OHIO DOMESTIC
VIOLENCE NETWORK

The comprehensive resource on domestic violence

Tip Sheet: A Violence Prevention Glossary

- **Public Health Model of Prevention:** Process of systematically addressing threats to the health of a population that involves the following steps.
  - o Define the problem (adverse outcome)
  - o Identify causes, risk factors and protective factors
  - o Develop and test interventions
  - o Implement intervention
  - o Evaluate interventions

- **Adverse Outcome:** The negative health-related condition at which a prevention strategy is aimed.

- **Protective Factors:** Traits or characteristics that may either reduce the risk of a health threat (violence) or provide individuals with alternative responses. They may occur in the individual or be in place in their environment, such as their family, school, community or society. Protective factors are used to focus health promotion efforts.

- **Risk Factors:** Traits or characteristics that increase your chances of susceptibility of a negative health-related condition (violence). Risk factors do not necessarily cause the negative health-related condition, and not everyone who has a risk factor will develop the condition. Risk factors may occur in the individual or be in place in their environment, such as their family, school, community or society. Risk factors are used to help focus prevention efforts.

- **Primary Prevention** activities are directed at the general population with the goal of stopping the occurrence of an adverse outcome, such at teen dating violence, before it starts.

- **Secondary Prevention** activities target individuals and groups at high risk of a particular adverse outcome with the goal of stopping its occurrence before it starts.

- **Tertiary Prevention** directs services to individuals where a particular adverse outcome has occurred to reduce the negative consequences of this occurrence and to prevent its recurrence.

- **Universal Approaches** are applied everyone within the population without regard to their differences in the risk of becoming a victim or perpetrator of violence. In the field of violence prevention this term is often used synonymously with primary prevention.

- Selected Approaches are applied only to individuals and groups at enhanced risk of violence.

- Indicated Approaches are applied to individuals and groups that have already demonstrated violent or seriously delinquent behavior.

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- Public Health Approach to prevention demonstrates the following qualities:

  o Proactive--including planned, purposeful activities--initiating action prior to the time that a problem occurs which promotes the health of individuals and their communities

  o Population-based--targeting groups of people who may be at-risk rather than identifying individuals

  o Developmental--improving knowledge and skills of the target group and providing people with resources necessary to confront stressful life conditions and avoid behaviors which could result in negative physical, psychological or social consequences

  o Collaborative Process--linking the efforts of many organizations to promote community health and well-being by empowering people to lead satisfying, enriching lives.

- A Comprehensive Approach to prevention uses resiliency and addresses risk factors, addresses the whole system, seeks cultural competence and relevance, uses multiple strategies, relies on community development and involvement

- Community-Based vs. Agency-Placed Strategies - According to Robert M. Goodman, Ph.D. and Chair of the Department of Behavioral and Community Health Sciences at University of Pittsburgh's Graduate School of Public Health, community-based as strategies involve community members in defining local issues and their solutions. Community-based strategies involve multi-disciplinary task forces, teams, coalitions or coordinated community responses (CCR) that come together to organize, plan and implement prevention programming based on evidence (needs assessment or other data) collected from the community.

  Agency-placed strategies are those that a particular agency decides are best for a community with input from the community. Programming is not directly implemented by the CCR but rather by a member agency or organization.

- Theory-based Programming - Goodman defines theory-based programming as those which possess an underlying rationale for program approaches based on established theory. In other words, is a program based on what some individual(s) believe to be effective, or is there an underlying theoretical rationale for structuring a program in a particular way? For instance, when we discuss community interventions as multi-pronged, we are basing this on social ecology theory.

- Evidence-based Practice – Goodman explains that evidence-based practice usually refers to programs that are considered "best practices" because they have been tested empirically (or through the use of valid evaluation designs and methods) with the empirical test indicating that the program was responsible for producing the outcomes that were desired. The term "evidence-based public health" is used, for instance, to support practices that have been tested and proven as effective.