

Raising Teen Dating Violence Prevention
as a Public Health Priority
Philadelphia, Pa.

Final Report

Pennsylvania Department of Health
Bureau of Health Promotion and Risk Reduction
&
Teen Dating Violence Prevention Team

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FOREWORD

This final report, including recommendations, aims to raise teen dating violence prevention as a public health priority, particularly in the city of Philadelphia. This comprehensive report was developed by the Pennsylvania Department of Health and numerous devoted and committed partners who comprise the Teen Dating Violence Prevention Team.

The recommendations contained in this final report will support collaboration, enhance primary prevention programs, support policy development and effectively utilize data to plan and evaluate prevention efforts. This plan is designed to work in a collaborative fashion with other programs in the commonwealth to promote healthy relationships among persons ages 10 to 19 years old.

We would like to thank the Centers for Disease Control and Prevention, which funded this initiative to address teen dating violence prevention as a public health priority from 2009 to 2011. With the investment of time and resources, team members have developed comprehensive recommendations for Philadelphia to address teen dating violence, and these recommendations can be applied statewide in other commonwealth communities.

Teen Dating Violence Prevention Team

EXECUTIVE SUMMARY

Background

Under a Cooperative Agreement from the Centers for Disease Control and Prevention (CDC), the Pennsylvania Department of Health (PA DOH) spearheaded an initiative focusing on the prevention of teen dating violence. Dating violence is defined as physical, sexual or psychological/emotional violence within a dating relationship. The initiative focused on dating violence among youth ages 10 to 19 years residing in Pennsylvania's largest urban area, the city of Philadelphia¹. In 2009, 17.3 percent of Philadelphia public high school students were victims of dating violence, compared to 9.6 percent in Pennsylvania (statewide) and 9.8 percent nationally.² The initiative further focused upon primary prevention, defined as programs, activities or policies that prevent violence from initially occurring.

The purpose of the Teen Dating Violence (TDV) Prevention Initiative was to: 1) raise TDV as a public health priority; 2) build and/or enhance internal and external partnerships with key TDV violence prevention stakeholders; 3) build capacity of state and local health departments to support and evaluate TDV prevention programs and policies; and 4) generate recommendations for local leaders and partners to support the implementation and evaluation of TDV prevention programs and policies through surveillance and partnerships.

Included among the activities of the initiative, the PA DOH and the Teen Dating Violence Prevention Team (TDVPT) completed an environmental scan and a policy scan of TDV

¹ The City of Philadelphia is the county seat of Philadelphia County, with which it is coterminous.

² 2009 Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health

prevention in Philadelphia. Also, an inventory of data indicators was developed and an assessment of capacity and readiness was completed. In June 2011, the TDVPT coordinated a series of focus groups to gain youth perspectives on TDV prevention. This report is the culmination of work completed in this initiative, with specific recommendations for local stakeholders to address teen dating violence as a public health priority.

Recommendations

Goal I: Develop collaborative relationships to support program and policy efforts across the Social-Ecological Model (SEM) to foster healthy relationships among persons ages 10 to 19.

Objective: Coordinate and collaborate with key partners to champion programs and policies that support the development of healthy relationships and prevention of teen dating violence.

Target date for completion: July 31, 2016

- 1) Maintain the existing TDVPT, including local leaders and expansion to youth representation (such as the Youth Leadership Team under a grant from the University of Pennsylvania) to coordinate prevention efforts and disseminate recommendations;
- 2) Identify non-traditional partners that share the same mission of fostering healthy relationships, including faith-based organizations; and
- 3) Identify potential diverse funding sources to support programs and policies that advance the shared mission and deliver presentations based upon the TDVPT recommendations.

Goal II: Design/adapt, implement and evaluate a comprehensive programmatic approach across the SEM to foster healthy relationships among persons ages 10 to 19.

Objective: Improve the design, implementation and evaluation of teen dating violence prevention programs.

Target date for completion: July 31, 2016

- 1) Obtain technical assistance from local academia to design/adapt, implement and evaluate prevention programs;
- 2) Design/adapt and implement prevention programs for specific targeted audiences;
- 3) Design/adapt, implement and evaluate a curriculum for fostering healthy relationships, both in the community and school settings;
- 4) Provide skill-building opportunities to professionals to enhance programmatic efforts regarding Healthy Relationships at the community level such as conducting a citywide symposium;
- 5) Co-locate prevention opportunities with related health services;
- 6) Engage youth as peer activists in promoting healthy relationships, using promising practices, such as bystander engagement;
- 7) Engage adults from communities and local organizations to be role models in implementing prevention programs;
- 8) Implement a program to engage parents to mentor, teach and prepare children regarding healthy relationships;
- 9) Identify low-cost evaluation methods to support program design and implementation to determine effectiveness; and
- 10) Implement and evaluate a social norms campaign.

Goal III: Design, implement and evaluate a comprehensive policy effort across the SEM to foster healthy relationships among persons ages 10 to 19.

Objective: Improve the design, implementation and evaluation of policies that support the development of healthy relationships and prevention of teen dating violence.

Target date for completion: July 31, 2016

- 1) Identify state and local champions to support policy efforts;
- 2) Identify promising and proven effective policies to implement and evaluate in the school setting;
- 3) Develop and implement a district-wide policy for curriculum and prevention programming partnerships;
- 4) Identify low-cost evaluation methods to support policy implementation to determine effectiveness;
- 5) Engage key partners to identify the fostering of healthy relationships as an investment in the students' futures;
- 6) Design, implement and evaluate policy efforts tailored to the community needs; and
- 7) Expand policy implementation to communities through churches and neighborhoods.

Goal IV: Improve data analysis to evaluate programmatic and policy efforts across the SEM to foster healthy relationships among persons ages 10 to 19.

Objective: Access, assess and analyze available data that support the development of healthy relationships and prevention of teen dating violence.

Target date for completion: July 31, 2014

- 1) Access, assess and analyze available data;
- 2) Partner with Philadelphia Department of Public Health (PDPH) to identify opportunities to develop new data collection tools to inform and evaluate programs and policies; and
- 3) Publish data analysis to support related violence prevention efforts.

Conclusions

Strengths and Opportunities

Strong Local Organizations Providing TDV Prevention Services

A core group of organizations are (and have been for several years) providing a variety of activities that the organizations explicitly defined as "TDV Prevention." While there is not a systemic approach to addressing TDV prevention in schools, these organizations do have experience working in schools. These and the other 21 organizations that provided TDV prevention activities in the city have additional experience working with high risk youth, including youth exposed to community and domestic violence and those involved in the child welfare and juvenile justice systems. The organizations also have experience providing TDV prevention activities targeting a broad range of youth in terms of age, race/ethnicity, gender, sexual orientation and special needs, including pregnant and parenting teens and runaway and homeless youth. This core group has a history of working together and sharing information. The history of strong working relationships among the organizations provides a solid foundation for planning TDV prevention initiatives in Philadelphia.

University-based Program Evaluation and Research Experience and Capacity

Philadelphia has a high density of university-based evaluators and researchers specializing in violence prevention. Because Philadelphia has a high prevalence of violence, several university centers are focused on both community-based and basic violence prevention research from a public health perspective. While community-based organizations have limited experience with and capacity for conducting evaluations and research, there is a history of partnerships between several of the TDVPT organizations and university researchers.

Legislation to Encourage TDV Prevention in Schools

In the 2009-2010 legislative session, House Bill 101 was passed. House Bill 101 encourages TDV prevention education and policies in public schools.

Challenges

Limited Local Leadership

There is limited local leadership in TDV primary prevention from either the PDPH or from the School District of Philadelphia. Philadelphia currently faces numerous challenges with regards to the health and education of its youth, including new initiatives focusing on childhood obesity, educational reform and gun violence. In contrast, TDV does not have the same public visibility (e.g., incidents of TDV are rarely reported in the local media), nor have public agencies received adequate funding to address TDV prevention.

Organizations Have Limited Evaluation Experience and Capacity

Most non-university-based organizations have limited evaluation experience and capacity, which tends to reinforce the ad hoc approach to the design of prevention activities. Making the shift from this model to one based on a systematic, science-based public health approach to primary

prevention is a major challenge, unless additional resources can be devoted to improving organizational evaluation capacity and collaboration with local academia.

Lack of Funding

There is limited funding to support primary prevention programs and policy efforts, compared to direct services. Without additional categorical funding, TDV prevention programs will continue to be underfunded both at the local health department as well as in community organizations.

Action Steps

1. The TDVPT will continue to convene, either electronically or in-person, to support dissemination of this report and/or executive summary.
2. TDVPT members will post at least the executive summary to their respective websites to show endorsement of the final report with recommendations.
3. The PA DOH will post the final report with recommendations to its website and share with state-level partners.
4. The TDVPT will develop a standard presentation for its members to use to conduct outreach to potential local leaders and partners. This presentation will include a description of the burden of teen dating violence, the accomplishments of the TDVPT and a specific request of the target audience to partner on local prevention programs and policies.

INTRODUCTION & BACKGROUND

Under the auspices of a cooperative agreement from the Centers for Disease Control and Prevention (CDC), the Pennsylvania Department of Health (PA DOH) spearheaded an initiative focusing on the prevention of teen dating violence. Dating violence is defined as physical, sexual or psychological/emotional violence within a dating relationship. The initiative focused on dating violence among youth ages 10 to 19 years residing in Pennsylvania's largest urban area, the city of Philadelphia³. In 2009, 17.3 percent of Philadelphia public high school students were victims of dating violence, compared to 9.6 percent in Pennsylvania (statewide) and 9.8 percent nationally.⁴ The initiative further focused upon primary prevention, defined as programs, activities or policies that prevent violence from initially occurring.

The purpose of the Teen Dating Violence (TDV) Prevention Initiative was to: 1) raise TDV as a Public Health Priority; 2) build and/or enhance internal and external partnerships with key TDV violence prevention stakeholders; 3) build capacity of state and local health departments to support and evaluate TDV prevention programs and policies; and 4) generate recommendations for local leaders and partners to support the implementation and evaluation of TDV prevention programs and policies through surveillance and partnerships.

Included among the activities of the initiative, the PA DOH and the Teen Dating Violence Prevention team (TDVPT) completed an environmental scan and a policy scan of TDV prevention in Philadelphia. Also, an inventory of data indicators was developed and an assessment of capacity and readiness was completed. In June 2011, the TDVPT coordinated a

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⁴ 2009 Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health

series of focus groups to gain youth perspectives on TDV prevention. This report is the culmination of the work completed in this initiative, with specific recommendations for local stakeholders to address teen dating violence as a public health priority.

Membership

Name	Organization
Shelah Harper, MBA- Founder & CEO	Asia Adams Save Our Children Foundation
J. Mason	Bryson Institute
Shileste Overton-Morris, Youth Development Program Manager	Center for Schools and Communities
Julie Avalos, Director of Family Health Services	Congreso De Latinos Unidos
Caroline Campbell, Women's Wellness Department Manager	Congreso De Latinos Unidos
Glenni Perez, Education & Prevention Coordinator	Congreso De Latinos Unidos
Tony Enos	Educational Justice Coalition
Quincy Greene, President/CEO	Educational Justice Coalition
Antuan Johnson, Intern	Educational Justice Coalition
Kaysee Baker, Researcher	Educational Justice Coalition/Family Planning Council
Roberta Herceg-Baron, Managing Director of Programs	Family Planning Council
Marcy Witherspoon, MSW, LSW, Director of Children & Youth	Institute for Safe Families
Janna Friedman, Coordinator- Shelter of Peace	Jewish Family and Children's Services
Adrienne Tomlinson, Director, EOS	Jewish Family and Children's Services
Susanna Gilbertson, Training and Education Supervisor	Lutheran Settlement House
Vashti Bledsoe, Interim Program Director	Lutheran Settlement House
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Peg Dierkers, Executive Director	Pennsylvania Coalition Against Domestic Violence (PCADV)
Fern Gilkerson, Health Education Specialist	Pennsylvania Coalition Against Domestic Violence (PCADV)
Tracy Griffith, Training Institute Manager	Pennsylvania Coalition Against Domestic Violence (PCADV)
Joyce Lukima, Vice President, Services	Pennsylvania Coalition Against Rape (PCAR)
Liz Zadnik, Education & Resource Coordinator	Pennsylvania Coalition Against Rape (PCAR)
Abigail Coleman, Adolescent Health Program Administrator	Pennsylvania Department of Health
Lillian Escobar-Haskins, Policy Director	Pennsylvania Department of Health
Keri-Ann Faley, Violence and Injury Prevention Program Administrator	Pennsylvania Department of Health
Carol Thornton, Violence and Injury Prevention Program Section Chief	Pennsylvania Department of Health
Ron Tringali, Epidemiologist	Pennsylvania Department of Health
Beth Zakutney, RPE Coordinator, Sexual Violence Prevention and Education Program Administrator	Pennsylvania Department of Health
Julie Hohney, Human Services Program Specialist	Pennsylvania Department of Public Welfare
Samuel Monroe	Philadelphia Department of Human Services
Terri Way Thornton, Social Work Services Manager II	Philadelphia Department of Human Services
Paulette Smith, CLPPP Manager	Philadelphia Department of Public Health
Katie Dunphy, Program Director	Philadelphia FIGHT's Youth Health Empowerment Project
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Anna Katz, Director of Program Operations	Women Against Abuse

Debasri Ghosh, Education and Training Coordinator	Women in Transition, Inc.
Carole Johnson, Executive Director	Women Organized Against Rape (WOAR)
Nichet Sykes, Education Coordinator	Women Organized Against Rape (WOAR)

METHODS

Overview

The TDVPT worked together to develop a process for setting the recommendations in this report. The process included conducting a SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats), prioritizing SWOT results to inform recommendations, developing a logic model of priorities, and building consensus on the priority recommendations.

Methods Used to Develop Recommendations

SWOT Analysis

In February 2011, the PA DOH developed a worksheet for the TDVPT members to complete regarding their individual and organizational perspectives of the strengths, weaknesses, opportunities and threats of TDV prevention as a public health priority. Members were asked to consider the environmental and policy scans in informing their responses.

- Based upon the responses, the following themes were developed to organize the responses for the TDVPT meeting discussion and subsequent prioritization exercise:
 - Awareness
 - Collaboration/Coordination
 - Data
 - Funding
 - Local leadership
 - Policy – state and local
 - Prevention programs

- The TDVPT split into smaller workgroups to discuss each theme and brainstorm possible recommendations.

Prioritization Exercise

After sharing the proceedings of each smaller workgroup with the whole TDVPT based upon posted flip chart work, each present member was given 12 dots to place on any recommendations in any amount under any or all themes.

Logic Model Development

Using the prioritization results, the TDVPT developed a draft logic model of the priority recommendations.

- The TDVPT discussed that recommendations should be inclusive of short-term, mid-term and long-term action outcomes.
- The Situation Statement and Terminology were developed by the TDVPT at the February meeting.

The final Logic Model can be found in Appendix A.

Consensus

Consensus was achieved through ongoing review of this final report, inclusive of recommendations. The TDVPT members had opportunity through oral and written communication to express their opinions so that the report could be generally agreed upon.

RECOMMENDATIONS

Overview

The mission of the TDVPT is to affect cultural and social norms change regarding healthy relationships in Philadelphia among persons ages 10 to 19 years old.

Local organizations, such as domestic violence centers, adolescent health providers, lesbian, gay, bisexual, transgendered and questioning youth programs, homeless youth initiatives, sexual assault service providers, and other social services, share the mission to prevent teen dating violence and provide a variety of programs intended to support prevention, yet there are limited funds to support effective primary prevention program and policies to address teen dating violence.

The local organizations seek to partner with all types of human service programs to minimize the impact of trauma over a person's lifetime. When a human service program takes the step to become trauma-informed, every part of its organization, management and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs and services understand the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so these services and programs can be more supportive and prevent other forms of trauma. Especially, the prevention of risk factors for teen dating violence among persons ages 10 to 19 years old is a priority among organizations with the shared mission of changing social norms around healthy relationships.

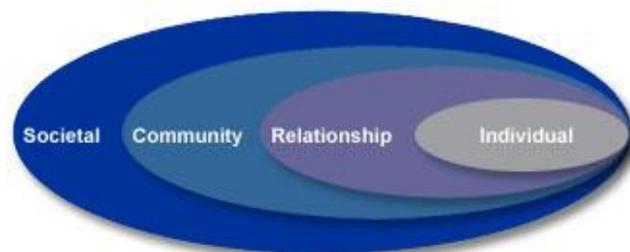
The TDVPT has defined healthy relationships as characterized by:

- Mutual respect
- Communication
- Honesty
- Negotiation
- Positive equity
- Shared power
- Safety
- Supportive home environment
- Boundaries set
- Self-advocacy
- Self-esteem
- Decision-making with shared input
- Community support
- Peer support
- Trust
- Choice to be in the relationship
- Responsibility

Social-Ecological Model (SEM)

The TDVPT based its recommendations on the Social-Ecological Model (SEM). Since the ultimate goal is to stop teen dating violence before it begins, prevention requires understanding the factors that influence teen dating violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies (Dahlberg & Krug 2002). This model considers the complex interplay between individual, relationship, community and societal factors. It allows us to address the factors that put people at risk for experiencing or perpetrating violence.

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.



Individual

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use or history of abuse.

Relationship

The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle – peers, partners and family members – influences their behavior and contributes to their range of experience.

Community

The third level explores the settings, such as schools, workplaces and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

The following tables contain the TDVPT recommendations regarding collaboration, program, policy and data capacity, based upon the SEM.

Source: Dahlberg LL, Krug EG. Violence - a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56.

Collaboration Recommendations

Goal I: Develop collaborative relationships to support program and policy efforts across the SEM to foster healthy relationships among persons ages 10 to 19.				
Objective: Coordinate and collaborate with key partners to champion programs and policies that support the development of healthy relationships and prevention of teen dating violence.				
Target Date for Completion: July 31, 2016				
Strategies	Lead(s)	Factor(s) (Strengths/ Barriers)	Target Date	Resources Needed
Maintain the existing TDVPT, including local leaders and expansion to youth representation (such as the Youth Leadership Team under a grant from the University of Pennsylvania) to coordinate prevention efforts and disseminate recommendations.	PA DOH	Barriers: <ul style="list-style-type: none"> •Lack funding for local organizational commitment to lead TDVPT. •The CDC Supplemental Grant ended. 	August 31, 2011	Web-based conference line
Identify non-traditional partners that share the same mission of fostering healthy relationships, including faith-based organizations.	TDVPT	Strength: Previous contacts made through environmental and policy scans	January 31, 2012	Staff time
Identify potential diverse funding sources to support programs and policies that advance the shared mission and deliver	TDVPT	Barriers: <ul style="list-style-type: none"> •Current economic conditions •Local prevention programs competing for 	July 31, 2012	Staff time

presentations based upon the TDVPT recommendations.		limited funding		
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Measures of success:

- Maintain TDVPT of 20 members;
- Expand TDVPT membership to youth representation and local leadership;
- Identified five non-traditional partners each year; and
- Identified five potential funding sources and delivered presentations.

Programmatic Recommendations

Goal II: Design/adapt, implement and evaluate a comprehensive programmatic approach across the SEM to foster healthy relationships among persons ages 10 to 19.				
Objective: Improve the design, implementation and evaluation of teen dating violence prevention programs.				
Target Date for Completion: July 31, 2016				
Strategies	Lead(s)	Factor(s) (Strengths/ Barriers)	Target Date	Resources Needed
Obtain technical assistance from local academia to design/adapt, implement and evaluate prevention programs.	TDVPT University of Pennsylvania, Drexel University, Temple University	Strength: Local academia offer access to research, program development skills, and evaluation skills. Barrier: Lack of funding exists to support technical assistance.	July 31, 2012	Staff time; Funding
Design/adapt and implement prevention programs for specific targeted audiences.	TDVPT Local academia	Barrier: Lack of funding exists.	July 31, 2013	Staff time; Funding

<p>Design/adapt, implement and evaluate a curriculum for fostering healthy relationships, both in the community and school settings.</p>	<p>TDVPT Local academia School District of Philadelphia (SDP) Local organizations</p>	<p>Strength: Local organizations share the same interest in developing a comprehensive curriculum.</p> <p>Barriers:</p> <ul style="list-style-type: none"> • School district relationship for program provision is based on individual school agreements with local programs. • Lack of funding exists. 	<p>July 31, 2013</p>	<p>Staff time; Funding</p>
<p>Provide skill-building opportunities to professionals to enhance programmatic efforts regarding healthy relationships at the community level, such as conducting a citywide symposium.</p>	<p>TDVPT Local academia</p>	<p>Strength: There is rich experience among current local prevention programs.</p>	<p>July 31, 2013</p>	<p>Staff time; Funding</p>
<p>Co-locate prevention opportunities with related health services.</p>	<p>TDVPT</p>	<p>Strength: There is a rich resource of local health services with a shared mission of prevention, such as reproductive health, school-based health centers, federally</p>	<p>July 31, 2013</p>	<p>Staff time; Funding</p>

		qualified health centers, hospital-based parenting programs.		
Engage youth as peer activists in promoting healthy relationships using promising practices, such as bystander engagement.	TDVPT	Strength: There is a rich resource of local youth service organizations to engage.	July 31, 2013	Staff time
Engage adults from communities and local organizations to be role models in implementing prevention programs.	TDVPT	Strength: There are diverse local venues, such as Head Start locations and workplaces Barrier: Parents/care-givers are difficult to engage.	July 31, 2013	Staff time
Implement a program to engage parents to mentor, teach and prepare children regarding healthy relationships.	TDVPT Home Visitation Programs	Strength: Various local programs offer collaborative opportunities; such as, Nurse-Family Partnership, Maternity Care Coalition, Congreso Alcanza, and Doula services. Barrier: Parents are difficult to engage.	July 31, 2013	Staff time; Additional funding

Identify low-cost evaluation methods to support program design and implementation to determine effectiveness.	TDVPT Local academia	Barrier: Lack of local capacity and readiness or evaluation.	July 31, 2013	Staff time
Implement and evaluate a social norms campaign.	TDVPT Academia	Barrier: Lack of funding	July 31, 2015	Additional funding

Measures of success:

- Adults involved as community members who model healthy relationships;
- Sustainable peer activist model developed;
- Diverse teen relationships supported by the communities;
- Curriculum developed/adapted, implemented and evaluated for effectiveness; and
- Social/emotional/physical health improved to minimize adverse childhood experiences.

Policy Recommendations

Goal III: Design, implement and evaluate a comprehensive policy effort across the SEM to foster healthy relationships among persons ages 10 to 19.				
Objective: Improve the design, implementation and evaluation of policies that support the development of healthy relationships and prevention of teen dating violence.				
Target Date for Completion: July 31, 2016				
Strategies	Lead(s)	Factor(s) (Strengths/ Barriers)	Target Date	Resources Needed
Identify state and local champions to support policy efforts.	TDVPT	Strength: Local policymakers (such as Rep. Vanessa Lowery Brown and Sen. LeAnna Washington) are already engaged in the issue.	July 31, 2012	Staff time

Identify promising and proven effective policies to implement and evaluate in the school setting.	TDVPT Academia	Barrier: There are time constraints for school to meet academic standards	July 31, 2013	Staff time
Develop and implement a district-wide policy for curriculum and prevention programming partnerships.	TDVPT SDP	Barrier: SDP is currently experiencing organizational change challenges.	July 31, 2013	Staff time
Identify low-cost evaluation methods to support policy implementation to determine effectiveness.	TDVPT Academia	Barrier: There is a lack of local capacity and readiness or evaluation.	July 31, 2013	Staff time
Engage key partners to identify the fostering of healthy relationships as an investment in the students' futures.	TDVPT School District of Philadelphia Archdiocese of Philadelphia	Strength: The Archdiocese has established a Child and Youth Protection Office. Barrier: SDP is currently experiencing organizational change challenges.	July 31, 2013	Staff time
Design, implement and evaluate policy efforts tailored to the community needs.	TDVPT Academia	Barriers: <ul style="list-style-type: none"> •Community's negative perception of police in relationship to dating violence. •Other violent acts compete for attention •Lack of local leadership 	July 31, 2014	Staff time

		<ul style="list-style-type: none"> •Lack of political will 		
Expand policy implementation to communities, through churches and neighborhoods.	TDVPT	Strengths: <ul style="list-style-type: none"> •Strong faith-based communities •Recreation centers •Block Captain System, •Community development centers 	July 31, 2015	Staff time

Measures of success:

- Effective design and implementation of policies that foster healthy relationships and/or prevent teen dating violence.

Data Capacity Recommendations

Goal IV: Improve data analysis to evaluate programmatic and policy efforts across the SEM to foster healthy relationships among persons ages 10 to 19.				
Objective: Access, assess and analyze available data that support the development of healthy relationships and prevention of teen dating violence.				
Target Date for Completion: July 31, 2014				
Strategies	Lead(s)	Factor(s) (Strengths/Barriers)	Target Date	Resources Needed
Access, assess and analyze available data.	TDVPT Academia	Strength: Access available to data from Child Death Review and Maternal Mortality Review	July 31, 2013	Staff time; Additional funding for analysis

Partner with Philadelphia Department of Public Health (PDPH) to identify opportunities to develop new data collection tools to inform and evaluate programs and policies.	TDVPT PDPH Academia Schools of Public Health	Barriers: • There is a lack of funding • There are competing priorities at PDPH	July 31, 2013	Staff time; Additional funding
Publish data analysis to support related violence prevention efforts.	TDVPT PDPH Academia Schools of Public Health	Barrier: There is a lack of funding	July 31, 2015	Staff time; Additional funding

Measures of success:

- Existing data is fully accessed, assessed and analyzed to support programmatic and policy efforts.
- At least one new data collection tool is developed through collaboration (such as schools, local health department and local organizations).
- At least one data analysis report is published for dissemination.

CONCLUSION

This final report with recommendations reveals strengths and opportunities for raising TDV as a public health priority, as well as several broad challenges to address TDV from a public health, primary prevention perspective.

Strengths and Opportunities

Strong Local Organizations Providing TDV Prevention Services

A core group of organizations are (and have been for several years) providing a variety of activities that the organizations explicitly defined as "TDV Prevention." While there is not a systemic approach to addressing TDV prevention in schools, these organizations do have experience working in schools. These and the other 21 organizations that provided TDV prevention activities in the city have additional experience working with high risk youth, including youth exposed to community and domestic violence and those involved in the child welfare and juvenile justice systems. The organizations also have experience providing TDV prevention activities targeting a broad range of youth in terms of age, race/ethnicity, gender, sexual orientation and special needs, including pregnant and parenting teens and runaway and homeless youth. This core group has a history of working together and sharing information. The history of strong working relationships among the organizations provides a solid foundation for planning TDV prevention initiatives in Philadelphia.

University-based Program Evaluation and Research Experience and Capacity

Philadelphia has a high density of university-based evaluators and researchers specializing in violence prevention. Because Philadelphia has a high prevalence of violence, several university

centers are focused on both community-based and basic violence prevention research from a public health perspective. While community-based organizations have limited experience with and capacity for conducting evaluations and research, there is a history of partnerships between several of the TDVPT organizations and university researchers.

Legislation to Encourage TDV Prevention in Schools

In the 2009-2010 legislative session, House Bill 101 was passed. In summary, House Bill 101 encourages TDV prevention education and policies in public schools through the Pennsylvania Department of Education. See Appendix B for the applicable excerpt from the bill.

Challenges

Limited Local Leadership

There is limited local leadership in TDV primary prevention from either the PDPH or from the School District of Philadelphia. Philadelphia currently faces numerous challenges with regards to the health and education of its youth, including new initiatives focusing on childhood obesity, educational reform and gun violence. In contrast, TDV does not have the same public visibility (e.g., incidents of TDV are rarely reported in the local media) nor have public agencies received adequate funding to address TDV prevention.

Organizations have limited evaluation experience and capacity

Most non-university-based organizations have limited evaluation experience and capacity, which tends to reinforce the ad hoc approach to the design of prevention activities. Making the shift from this model to one based on a systematic, science-based public health approach to primary

prevention is a major challenge, unless additional resources can be devoted to improving organizational evaluation capacity and collaboration with local academia.

Lack of Funding

There is limited funding to support primary prevention programs and policy efforts, compared to direct services. Without additional categorical funding, TDV prevention programs will continue to be underfunded both at the local health department, as well as in community organizations.

Action Steps

1. The TDVPT will continue to convene, either electronically or in person, to support dissemination of this report and/or executive summary.
2. TDVPT members will post at least the executive summary to their respective websites to show endorsement of the final report with recommendations.
3. The PA DOH will post the final report with recommendations to its website and share with state-level partners.
4. The TDVPT will develop a standard presentation for its members to use to conduct outreach to potential local leaders and partners. This presentation will include a description of the burden of teen dating violence, the accomplishments of the TDVPT and a specific request of the target audience to partner on local prevention programs and policies.