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Why is prevention of intimate partner violence (IPV) a public health issue? How does the department define prevention? What types of activities constitute prevention?

- Intimate partner violence (IPV) is a widespread problem and a major public health issue. The 2015 National Intimate Partner and Sexual Violence Survey (NISVS), conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control, found that about one in four women (24%) and one in seven (14%) men have experienced physical violence by an intimate partner at some point in their lifetimes. It also found that more than half (51%) of female victims of rape reported being raped by an intimate partner.

- In California, IPV affects millions of people. According to a recent (2019) survey conducted by the Blue Shield Foundation of California, 58% of Californians say they have been personally touched by IPV – either as a victim/survivor or as an abuser or have had a friend/family members who has experienced IPV. It also found that 88% of Californians consider IPV to be a serious problem.

- Exposure to violence has a negative impact on many individual health outcomes. Witnessing or experiencing IPV can increase vulnerability and lead to negative health outcomes such as chronic disease, substance abuse, and infectious disease. For children, IPV in the family of origin, loss of a parent, or incarceration of a parent are all specific measures of trauma exposure in Adverse Childhood Experiences surveys. The acute trauma and delayed stress experienced worsens health status of individuals and families and can extend across generations. Moreover, violence and the fear of violence may hinder access to basic human needs such as food, shelter, education, and employment.

- The California Department of Public Health (CDPH) approaches IPV as a public health issue that affects all age and socio-economic groups. Rather than focusing on individuals and providing after-the-fact services to victims, public health applies a *primary prevention* approach that works to modify or entirely

eliminate the events, conditions, or exposure to influences, otherwise known as risk factors that result in the initiation of relationship violence and associated injuries, disabilities and deaths. Primary prevention, as opposed to secondary or tertiary prevention, focuses on working "upstream" to address the underlying root causes to prevent violence from ever happening in the first place.

- Growing research has demonstrated that there are multiple strategies used to prevent IPV from occurring in the first place. A comprehensive approach that simultaneously targets multiple risk and protective factors *early in life* is critical in broadening and sustaining impact on IPV. Strategies should focus on recognizing that adolescence is a critical development period for the prevention of partner violence in adulthood. For example, relationship violence in adolescence can be a pre-cursor or risk factor for IPV in adulthood, so primary prevention of IPV means addressing teen dating violence.

- Examples of activities that constitute primary prevention of IPV include:
    - Working with children, youth, parents or caregivers to set expectations for healthy relationships, families and communities;
    - Engaging youth leaders to work with schools, workplaces and other community settings to change policies and social norms that condone or encourage relationship violence;
    - Mobilizing the community to promote healthy relationships and positive bystander behaviors;
    - Working with young men to promote healthy masculinity.

How does the department monitor violence in general statewide? How does it measure the success of its violence prevention initiatives on statewide rates of violence?

- CDPH collects and analyzes data to track rates and trends and better understand the risk factors that contribute to violence, along with the protective factors that help to reduce the risk for an individual or community.

- CDPH monitors violent deaths using Vital Statistics data, and analyzes data on emergency room visits and hospitalizations (due to assaults), obtained from the Office of Statewide Health Planning and Development (OSHPD).

- CDPH's California Violent Death Reporting System (CalVDRS) is another example of how we monitor the consequences of violence. Through participation in CDC's National Violent Death Reporting System, CDPH can obtain critical information on the circumstances surrounding these deaths (e.g. perpetrator-victim relationship, mental health status at time of death, familial stressors, and toxicology). CalVDRS is a web-based surveillance system that links vital statistics data to comprehensive death data from medical examiners and coroners (including investigative reports, toxicology information, and medical

history) and reports from law enforcement (such as weapon information and circumstances of the incident). With funding from CDC to pilot the project starting in 2016, CDPH has implemented this system, encouraging and recruiting local participation on a voluntary basis. There are currently 20 local jurisdictions involved, representing 55% of violent deaths for 2018. CalVDRS plans to expand the CalVDRS program throughout the state as more local jurisdictions participate in this public health surveillance effort. As it becomes available, the data from CalVDRS will be shared with local jurisdictions and translated into actionable information to be used by state and local partners to better understand and address violent death, including deaths associated with IPV.

- Violence prevention programs implemented by CDPH's Injury and Violence Prevention Branch (IVPB) to prevent sexual violence, teen dating violence, and intimate partner violence each include an evaluation component. Evaluation data is collected from local subgrantees and used to determine program effectiveness. While we can use surveillance data to determine rates of intimate partner violence, using this data to evaluate our programs is not as simple. Changes in social norms and actions are long-term and require longer than one or two years to see changes in rates. Current evaluation efforts required as part of CDPH's IPV programs include pre/post tests to assess individual change, and assessment of risk and protective factors for IPV such as community engagement and self-efficacy.

Please discuss CDPH's specific programs to prevent intimate partner violence, how much funding the department receives for those programs, and the source(s) of that funding. The Commission also would be interested in learning how the department measures the success of its initiatives to prevent intimate partner violence, as well as the impact existing initiatives have had on the rate of intimate partner violence.

- CDPH elevates the issue of IPV prevention from a public health perspective and addresses IPV using primary prevention strategies. For the past 25 years CDPH's Injury and Violence Prevention Branch has funded local rape crisis centers and domestic violence organizations; provided training and technical assistance; and disseminated best practices to prevent both IPV and sexual violence.

- In 1995, CDPH began administering funds from the Domestic Violence (DV) Training and Education Fund. This Fund was established by statute (Section 1203.097 of the Penal Code), collects fees from convicted batterers, and is allocated to CDPH on an annual basis in order to support grants to local DV organizations to conduct community-level primary prevention efforts.

- For this current fiscal year, CDPH received $617,000 from the Domestic Violence Training and Education Fund, which is being used to fund two local DV organizations. These organizations are Tahoe Safe Alliance in Placer County

which receives $135,000/year for a 4-year contract period (July 1, 2018-June 30, 2022), and Family Violence Law Center in Alameda County which receives $30,000/year for 2-year contract period (July 1, 2018-June 30, 2020). Both organizations are funded to implement a program called Close to Home. Close to Home (C2H) is an evidence-based strategy that engages community members to design solutions and lead social change for domestic violence, teen dating violence, and sexual violence prevention. These projects focus on youth leaders to mobilize their communities by creating dialogue and action to promote healthy relationships. CDPH adapted the C2H model to center around school-based youth leadership teams building a network of community members.

- The Domestic Violence Training and Education Fund also supports specialized training and technical assistance to local DV organizations.

- With $4.2 million in annual funding from CDC, CDPH also administers the Rape Prevention and Education (RPE) Program. The RPE Program funds 24 local rape crisis centers to implement and evaluate primary prevention programs that prevent first time perpetration and victimization of sexual violence. With similar risk factors, target populations (e.g., youth) and evidence-based programs, efforts of the RPE Program are leveraged to impact IPV as well.

- The Injury and Violence Prevention Branch also receives $125,000 annually from CalOES through an Interagency Agreement to provide training and technical assistance to local CalOES funded Teen Dating Violence Prevention programs, assist CalOES staff with new program development for both domestic violence and sexual violence prevention programs, and coordinate a state level collaborative between CDPH, the Governor's Office of Emergency Services (CalOES), the California Partnership to End Domestic Violence, and the California Coalition Against Sexual Assault, to address intimate partner violence, sexual violence and teen dating violence prevention in California.

Please detail how CDPH works with other state entities to prevent intimate partner violence. Are these collaborations required by statute, directed by the Governor, or initiated by leaders in the relevant agencies? Do CDPH and the state entities it works with share the same definitions related to intimate partner violence, and the same data collection and research methodology in order to make data comparable across agencies?

- CDPH has a long history of working with both state level agencies and state coalitions to prevent IPV. As previously mentioned, CDPH coordinates a state level collaborative to coordinate efforts to address intimate partner violence, sexual violence and teen dating violence prevention. The collaborative began voluntarily convening in 2016, and now meets informally on a quarterly basis in Sacramento. This collaboration intentionally aligns the four agencies using shared definitions of prevention as a lens and building on individual agency mandates, strengths and resources. As part of this collaborative, CDPH shares

research methodologies, data, evaluation tools, strategies, and promising practices from the field to inform local and state level efforts for primary prevention of IPV.

Witnesses at the Commission's October 24, 2019, hearing overwhelmingly agreed that there is a valuable opportunity for intervention during the provision of victim services, particularly when it comes to children who have witnessed intimate partner violence. Do you agree with that assessment, and if so, should this type of intervention fall under the purview of victim services or prevention? Or is that too siloed of an approach? If you don't agree with the October witnesses' assessment, the Commission would be interested in learning why.

- CDPH agrees that the provision of victim services provides a critical opportunity to intervene with children who have witnessed IPV to address the trauma of exposure, which represents one of many recognized Adverse Childhood Experiences (ACEs), and prevent the intergenerational cycle of violence.

- Although it is clear that we have specific definitions for prevention and intervention in this field, it is also clear that prevention and intervention are also not separate entities, and that people's experiences do not exist in one column or the other. Many people, in fact, have been exposed to some type of violence or abuse in their lives, so prevention programs are considered in this context.

- It is not possible to address prevention of IPV with community members without acknowledging and providing resources for survivors and their families. It is important to link community awareness and mobilization work to prevent IPV with community-based services. One finding of the implementation of the Close to Home community mobilization program was that local organizations working on preventing IPV in communities were only able to gain their communities' buy-in when they gained community trust and were able to respond to their communities' needs with the necessary resources.

What would an ideal intimate partner violence prevention program with a statewide reach look like? How would the program reach underserved populations, such as non-English speakers or people living in isolated geographic areas? What are your recommendations on how the state can help make that ideal the reality?

- CDPH funds local agencies and organizations that can substantiate a need for IPV prevention programming and utilize data to identify risk and protective factors that increase or decrease the likelihood of IPV and TDV within their own communities.

In addition to what is discussed above, please share any other information or recommendations you have that could help the Commission develop recommendations on how the State of California can more effectively reduce, prevent, and mitigate the impacts of intimate partner violence.

- In 2016, CDPH established the Violence Prevention Initiative (VPI) with the goal of highlighting and framing the role of governmental public health in addressing violence. The Initiative is led by a cross-program Steering Committee partnership between CDPH's Center for Healthy Communities, Center for Family Health, Office of Health Equity and Fusion Center. One of the first publications within VPI's Preventing Violence in California Report Series is *Preventing Violence in California: The Role of Public Health* which provides an introduction to the complex and multifaceted issue of violence and a high level overview of the public health role and approach to violence prevention.