

Community consultations to inform the design of Alberta's Primary Prevention Framework: A summary of findings

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Acknowledging Indigenous territory and peoples

We want to acknowledge that our team members live across Turtle Island in what is today known as Canada. We acknowledge that the places we call home today have deep ties to the Indigenous peoples that have stewarded this land since time immemorial. We also acknowledge that colonial actors and institutions perpetually deny Indigenous people their rights to self-determination and sovereignty and these institutions must be challenged and changed. Shift is committed to the advancement of the United Nations Declaration on the Rights of Indigenous Peoples and the Calls to Action of the Truth and Reconciliation Commission.

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Objectives of the community consultations

- Support community-based professionals to understand primary prevention and the Alberta Primary Prevention Framework Project.
- Work with community-based professionals to identify and prioritize root causes of domestic and sexual violence in Alberta.
- Work with community-based professionals to understand existing barriers and challenges to uptake primary prevention approaches.

Snapshot of the community consultations and participants

Number of consultations	18
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Total number of participants	198
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Geographic locations of the consultations	<p>Using Alberta Health Services' Zone Map, consultations took place in all Zones across Alberta:</p> <ul style="list-style-type: none">- 3 consultations in North zone- 2 consultations in Calgary zone- 2 consultations in Edmonton zone- 1 consultation in Central zone- 1 consultation in South zone- 9 consultations consisted of participants from all zones due to their provincial focus.
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Groups that participated in the consultations

- Equity Seeking
- Government System
- Indigenous
- Local Network
- Provincial Association

Groups that participated in the consultations

Based on the group categories, the community consultations consisted of:

- 2 consultations with government systems
- 5 consultations with provincial associations
- 7 consultations with local networks
- 2 consultations with equity-seeking groups
- 1 consultation with Indigenous groups
- 1 consultation was open to any person who was not able to attend the other consultations and therefore was not group specific.

Community consultation process

IMPACT Mobilizers were invited to coordinate a community consultation

Prior to each consultation, participants were encouraged to complete an online module on key primary prevention concepts (optional)

A presentation was used to facilitate each consultation (see Appendix A)

The consultations included four questions and involved a process to prioritize root causes of violence

Notetakers were present during each consultation to type participants' responses (verbatim). An online tool called Padlet was used to facilitate and capture the prioritization process

Community consultation questions

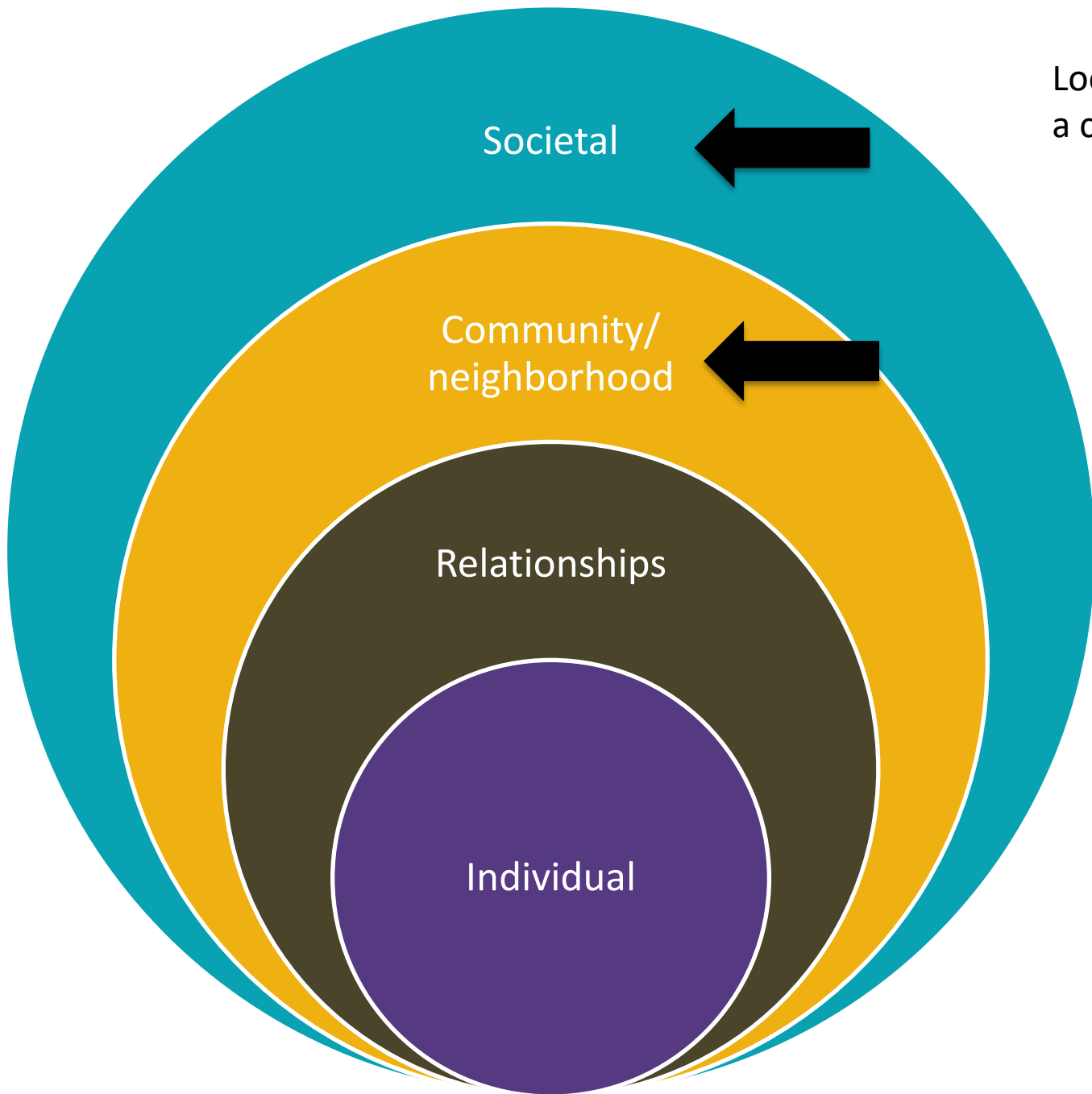


Question #1: Please briefly share your understanding of primary prevention.

Question #2: Which community-level risk factors (root causes) do you think we should prioritize to prevent domestic and sexual violence in Alberta? Why?

Question #3: Which societal-level risk factors (root causes) do you think we should prioritize to prevent domestic and sexual violence in Alberta?

Question #4: What do you think are the barriers and challenges for you to engage in primary prevention approaches?



Looks at the broad societal factors that help to create a climate in which violence is encouraged or inhibited.

Explores the settings in which social relationships occur and identifying the characteristics in these settings that contribute to violence.

Social-ecological model

Source: Centers for Disease Control and Prevention, n.d.

**See Appendix B for details about the process and analysis of
the community consultations**



**What did participants
say?**

Participants' understanding of primary prevention

When asked to describe their understanding of primary prevention, participants generally described:

- 1) key principles and the focus of primary prevention, and
- 2) specific primary prevention strategies, actions, and approaches.

**Key principles
and the focus
of primary
prevention
(n=84)**

Primary prevention focuses on:

- Addressing root or underlying causes of violence
- Stopping violence before it starts
- Addressing structural and cultural violence

Understanding of primary prevention

“Primary prevention is creating and enacting strategies and policies that work to prevent violence from occurring in the first place, be it cultural or structural violence.”

“Primary prevention means figuring out how to stop domestic and sexual violence before it starts. To catch the upstream stuff before us as intervention workers are in the field trying to pull people out of the water.”

“Primary prevention is understanding the root causes of the issue and addressing it head on before it takes place. It is understanding what the issue is and how we can stop it in all structures.”



**Specific
primary
prevention
strategies,
actions, and
approaches
(n=76)**

- Educating people on domestic and sexual violence and skills needed for healthy relationships
- Improving laws, policies, and strategies that address the root causes of violence
- Changing social and cultural norms
- Taking a systemic approach
- Advancing cross-sector and stakeholder collaboration
- Still, some people said primary prevention involves early intervention and intervention.

Participants' prioritization of community-level risk factors

- Community norms (n=124)
- Gaps in several “basic needs” services and resources (n=95)
- Community violence and poor neighbourhood cohesion (n=67)
- Economic factors (n=49)
- Lack of strong leadership and mentorship within communities (n=25)
- Poor community design (n=24)
- Social media and technology (n=15)
- Impact of systemic oppression in communities (n=61)

Community norms (n=124)

- Lack of community sanctions
- Toxic masculinity (i.e., sex as a right)
- Norms that tolerate sexual violence and silence
- Religious beliefs and norms
- Low willingness to see domestic and sexual violence
- Norms on campuses
- Normalization of coerciveness
- Unhealthy workplaces

Community norms

“Toxic masculinity – the culture that males need to take every advantage to have sex. The culture of “no means no” needs to change because it's not a right/entitlement to sex.”

“For some people, if they are of a certain faith, that can have some barriers there with accessing help. There might be ‘old school’ norms and attitudes. People won't readily come forward because they are part of those systems.”

“Norms are important because from post secondary campus perspective established male-dominated norms and party atmosphere are significant factors to sexual violence on campus.”



Gaps in “basic needs” services and supports (n=95)

- Lack of/lack of access to resources and supports
- Geographic location (i.e., rural communities) leading to lack of basic needs such as internet, phone, and transportation services
- Lack of affordable housing
- Lack of affordable childcare
- Lack of community amenities
- Lack of Indigenous-led supports

**Economic
factors
(n=49)**

- Neighbourhood poverty
- Diminished economic opportunities/high unemployment rates

**Lack of strong
leadership and
mentors in the
community
(n=25)**

- Lack of engagement around domestic violence education/awareness among faith and religious leaders
- Lack of education around domestic violence and sexual violence among people in positions of power
- Lack of positive role models

**Poor
community
design
(n=24)**

- High alcohol outlet density
- Poor infrastructure
- Need for age-friendly communities
- Payday lending density

Poor community design

“Built environment. The built environment also influences community inclusivity, and reduces barriers for the those who have less power.”

“From an older adult perspective, we need accessibility as our population is aging. So, age-friendly communities. Getting around the community can be a challenge and is a risk factor for older adults.”

“We have 1 liquor store for every 1200 people. They were laid out mostly in the lower income areas and downtown area. Also found that payday lending stores were always near a liquor store – and we know people in poverty are more likely to use the payday lending stores.”



Social media and technology (n=15)

- Technology is facilitating violence
- Video game violence
- Normalizing violence in the media
- Ease of access to social media

**Impact of
systemic
oppression in
the community
(n=61)**

Many participants commented on how the challenges experienced by and in communities are the result of systemic oppression, such as colonialism, racism, ageism, and intersectional forms of oppression.

Communities, families, and individuals internalize the impacts of oppression and violence-supporting social norms, which often show up as mental health issues, addictions, poor social skills, family conflict, low educational attainment, etc.

From this perspective, these and other individual and relational risk factors that increase the likelihood of violence are *responses* to and *consequences* of systemic oppression.

Participants' prioritization of societal-level risk factors)

- Inequality and systems of oppression (n=294)
- Weak social, health, education, economic policies (n=130)
- Social, cultural, and religious norms (n=127)
- Media violence (n=69)

Inequality and systems of oppression (n=294)

- Intersecting forms of oppression (n=78)
- Colonialism (n=76)
- Capitalism and societal income inequality (n=56)
- Patriarchy (n=49)
- Ageism (n=18)
- Racism (n=14)

Colonialism

“Lack of Indigenous decision makers at the policy level of the government. We have non-Indigenous people making decisions for us. When you look at the numbers and the stats all across Alberta and Canada, Indigenous is number one in almost all of them, so why are we not a part of the bigger conversation? We are forgotten about or set off to the side. Making sure we are a part of the conversation. Make sure that it is at the forefront. Make sure we are there.”



Intersections of oppression

"It's all of the 'isms' though, right? It is gender, it is racism, homophobia, all of that. When you speak about older adults or victims of sexual violence, it is the intersection."

"Lots of the Indigenous women that we saw are dealing with issues of sexism and racism. So they were devalued as a woman and a layer of sexism that devalues Indigenous women in particular. I attended a webinar that mentioned when you are poor, Indigenous, and a woman you are fighting a huge uphill battle."



**Weak social,
health,
education, and
economic
policies
(n=130)**

- Limited supports and resources for rural areas (most supports centralized in major cities)
- Lack of consideration for restorative or Indigenous traditional ways of addressing domestic and sexual violence
- Lack of standardized curriculum for domestic and sexual violence in schools
- Not having coercive control as a form of legislation
- Lack of housing supports to facilitate leaving an abusive relationship

Social, cultural, and religious norms

- Norms related to family privacy
- Norms that reinforce living in a binary (i.e., male-female and perpetrator-victim)
- Norms that emphasize power and control
- Tolerance of violence
- Religious norms that reinforce male domination

Social, cultural, and religious norms

“There is a norm of violence within our society. Violence is normalized. Violence is okay to us depending on what you are trying to do. It is sanctioned in our media and there is a level of acceptance.”

“Religion and how it can be a contributing factor because it can perpetuate some unhealthy ways of thinking and beliefs. So, maybe it is named as an extreme of religion with male dominance and how it can perpetuate the perspective that heterosexual is the only right way of being.”



Media violence (n=69)

- All forms of media reinforcing and facilitating violence, including social media, pornography, and video games.

Barriers to engaging in primary prevention approaches

When asked to describe the barriers to engaging in primary prevention approaches, participants shared:

- 1) Current funding structure makes primary prevention efforts challenging; and
- 2) Current policies, laws, and practices are barriers for primary prevention.

Funding structure (n=66)

- Lack of funding to support primary prevention
- Lack of consistent long-term funding to advance primary prevention
- Perceived competition among organizations for funding primary prevention vs. secondary and tertiary

Funding structures

“It’s tough to tell funders you will see the outcomes of your funding in 30 years.”

“Fear – justified fear – that resources and dollars will be taken away from secondary and tertiary interventions and moved to primary prevention. Secondary and tertiary funding needs to be maintained. Primary prevention needs to be funded additionally and on top of current funding. This point needs to be made loud and clear.”



**Policies, laws,
and practices
(n=58)**

- Weak social policies and laws that do not address root causes of violence
- Sector is focused on intervention
- Lack of consistent leadership and collaboration among systems, institutions, funders, and organizations

Policies, laws, and practices

“A big mistake that our government makes over and over is the ‘all or nothing approach’ – throw all resources or staffing, then there are changes, and all that work is abandoned and we start from scratch.”

“Primary prevention is almost like a new concept for our sector. Most of our agencies are built on intervention and to shift that will require a lot of knowledge in prevention and people might be afraid to lose what they have already built/designed.”





Implications for Alberta's Primary Prevention Framework

Implications

1. Focus on addressing inequality and systems of oppression to build a foundation of equity, respect, and non-violence (upcoming online module).
2. Address the additional and complex barriers faced by rural and remote communities in the North, Central, and South zones in Alberta.
3. Use an intersectional approach in its design and in its priorities and strategies. Additional research on LGBTQ2S+ populations and older adults is needed.

Implications

- Focus on the role of religious norms, beliefs, and leaders in the prevention of domestic and sexual violence.
- Provide recommendations to build funding structures that promote primary prevention efforts.
- Focus on strategies that promote changes in our institutions, structures, environments, social relationships, and our access to basic needs services and supports (see next slide).

Findings from community consultations show that we need strategies that target changes in each of these areas to promote collective behaviour change:



Institutional and structural (i.e., laws, governance, and institutional and informal power)



Material (i.e., economic options and access to resources)



Environmental (i.e., physical environment, processes, and structures)



Social networks (i.e., social norms, social networks, and role models)



Individual (i.e., individual knowledge, attitudes, and skills)

Implications

Socialization and implementation of the APPF should include a focus on:

- Building the capacity of community-based professionals to understand the connection between root causes of domestic and sexual violence and how they show up in our daily lives (upcoming online module).
- Building community-based professionals' understanding of the practical differences between primary prevention and early-intervention and intervention.

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**Appendix A:
PowerPoint used
during community
consultations**



**Appendix B:
Details about process
and analysis of the
community
consultations**

Description of groups that participated in the consultations

- Equity Seeking. “Equity-seeking groups identify significant collective barriers to just participation in society in which all can participate and thrive and actively seek social justice and reparation. These barriers exist due to disadvantage and systemic discrimination, and can include attitudinal, historic, social, environmental and systemic barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation, or transgender status.”

The equity-seeking groups who participated in the community consultations represent newcomers to Canada, immigrant and/or refugee families, and ethno-culturally diverse communities.

- Government System. “Government systems are ministries and departments within the Government of Alberta, particularly, Community and Social Supports, Culture, Multiculturalism, and Status of Women, and Children’s Services.”
- Indigenous. “Indigenous organizations serving Indigenous peoples of Alberta.”

Description of groups that participated in the consultations

- Local Network. “Local networks are multi-agency community initiatives, coalitions, collectives, and collaborative groups focused on domestic and sexual violence (and/or family violence, gender-based violence, healthy relationships etc.) in local geographical jurisdictions across Alberta.”
- Provincial Association. “Provincial associations are organizations that operate provincial or represent or coordinate multiple provincial sites or programs.”

Community consultation process

1. IMPACT Mobilizers were invited to draw on their regional networks to coordinate and facilitate a community consultation.
2. IMPACT Mobilizers received training (3-part series) and a manual to support them in facilitating the consultations; however, for a variety of reasons, the community consultations were ultimately facilitated largely by IMPACT backbone staff.
3. IMPACT Mobilizers worked with the IMPACT backbone organization to coordinate the consultations.
4. Prior to each consultation, participants received an email that outlined the consultation and invited participants to complete an online module on key primary prevention concepts. Completion of the module was not a requirement for participation in the consultation.
5. Those who facilitated the consultations used a PowerPoint presentation throughout each consultation and followed a script to ensure consistency across consultations. However, some adjustments were made to the script (i.e., examples) to reflect the contexts of the participants.
6. The consultations included four overarching questions, two of which had several sub-questions. The consultations also included a process to identify the community- and societal-level risk factors (root causes) of domestic and sexual violence that should be prioritized in Alberta.
7. Notetakers were present at each consultation and typed participants' verbal feedback (verbatim), and an online tool (Padlet) was used to facilitate and capture the prioritization process.
8. All typed notes were saved in a shared folder between IMPACT backbone and Shift.
9. Shift managed the Padlets.



Analysis

- For questions #1 and #4, participants' verbal responses to the questions were extracted and clustered along recurring themes using Thematic Analysis (TA). TA is a useful approach when analyzing data from different research participants, highlighting similarities and differences, and generating unanticipated insights (Nowell et al., 2017). There are six phases of TA that was followed for analysis: 1) familiarity with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report.
- For questions #2 and #3:
 - Padlet "votes" assigned by participants were tallied and grouped along recurring themes using TA.
 - Participants' verbal responses were extracted and clustered along recurring themes using TA.
 - Themes that emerged from Padlet were contrasted with themes that emerged from participants' verbal responses to identify patterns and divergences between numerical votes and verbal responses.

Limitations of the consultations

- Some attendance sheets were missing/not completed so we cannot be certain that the 198 participants are unique individuals; however, because the consultations were centrally organized through IMPACT's backbone organization, it is unlikely that individuals attended more than one session.
- The group categories (i.e., equity-seeking, government systems, local networks, provincial associations, etc.) were created by the IMPACT project team for practical reasons and participants did not self-identify into these groups. Therefore, Shift avoided making broad generalizations based on group categories. Instead, Shift used the group categories to provide additional context.
- Within the broad category of equity-seeking groups, only professionals that work with newcomers to Canada, immigrant and/or refugee families, and ethno-culturally diverse communities participated in the consultations. This means that the perspectives of other equity-seeking groups, such as LGBTQ2S+ populations, people with disabilities, people living in poverty, etc. are limited.