing practices would be supportive of safe relationships and reduce sexual and domestic violence.

AC: We have a Men for Change initiative in Brevard, NC, partnering perpetrators with mentors.

Mo Lewis You can find the NSVRC Innovations in Community-Level Prevention here: https://www.nsvrc.org/sites/default/files/publications_nsvrc_reports_innovations-in-community-level-prevention_0.pdf

PI: CDC's Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots describes the Division of Violence Prevention's 5-year vision and areas of strategic focus to help us understand, respond to, and ultimately prevent violence across the lifespan. <https://www.cdc.gov/violenceprevention/overview/strategicvision.html>

PI: How are you addressing shared factors to prevent sexual and domestic violence?

AB: We have a self-sufficiency team that helps to empower our clients. We also work with children, mostly girls now but we're hoping to form some programs for young boys as well to help instill positive social norms!

GS: The NC State Health Department conducts an Injury Free Academy addressing shared risk and protective factors across multiple forms of violence

CD: we are utilizing the EEP (Economic Empowerment Program) here at CASA in MD to help our clients with financial issues such as housing, divorce, custody, bankruptcy, etc

MK: We advocate for our clients (survivors and victims of domestic violence) within our department of social services to ensure those affected by violence and poverty are not forced into staying due to economic factors

PI: What social justice movements or sectors have you partnered with, or would you like to partner with? What factors do you or would you address together?

RS: Our 40-hour Volunteer Trainings & various other community presentations lead brainstorming on action people can take at the personal, community, institutional, and policy levels to end Gender-Based Violence

CS: What is the name of the CO agency mentioned?

MR: LGBTQ organizations to promote healthy relationships for all

CV: #metoo

CS: Thanks!

MR: would like to partner deeper with reproductive health advocates, immigration advocates, and LGBT advocates.

CS: We have an educator who goes into the area schools to teach these and other service providers information.

DD: criminal justice reform: designing strategies to target offender behavior while providing resources for survivors

PI: Restaurant Opportunities Centers United: <http://rocunited.org/>

NP: Partnering with youth orgs that work specifically with at-risk or proven-risk youth, predominantly young males of color who have been incarcerated - towards SV/DV prevention work

TLG: <http://endsexualexploitation.org/>

SB: We've been exploring partnerships with the sex education sector to promote healthy sexuality and more accepting attitudes toward all genders, sexual orientations, etc.

Jl: racism, economic equity, LGBTQ community, mental health issues, addiction, prison reform, reentry assistance

MAC: We are implementing a validated screen for IPV, and if they screen positive, continuing with an additional human trafficking screen. Both are given referrals to local resources.

AA: reproductive rights movement

PI: Here's Raliance's new and interactive Sport and Prevention Center: <http://www.raliance.org/sport-prevention-center/>

KM: In our agency we have two different departments that reduce recidivism or sex offenders and another on those does advocacy with short term and long term free counseling. Our advocate addresses all types of victims of crimes and not just those who experience sexual violence. We also address prevention programs from PreK- College as well as adults.

KV: Its on us and No More

RS: Apna Ghar (Chicago) works with a variety of Social Justice orgs and coalitions addressing immigrant rights, domestic workers rights, women's reproductive choice, and bias violence prevention efforts

TLG: www.cdda.org

LFP: Responding to question about shared R/R factors: The Milwaukee Blueprint for Peace identified shared risk and protective factors across forms of violence and developed a citywide strategy to address reduce these risk factors and promote shared protective factors. More can be found at: <http://city.milwaukee.gov/414Life/Blueprint>

Anne Milliken Colorado Violence and Injury Prevention -Mental Health Promotion Strategic Plan
<https://drive.google.com/file/d/0B4u1qfqmSaHja3hmb1FMRjMydlE/view>

MK: We have a local group called, Tools fo Social Change that holds town/city meetings to discuss problems in Geneva, New York and generate community solutions to local problems including violence and racism

SD: I do Drop-in sessions at 2 high schools in rural Maine. I had so many more students and staff interacting with me because of the "Me too" movement...a welcome instigator!

TN: We partnered with several agencies to host a public forum based on the momentum of the #MeToo movement. We created a space to support survivors, answer questions, and connect to city wide resources.

JL: Brown University and Rhode Island School of Design and Roger Williams University in Rhode Island have invited Tarana Burke from the #metoo movement to speak in February

PI: Prevention Institute wrote a blog on how we can change norms to prevent sexual violence and harassment. The blog post uses Spectrum to organize strategies. We invite practitioners, advocates, and leaders across fields and disciplines to share examples and to engage in a discussion about the power of norms change to prevent sexual violence and harassment. Please send suggestions, comments, and questions to safe@preventioninstitute.org.

AKJ:@Sarah and Tonia thanks for sharing!

LM: Where can we find the blog post?

TD: We are working with local bars and nightlife to train their staff on sexual violence prevention. They chose the direction that they wanted to take for the movement and decided to use #MeToo as their guide. We currently have one community that have named their movement #PatchogueToo. My agency is also cosponsoring a talk with Tarana Burke later this month!

TN: Tara... great work!

PI: Link to PI blog: <https://www.preventioninstitute.org/blog/together-we-can-change-norms-prevent-sexual-violence-and-harassment>

LM: Thanks!

SB: Not getting the clearest sound from Ed

GH: Audio keeps going in and out. Can you all check on this?

AS: Gayla, is the audio issue for hearing all the speakers?

KV: I do a report at the end of the month and I have to apply what I have done and how it applies to the spectrum.

GS: We have a "town hall" meeting scheduled Tuesday to discuss the #metoo movement. It will be a forum and a safe place for the health department employees to share and discuss the recent events regarding sexual harassment.

PI: The Minnesota Safe Harbor Program is coordinated by the Minnesota Department of Health. For information, link to: <http://www.health.state.mn.us/injury/topic/safeharbor/>

AKJ:@Gayla if you are able to, join us on the phone line at 888-447-7153, passcode 879 736#

KP: Glorina, that is very exciting!

PI: Minnesota Coalition Against Sexual Assault (MNCASA) <http://www.mncasa.org/>

LFP: Congrats on this policy success MN!

PI: For more information on Law laws affecting sexual violence from the 2017 legislative session in Minnesota visit <http://www.mncasa.org/assets/PDFs/New%20Laws%202017.pdf>

PI: The Minnesota Department of Health Sexual Violence Prevention Network (SVPN) is a network of people interested in or working in the field of sexual violence prevention. Anyone is welcome to sign-up for the SVPN E-News mailing list or attend quarterly SVPN meetings (archived recordings are available).

PI: Sign-up: MDH Sexual Violence Prevention Network
<http://www.health.state.mn.us/injury/topic/svp/implement/network/>

PI: The Minnesota Human Trafficking Task Force is an informal statewide network working to end Human Trafficking in Minnesota through services, response and prevention. Meetings are held quarterly and archived recordings are available on our website) Sign-up: Minnesota Human Trafficking Task Force www.mnhttf.org (includes sign-up for the MN Sex and Labor Trafficking Prevention Network (MNSTPN) listserv)

AKJ: Learn more about Minnesota's campus work here:
<http://www.preventconnect.org/2016/08/preventing-campus-sexual-assault-state-level-action-planning/>

TLG: In Texas we have been focusing on multi-disciplinary teams across the continuum of prevention, intervention, education, restoration. We have a specialized team at the Governor's office that is convening and has recently hired a staff member to work specifically on prevention for the whole statewide efforts.

TLG: <https://www.texastribune.org/2017/11/08/texas-has-hired-its-first-ever-director-human-trafficking-prevention/>

PI: Prevention Network Activity PDF http://www.preventconnect.org/wp-content/uploads/2017/12/MN_Spectrum2.pdf

AH: Is there a way we can get a copy of the slides?

AKJ:@Ana Slides for this session can be downloaded here <http://www.preventconnect.org/2017/12/from-foundations-to-innovations-applying-a-public-health-approach-to-prevent-sexual-and-domestic-violence/>

LS: How do you build partnerships with bars? I'm working on bystander intervention in bars and I'm having trouble getting bars to sign on.

AKJ:@Lauren someone else shared earlier that they are working with bars -- maybe you all can connect!

AS: @Lauren, we'll try to pose the question to Ed (as long as there's time!)

AKJ: @Tara -- perhaps you and Lauren can connect on working with bars?

KP: CalCASA had a great recording of a group in Arizona that is working with bars; they had the state government involved, which was a boon to the program.

AKJ: @Karin yes! Here are some links: <http://www.preventconnect.org/2016/01/developing-bystander-training-for-bars-around-college-campuses-lessons-learned-from-arizona-safer-bars-alliance/>

TD: My grant from New York State DOH is working with Safer Bars from the University of Arizona, that how we started

KP: Awesome, thanks! It is great.

TD: And @Lauren, its tough! We were able to get one bar 100% on board and were able to use that to get other bars on board

RS: I wonder whether it would help to get the ideas across of macro-level or organizational policy and practice and legislative change by educating the public about the CDC's We Choose Health national Policy, Systems, and Environment Approach to prevent chronic disease. I use that as a way to educate my Health Sciences students at Northeastern Illinois University about bigger changes in organizations and communities.

AB: Love this program, launched 2017 #takeastandtroy

AB: <http://www.sphp.com/body-sam.cfm?id=1694&fr=true>

RS: Between Friends, a Chicago DV agency, and Rape Victim Advocates joined together to form "Our Music, My Body" to prevent sexual violence at concerts.

PI: What other org practices could bars and party environments take on to prevent sexual violence?

RR: I tried to promote an idea to use a hand stamp with the message "consent is sexy" with my program's name and hotline number on there.

KK: I think in all professions there should be sensitivity training and prevention training. Not everyone knows what to look for or what the signs are. I think everyone in the world should have bystander training to be able to know what to do to step in and help.

KK: So many people don't know what that is or what to look for.

SS: An Org. practice could be safe rides home. A bus system that's free to ride from bar to bar and a localized route within the city/college campus. That way they have a safe way to get home instead of going home with someone they just met or don't really know. Also cuts down on drinking and driving. We have that set-up here in my city.

KK: Stephanie, I like that as well!

KK: A text line in case you need an "out" something like 911 that you can text and it gives you, hey I got to leave scenario

AS: Is the term "BEST" Parties and Bars copyrighted?

KP: @ Ali, good question!

JO: One thing my agency is trying to do is convince state agencies to require any contractor providing services to children to require mandatory reporting training for the contractor's employees and volunteers and that the contractors have codes of conduct regarding appropriate behaviors when interacting with children.

BL: @Spitz, what city are you in? what is the service called that offers a free bus service to college campuses after the bar?

SS: Thanks @Katherine! Plus is the driver is trained in recognizing signs, etc. that's another way to prevent something from happening.

AS: @Brianna Stephanie and I are in the same city. Pittsburg, Kansas Pittsburg State University

SS:@Brianna I'm in Pittsburg, KS. The service is called Safe Ride. <http://www.pittstate.edu/office/student-life/getting-around-campus/buses/saferide.dot>

SS: Thanks @Ali! I was trying to link the PSU website so it's easier for them to see what that looks like.

AS: @Brianna You can see on the website the different options - Saferide and Gus Bus

KM: I don't know who's typing at the bottom of the screen, but WOW

PI: Karen, that's Aberdeen Captioning

AKJ: @Karen it's our closed captioning service. You can disable it by clicking on the little CC box above the text chat.

PI: Men As Peacemakers: www.menaspeacemakers.org

PI: Minnesota's Sexual Violence Prevention Program: <http://www.health.state.mn.us/svp/>

PI: Prevention Networking Activity http://www.preventconnect.org/wp-content/uploads/2017/12/MN_Spectrum2.pdf

PI:2017 PreventConnect Report: <http://www.preventconnect.org/2018/01/new-report-themes-and-summaries-from-the-2017-preventconnect-web-conference-series/>

PI: Prevention Institute's report on A Health Equity and Multisector Approach to Preventing Domestic Violence <https://www.preventioninstitute.org/publications/health-equity-and-multisector-approach-preventing-domestic-violence>

PI:NSVRC's Innovations in Community-Level Prevention: <https://www.nsvrc.org/publications/nsvrc-publications-reports/innovations-community-level-prevention>

KM: My point with the captioning was that they were having a hard time keeping up. As a consequence some of the statements typed were not reflecting what was said or just skipping sections to catch up. If someone were relying on the text they would have had a hard time.

PI: Thanks to all of our guests and participants who joined today. Have a wonderful day and we will see you next time!

LFP: Thank you for sharing your amazing work! Very inspired!

KC:12:27 PM: thank you for this web conference

TAT: Thank you for this webinar!

SB: Thank you! Great webinar~

KM: Thank you!!

AC: Thank you!

