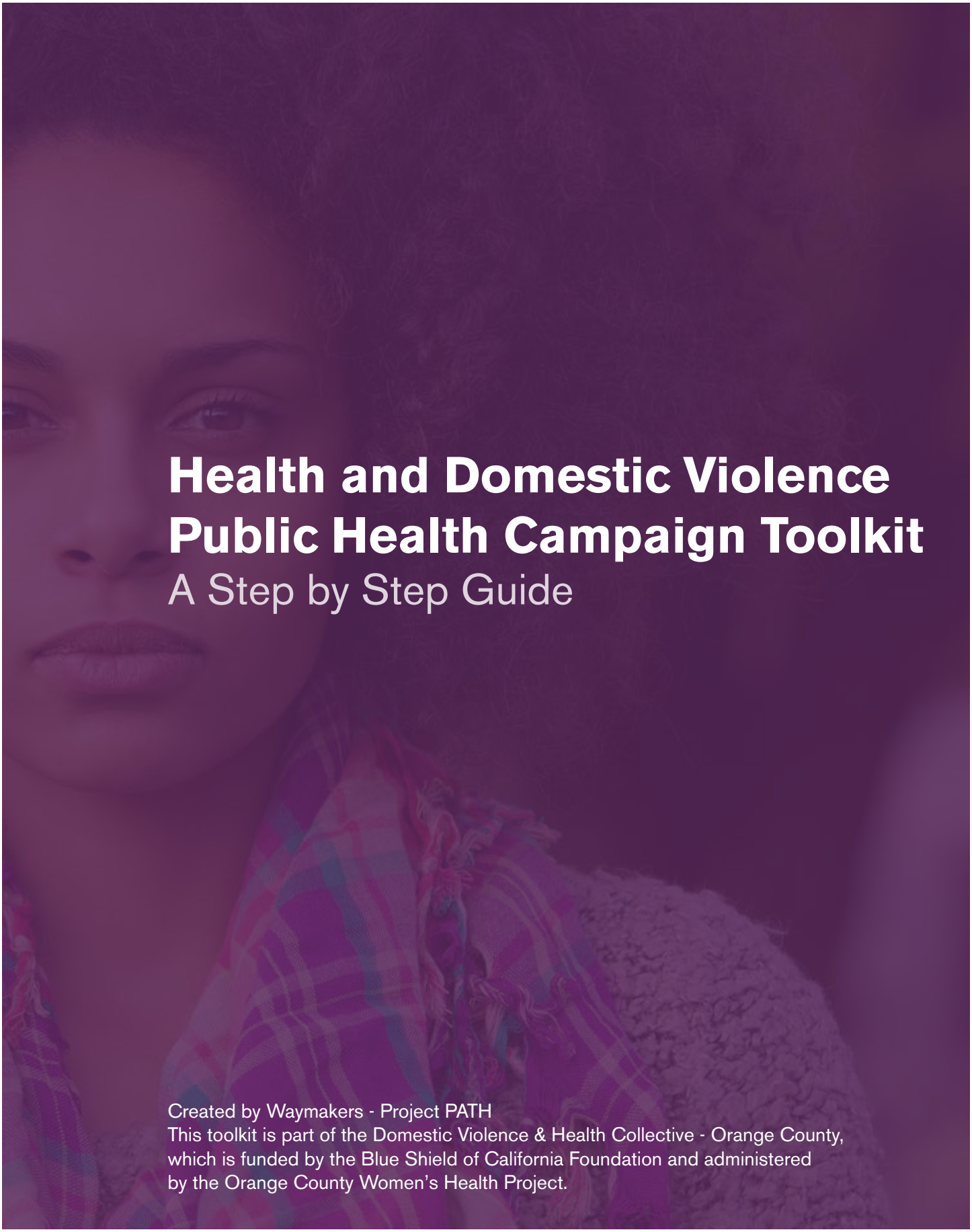


Health and Domestic Violence Public Health Campaign Toolkit

A Step by Step Guide

Created by Waymakers - Project PATH
This toolkit is part of the Domestic Violence & Health Collective - Orange County, which is funded by the Blue Shield of California Foundation and administered by the Orange County Women's Health Project.

Orange County WOMEN'S HEALTH PROJECT

DOMESTIC VIOLENCE & HEALTH COLLECTIVE ORANGE COUNTY

blue of california foundation

Waymakers

“We Can Overcome”

Health and Domestic Violence Public Health Campaign

Thank You

Dear Community Partner,

On behalf of Waymakers - Project PATH (Positive Action Toward Health), thank you so much for supporting the “We Can Overcome” domestic violence (DV) & health campaign! As you may know, our campaign consists of a social media campaign, posters, billboards, bus advertisements, and video and radio public service announcements (PSAs) displayed throughout Orange County, CA.

We have developed this guide as a resource for organizations that have participated in distributing the DV & health campaign materials and would like to continue that work, and for those that are interested in initiating a similar campaign.

We hope that this guide will be useful in supplementing your organization’s capacity to meaningfully impact communities affected by domestic violence. We would like to be a resource for you should you require additional assistance.

It has been a pleasure collaborating with you, and we look forward to continuing our partnership together.

Sincerely,
Waymakers – Project PATH Staff

About this Guide

Who is this guide for?

This guide is intended for providers and organizations that are interested in creating a public health campaign to accomplish the following:

- raise awareness of DV as a health issue;
- reduce the stigma associated with DV; and
- increase awareness of DV services in the local community.

How to Use this Guide

The "We Can Overcome" campaign was a three year campaign. Year 1 of the campaign was dedicated to developing the campaign ads and educational materials, and Years 2 and 3 were dedicated to campaign implementation. This guide contains strategies, step-by-step instructions, and examples for creating or replicating our trauma-informed public health campaign specifically targeted toward populations with greater DV incidence or burden. Ready-to-print educational materials and examples are also provided in the appendices should you wish to continue distributing them. The appendices are available via USB drive or online at 211oc.org/DV.

Domestic Violence & Health Collective (DVHC)

The Domestic Violence and Health Collective Orange County (DVHC-OC) is a five year initiative led by the Orange County Women's Health Project (OCWHP). In October 2013, Blue Shield of California Foundation (BSCF) awarded a planning grant to the OCWHP to lead the Health and Domestic Violence (HDV) Task Force in developing a vision for a countywide, integrated and collaborative HDV System in Orange County. During this six-month "HDV Planning Project," the OCWHP identified and engaged key stakeholders; conducted a needs assessment on the gaps between the healthcare sector and other sectors that support domestic violence survivors; scanned the literature and best practices; and evaluated different strategies to address the gaps. In March 2014, the OCWHP delivered a final Planning Report to BSCF and recommended four strategies that, if implemented in a coordinated manner, would integrate services in the manner contemplated in the HDV Planning Report. Subsequently BSCF invited the OCWHP to apply for funds to implement, coordinate, and evaluate these four strategies.

The four strategies include:

1. **Cross-Disciplinary Training (CDT)** to promote regular DV screening, counseling, and referrals by healthcare and social service providers in Orange County.
2. **Central Clearinghouse (CC)** to create a comprehensive, up-to-date, and user-friendly resource for DV services and materials that can be accessed online or by telephone, and to facilitate smooth referrals for DV services in Orange County as well as warm hand-offs for better continuity of care.
3. **Public Health Campaign (PHC)** to increase awareness of DV as a health issue, reduce stigma around DV, and increase awareness of resources for DV.
4. **Assess Need and Capacity for Mental Health and Substance Abuse Services** to facilitate and increase DV survivors' access to needed mental health and substance abuse services in Orange County.

The DVHC-OC is a systems integration project; the goal is to integrate the local healthcare sector and the social, legal, and shelter services in the county, strengthening the healthcare sector's response to DV and improving linkages between service providers. This unique approach to addressing DV as a health issue, with its success in Orange County, is a model that can be replicated in other regions.

The CDT is co-led by the UCI Initiative to End Family Violence and Human Options, a local state-funded DV organization, on behalf of a collaborative involving two other state-funded DV organizations, Laura's House and Women's Transitional Living Center. This strategy provides training for healthcare and social service providers on how to effectively screen patients for domestic violence and refer patients to resources.

The CC is led by 211 OC, and the goal is to create a one-stop-for-all hotline and web portal.

Orange County has a number of local resources, but before the initiation of the Collective, lacked a single directory containing all existing DV resources as well as a protocol for warm transfers for DV callers.

The PHC is led by Waymakers, and includes developing the public health campaign which raises awareness of DV as a health issue, challenges the stigma surrounding DV, and promotes 211's hotline and web portal. Waymakers also provided guidance for project branding of the Collective. This toolkit focuses on the process of developing, implementing and evaluating the PHC, and outlines the process for branding the overall Collective.

The fourth strategy was implemented after the first three were initiated and is led by the OCWHP. The OCWHP conducted a year-long needs assessment and planning process to study the intersection of DV, mental health, and substance abuse in OC. The OCWHP produced a comprehensive report followed by a Domestic Violence, Mental Health, and Substance Abuse Policy Brief that recommends cross-training for DV, mental health and substance abuse providers, co-locating all three services in a family-friendly fashion, and developing resources for first responders.

Domestic Violence Considerations: Informing the Public Health Campaign Development

Scope of the Problem

Prevalence of DV

Nationwide, more than 1 in 4 (28.5%) men and 1 in 3 (35.6%) women have experienced some form of domestic violence (DV), or intimate partner violence (IPV), in their lifetime,[4] and this number is likely an underestimate given the large number of unreported IPV cases.[7] In Orange County, according to the California Health Interview Survey (2009), more than 1 in 20 (5.9%) men and 1 in 4 (26.3%) women men have experienced IPV in their lifetime.[5] Additionally, within Orange County there are alarming disparities in DV calls made. The rate of DV calls per person in Santa Ana, for example, is higher than that of any other major city in California.[6]

Health and DV

Emerging research suggests that the effects of DV go beyond physical injury, and can affect individuals in all aspects of health. In recent years, empirical research has found an alarming association between DV and several health issues, including but not limited to:

- gynecological and urological health consequences,[2,11,13]
- mental health concerns,[10,14]
- preterm birth and other prenatal health problems,[12,16,20]
- and health concerns of infants born to DV survivors.[12]

A systematic review of IPV screening finds that women largely endorse universal screening, as long as screening is done in a patient sensitive way.[3,21] In one review, healthcare providers' advocacy interventions (e.g., empowering women experiencing DV, linking patients to community resources) was shown to increase safety behaviors and use of resources.[16,19]

Stigma

Stigma can be very costly to individuals experiencing IPV because IPV disclosure may result in status loss, disapproval, and discrimination.[18] In one study, although participants viewed the DV offender as responsible and to blame for the violence, they still gave women lower scores on personality factors and parenting factors if the woman stayed versus left the abusive relationship. Strong biases against women who stay in abusive relationships remain in spite of

the information provided on the risks of leaving; these findings suggest that educating young adults about risks of violence is useful, but it is not sufficient to change victim blaming attitudes.[8] Consequently, help seeking behavior is often hindered by stigma. Stigma barriers can negatively interfere with any step of the help-seeking process, from recognizing abuse as intolerable to selecting a support network.[18]

Subpopulations of Focus for the Public Health Campaign

As part of a public health campaign, it was important to identify those populations where disparities in DV incidence and/or impact exist. Literature review findings suggest that disproportionately affected populations include:

Low-income

Lower socioeconomic factors increase the risk of experiencing or perpetrating IPV, with risk factors impacting all social spheres of influence including the individual (e.g., low income and unemployment), relationship (e.g., economic stress), community (e.g., poverty), and societal (traditional gender norms - men as primary providers and decision makers). These risk factors are often experienced simultaneously and can further increase the risk of experiencing IPV among couples. Moreover, economic abuse (i.e., control over an individual's acquisition, use, management, maintenance or disposal of money) is often used as a strategy to keep abused individuals in a relationship,[9] as was seen in nearly all participants (99%) of one study.[1]

Individuals that identify as lesbian, gay, bisexual, transgender, queer, or other (LGBTQ+)

U.S. Department of Justice revealed that the majority of the studies reviewed reported that the prevalence of IPV among LGBTQ+ relationships to be equal to or greater than that in heterosexual couples.[9] Members of the LGBTQ+ community are also more likely to receive ineffective and/or inappropriate responses from service providers and law enforcement since services and resources are often designed around the conventional concept of a male batterer and female survivor.[22] Only a small percentage have services and resources for individuals involved in same-sex or non-gender-conforming relationships.[22] These factors may contribute to why LGBTQ+ individuals may be less likely to seek IPV services and/or resources.

Perinatal

Although there is conflicting evidence on whether pregnancy increases the risk of IPV among women, research has found that IPV abuse before pregnancy is one of the strongest predictors for IPV abuse after pregnancy.[9] One study suggests that the majority (89%) of women who experienced IPV abuse before or during pregnancy continued to be abused after pregnancy.[15] IPV during pregnancy significantly increases the risk of negative pregnancy outcomes (e.g., preterm birth, uterine rupture, antenatal hospitalization, etc.); maternal morbidity (e.g., anemia, kidney infections, first- and second-trimester bleeding, etc.); and mental health concerns (e.g. depression and other psychological problems).[9]

Vietnamese

Another target population that was not discussed during the initiation of the project was the Vietnamese community. After the launch of the campaign, community partners expressed the need for DV educational materials for the Vietnamese community. Therefore, an additional informal focus group was held, and feedback from Vietnamese serving organizations was gathered and used to create tailored fact sheets for Vietnamese patients and providers.

Process Overview Guide

Step 1: Establishing Formative Research

Why is this important?

The formative research process identifies the specific needs of the community and their beliefs about domestic violence with respect to the campaign's three goals. The data gathered revealed recurring themes and important messages that allowed Waymakers to tailor media material that addressed the educational gaps and behavioral intentions of the community.

How to Conduct Formative Research?

1. **Conduct literature review.**
2. **Identify goals of the campaign** and create a research grid (Table 1).
3. **Focus Groups**
   a. **Identify formative research questions** that will help inform how best to achieve the goals of the media campaign.
   b. **Identify subpopulations** that you are interested in targeting with the campaign.
   c. **Contact local community organizations** that serve those populations and distribute recruitment flyers (See Appendix B-1, Focus Group Recruitment).
   d. **Prepare for focus groups** by creating facilitator guides that include an introduction and questions (see Appendix B-2, Focus Group Facilitation). Establish accessible and appropriate community based sites for focus groups, and consider providing incentives to encourage participation.
   e. **Facilitate focus groups** using guides. Collect demographic information of participants and take detailed notes. (see Appendix B-2, Focus Group Facilitation)
   f. **Summarize data**, using it to inform your media campaign. (see Appendix B-3, Formative Research Summaries)

Table 1. Research Grid and Associated Questions for Focus Groups

Goal	Desired Outcome/Action	Construct / Underlying desired action	Formative Research Questions
Increase awareness of DV as a health issue.	Individual experiencing DV seeks help from health provider	Attitudes toward seeking medical help for DV	What are the benefits that might result from seeing a doctor for help with DV? What are the negative effects that might result from seeing a doctor for help with DV?
		Perception of subjective norm associated with seeking medical help for DV	Who would support you seeking medical help for DV? Who would be against you seeking medical help for DV?
		Perceived control over seeking medical help for	What things make it easy for you to see a doctor for help with DV? What things make it hard for you to see a doctor for help with DV? What kinds of things would help you overcome challenges to seeing a doctor for help with DV?
Increased awareness of resources available to people experiencing DV.	Individual experiencing DV calls 211 or uses 211 web portal	Attitudes toward using a DV helpline or web portal	How do you feel about the idea of calling a helpline or visiting a website for DV resources? What do you like/dislike about calling a helpline or visiting a website to get resources?
			What are the benefits that might result from calling a helpline or visiting a website for DV resources? What are the negative effects that might result from calling a helpline or visiting a website for DV resources?
		Perception of subjective norm associated with using a DV helpline or web portal	Who would support you calling a helpline or visiting a website for DV resources? Who would be against you calling a helpline or visiting a website for DV resources?
		Perceived control over using a DV helpline or web portal	What things make it easy for you to call a helpline or visit a website for DV resources? What things make it hard for you to call a helpline or visit a website for DV resources? What kinds of things would help you overcome any barriers to calling a helpline or visiting a website for DV resources?

Goal	Desired Outcome/Action	Construct / Underlying desired action	Formative Research Questions
Reduced perceived stigma associated with DV (as a barrier to help-seeking).	**Inter-Personal Level** Informal support (friend or family member) or formal support (health provider) responds/acts/ communicates in an understanding and non-stigmatizing way	Societal ideologies that de-legitimize individuals who experience DV (beliefs that those experiencing DV are weak or 'stupid' for staying in an abusive relationship, of they are to blame for the violence) (cultural stigma)	What would you think if a friend or family member disclosed to you that they were experiencing DV? How would you react and what would you tell them? Scenario: While a man and a woman have an argument, the woman raises her voice out of frustration and the man slaps her. What, if anything, about this scenario is concerning to you? What do you think the woman in this situation should do? What should the man do? What do you think about the woman remaining in a relationship where this happens regularly?
	Individual Level Individual experiencing DV seeks help 1. recognizes the abusive situation as intolerable/unacceptable 2. decides to seek help 3. selects a supportive source of help	Degree to which those experiencing DV fear or expect stigmatization (anticipated stigma)	If you told friends or family you were experiencing DV, how would they react? If you told a doctor you were experiencing DV, how would he or she react? If you have disclosed experience you had with DV with friends, family or doctors, what reactions have you received that were helpful? What reactions have you received that were not helpful? What would concern you about disclosing experience with DV?
		Extent to which those experiencing DV internalize/identify with negative DV beliefs (feel self-blame, shame, embarrassment) (stigma internalization)	(For those that have experienced DV) How has experiencing DV affected your identity or who you are as a person? (For those who have experienced DV) What would you want others to know about DV? Or: What do you wish you could tell people about DV?

Goal	Desired Outcome/Action	Construct / Underlying desired action	Formative Research Questions
Reach subgroups through large and small print ads, a PSA, social media and media events.	Print ads will reach subgroups through large media and community sites	Where should print ads (large and small media) be placed to reach subgroups?	What forms of media (billboards, bus ads, posters, ads in magazines or newspapers) are memorable to you?
	Video PSA will reach subgroups (or just the general population?)	Where should the PSA be shown to reach subgroups?	Where do you see commercials or video clips that are memorable to you?
	Outreach events will reach the subgroups and get press coverage	What type of event would subgroups attend?	What events related to learning more or getting support for DV have you been to that you have liked?
			What other event, if any, would you be interested in attending?
	Social media will reach the subgroups	What form(s) of social media do the subgroups use?	What forms of social media do you use on a regular basis (Facebook, Instagram, blogs)?
		What images, messages and design would appeal to the target population?	(Show past ads and get feedback)

Step 2: Analyzing Formative Research - Fine Tuning for Target Populations

To further inform the development of campaign advertisements and educational materials, Waymakers and EVALCORP, a research consulting firm contracted by Waymakers to support the public health campaign's formative research and evaluation processes, collaborated to have multiple focus groups for each of the target subpopulations, addressing perceptions regarding DV and in subsequent rounds narrowing the focus of the DV advertisement components. Focus group responses were summarized and organized into the following emerging themes:

- Perceptions about DV
- Sharing DV experiences
- Awareness of DV resources
- Visiting a doctor for help with DV
- Media used most frequently.

Perceptions About DV

Many focus group participants readily acknowledged that multiple types of abuse existed, listing verbal, mental, emotional, and physical abuse as examples. The low-income focus group also raised the concern that abuse could affect children as well. The general population focus group, which took place on a college campus, was hesitant to pass opinions on a scenario involving physical abuse without knowing more, asking questions about the circumstances of that relationship and whether this behavior was a pattern.

Additionally, themes pertaining to family dynamics and interactions were mentioned. Some participants described dynamics specific to an abuser, stating that asserting control and using intimidation are common among abusers. Other participants focused on the emotions that a person experiences when a DV situation occurs, listing examples such as loneliness, fear, depression, anxiety, and lack of trust.

Other suggestions participants wished they could tell others about DV were: the need to make people aware of the resources available to help those experiencing DV, reiterating the importance of giving other women the courage to leave and obtain support, and become independent from their abusive partner.

Sharing DV Experiences

When asked about anticipated or actual responses to family and friends about their domestic violence experiences, some shared positive experiences and support. However, many more shared negative experiences that involved judgement from the friend or family member, resulting in feelings of shame and guilt. One participant stated that sharing is "very sad and embarrassing; people do not understand why you stay and they judge you." In fact, this anticipated response prevented many participants from reaching out to others for help.

The LGBTQ+ group felt that acknowledgement was important, but did not always occur in the context of same-sex couples. The perinatal group noted that offering help might be difficult if the DV survivor had nowhere to go, or was unwilling to leave the abusive partner.

Some expressed concern that calling for help might escalate the situation, such as when calling the police, or that negative consequences may result, such as agencies removing children from the home. Others expressed financial difficulties and/or dependence, lack of alternative housing, commitment to or dependence on the relationship, and children as specific factors that may keep a DV survivor in the relationship.

The low-income focus group noted other unique issues. Participants noted that many families have grown up with a culture/cycle of violence. "If you grow up in a cycle of violence, you think to yourself, this is how it's supposed to be." It's hard to leave the situation because they don't know any different. Some participants were concerned about talking with their doctor because they were worried it would be reported (having the police called and potentially their partner arrested, which could make it worse). Participants were also worried about being deported, and some thought it would be embarrassing to talk with their doctor about DV.

DV survivors shared ways in which they would feel more supported, stating a need for others to have compassion and understanding, provide a supportive and non-judgmental environment, and be patient. They also wanted others to know how commonly DV can occur, and to be aware of the different forms of DV that occur.

Awareness of DV Resources

DV survivors noted that DV resources were critical in helping them leave, but that there is not enough awareness of resources. Some mentioned that for those who may have an unsupportive family, resources such as a helpline or shelter can be sources of support or education, referencing their own experiences.

Participants reported multiple benefits to using a helpline or website when experiencing DV, even if they had not personally used them. Others expressed the value of websites with built in "emergency buttons" to exit the page for people trying to discreetly look for resources. They also expressed that websites were easy to find through Google searches. Many felt that the accessibility and anonymity of websites and helplines were inviting, while some in the low-income focus group noted apprehension that they did not know who was on the other side. Many participants noted that the websites were streamlined and that it was helpful to have hotlines available in a variety of different languages.

Participants advocated for clear steps to take, increased awareness of resources, and training of people who come into contact with individuals experiencing DV. Many participants pointed out that the likelihood a woman experiencing DV will use a helpline, visit a website, or tell someone about her DV experience varies across situation and type of abuse, noting that all experiences are different.

Visiting a Doctor for Help with DV

Some participants felt that they were able to speak with their doctor, noting that a long-standing relationship where trust was built made them more willing to share. These participants found doctors to be very helpful, supportive, and informative. On the other hand, other participants felt that the doctor dismissed the DV claim, blamed it on the survivor, or did not provide support/advocate for the survivor. Many participants felt medical professionals such as nurses were often seen as advocates for the women, sources of validation, security, and support, and a way to provide documentation of the abuse to others.

The general population focus group shared that if the medical provider received the appropriate training in dealing with DV survivors, they could be very helpful, and felt that these "figures of authority" may have greater influence in changing the perspective of someone experiencing DV, whether positively or negatively.

Some participants in the LGBTQ+ population focus group were concerned with confidentiality (given minor status or having a doctor who knows other family members). Despite some fears of making the situation worse or feeling shame/embarrassment, many agreed that telling a doctor could have benefits including documentation of the abuse, and getting access to resources and referrals.

Media Used Most Frequently

When asked which were the most common forms of memorable media, participants mentioned the following: advertisements displayed through social media (i.e., Facebook, Twitter); frequently passed billboards; advertisements at bus stops; and local magazines/newspapers at safe locations (e.g., OC family, Women's Health magazines located in doctor's offices). Other forms of memorable advertisements included television commercials that presented powerful, heartfelt messages that immediately caught your attention. All participants concluded that the most memorable advertisements are ones that have a powerful message while presenting realistic and relatable situations with actors and actresses that are "everyday" people.

For complete reports, see Appendix B-3, Formative Research Summaries.

Step 3: Campaign Branding

Waymakers worked with Kneadle for campaign branding. Kneadle is an Orange County-based web and graphic design company that helped develop campaign branding and design educational materials and advertisements. A style guide was developed to provide guidelines on maintaining consistent branding and messaging in various elements of the public health campaign. The style guide also ensured that members of the Collective used consistently branded materials and correspondence, allowing multiple strategies to be identifiable under a single initiative. Appendix A contains the style guide and PowerPoint templates for the "We Can Overcome" DV Public Health Campaign and the DVHC. If your organization is interested in developing a unique PowerPoint template, please see Appendix B-5, How to Create a PowerPoint Template.

Style Guide

A style guide helps those creating materials or sending communication on behalf of the campaign and Collective to have a consistent, easily recognizable theme and includes:

- Font and Font Size
- Color (in hex, RGB, CMYK)
- Images (and instructions for including images)
- Logos
- Project Title and Abbreviation
- PowerPoint Templates

See Appendix A-3, Style Guide Files

Trauma Informed Messaging

Themes that emerged from the formative research process suggested avoiding the portrayal of individuals who were physically injured (e.g. with a black eye). Some participants indicated this could trigger strong emotions among DV survivors. Literature review findings also suggested that this may perpetuate the stereotype of DV survivors as victims, and highlight only physical forms of abuse.

In consideration of recommendations from literature review findings and domestic violence providers, the campaign chose to avoid using the term "victim," and shifted to using "survivor," or "individual experiencing DV," thereby reducing the stigma of being a victim and instead promoting positive and empowering descriptors.

Step 4: Developing Educational Materials and Posters

Educational Brochures

Multiple educational brochures were created, each informed by the formative research process. Based on data gathered from formative research and the literature review, each brochure was modified to include information most relevant to the intended population.

Steps:

1. Create a brochure with supportive resources and basic information about safety planning, appropriate for those experiencing DV directly and for their friends and family members.
2. Create additional materials considering subpopulation specific information and messaging, from literature review, focus groups, and input from community leaders.
3. Elicit pilot feedback from members of that subpopulation.
4. Revise for final drafts.

Campaign Poster Ad Process

1. Based on formative research results, develop creative brief to direct the development of each of the campaign ads
2. Collaborate with creative firm to develop initial ad drafts for each subpopulation.
3. Based on round 2 focus group results, collaborate with creative firm to refine and finalize at least one ad per subpopulation. Include appropriate logos on final ads.
4. Pilot test the refined campaign ads for each subpopulation.
5. Finalize ads.

Round 1 Focus Group:

Waymakers presented existing advertisement campaigns to focus groups to garner feedback on advertising image and message concepts, and the results were used to develop the final campaign advertisements.

Table 2. Summary of Round 1 Focus Group Responses by Advertisement

Ad	Feedback
	Focus group participants liked this campaign. They liked how the women appeared relatable and strong, and appreciated that the message was clear. Another ad showed a male model, and participants did not like this because they were unsure if he was the abuser or the abused.

Ad	Feedback
	Participants did not like that the models used were celebrities; they wanted more relatable individuals. They did not like the quoted messages like "Why didn't she leave" as that put blame on the woman. They did not like the color scheme of the ads, as it made the issue seem black and white. The focus groups also thought that the original message "No More" seemed too aggressive.
	Participants did not like this ad campaign. They felt that in the first image, the doctors were judging them.
	They also did not like the second ad because it looked more like an ad for a dentist than a DV campaign.

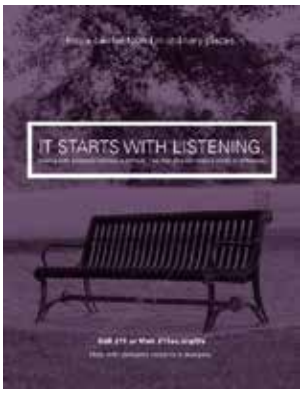
Desired qualities and suggestions to improve advertisements included:

- Having multiple races, ethnicities, ages, and genders represented, with models who are relatable
- Clear messaging that the ad is about domestic violence with phrases that are action oriented to motivate the reader to do something
- Inclusive view of DV: "it could happen to anyone"
- Place information on resources more visibly
- Minimize long paragraphs
- Avoid victim-blaming language (e.g. "Why not just leave?")
- Many liked messaging about the community refusing to tolerate DV
- A few participants cautioned against overly emotional ads as that may deter people from watching it, especially those who are experiencing or have experienced DV

Round 2:

Multiple advertisements were drafted by Kneadle based on feedback from Round 1. The mock ads were then voted upon and the "We Can Overcome" Domestic Violence Campaign was selected.

Table 3. Summary of Round 2 Focus Group Responses by Advertisement

Ad	Feedback
	**"Reach Out" Campaign** Participants noted the image as the most striking feature, with obvious physical changes in her appearance including baggy eyes suggesting a more comprehensive idea that DV is a health issue. Participants agreed that the statement from the DV survivor helps reduce stigma because it is an account of what happened to them According to participants, the ad motivated individuals in the group "to stop the abuse" or "get help." Participants mentioned they felt like the ad portrayed the message "you're not alone." Some participants did not like that it appeared the woman was hiding behind the shadow.
	**"We Can Overcome" Domestic Violence Campaign** Participants noted that the "We Can Overcome" messaging is striking. Some felt it does not necessarily address health issues, while others mentioned that noticing her sad impression can suggest another aspect of health that is understated. Participants connected with the "We" concept because it showed that you are not alone as a DV survivor, and also encourages the surrounding community to aid DV survivors. Participants noted that the ad was empowering and encouraged them to seek help.
	**"It starts with listening" Campaign** Participants noted the standout features are the phone and the phrase. They also felt the ad does not address DV as a health issue, and that the phone disconnects from the human aspect. They also reported the ad did not address stigma, and was simply a reminder to use your phone if in a DV situation. They also noted resources were difficult to find. They preferred a person as the image.

Ad	Feedback
	**"Let's Redefine DV" Campaign** Participants liked the combination of messaging and the image. Participants felt that the messaging portrays a sense of DV as a health issue, advocating for speaking with a physician. They also noted that the sadness the patient expresses speaks to aspects of health that can be affected (both emotional and physical). They did not feel that the ad addresses stigma. They agreed that resources were obvious because the message was aligned with seeking help. Many participants felt this would encourage them to reach out. Participants noted confusion about the ad's intent. It encouraged them to take action if they actually read the ad.

By working with the community, we identified important points to add to our ad campaigns. Suggestions included:

- Ensure that people understand that the website and 211 hotline are free
- Use another phrase besides "affected my health" because it seemed to lessen the effects of DV on health
- Replacing the word "confidential" in the spanish ads because not all calls would be confidential for safety reasons and to replace it with words like: sensitive, friendly, caring, welcoming, or safe
- Matching language on the ads to the website
- Work with Spanish speaking community leaders to develop appropriate wording and messaging for Spanish ads

Round 3:

Considering focus group feedback and alignment with campaign objectives, the "We Can Overcome" Domestic Violence campaign was selected as the most effective concept to move forward with for the campaign.

The concept features full page images of close-up portraits of real-looking people. Their facial expressions are serious, yet strong and suggest these people have been a part of overcoming domestic violence. Each ad includes the tagline, "We can overcome domestic violence." This is a simple and easily remembered phrase that includes and unites both the survivor and the general population. Including "We" suggests that everyone is part of the solution, and the word choice "overcome" is positive, empowering and implies action. Each ad is accompanied by a quote from either a survivor, a friend, or professional that is part of the solution to overcoming domestic violence. It describes their experience and why they contacted 211 or reached out to someone.

Does the ad depict DV as a health issue?

The concept addresses domestic violence as a health issue by suggesting that health professionals were part of the solution, or by depicting a health professional as a helpful resource for overcoming DV.

Does the ad help reduce stigma around DV?

As first-person accounts, the quotes let the viewer understand what domestic violence survivors go through and how difficult and scary the situation can be. The quotes validate the difficulty of experiencing DV, and/or demonstrate why it's hard for a survivor to leave, and model helpful responses from a friend or health professional.

Does the ad raise awareness about resources to help individuals experiencing DV?

Each ad prompts viewers to use 211 for help with DV. Some of the quotes suggest other resources that can help someone experiencing DV, including talking with a supportive friend or doctor.

Additional Feedback

Additional discussion was held to address reaching the Vietnamese population. Community organizations serving Vietnamese populations that attended a DVHC Task Force meeting and gave feedback included:

- Nhan Hoa Clinic
- Researchers from Cal State Long Beach
- Center for Pacific and Asian Families in LA
- Asian Americans Advancing Justice
- Legal Aid Society
- Laura's House

Experts from Vietnamese serving organizations explained that many within the Vietnamese community view DV as a cultural norm, and stated that there is a high level of stigma regarding seeking support for DV in the Vietnamese community. Others noted that in the Vietnamese population, there is distrust of the government and outsiders in general. Consequently, Vietnamese DV survivors in OC may be unlikely to access traditional DV services, especially if bilingual and bicultural Vietnamese speaking DV service providers are not available.

These providers stressed the importance of working with community leaders and liaisons that already have relationships and rapport within the Vietnamese community. Additionally, participants suggested that considering the high levels of stigma, DV would be better received as a health issue than as a social or family issue.

After speaking with local providers, it was determined that there was a need for DV education in the Vietnamese population. However, there is a perceived county-wide lack of Vietnamese speaking counselors and other DV providers in the community, which limits avenues of support. Given this, the decision was made to focus first on raising awareness of DV within the Vietnamese community while strides are made to increase access to culturally appropriate resources. Accordingly, Waymakers created two fact sheets on DV in the Vietnamese community, one for patients and one for providers, in English and Vietnamese. An additional strategy suggested for raising awareness and initiating conversations about DV in the Vietnamese community is through a medical provider as a spokesperson on Vietnamese radio stations. Waymakers hopes to pursue this further in the upcoming months.

See Appendix B-11, Task Force Meeting Notes

Step 5: Developing Video Advertisements and PSAs

Many participants in the focus groups noted that "everyday" real and relatable people delivered messages that were most effective and memorable. Waymakers chose to create a series of testimonial-style video advertisements for each year of the campaign's implementation (Years 2 and 3). The steps for creating each video series included:

1. Establish overarching theme (e.g. testimonials)
2. Storyboard intended video story. Identify who will be speaking, who the intended audience is, and what main messages you want to convey.
3. Create script to facilitate storyboard messages. In the "We Can Overcome" DV media campaign, it was through a creation of questions that allowed community members to discuss messages regarding DV that was important to them.
4. Film. In the creation of material, the campaign team filmed more than what was to be used.
5. Create several draft videos, and narrow down to a few.

The first series of PSA videos that Waymakers developed showcased multiple testimonials from individuals that represented the variety of ways that DV can affect an individual and those around them.

The following were represented:

- Three DV survivors
- Social service provider who provides services to LGBTQ+ DV survivors
- Mother of a DV survivor
- Physician with patients experiencing DV
- Individual who lost a sister to DV

These individuals were given a list of questions to support them in sharing their story and perspectives on DV as a health issue, stigma associated with DV, and recommendations regarding DV services in the community. They each also stated the campaign tagline from the print ads: "For help with domestic violence, call 2-1-1 or visit 211oc.org/DV. We can overcome domestic violence."

Questions:

1. What made you want to be part of this PSA?
2. Please describe your experience with DV and/or your experience supporting someone who has experienced DV.
3. How did DV affect your/their relationships? With friends, family, and coworkers?
4. How did your/their experience with DV affect your/their health?
5. We often hear people ask, "Why don't they just leave?" How would you respond to that question?
6. What did friends or family members do that was helpful in supporting you? What did you do to make your patient, client, friend, or loved one feel comfortable talking to you about their experience with DV?

7. What were some of the challenges you faced in getting support? What were some of the challenges you faced in supporting others who were experiencing DV? And how did you overcome these challenges?
8. What, if any, resources were helpful to you? As a survivor of DV or as a support person of someone experiencing DV?
9. What can/did you say or do that is/was particularly supportive and helpful for someone experiencing DV?
10. What do you wish to tell people that may currently know someone experiencing DV?

The second series of PSA videos that Waymakers developed focused on the general population and their candid perceptions about DV, with questions guided by the campaign objectives.

Example questions:

1. When you think of a healthy relationship, what does that mean to you?
2. How does it feel to be in a healthy relationship?
3. What would you consider to be domestic violence?
4. How do you think it feels being in a relationship with violence or abuse, whether that be physical, emotional, psychological, or other forms?
5. How often do you think domestic violence occurs?
   a. What makes you think that?
6. How much does domestic violence affect a person's health?
   a. What could be some of the health symptoms, either physical or mental health symptoms, they may experience?
7. If someone you knew was experiencing domestic violence, how would you feel?
8. If someone you knew was affected by domestic violence, what would you say or do?
9. What resources might be helpful for someone experiencing abuse in their relationship?
10. Thinking again about healthy relationships, if you could give one piece of relationship advice, what would it be?

See Appendix B-6, PSA Development

Pandora Radio Public Service Announcement

1. Contact Pandora for advertising space/possible special discounts for nonprofits
2. Collaborate with DVHC-OC members and DV service providers to determine appropriate, trauma-informed messaging
3. Finalize radio PSA script that focuses on campaign objectives
4. Pandora produces radio PSA
5. In Year 3, the call to action was adjusted and a link to the campaign impact survey was attached to the end of the advertisement to increase participation in campaign evaluation

See Appendix B-9, Pandora Results

Engaging College Students in Creating PSAs

The "We Can Overcome" Public Health Campaign worked with a UCI Lecturer of Scientific Concepts of Health to engage undergraduate students in addressing DV awareness in their communities. Student groups were tasked with creating a PSA and the best PSAs were later shared on the "We Can Overcome" social media pages (see Appendix for Assignment Worksheets). This collaboration provided an excellent opportunity for sustainability and could offer a system for new DV and health PSAs to be developed on an ongoing basis.

See Appendix B-7, PSA Assignment - UCI

Step 6: Media Strategy

Waymakers partnered with a PR firm, Reveille, to support the Collective in increasing the campaign's reach through earned media around project activities. Media placement was largely driven by focus group responses on the most impactful advertisement formats, including use of Facebook, YouTube, and Pandora.

PR Strategy

1. Collaborate with PR firm to create media placement plan outlining large and no-cost media that will be strategically selected and located to reach each of the target subpopulations.
2. Collaborate with PR firm to reach out to media vendors to secure non-profit rates and donated space.
3. Collaborate with PR firm to develop news releases, and other media materials (such as FAQs and bio sheets) for the PR package.
4. Collaborate with PR firm and the OCWHP to prepare for a media event and begin pitching stories to local media to gain coverage of campaign launch and stories related to the overall project early in Year 2.

STRATEGIC PLANNING

After data from the baseline surveys was analyzed as well as information gathered from focus groups, project staff began integrating this information for the ad campaign. Paid large media was intended to reach the general population. The campaign focused paid media in the cities of Santa Ana and Anaheim because formative research and literature review findings revealed that Santa Ana and Anaheim were cities with the highest number of calls to law enforcement for assistance related to DV. Lower cost media, such as posters and educational materials, were

placed in community sites throughout Orange County to reach target subpopulations. No cost media, such as social media posts, were also tailored in content to resonate with target subpopulations.

Formative research and focus group findings suggested that online advertisements, such as YouTube and Facebook, were the most memorable locations for advertisements. Consequently, the campaign's media strategy included paid online advertisements in addition to traditional paid media, such as billboard, bus shelter, and bus advertisements.

Maximizing In-Kind Media Space as a Non-profit Organization

Waymakers accomplished this through two strategies:

- Working with non-profit friendly contacts and vendors to secure discounted ad space
- Displaying media at local partner community serving organizations

Public relations firms can be used to pitch newsworthy stories to local community publications and generate earned media opportunities. Waymakers contracted with Reveille to pitch 4-8 news stories per campaign year, with the goal of having 2-4 stories accepted for publication. For the "We Can Overcome" Public Health Campaign, one story was picked up for publishing.


THE ORANGE COUNTY
REGISTER

LOCAL

Getting the word out about domestic violence

Campaign wants to help women recognize abuse and urges medical personnel to talk to patients about it.

VIOLENCE

Figure 1. OC Register Story About "We Can Overcome" Domestic Violence Campaign

In partnering with local community serving organizations, Waymakers secured space for posters and banners to be displayed throughout the community. This had the additional benefit of being a targeted public health campaign, where organizations were selected based on the population they primarily serve. Organizations that reach DV survivors in Orange County include:

- LGBTQ+ Health Clinics
- WIC offices
- Family Resource Centers
- DV Shelters

Overall Public Health Campaign Plan

1. Create at least one social media page for the campaign (e.g. Facebook, Instagram and/or Twitter, as indicated by formative research feedback).
2. Connect with ("like"/follow) social media pages of other organizations viewed by the young adult target population.
3. Secure media outlets for the year. Campaign outlets included a magazine ad, laundromat ads, 4 billboards, 15 buses, 20 bus shelters and 8 video PSAs shown on social media and one Pandora online radio PSA. Waymakers chose to run a PSA campaign through Facebook advertising instead of on cable television because Facebook advertising was indicated by focus group participants to be a more widely viewed platform for advertising.
4. Print posters and banners with campaign images and post them at community sites. Posters were also available for request or to download as a PDF from the 211 web portal.
5. Post ads and relevant messages (links to articles and blog posts) that support the campaign's objectives and appeal to young adults on the campaign's and other organizations' social media sites. Utilize paid social media advertisements and page promotions.
6. Collaborate with PR firm to pitch stories relevant to the project to gain local news coverage. Waymakers was able to coordinate the placement of one article in the OC register and two interviews on KIIS and KOST FM radio about the project.

Appendix B-8, Media Campaign Plan

Figure 2: *Parenting OC Magazine* ad

Figure 3: Billboard ad

Figure 4: OCTA Bus ad

Figure 5: Bus Shelter ad

Figure 6: Laundromat ad

Step 7: Evaluating Outcomes

Waymakers and EVALCORP primarily used two evaluation methods during this campaign, focus groups and campaign impact surveys. The former was discussed in Step 1.

The steps for impact evaluation include:

1. Establish clear, measurable objectives for the campaign.
2. Develop several questions aimed at addressing each objective.
3. Pilot surveys to assess accurate capturing of data.
4. Reassess effectiveness of survey periodically.

Campaign impact surveys were administered during year 1 of the project before the campaign was implemented, and at the end of years 2 and 3 of the project, with the campaign running through project years 2 and 3. For surveys administered in years 2 and 3, questions were added to the original survey to assess whether respondents had been exposed to the campaign either in poster or PSA format. No other major changes were made to the survey from year to year. One challenge noted was with survey administration. It was difficult to find participants that indicated that they had been exposed to the campaign, which resulted in less surveys being analyzed in Years 2 and 3 as compared to Year 1. Throughout the campaign, Waymakers provided small incentive items to encourage survey participation.

In addition to administering paper surveys to individuals at community sites, Waymakers adapted the survey for online administration. An online survey hosted on Google Forms accompanied Pandora and YouTube advertisements and was shared on social media sites. The objective was to administer the survey to individuals who had been exposed to the campaign online. Waymakers also used paid audience targeting to survey individuals online through SurveyMonkey.

Appendix C-1, Campaign Impact Surveys.

Step 8: Impact Analysis

By the end of Year 2, the campaign aimed to find that among individuals exposed to the public health campaign:

- At least 60% will report increased awareness of DV as a health issue;
- At least 40% will report reduced perceived stigma associated with DV; and,
- At least 60% will report increased awareness of resources available to people experiencing DV.

Baseline vs. Year 2 Comparisons of Campaign Objectives

The following is a breakdown of the campaign impact survey items organized by objective. Some survey questions were modified in years 2 and 3 of the project to better assess the objective.

Objective: Awareness of DV as a Health Issue

Survey Items for this objective:

- Domestic violence can affect a person's health. (Year 1 only)
- Domestic violence may cause health issues that require medical attention, even if there are no physical signs of violence. (Year 2 only)
- Domestic violence is a community health issue
- Doctors, nurses and other medical professionals can help with domestic violence.
- I feel comfortable talking with a medical professional about domestic violence.

Objective: Low Stigma Around DV

Survey Items for this objective:

- Leaving an abusive relationship is challenging. (Year 1 only)
- People experiencing domestic violence did something to cause the abuse. (Year 2 only)
- If I knew someone that was experiencing domestic violence, I would feel comfortable talking to them about it.
- I feel comfortable sharing resources for domestic violence with others.

Objective: Awareness of Resources for DV

Survey Items for this objective:

- I am aware of the 2-1-1 Helpline that provides information about domestic violence.
- I am aware of the 211 website as a resource to help someone with domestic violence.
- I would be comfortable using the 2-1-1 Helpline or website to learn more about domestic violence resources.

Table 4. Comparison of Campaign Impact Survey Responses from Year 1 to Year 2

		Agree And Strongly Agree Responses (Year 1 -> Year 2)	Strongly Agree Only Responses (Year 1 -> Year2)
Awareness of DV as a Health Issue	All Respondents	88% (n=1,148) -> 93% (n=526)	59% (n=1,148) -> 69% (n=526)
	General Population	88% (n=688) -> 95% (n=261)	57% (n=688) -> 70% (n=261)
	Low-Income	88% (n=297) -> 92% (n=199)	62% (n=297) -> 67% (n=199)
	Perinatal	89% (n=105) -> 90% (n=85)	64% (n=105) -> 66% (n=85)
	LGBTQ+	89% (n=58) -> 94% (n=40)	65% (n=58) -> 72% (n=40)
Perceived Stigma Around DV	All Respondents	86% (n=1,164) -> 87% (n=523)	50% (n=1,164) -> 59% (n=523)
	General Population	85% (n=700) -> 88% (n=260)	48% (n=700) -> 57% (n=260)
	Low-Income	87% (n=297) -> 85% (n=201)	53% (n=297) -> 56% (n=201)
	Perinatal	88% (n=107) -> 83% (n=82)	53% (n=107) -> 55% (n=82)
	LGBTQ+	87% (n=60) -> 86% (n=39)	58% (n=60) -> 65% (n=39)
Awareness of Resources for DV	All Respondents	56% (n=1,157) -> 84% (n=529)	29% (n=1,157) -> 55% (n=529)
	General Population	50% (n=690) -> 84% (n=263)	23% (n=690) -> 56% (n=263)
	Low-Income	66% (n=299) -> 86% (n=200)	38% (n=299) -> 56% (n=200)
	Perinatal	64% (n=108) -> 82% (n=84)	39% (n=108) -> 49% (n=84)
	LGBTQ+	52% (n=60) -> 70% (n=38)	29% (n=60) -> 53% (n=38)

Note: Due to the use of purposeful convenience sampling and different sample sizes, survey results cannot be analyzed for statistically significant differences. The data is presented side-by-side here only to show trends in survey results over Years 1 and 2 of the campaign.

Appendix C-2, Outcome Evaluation Findings

Step 9: Broadening Local Reach

Waymakers worked with others in the Domestic Violence and Health Collective - Orange County to seek opportunities to share the Collective's work with other public health and domestic violence professionals, broadening the reach and awareness of the project. Members of the Collective presented at a number of conferences and events, including those listed below, and a few of these presentations can be found in the appendices.

Orange County Events

- CalOptima Community Forum
- Families and Communities Together Annual Conference
- Orange County Women's Health Summit
- Symposium on Intimate Partner Violence, Reproductive Coercion and Unintended Pregnancy at University of Irvine, California Medical Center
- Human Options Sisterhood Breakfast

Regional and National Conferences

- Southern California Sexual Health Summit
- California Partnership to End Domestic Violence Annual Conference
- Futures Without Violence National Conference on Health and Domestic Violence
- Blue Shield of California Foundation Board Meeting
- National Conference of YWCA Executives

Lessons Learned

Waymakers found several strategies to be particularly beneficial to the development of a Public Health Campaign.

Subpopulation Perspectives

Engaging community partners in the formative research process both helped to ensure that the ads themselves were relevant to the target audience, and fostered a vested interest among these organizations in implementing the campaign through sharing it at their sites and through social media networks.

It was especially important to have LGBTQ+ specific organizations provide feedback and insight into the way to most effectively and sensitively reach the LGBTQ+ population. It was important to engage Spanish speakers within the LGBTQ+ community as the vocabulary and culture related to gender and sexuality differs between English and Spanish speaking groups within this subpopulation.

Waymakers gained valuable insight into reaching the Vietnamese community through getting feedback from this target population and from service providers who serve this population.

Media Platforms

During the formative research process, asking each target population about the media platforms that they see or use most was helpful in informing the selection of media outlets and vendors. Based on formative research results, Waymakers shifted advertising away from traditional television and radio and towards digital media such as Facebook, Pandora, and YouTube since these were the channels participants indicated using most commonly.

Evaluation Logistics

Recruiting an adequate number of participants for each round of focus groups was a challenge, as people have competing demands and limited availability. To overcome this challenge, focus groups were scheduled as far in advance as was possible, and during Round 3 focus groups an online survey was used to collect feedback from participants who were unavailable to provide feedback in person. Another strategy that was essential to recruiting focus group participants was partnering with community-based organizations who hosted the focus groups and personally invited their clients to participate. Waymakers also provided either modest gift cards, light meals, or promotional items to encourage focus group participation.

Another lesson learned was related to campaign impact evaluation. It was challenging to reach and administer surveys to a large number of individuals who had seen the campaign. For the third year of the project and survey administration, Waymakers adjusted its survey administration method to survey strategically throughout the year on a timeline that corresponded to the campaign implementation rather than administer the survey after the campaign had been completed. In addition, the data collection efforts focused on locations where the campaign was most

active. These changes were made to survey more individuals exposed to the campaign at a time closer to campaign exposure. The revised data collection strategy resulted in a higher survey response and greater confidence in the evaluation findings.

Social Media Campaign

The social media campaign had its own unique challenges. Establishing a social media presence requires extensive work and original content to keep and attract new followers. It may be helpful to run the campaign through existing social media accounts that have established followers, such as partner organizations or individual community leaders.

It is also important to understand which age groups are using which platforms to ensure the message is reaching the intended audience. For example, those aged 25 and over use Facebook as a major social networking tool. However those in the 18-25 age range use Instagram more often than Facebook. This presented unique challenges for Waymakers to reach the young adult target demographic, because although Facebook allows the user to make informative posts, pictures, and videos, Instagram only allows pictures and video. The Facebook platform also allows users to schedule content, whereas scheduling content on Instagram and Twitter would require third party apps that may distort or be incompatible with the social media pages' formatting, thus requiring daily dedicated staff time to update those social media pages.

Waymakers posted regularly on Facebook with a mix of original content, shared posts from local domestic violence service providers, and shared posts from Facebook pages of related topics, such as human trafficking and sexual assault. These Facebook posts included infographics and informative articles. However, Waymakers found that it was more challenging to curate new photo and video content for Instagram on a weekly basis that would engage and retain followers.

Waymakers used three social media platforms: Facebook, Instagram, and Twitter. Below are tables outlining the number of followers per platform, the amount paid for advertising, and the number of posts made.

Table 5. Summary of Campaign Social Media Analytics

Social Media Platform	Peak Number of Followers	Current Followers	Total Number of Posts
Facebook	1141	1129	235
Instagram	127	127	12
Twitter	91	89	74

The number of followers and total posts are from August 2017 until March of 2018.

Table 6. Summary of Approximate Media Advertising Costs

Type of Media	Year 2 Cost	Year 3 Cost
Print Media (posters, retractable banners, educational pamphlets, fact sheets)	$7,000	$750
Digital Media (PSA development, Facebook, Instagram, Pandora, and YouTube advertising)	$14,500	$12,000
Large Media Advertisements (magazine ad, billboards, bus shelters, bus advertisements, laundromat ads)	$27,200	$26,900
Total Cost	$48,700	$39,650

Thank You

We hope that this guide has been informative and we wish you great success on your mission to raise awareness of DV, improve access to supportive DV services, and work toward better healthcare outcomes for your community. Please contact us with any further questions. We are happy to help.

Sincerely,
The Waymakers - Project PATH team

WE CAN OVERCOME
DOMESTIC VIOLENCE

Appendices

Appendix A: Campaign Media Materials

Inventory

In addition to the step by step guide, we've made a variety of materials accessible through either USB or on 211oc.org/DV. The following is an inventory of the resources that are available.

1. Ads/Posters in English and Spanish
2. Educational Materials in English, Spanish, and Vietnamese
3. Style Guide Files
4. Pandora Radio PSAs
5. Video PSAs

Appendix B:
Campaign Development

The following are examples of various documents Waymakers used in the process of developing the “We Can Overcome” Domestic Violence media campaign.

1 Focus Group Recruitment
- 1.1 Focus Group Recruitment Flyer
- 1.2 Focus Group Outreach Flyer

2 Focus Group Facilitation
- 2.1 Focus Group Facilitation Guide
- 2.2 Participant Information Form

3 Formative Research Summaries
- 3.1 Formative Research Summary Round 1
- 3.2 Formative Research Summary Round 2
- 3.3 Formative Research Summary Round 3

4 Style Guide
- 4.1 Style Guide

5 How to Create a PowerPoint Template
- 5.1 How to Create a Powerpoint Template

6 PSA Development
- 6.1 Recruitment Flyer
- 6.2 PSA Prep Guide
- 6.3 Year 2 PSA Questions
- 6.4 Year 3 PSA Questions

7 PSA Assignment - UCI
- 7.1 PSA Development Guidelines for Students
- 7.2 PSA Sharing Guidelines for Students

8 Media Campaign Plan
- 8.1 Media Campaign Plan
- 8.2 Year 2 Project Activities Timeline

9 Pandora Results
- 9.1 Pandora Year 2 and 3 Analytics

10 DVHC-OC Presentations
- 10.1 Public Health Campaign Poster Presentation, OC Women’s Health Summit
- 10.2 DVHC-OC Presentation, Southern California Sexual Health Summit

11 Task Force Meeting Notes
- 11.1 Task Force Meeting Notes: DV in Vietnamese Communities

Appendix C
Outcome Evaluation

The following are documents Waymakers used in the process of evaluating the "We Can Overcome" Domestic Violence media campaign.

1 Evaluation Tools

- 1.1 Baseline Year 1 Survey
- 1.2 Year 2 Campaign Impact Survey
- 1.3 Year 3 Campaign Impact Survey

2 Outcome Evaluation Findings

- 2.1 Baseline Year 1 Summary of Findings
- 2.2 Year 2 Summary of Findings

References

1. Adams, A. E., Sullivan, C. M., Bybee, D., & Greeson, M. R. (2008). Development of the scale of economic abuse. Violence Against Women, 14(5), 563-588. doi: 10.1177/1077801208315529

2. As-Sanie, S., Clevenger, L. A., Geisser, M. E., Williams, D. A., & Roth, R. S. (2014). History of abuse and its relationship to pain experience and depression in women with chronic pelvic pain. American Journal of Obstetrics and Gynecology, 201(4), 317.e1-317.e8. doi: 10.1016/j.ajog.2013.12.048.

3. Bacchus, L., Mezey, G., Bewley, S. (2002). Women's perceptions and experiences of routine enquiry for domestic violence in a maternity service. British Journal of Obstetrics and Gynaecology: An International Journal of Obstetrics and Gynaecology, 109, 9-16. doi: 10.1111/j.1471-0528.2002.00514.x;

4. Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., … Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS):2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

5. California Health Interview Survey. (2009). Ever experienced physical or sexual violence by an intimate partner since age 18 [Multiple years up to: 2009; Age group: Adult]. Retrieved from http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results

6. DePaul, A. (2017, April 23). Battered Lives: Santa Ana's Ongoing Struggle With Domestic Violence. Retrieved from Voice of OC website: https://voiceofoc.org/2015/02/battered-lives-santa-anas-ongoing-struggle-with-domestic-violence/

7. Durose, M. R., Harlow, C. W., Langan, P. A., Motivans, M., Rantala, R. R., & Smith, E. L. (2005). Family Violence Statistics Including Statistics on Stranger and Acquaintances. Washington, D.C.: Office of Justice Programs, U.S. Department of Justice. Retrieved from http://www.bjs.gov/content/pub/pdf/fvs02.pdf

8. Halket, M. M, Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2014). Stay with or leave the abuser? The effects of domestic violence victim's decision on attributions made by young adults. Journal of Family Violence, 29(1), 35-49. doi 10.1007/s10896- 013-9555-4

9. Hart, B. J., & Klein, A. R. (2013). Practical implications of current intimate partner violence research for victim advocates and service providers (Report Number: 244348). Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/grants/244348.pdf

10. Howard, L., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. PLOS Medicine, 10(5), e1001452-e1001415. doi: 10.1371/journal.pmed.1001452

11. Hu, J. C., Link, C. L., McNaughton-Collins, M., Barry, M. J., & McKinlay,J. B. (2007). The association of abuse and symptoms suggestive of chronic prostatitis/chronic pelvic pain syndrome: Results from the Boston area community health survey. Journal of General Internal Medicine, 22(11), 1532–1537. doi: 10.1007/s11606-007-0341-y;

12. Huth-Bocks, A. C., Levendosky, A. A., & Bogat, G. A. (2002). The effects of domestic violence during pregnancy on maternal and infant health. Violence and Victims, 17(2), 169-185. Retrieved form: http://www.ncbi.nlm.nih.gov/pubmed/12033553

13. John, R., Johnson, J. K., Kukreja, S., Found, M., & Lindow, S. W. (2004). Domestic violence: Prevalence and association with gynaecological symptoms. British Journal of Obstetrics and Gynaecology: An International Journal of Obstetrics and Gynaecology, 111, 1128-1132. doi: 10.1111/ j.1471-0528.2004.00290.x

14. Johnson, W., Giordano, P., Longmore, M., & Manning, W. (2014). Intimate partner violence and depressive symptoms during adolescence and young adulthood. The Journal of Health and Social Behavior, 55(1), 39. doi: 10.1177/0022146513520430

15. Martin, S. L., Mackie, L., Kupper, L. L., Buescher, P. A., & Moracco. K. E. (2001). Physical abuse of women before, during, and after pregnancy. Journal of the American Medical Association, 285(12), 1581-1584. doi: 10.1001/jama.285.12.1581.

16. Neggers, Y., Goldenberg, R, Cliver, S., & Hauth, J. (2004). Effects of domestic violence on preterm birth and low birth weight. Acta Obstetricia et Gynecologica Scandinavica, 83, 455-460. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/15059158

17. Novaco, R.W., Barker, J. (2014). Domestic Violence and Women's Health Care: Research Literature Overview.

18. Overstreet, N., & Quinn, D. (2013). The intimate partner violence stigmatization model and barriers to help seeking. Basic and Applied Social Psychology, 35(1), 109-122. doi: 10.1080/01973533.2012.746599

19. Ramsay, J., Carter, Y., Davidson, L., Dunne, D., Eldridge, S., Hegarty, K.,…& Feder, G. (2009). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. Cochrane Database of Systematic Reviews, 3, CD005043.

20. Rodrigues, T., Rocha, L., & Barros, H. (2008). Physical abuse during pregnancy and preterm delivery. American Journal of Obstetrics and Gynecology, 198, 171.e1-171.e6. doi: 10.1016/j.ajog.2007.05.015

21. Todahl, J., & Walters, E. (2011). Universal screening for intimate partner violence: A systematic review. Journal of Marital & Family Therapy, 37(3), 355-369.

22. Walters, M. L., Chen J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov /violenceprevention/pdf/nisvs_sofindings.pdf


WE CAN OVERCOME
DOMESTIC VIOLENCE