

READ - RFR 008924 Attachment B
Principles for Sexual and Domestic Violence (SDV) Services

All Sexual and Domestic Violence (SDV) Services procurements strive to build a statewide network of support and safety in accordance with the following principles:

Principle 1: Promote equity and address disparities in prevalence of SDV, access to services and supports, and outcomes.

DPH strives to promote equity and eliminate unfair disparities in sexual and domestic violence among populations in Massachusetts. These inequities include higher rates of sexual or domestic violence in vulnerable populations, poorer access to services or resources, and/or worse outcomes as a result of sexual or domestic violence. Disparities often result from social, economic or environmental disadvantages that adversely affect certain groups of people, sometimes called the social determinants of health. Promotion of equity seeks to improve the conditions that contribute to disparities so that everyone may achieve their highest potential. Addressing equity in SDV utilizes data, focuses on the social determinants of health, incorporates cultural relevance and is accountable to improving outcomes for marginalized populations.

Principle 2: Build and sustain the leadership of survivors of SDV.

It is the intent of this RFR that organizations that work directly with survivors will engage with survivors in leadership roles within and beyond an advisory capacity. Creating meaningful ways to bring survivors of abuse into the work of an organization goes beyond being survivor-centered. Survivor leadership means that survivors who directly benefit from programs are engaged in shared and meaningful decision-making about the programs that impact their lives. Organizations should systematically engage survivors in the planning, development, leadership, oversight and quality improvement of the program's domestic and/or sexual violence services using the "Nothing about us, without us" philosophy. Survivor engagement and leadership values the lived experiences of survivors without exploiting or tokenizing survivors in the process. Survivor leadership allows survivors to determine for themselves if/when they are ready to engage in leaderships roles, and lets go of the assumption that survivors may be "too fragile" to handle this work.

Organizations that work with perpetrators directly or in a community context must be designed and conducted with accountability to the voices of survivors, and survivors must be safely and deliberately included by the program in ways that are appropriate to this specific program type.

Principle 3: Promote the well-being of survivors of SDV.

A "well-being" focus recognizes that there is a range of universal aspirations that all individuals seek in order to feel successful, have resilience through difficult times and have an overall sense of wellness. Our understanding of the underlying principles of well-being continues to be informed by on-going research and the increasing recognition of its effectiveness in human services, public policy and social justice work.

For the purposes of this RFR, a wellbeing approach is holistic and strengths-based.

- For survivors, this includes promoting survivors' social connectedness, sense of mastery (competence and power in decisions that affect them), safety, stability and meaningful access to

READ - RFR 008924 Attachment B

Principles for Sexual and Domestic Violence (SDV) Services

relevant resources¹. Work would happen in partnership with survivors and their children to develop a comprehensive understanding of their whole situation, as whole people, in the full context of their lives. Promoting well-being goes beyond a crisis response to draw upon elements of survivors' lives that are going well. This means intentionally surfacing, recognizing and leveraging the relationships, resources and skills of each survivor, minimizing the tradeoffs between difficult choices, and respecting survivors' decisions.

- For IPAE programs working with perpetrators of domestic violence, the application of well-being as a principle will need to be utilized within the context of accountability for abusive behavior and to promote survivor safety. For example, stability, meaningful access to relevant resources, and sense of mastery may be able to be applied to substance abuse recovery and employment, which have been associated with increased survivor safety. Social-connectedness could be imbedded within the group intervention approach of IPAE programs and implies accountability to the larger community.

Principle 4: Attend to the needs of children and youth exposed to/as survivors of domestic and sexual violence.

The harmful effects of SDV violence against survivors can also extend to their children, although not all children and youth are equally impacted. Children who grow up in families where domestic (and sexual) violence occurs are at increased risk for child abuse, child mortality and negative impacts in all domains of functioning (physical, social, cognitive, behavioral and emotional). In addition, exposure to DV is associated with exposure to other adverse childhood experiences such as incarceration or substance abuse of a family member. Understanding and addressing the impact of exposure to violence on children requires application of a risk and protective factors framework -- the strongest protective factor being relationships with consistent, caring and safe adults, which usually includes the non-abusive parent.

Children and youth experience improved outcomes when organizations adopt strategies that reduce risks and enhance resiliency; and when they work in ways that support safety and well-being of their non-abusive parent and the healthy, optimal functioning of all family members, however they define "family". Helping children and youth exposed to violence requires approaches that are developmentally trauma-informed and appropriate, timely, and integrate children's social networks of family, schools, caretakers, faith communities, and others. Some children need specialized therapeutic services, often offered to a non-abusive parent and child together. IPAE programs can create opportunities for abusive parents to reflect on the impact of their behavior on their children, and to make a choice to reduce or end their violence and coercion. Supporting the abusive parent to change their behavior improves the lives of their children.

Principle 5: Provide trauma- and resilience-informed approaches.

Trauma is a personal experience that may result from: interpersonal violence including sexual or physical violence; severe neglect; loss; the witnessing of violence, terrorism, and/or disaster. Trauma

¹ This wellbeing framework has been developed by the Full Frame Initiative (fullframeinitiative.org) and is used here with permission.

READ - RFR 008924 Attachment B **Principles for Sexual and Domestic Violence (SDV) Services**

may also affect groups of people collectively through cumulative exposure to traumatic events that affect communities, and trauma may affect subsequent generations. Examples of community trauma include slavery, mass incarceration, neighborhood violence, immigration raids, school segregation, etc.

Sexual and domestic violence providers shall approach their work with a “trauma-informed” focus, based on understanding how the physical, emotional, behavioral, social and spiritual effects of trauma may be experienced by individuals and communities. Because individual or community history of trauma is sometimes not explicitly known, trauma-informed approaches assume that every person may have been exposed to trauma, similar to the concept of “universal precautions” in healthcare. Trauma-informed approaches are sensitive to the impact of trauma and offer support while avoiding re-traumatization, but are not designed to specifically treat symptoms or syndromes related to trauma. Trauma-informed care allows individuals and communities to have as much control as possible over all aspects of the encounter, emphasizing their right to stop the encounter - or withdraw previous consent - at any point in time.

Resilience is the capacity for successful adaptation, positive functioning and competence in the face of adversity, chronic stress and change. **Resilience-informed** is a strengths based approach which means working with individuals and communities to identify and promote their inherent skills and resources to overcome adversity and to support and promote people’s social networks and emotional connectedness.

Principle 6: Meaningful community collaboration and SDV network-building is essential to being of service to survivors.

Active and engaged partnerships are a critical component of efforts to prevent and respond to sexual and domestic violence. Organizations that are embedded in and partner with the community/other community-based organizations can better meet the complicated needs of survivors and their children.

Sexual and domestic violence intersect with multiple inequalities and issues: sexism, economic inequality, racism, homophobia, physical and mental illness, housing instability/homelessness, access to health care, substance misuse, etc. Thus, addressing SDV extends beyond tending to just the safety of SDV survivors. Collaboration with other entities in the community that are working on these issues enhances organizations’ engagement with the community, increases awareness of and accountability to the community’s concerns, and enables organizations to be a partner in addressing the multiple issues that intersect with SDV. Community collaboration also must include building relationships with other SDV programs within a statewide network. These relationships are essential to supporting survivors and their children and in limiting the negative impacts they experience and/or the tradeoffs they must choose between when seeking help. The goal is to create a large, diversified network of supports - formal and informal - that can be activated quickly on behalf of individual survivors and their families and provide sustainable, culturally accessible and meaningful support.

In addition to collaboration providing a vehicle for increasing access to supportive services for the survivors with whom they work, SDV programs can assist their community partners to identify SDV survivors among their program participants, help them understand the effects of SDV and support those survivors’ needs. These relationships can also work to hold SDV perpetrators accountable for their violence - as the community is an essential component of such accountability. Community collaboration should include the sharing of values and education/cross-training with community partners.

READ - RFR 008924 Attachment B
Principles for Sexual and Domestic Violence (SDV) Services

Principle 7: Promote innovative approaches to housing stabilization and shelter.

Survivors of domestic violence and sexual assault need adequate and safe housing resources. EOHHS is committed to better understanding the intersection of homelessness and SDV and ensuring that we are providing the resources that each family and individual needs to address housing instability and safety. Certainly, shelter is a necessary, even life-saving, resource for some, but many families and individuals might be better served with a community-based housing response that enables individuals and families to stay in their community whenever possible.

EOHHS agencies (DPH, DCF and others) are partnering with the Department of Housing and Community Development to ensure that SDV providers have access to local resources to support the housing needs of survivors. It is the intent of this RFR to support providers that operate within, or work in partnership with, organizations that make collaborative and innovative efforts to help survivors and their children avoid the need for shelter by helping them maintain existing housing, avoid longer-than-necessary stays in shelter, and/or help them move into transitional or permanent housing in a timely way. Partnerships with local housing authorities, Community Development programs, DTA, DCF, landlords, low-income apartment complexes, faith communities, local governmental entities, businesses and others may be helpful in these efforts.

Principle 8: Address sexual and domestic violence through a variety of prevention and education strategies.

The causes of sexual and domestic violence are rooted in the intersections of multiple forms of oppression. Prevention and education strategies as described below can each contribute to addressing the underlying causes and to changing the cultural norms that allow sexual and domestic violence to flourish. This work often takes place in community settings and involves “meeting people where they are at”. Prevention and education efforts should always be accountable to survivors’ safety and wellbeing. These strategies often overlap; thus the categories are not exclusive.

Outreach, education and community engagement are fundable activities in this procurement (RFR) while community mobilization and prevention are funded through other procurements. Descriptions of all are included here to illustrate the spectrum of activities that constitute DPH’s funded approaches to prevention and education.

Outreach increases awareness about sexual assault and domestic violence and develops community relationships and trust in the organization. Outreach empowers survivors and communities to understand the impact of sexual and domestic violence in their lives and to seek services.

Education increases knowledge and understanding about sexual and domestic violence, and changes attitudes and beliefs that uphold violence.

Training develops skills to take action to address the violence.

READ - RFR 008924 Attachment B Principles for Sexual and Domestic Violence (SDV) Services

Community Engagement is the intentional building and maintaining of relationships with and between organizations, community leaders and social networks that are empowered and collaborate in decisions to address SDV. While efforts must be driven by and accountable to survivors, everyone has a role in addressing sexual and domestic violence.

Community Mobilization brings communities together to define the issues and create their own approaches to addressing the issues. Community mobilization meets people where they are to move together towards the transformation of the social, economic, and political systems that result in oppression and violence. Community mobilization creates change in communities by facilitating community ownership and action to address sexual and domestic violence. Social and behavior change is a process which requires sustained long term relationships and investment of time. This is specialized work that requires advance training for practitioners and is not funded through this procurement.

Primary Prevention efforts address the risk and protective factors for SDV perpetration and victimization among a population before SDV occurs. Primary prevention can be used with everyone in the population, or with selected populations who are at higher risk for SDV. Using the lens of anti-oppression, primary prevention is most effective when it incorporates the use of theories of SDV and the best available or evidence-informed practices, addresses multiple levels of the social ecology, and fits the community being approached. Prevention efforts should involve the collaborative expertise of those working with survivors and those working with perpetrators as the focus of this work are on the prevention of perpetration.

Principle 9: Promote services that are informed about perpetration and accountability.

The perpetration of sexual and domestic violence includes a wide range of abusive and violent behaviors that are based upon the perpetrator's use of power and control. The reasons for the perpetration of SDV are complicated and are best understood and responded to within the framework of the risk and protective factors that support or mitigate the behaviors. All SDV services and efforts must share a focus on perpetrator accountability and survivor safety and be informed by survivor leadership. Survivor services should be informed about perpetrator behaviors and motivations and how they impact victims and children. Organizations that serve survivors and those that serve abusers share the goal of survivor safety and should work collaboratively and be informed by each other's efforts.

Principle 10: Programming and service-network development are data-driven, evidence-informed, and theory-based.

"Data-driven" approaches are those that take into consideration available local data as well as up-to-date understanding of risk and resilience factors and overtly incorporate this information into the design of programming. Such approaches should include an analysis of the data with a lens of equity/inequity. "Evidence-informed" and "theory-based" approaches are those that take into consideration the current, best available research on effective intervention and prevention strategies and/or logically incorporate theories about the causes of domestic/sexual violence, human behavior, social determinants of health or other related issues into intervention and/or prevention strategies. Evidence-informed strategies should cite the evidence/research. Theory-based approaches should articulate the theory and the logical progression to the selected intervention or prevention strategy.

READ - RFR 008924 Attachment B
Principles for Sexual and Domestic Violence (SDV) Services

Principle 11: Promote a just society with equity in economic, political and social rights and opportunities for all people.

Social justice efforts seek to eliminate social and economic inequities and to promote respect for human dignity, inclusiveness of diversity and the physical and psychological safety and wellbeing of all people. Social justice work requires that organizations understand their roles in the context of social change and justice, actively challenge systems that continue to oppress all people, and see SDV in the context of larger systemic patterns of privilege, oppression and discrimination. Organizations counter the belief that people's situations are solely a result of their personality or choices and continually make the link between individual experiences and systemic oppression. Social justice principles are required in all aspects of work including the provision of services and prevention, survivor engagement and leadership, community engagement and participation, recruitment and training of staff, board members and volunteers, and systems change and advocacy.