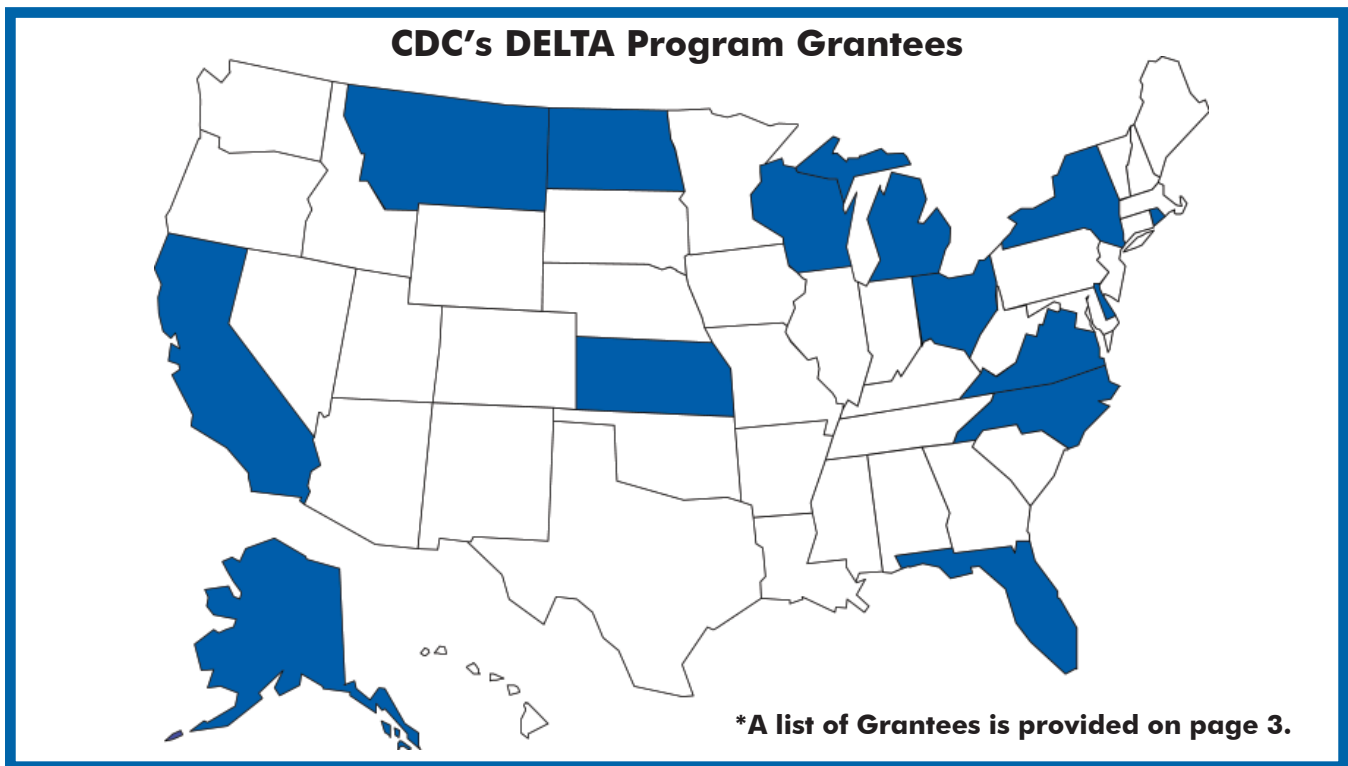




The DELTA Program: Preventing Intimate Partner Violence in the United States



“To stop intimate partner violence, we must not only act responsibly and compassionately after violence has occurred, but work more diligently to prevent it from occurring in the first place. CDC’s DELTA Program is leading the way by promoting comprehensive strategies aimed at preventing first time victimization and perpetration.”

*Anne Menard, Director
National Resource Center on Domestic Violence*



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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The Public Health Problem of Intimate Partner Violence

Intimate partner violence (IPV) is a significant public health problem with serious consequences for victims, families, and communities. The term “intimate partner violence” refers to physical, sexual, or emotional abuse by a current or former partner or spouse. In 2005, more than 1,110 women and 330 men died as a result of IPV. That same year, CDC’s Behavioral Risk Factor Surveillance System collected data from more than 70,000 adults in 16 states and two territories on IPV victimization. Findings suggest that 26.4 percent of women and 15.9 percent of men were victims of physical or sexual IPV during their lifetime. IPV is linked with serious health problems for women, including chronic pain, reproductive disorders, depression, and post-traumatic stress disorder. Women who have experienced IPV are more likely to engage in other behaviors, such as drug abuse, alcoholism,

and suicide attempts that can harm their health. For 2003, CDC estimated medical and other costs associated with IPV against women as exceeding \$5.8 billion annually.

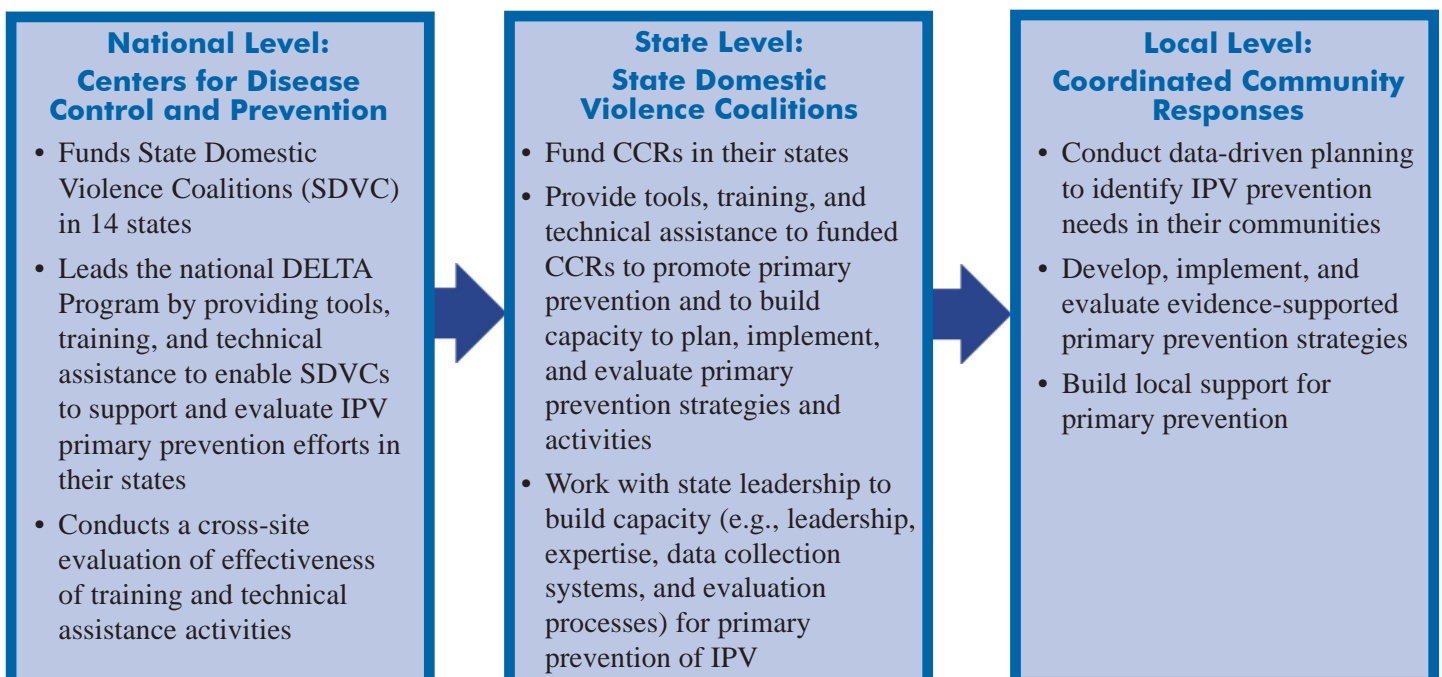
Research shows that IPV can range from single or occasional acts of violence to more frequent and intensive acts of violence that are characterized by one partner attempting to develop and maintain control over the other. All forms of IPV can be prevented.

CDC provides funding, networking opportunities, training, and technical assistance to support primary prevention of IPV. Primary prevention means stopping IPV before it occurs, rather than responding once it happens or working to prevent its recurrence. Primary prevention focuses on strategies to stop both first-time perpetration *and* first-time victimization.

Preventing Intimate Partner Violence Through DELTA

The Family Violence Prevention Services Act (FVPSA) authorizes CDC to distribute federal funds to support coordinated community responses (CCRs) that address IPV. A CCR is an organized effort to prevent and respond to IPV in a community. It typically coordinates the work of diverse service sectors, such as organizations involved in victim services, law enforcement, prosecution, public health, and faith-based initiatives. Historically, CCRs have focused on providing services to victims, holding perpetrators accountable, and reducing the number of recurring assaults.

In 2002, CDC used FVPSA funding to develop the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program whose focus is the primary prevention of IPV at the community level. Through the DELTA Program, CDC funds 14 state-level domestic violence coalitions (SDVCs) to provide prevention-focused training, technical assistance, and financial support to local CCRs. Local CCRs then develop and implement strategies focused on preventing first-time perpetration and victimization.



- Alaska Network on Domestic Violence and Sexual Assault
- California Partnership to End Domestic Violence
- Delaware Coalition Against Domestic Violence
- Florida Coalition Against Domestic Violence
- Kansas Coalition Against Sexual and Domestic Violence
- Michigan Coalition Against Domestic and Sexual Violence
- Montana Coalition Against Domestic and Sexual Violence

- North Carolina Coalition Against Domestic Violence
- North Dakota Council on Abused Women’s Services/ Coalition Against Sexual Assault
- New York State Coalition Against Domestic Violence
- Ohio Domestic Violence Network
- Rhode Island Coalition Against Domestic Violence
- Virginia Sexual and Domestic Violence Action Alliance
- Wisconsin Coalition Against Domestic Violence

The DELTA Program in Action

SDVCs that receive DELTA Program funding are nonprofit organizations that represent and support the work of local domestic violence programs through public education, public policy development, training, technical assistance, and program development.

Like many public health problems, IPV is not simply an individual problem. It is a problem rooted in community and societal norms. Prevention requires a thorough understanding of primary prevention and of risk and protective factors. It also requires strategies for change focused on individuals as well as communities. SDVCs provide training and technical assistance so funded CCRs can develop and implement the multi-level change strategies that prevent IPV while acknowledging the unique needs and culture of their communities. The following sections highlight some of the prevention initiatives developed by DELTA-supported SDVCs and local CCRs.

SDVC Leadership in Action



North Carolina

The North Carolina Coalition Against Domestic Violence is partnering with the North Carolina Department of Public Instruction.

Within three years, every school principal in the state will receive information about IPV and the ways schools can partner with local CCRs and domestic violence programs on primary prevention activities.



Florida

The Florida Coalition Against Domestic Violence incorporates primary prevention concepts into its work with the Teen Dating Violence Among Runaway and

Homeless Youth Project by including a session on prevention in its curriculum.



Kansas

All 14 of the DELTA-funded SDVCs have established effective working relationships with their state public health agency, resulting in programmatic and policy successes. For example, the

Kansas Coalition Against Sexual and Domestic Violence has partnered with the Kansas Department of Health and the Environment (KDHE) to expand CDC’s Choose Respect Campaign, which encourages healthy relationships for youth, within Kansas. The Kansas Coalition has forged strong relationships with KDHE experts in the areas of injury and violence, adolescent health, migrant health, and epidemiology.

CCR Prevention Efforts in Action



Alaska

The Alaska Network on Domestic Violence and Sexual Assault funds Juneau’s Domestic Violence Task Force CCR to implement TRAIN (Teens Resisting Abuse and Initiating Non-

violence). This program educates teens about healthy relationships, teen dating violence, conflict resolution, and advocacy. Youth participate in peer education activities, community campaigns such as the White Ribbon Campaign, and planning for IPV prevention.



Delaware

The Delaware Coalition Against Domestic Violence funds two CCRs: the Domestic Violence Task Force and the Victims’ Rights Task Force. These CCRs have formed a prevention subcommittee with a goal of safe and

respectful relationships for all. To make this vision a reality, they have created a 12-session curriculum, *Developing Healthy Relationships*. The impact is being evaluated and the curriculum may be recommended by the Delaware Department of Education to Delaware health teachers for use in the classroom. Additionally, through the DELTA Program, teens have produced and disseminated healthy relationship public service announcements. These PSAs and other helpful information for teens, parents, and teachers can be viewed on www.safeandrespectful.org, a website created by Delaware DELTA Programs.



Ohio

The Ohio Domestic Violence Network funds the Knox County CCR, which is implementing the Founding Fathers Campaign to engage men in preventing IPV. CDC's Choose Respect Campaign, focusing on healthy relationships

for youth, is also being implemented. The CCR supports a media literacy project to help young people recognize and reject messages and images that support or encourage IPV.



Michigan

The Michigan Coalition Against Domestic and Sexual Violence funds the Arab Community Center for Economic and Social Services and the Lakeshore Alliance Against Domestic and Sexual Violence. Both

CCRs held faith forums that provided resources and information about faith leaders' roles in preventing the first-time occurrence of IPV. As a result of this effort, faith leaders have increased their focus on healthy and respectful relationships in their pre-marital counseling activities and at community and congregational events.

Future Directions

DELTA Program Evaluation

Within each DELTA state, evaluators are working with the SDVC and local CCRs to assess changes in state and local capacity to prevent IPV and the impact of each CCR's effort to prevent IPV. Evaluation results will be available in 2009 to inform and strengthen nation-wide efforts to prevent IPV.

State-wide IPV Prevention Planning

Each of the 14 SDVCs that receive DELTA Program funding is working with a diverse group of organizations to develop a five- to eight-year plan that will focus on the strategies needed to build the infrastructure required to prevent IPV within their respective states. Prevention plans will be available in 2009 to inform capacity building efforts in the 36 states that do not currently receive DELTA Program funding.

Extending the DELTA Program's Reach

CDC has partnered with the CDC Foundation and the Robert Wood Johnson Foundation to extend the reach of the DELTA Program to the 36 states not currently receiving funding. State and community leaders in these states will receive guidance on primary prevention strategies they can implement as more public and private implementation funding becomes available. A key element of this partnership is the development of tools for building primary prevention capacity and preventing IPV. These tools, based on the best science and on input from DELTA Program grantees, will ensure that lessons learned from the DELTA Program evaluations and state-wide prevention plans become available to the 36 non-DELTA states as they begin their primary prevention efforts. The 14 current DELTA Program grantees will provide mentoring to the non-DELTA states.

For more information or additional copies of this document, please contact:

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