

Interpersonal Violence Prevention Change Package

Purpose

The interpersonal violence prevention change package includes: 1) an aim statement, 2) a driver diagram and 3) a measurement strategy for achieving the aim of reducing deaths, hospitalizations, and emergency department (ED) visits among children ages 0 through 9 and adolescents ages 10 through 19 resulting from interpersonal violence (e.g., assault, bullying, child maltreatment, homicide, and sexual assault).

The interpersonal violence prevention change package is intended to spread well-established evidence-based practices across a large number of pilot sites in states/jurisdictions. We expect the aim to be achieved if you are working across the entire driver diagram (e.g. all drivers, using multiple change ideas) and state/jurisdiction wide. If you are only working in selected areas of the driver diagram, we recommend that you strategically choose reinforcing drivers and change ideas to achieve the greatest impact and then revise your aim statement accordingly.

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Driver Diagram

Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD1: Societal level Knowledge base, norms, and coordination for interpersonal violence prevention efforts	SD1: Knowledgeable partners and policy makers	<ol style="list-style-type: none"> Educate the public and policymakers about the health effects of policies like increased minimum wage and access to paid leave, food security, housing stability, subsidized child care, and early quality care and education over the life course (e.g., CDC Essentials for Childhood Framework Goal 4) Participate in national campaigns that raise awareness about interpersonal violence and prevention strategies, especially bystander interventions Promote community norms for shared responsibility for the well-being of children and acceptable parenting behaviors through a shared vision and evidence-based programs (e.g., CDC Essentials for Childhood Framework Goals 1 and 3, Breaking the Cycle, Green Dot, Coaching Boys into Men, and Olweus Bullying Prevention Program) 	1, 2, 7, 13
	SD2: Multi-stakeholder partnerships	<ol style="list-style-type: none"> Establish and expand violence prevention coalitions that involve multiple stakeholders, including non-traditional partners (e.g. MCH, home visiting, TANF, court systems, private sector) Identify, coordinate, monitor and report on strategies implemented by multi-sector partners (e.g., CDC State Level Implementation of the Essentials for Childhood Framework) 	2, 3
PD2: Organizational level Organizational policies and procedures support the practice of interpersonal violence prevention	SD1: Wide reaching, accessible support systems and strategies in communities, schools and crisis centers	<ol style="list-style-type: none"> Provide young children with access to experiences that support healthy brain development, healthy relationships, and school readiness (e.g., preschool programs, play groups) Create and/or strengthen school safety committees that implement a whole school approach to bullying prevention (e.g., Positive Behavioral Interventions and Supports) Work with schools and community organizations to expand in-school and after-school programs that provide positive youth development, community connectedness, and opportunities for mentorship (e.g., Program in Education, Afterschool, and Resiliency) 	2, 6, 8, 9, 13

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Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD2: (cont). Organizational policies and procedures support the practice of interpersonal violence prevention	SD1: (cont.) Wide reaching, accessible support systems and strategies in communities, schools and crisis centers	<ol style="list-style-type: none"> 4. Implement strategies and programs to reduce youth violence at the state and community level using the CDC Striving to Reduce Youth Violence Everywhere (STRYVE) strategies 5. Implement strategies on rape prevention and education at the state and community level using the CDC Rape Education and Prevention Program (e.g., implementing statewide and community hotlines) 6. Ensure crisis centers are accessible (e.g., rape crisis centers, domestic violence crisis centers) 	
	SD2: Training and protocols for health and social service professionals to identify and manage interpersonal violence prevention risk and trauma	<ol style="list-style-type: none"> 1. Train pediatricians, family practitioners, home visitors, community health workers, youth workers, and school social workers on evidence-based early identification, assessment, and referral of mental health problems, trauma, and risk of interpersonal violence 2. Train mental health professionals in the use of culturally appropriate and evidence-based treatment frameworks for interpersonal violence, traumatic stress, and associated symptoms (e.g., cognitive behavioral therapy, multi-systemic therapy with psychiatric supports, attachment-based therapy, dialectical behavior therapy, dynamic deconstructive psychotherapy, and the Attachment, Self-Regulation, and Competency Framework) 3. Develop and implement protocols to enable care providers to communicate and collaborate in the identification and management of interpersonal violence risk 4. Develop and implement guidelines for assessing and managing interpersonal violence risk for children and adolescents receiving care, education, and supports in all settings 	4, 5, 10, 11, 12

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Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD3: Relational/ individual level Families and youth knowledgeable in interpersonal violence prevention	SD1: Training and education of families and youth in interpersonal violence prevention	<ol style="list-style-type: none"> 1. Build parenting skills through evidence-based programs (e.g., Triple P Positive Parenting Program, Incredible Years, Strengthening Families, Period of PURPLE Crying Program®, Nurse-Family Partnership, Healthy Families America, Early Head Start, Parents as Teachers) 2. Teach adolescents non-violence skills (e.g., Safe Dates, Coaching Boys into Men) 3. Develop youth social and emotional skills through participation in evidence-based programs and curricula, such as Incredible Years, the Good Behavior Game, Life Skills Training, and Positive Behavioral Interventions and Supports 4. Educate and build skills among families and youth in interpersonal violence prevention using the CDC Striving to Reduce Youth Violence Everywhere (STRYVE) strategies and the CDC Rape Education and Prevention Program (e.g. strengthen youths' skills, parental training, reducing immediate risk for interpersonal violence) 	7, 8, 11, 13
	SD2: Dissemination of interpersonal violence prevention educational materials	<ol style="list-style-type: none"> 1. Make culturally appropriate resources about trauma and interpersonal violence available to families 2. Educate families and youth on bullying prevention through training modules and materials (e.g., StopBullying.gov) 	13

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Measurement Strategy

Select the measures that will give you the best indication of signals of improvement from working on your drivers and change ideas. Your state/jurisdiction is encouraged to choose up to 5 - 7 (or more if needed) measures. More than one change idea may be necessary to move a given measure. We encourage all CS CoIN states/jurisdictions to report on the 3 state/jurisdiction outcome measures, monthly or quarterly, and to explore the ability to collect data that is more current.

Note: The measurement strategy does not include a specific measure for each change idea. When selecting measures, consider the set of change ideas that will be necessary to move a measure. This may include change ideas that don't have a "recommended measure" listed in the driver diagram. If you opt to add a measure or would like guidance on selecting measures, please contact CSN for technical assistance.

State/Jurisdiction Outcome Measures	Process Measures
<ul style="list-style-type: none"> • Rate of interpersonal violence related fatalities • Rate of interpersonal violence related hospitalizations • Rate of interpersonal violence related ED visits 	<ol style="list-style-type: none"> 1. Percent of communities that participate in campaign 2. Percent of organizations that adopt practices to address health/developmental needs of children and support families 3. Percent of active stakeholders partnering with the state or in a state coalition 4. Percent of sites implementing protocols for provider communication/collaboration in IPV identification/prevention 5. Percent of organizations implementing guidelines for assessing interpersonal violence risk in children and adolescents 6. Number of pre-school aged children participating in programs for healthy brain development and school readiness 7. Percent of sites implementing evidence-based parenting programs 8. Percent of parents and caregivers who participate in an evidence-based parenting program 9. Percent of children and youth receiving EB SEL, positive youth development, and non-violence skills 10. Number of organizations offering evidence-based curricula or programs on social and emotional and non-violence skills 11. Percent of professionals who work with youth trained in EB identification and referral of IPV 12. Percent of identified at risk children and adolescents whose referral results in follow up care or support 13. Number of organizations that offer training in EB treatment modalities for IPV 14. Number of interpersonal violence incidents reported by organizations

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State/Jurisdiction Outcome Measures

Measure	Numerator	Denominator	Data Collection Methods	Reporting Frequency
Rate of interpersonal violence related fatalities	Total number of interpersonal violence related deaths among children ages 0 through 19	Population of children ages 0 through 19 over the same time period	Work with state epidemiologist, using the Interpersonal Violence Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction
Rate of interpersonal violence related hospitalizations	Total number of interpersonal violence related hospitalizations among children ages 0 through 19	Population of children ages 0 through 19 over the same time period	Work with state epidemiologist, using the Interpersonal Violence Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction
Rate of interpersonal violence related ED visits	Total number of interpersonal violence related ED visits among children ages 0 through 19	Population of children ages 0 through 19 over the same time period	Work with state epidemiologist, using the Interpersonal Violence Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction

Process Measures

Note: Review the data collection column for guidance on operationalizing process measures. You may need to conduct assessments or administer questionnaires to determine your population of interest.

Name	Numerator / Denominator	Data Collection	Reporting Frequency
1. Percent of communities that participate in campaign	Numerator: Aggregate number of communities that participate in campaign Denominator: Total number of communities in the population of interest	Define the population of interest. Define “participate.” Track the aggregate number of communities in the population of interest that participate in the campaign. Additional data you may find useful to track: Number and type of sites/organizations in your communities.	Monthly

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Name	Numerator / Denominator	Data Collection	Reporting Frequency
<p>2. Percent of organizations that adopt practices to address health/developmental needs of children and support families</p>	<p>Numerator: Aggregate number of organizations that adopt practices to address health/developmental needs of children and support families</p> <p>Denominator: Total number of organizations in the population of interest</p>	<p>Define the population of interest.</p> <p>Define “adopt practices to address health/developmental needs of children and support families.”</p> <p>Track the aggregate number of organizations in the population of interest that adopt practices to address health/developmental needs of children and support families.</p> <p>Additional data you may find useful to collect: Type of organization; type of practice; copy of practice(s) provided by each organization.</p>	<p>Monthly</p>
<p>3. Percent of active stakeholders partnering with the state or in a state coalition</p>	<p>Numerator: Aggregate number of active members in the partnership or state coalition</p> <p>Denominator: Total number of members in the population of interest</p>	<p>Define “active members” (e.g. participate in a minimum of one activity per quarter, such as those listed below)</p> <p>Track the aggregate number of stakeholders in the population of interest that have active participation in the state/jurisdiction coalition.</p> <p>It is recommended to analyze minutes from coalition meetings and determine the number of members who:</p> <ul style="list-style-type: none"> • Attend coalition meetings • Educate teens about interpersonal violence prevention • Educate parents about interpersonal violence prevention • Educate policy makers about interpersonal violence prevention • Participate in interpersonal violence prevention campaigns • Other tasks – Please describe:_____ <p>Additional data you may find useful to track: Type of stakeholder; reach of stakeholder; copy of Memoranda of Understanding (MoUs) developed and signed by each agency/organization that describe the purpose, roles, and responsibilities of the collaborative relationship(s).</p>	<p>Quarterly</p>

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Name	Numerator / Denominator	Data Collection	Reporting Frequency
<p>4. Percent of sites implementing protocols for provider communication/collaboration in IPV identification/prevention</p>	<p>Numerator: Aggregate number of sites implementing protocols for provider communication/collaboration in IPV identification/prevention</p> <p>Denominator: Total number of sites in the population of interest</p>	<p>Define the population of interest.</p> <p>Track the aggregate number of sites in the population of interest implementing protocols for provider communication and collaboration in interpersonal violence prevention identification and prevention.</p> <p>Additional data you may find useful to track: Type of site(s); type of protocol(s); copy of new protocols provided by each site.</p>	<p>Monthly</p>
<p>5. Percent of organizations implementing guidelines for assessing interpersonal violence risk in children and adolescents</p>	<p>Numerator: Aggregate number of organizations implementing guidelines for assessing interpersonal violence risk in children and adolescents</p> <p>Denominator: Total number of organizations in the population of interest</p>	<p>Define the population of interest.</p> <p>Define “implementing guidelines.”</p> <p>Track the aggregate number of organizations in the population of interest implementing guidelines for assessing interpersonal violence risk in children and adolescents.</p> <p>Additional data you may find useful to track: Type of organization; type of guideline(s); copy of new guidelines for assessing interpersonal violence risk.</p>	<p>Monthly</p>
<p>6. Number of pre-school aged children participating in programs for healthy brain development and school readiness</p>	<p>N/A</p>	<p>Define where you are working in your state or jurisdiction.</p> <p>Identify programs for healthy brain development and school readiness for pre-school aged children.</p> <p>Track the aggregate number of pre-school aged children participating in programs for healthy brain development and school readiness.</p> <p>Note: It is recommended to define a goal for this measure.</p> <p>Additional data you may find useful to track: Type of program(s); number of program(s); organization(s) offering the program(s); waitlists and time to be removed from waitlist.</p>	<p>Monthly</p>

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Name	Numerator / Denominator	Data Collection	Reporting Frequency
7. Percent of sites implementing evidence-based parenting programs	<p>Numerator: Aggregate number of sites implementing evidence-based parenting programs</p> <p>Denominator: Total number of sites in the population of interest</p>	<p>Define the population of interest.</p> <p>Track the aggregate number of sites in the population of interest implementing evidence-based parenting programs.</p> <p>Additional data you may find useful to track: Type of site(s); type of evidence-based parenting program(s).</p>	Monthly
8. Percent of parents and caregivers who participate in an evidence-based parenting program	<p>Numerator: Aggregate number of parents and caregivers who participate in an evidence-based parenting program</p> <p>Denominator: Total number of parents and caregivers in the population of interest</p>	<p>Define the population of interest.</p> <p>Track the aggregate number of parents and caregivers in the population of interest who participated in an evidence-based parenting program (partial or complete participation).</p> <p>Additional data you may find useful to track: Site offering the training; type of evidence-based parenting program(s); completion of training by participants.</p>	Monthly
9. Percent of children and youth receiving EB SEL, positive youth development, and non-violence skills	<p>Numerator: Aggregate number of children and youth receiving EB SEL, positive youth development, and non-violence skills</p> <p>Denominator: Total number of children and youth in the population of interest</p>	<p>Define the population of interest.</p> <p>Track the aggregate number of children and youth in the population of interest who are receiving evidence-based social emotional learning, positive youth development, and non-violence skills.</p> <p>Additional data you may find useful to track: Site offering the training; type of evidence-based program(s); completion of training or program(s) by participants.</p>	Monthly

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Name	Numerator / Denominator	Data Collection	Reporting Frequency
<p>10. Number of organizations offering evidence-based curricula or programs on social and emotional and non-violence skills</p>	<p>N/A</p>	<p>Define where you are working in your state or jurisdiction.</p> <p>Identify organizations and review curricula or programs on social and emotional and non-violence skills to determine they are evidence based.</p> <p>Track the aggregate number of organizations offering evidence-based curricula or programs on social and emotional and non-violence skills.</p> <p>Note: It is recommended to define a goal for this measure.</p> <p>Additional data you may find useful to track: Type of organization; type of curricula or program(s); number of curricula or program(s).</p>	<p>Monthly</p>
<p>11. Percent of professionals who work with youth trained in EB identification and referral of IPV</p>	<p>Numerator: Aggregate number of professionals who work with youth trained in EB identification and referral of IPV</p> <p>Denominator: Total number of professionals who work with youth in the population of interest</p>	<p>Define the population of interest (e.g. health and social service professionals, school staff, youth workers).</p> <p>Define the evidence-based tools and approaches (e.g. early identification, assessment of risk, referral, and treatment for interpersonal violence, traumatic stress, and associated symptoms).</p> <p>Track the aggregate number of professionals who work with youth in the population of interest who are trained in evidence-based identification and referral of IPV.</p> <p>Additional data you may find useful to track: Site(s) where professionals who work with youth work; specific occupation of professionals; type of tools and approaches used in the training; organizational protocols.</p>	<p>Monthly</p>

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Name	Numerator / Denominator	Data Collection	Reporting Frequency
<p>12. Percent of identified at risk children and adolescents whose referral results in follow up care or support</p>	<p>Numerator: Aggregate number of identified at risk children and adolescents whose referral results in follow up care or support</p> <p>Denominator: Total number of identified at risk children and adolescents in the population of interest</p>	<p>Define the population of interest.</p> <p>Define at risk children and adolescents. Define “identified.” Define “follow up care or support.”</p> <p>Track the aggregate number of identified at risk children and adolescents in the population of interest whose referral results in follow up care or support.</p> <p>Additional data you may find useful to track: Time from referral to follow up care or support; type of follow up care or support.</p>	<p>Monthly</p>
<p>13. Number of organizations that offer training in EB treatment modalities for IPV</p>	<p>N/A</p>	<p>Define where you are working in your state or jurisdiction.</p> <p>Track the aggregate number of organizations that offer training in evidence-based treatment modalities for interpersonal violence.</p> <p>Note: It is recommended to define a goal for this measure.</p> <p>Additional data you may find useful to track: Type of organization; type of training(s); number of trainees.</p>	
<p>14. Number of interpersonal violence incidents reported by organizations</p>	<p>N/A</p>	<p>Define where you are working in your state or jurisdiction (e.g. geographical region, type of sites, such as schools, health care organizations).</p> <p>Track the number of interpersonal violence incidents reported by organizations on a monthly basis.</p> <p>Additional data you may find useful to track: Type of organization; type of interpersonal violence incident; unique incidents; repeat incidents.</p>	<p>Monthly</p>

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References and Resources

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U.S. Department of Health & Human Services. Home Visiting Evidence of Effectiveness: Implementing Early Head Start-Home Visiting. Available at: <http://homvee.acf.hhs.gov/Implementation/3/Early-Head-Start-Home-Visiting-EHS-HV-Program-Model-Overview/8>

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