

# Buncombe County: Safety Initiative for Women and Children

## *Coordinating Public Health Systems for Violence Prevention*

**Focus Area:** Domestic violence and child maltreatment prevention

**Buncombe County Burden:** 64% of female homicides were DV-related (2004-2011)

**Target Population:** Women and children

**Approach:** Systems coordination, Education, Policy Change

### Overview

The Buncombe Safety Initiative for Women and Children is a diverse coalition of government and non-governmental organizations, schools and businesses gathered to **prevent violence against women and children**. The coalition aims to coordinate and enhance the work of participating organizations in order to maximize victim services and unite participants and community around the common mission of ensuring the safety and health of women and children in Buncombe County.

### Selection and Development

#### ***Community champions propose concerted response***

Early in 2012, the N.C. Coalition Against Domestic Violence released its 2011 homicide report indicating Buncombe County had one of the highest rates of domestic violence (DV) related homicides in the state. Compelled by this data, two community champions, Dr. Kellett Letson (*Mountain Area Health Education Center*) and Dr. Jill Hoggard Green (*Mission Health*) convened a group of stakeholders to **develop a coordinated strategy** to address violence against the county's women and children. From late 2012 to early 2014 the group expanded to include representatives from a variety of governmental agencies and nonprofits. Within the coalition, three committees formed to assess and improve the services provided to survivors of violence, implement evidence-based prevention programs to reduce perpetration, and establish comprehensive, county-level data on the prevalence of violence.

#### ***Begin by assessing the services for survivors***

One of the first tasks completed by the *Community Assessment Committee* was an innovative service-mapping project spearheaded by April Burgess-Johnson, Executive Director of the local DV agency. Results of the mapping project revealed that a family seeking help for co-occurring DV and child maltreatment must complete 65 forms and talk to 21 people in the three days following their initial contact with service providers or law enforcement. Furthermore, the family might receive varied, occasionally conflicting messages from different agencies. The exercise made clear, said local United Way president David Bailey, that "we don't make it as easy for clients as we ought to." Using this information, the coalition is developing solutions to **minimize the burden placed on survivors** through streamlining the help-seeking process and creating consistent cross-system messaging.



**Population:** 247,912

**Median Household Income:** \$44,206



**Key Program Partners:** Buncombe Co. Health and Human Services, Mission Health, MAHEC, Helpmate, Our VOICE, Child Abuse Prevention Services, United Way of Asheville and Buncombe Co., Buncombe Co. District Attorney's Office, Buncombe Co. Sheriff's Dept., Asheville Police Dept.

**Funding Sources:** No external funding

## Implementation

### ***Pairing high-risk and population approaches to eliminate violence***

The Initiative is focused on implementing three evidence-based strategies. The *Prevention Committee*, guided by County Commissioner Holly Jones, joined with law enforcement, the DA's office, and service agencies to implement an evidence-based model for first responders to rapidly assess the lethality of a DV situation. A similar High Risk Team (HRT) model was recently adopted in Pitt County under the leadership of Sheriff's Department Detective, John Guard. The validated assessment tool<sup>1</sup> has helped to reduce DV-related homicides to zero in some areas. Buncombe County, through work by the Initiative, also plans to use GPS to maintain the whereabouts of offenders against whom a protective order is issued.

The committee intends to build on efforts piloted in Mecklenburg and Iredell counties this year using the "eNOugh" media campaign to raise public awareness of DV. Committee members are also working to secure funds to expand implementation of two evidence-based violence prevention educational programs currently offered in select local schools, *Safe Dates* and *Stewards of Children*.

## Evaluation

The cornerstone of the Initiative's data collection and evaluation plan is a **County Report Card**. The report card is designed to provide service agencies, policymakers, funders, and the public with an overview of the prevalence and nature of violence against women and children. According to *Data Committee* Chair Mary Ellen Wright (*Mission Health*), data collected over time will demonstrate the impact of the coalition's prevention and intervention programs. Selected indicators are designed to be seamlessly incorporated into each participating organization's existing data collection efforts, to minimize burden and increase the utility and sustainability of the process.

## Keys to Success

### ***Preventing violence "takes a [well-coordinated] village"***

Buncombe County's experience highlights several important lessons for other communities:

- Plan for **capacity issues** that arise as awareness grows and help-seeking increases.
- Provide coalition members continued opportunities for **meaningful involvement**.
- Ensure diverse participants coalesce around a **shared agenda**. Ms. Burgess-Johnson stresses the importance of identifying the groups' "common denominator." In this case, that is the belief that all people have a basic human right to safety.
- Let the **Health Department** do what it does best: approach health issues and data from a broad community level, move the coalition from planning toward evidence-based solutions, spread the message to diverse constituents, and tie into key community efforts, such as poverty reduction, to ensure social and environmental determinants of health are addressed in all violence prevention strategies.

**Resources:** Campbell, J. (1986). Nursing assessment for risk of homicide with battered women. *Advances in Nursing Science*, 8, 36-51.

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