

Preventing Intimate Partner Violence (IPV) Lessons from Tennessee

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Overview

The Tennessee Coalition to End Domestic and Sexual Violence (TCEDSV) received a Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact grant from the Centers for Disease Control and Prevention (CDC) to support targeted primary prevention initiatives from 2018 through 2023.

The goal of DELTA Impact was to prevent intimate partner violence (IPV) by decreasing targeted risk factors and strengthening protective factors. The TCEDSV worked toward this goal by building capacity and collaboration at the state level as well as partnering with community-based organizations to implement three targeted initiatives. The Center for Policy Research (CPR) designed and conducted all evaluation activities associated with the TCEDSV's DELTA Impact work.



Many individuals, and organizations, contributed to the success of the TCEDSV's DELTA Impact grant. Samantha Strader and Tacarra Wilson at the TCEDSV; April Bozeman at Community Health of East Tennessee (CHET); and Jo Baldwin at Austin Peay State University (APSU) were particularly instrumental. Indeed, the achievements reviewed in this report are all theirs!

Intimate Partner Violence (IPV)

Intimate Partner Violence (IPV), or domestic violence, describes physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner. An intimate partner is any person that one has a personal relationship with that may include one or more of the following: emotional connectedness, regular contact, ongoing physical contact, sexual behavior, an identity as a couple, and personal knowledge about each other's lives. IPV can vary in frequency and severity (Smith et al., 2018).

Unfortunately, IPV is common in the United States and Tennessee. In the United States, approximately one in three women and one in nine men experience some form of IPV during their lifetime (Black et al., 2011). Transgender individuals are nearly two times more likely to experience IPV compared to cisgender individuals (Peitzmeier et al., 2020). Compared to the national average of 33%, approximately 40% of women in Tennessee experience IPV in their lifetime (Smith et al., 2017). Each year, millions of Americans are affected by IPV.

Violence is destructive for individuals, families, and communities. For example, those who have experienced IPV report contending with significantly higher rates of frequent headaches, chronic pain, difficulty sleeping, and limitations in their activities compared to those who do not have a history of IPV. Tennesseans experience a number of these and other impacts at higher-than-average rates (Smith et al., 2017).

Tennessee has higher-than-average IPV victimization and murder rates.

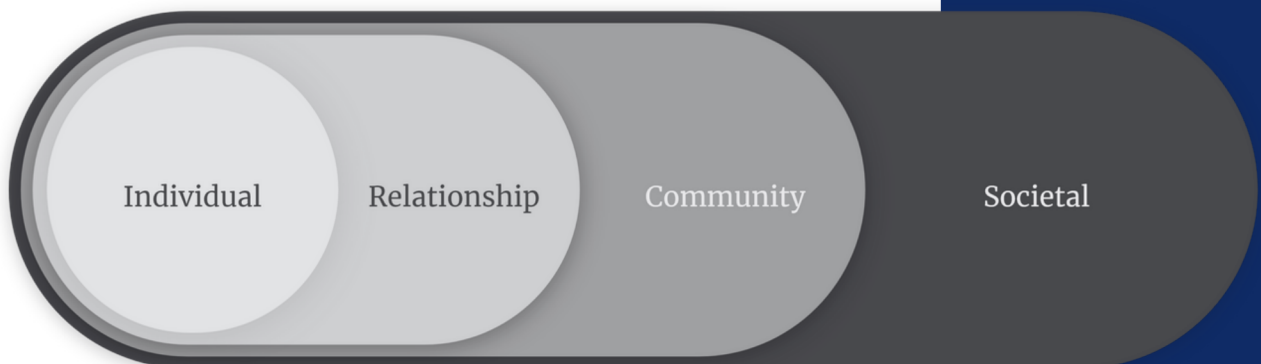


DELTA Impact

To prevent IPV perpetration and victimization, the CDC invests in strategies that address root causes at the societal and community levels of the Social-Ecological Model (SEM). As the primary IPV prevention program at the agency, the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program funds primary prevention initiatives led by state domestic violence coalitions and local coordinated community response teams. The CDC has been administering four- to five-year DELTA grant cycles since 2002. While each cycle has had a different programmatic focus and set of requirements, all have attempted to reduce first-time IPV perpetration and victimization through funding primary prevention strategies.

The DELTA Impact cycle ran from March 2018 through February 2023. It provided funding for three focus areas addressing community and societal level IPV risk and protective factors. Focus areas included: (1) Engaging influential adults and peers, (2) Creating protective environments, and (3) Strengthening economic support for families. Funded state coalitions had to implement one evidence-informed or community-level based initiative within each focus area while simultaneously advancing primary prevention at the state level.

Social-Ecological Model



CDC's Framework for Prevention

The **Community level** includes settings in which social relationships occur, such as schools, workplaces, and neighbors.

Societal factors are things like social and cultural norms that support or condone violence as an acceptable way to resolve conflicts, and social politics that maintain or disrupt inequalities between groups.

Initiatives

The TCEDSV increased state-level coordination and partnered with local organizations to implement three community-level initiatives.

1

At the **state level**, the TCEDSV launched a new website populated with data and prevention programming resources, established a state leadership team to coordinate across the state, and implemented a statewide social media campaign aimed at bringing awareness to the issue of dating violence for young adults.

2

To **engage influential adults and peers**, the TCEDSV partnered with Austin Peay State University (APSU) to implement a social marketing campaign and developed a peer-led Bystander intervention training program. APSU's program strengthened school climate and promoted prosocial behavior through increasing students' awareness of sexual assault, rape culture, and IPV; increasing self-efficacy related to intervening as proactive bystanders; and encouraging students to intervene safely and responsibly.

3

The TCEDSV's **creating protective environment's** initiative focused on building out a web-based training to increase awareness and provide strategies for addressing IPV as it may manifest in workplaces. The interactive training includes information on how IPV can show up in workplaces, best practices for responding to colleagues who may be experiencing IPV, and Tennessee specific laws relating to IPV and the workplace.

4

To **strengthen economic supports for families**, the TCEDSV worked with Community Health of East Tennessee (CHET) to provide financial literacy trainings to providers as well as high-risk community members. Using an adaptation of Allstate's Moving Ahead through Financial Management (MATFM) curriculum, the initiative provided training aimed at increasing financial literacy, connecting participants with financially strengthening resources, and raising awareness about the warning signs of financial abuse.

Evaluation

CPR approaches evaluation as a partnership. We work closely with clients to ensure our evaluation designs and products are useful as well as rigorous. We iteratively analyze and report back on data to support programmatic reflection and, where necessary, thoughtful adaptations. For DELTA Impact, we conducted a combined process and outcome evaluation.

This involved participating in bi-weekly project management calls, maintaining administrative records, administering longitudinal surveys, curating a state indicators dashboard, presenting to stakeholders, and creating a range of products to communicate evaluation findings.

Questions

1

To what extent has the TCEDSV and its partners achieved their desired short- and intermediate-term impact and implementation goals?

2

To what extent was there an increase in statewide capacity related to IPV prevention?

3

What factors are critical to implementing and sustaining community and societal level primary prevention approaches (in Tennessee)?

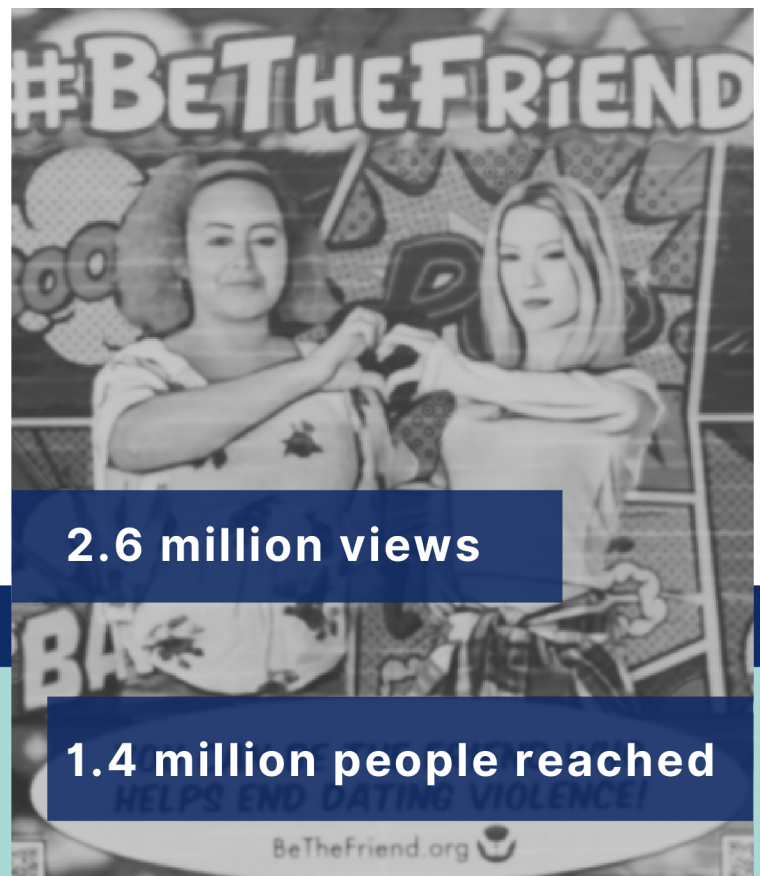
Achievements

The IPV prevention programs implemented in Tennessee through DELTA Impact built capacity while delivering high-quality programs that weakened target risk factors and strengthened protective factors.

At the **state level**, the TCEDSV launched preventn.org, a new website populated with data and prevention programming resources; established a state leadership team that increased coordination and communication between violence prevention stakeholders; institutionalized collaboration between rape prevention and education (RPE) and IPV advocates; and implemented a successful statewide social media campaign. The TCEDSV also strategically planned for sustainability by developing a program toolkit and turning two programs into eLearning modules that will be available for interested stakeholders across the state.

By the end of DELTA Impact, the state leadership team included 27 members representing 20 different organizations; the #BeTheFriend social media campaign had achieved 22.2 million impressions, 2.6 million video views within Tennessee, and reached over 1.4 million unique users; and the number of subscribers to the TCEDSV's quarterly Prevention Newsletter grew by 217%.

For the **IPV and the Workplace program**, the TCEDSV successfully built out an interactive online training and conducted a pilot rollout. They recruited nineteen individuals at six domestic violence advocacy organizations across Tennessee to take the training. 100% of participants reported being generally satisfied with the training. At three-months post training, 71.4% of participants reported that they had taken at least two actions towards strengthening workplace policies or practices.



Achievements

To strengthen family economic supports in East Tennessee, the TCEDSV partnered with CHET to develop and implement the **Financial Empowerment Initiative**. The CHET team conducted 230 financial empowerment trainings through which they reached 378 individuals across eleven counties. CHET also established a robust network of 17 organizational partnerships.



- 91% of training participants reported finding the training material useful.
- 72% of participants reported that the training helped them set new financial goals.
- At six-months post training, 29% of participants had worked at eliminating credit card debt, 27% had begun to use a personal budget, and 14% had opened a savings account.
- **Statistically significant increases in participants' self-reported financial knowledge, self-efficacy, and self-sufficiency.**
- Statistically significant decrease in participants' self-reported financial strain.

“Thank you for all the information and teaching. I have managed to pay off four bills and two credit cards. I put myself on a budget and am working towards buying my own home in the future.”

- Financial Empowerment Initiative Participant

Achievements

To engage influential peers and adults, the TCEDSV supported APSU's **Upstander Program**. Over the course of the grant, the APSU team recruited and trained 13 peer educators who went on to train 630 other APSU students in the Upstander curriculum. The team's social marketing campaign reached over 2,000 individuals.



- 92% of upstander training participants reported feeling like their trainers were knowledgeable.
- 89% reported that they would be able to use what they learned in the training.
- 96% increase in participants reporting that they are “very confident” in their ability to define rape culture.
- **Statistically significant increases in participants’ intent to help strangers, self-efficacy, and upstander interventions taken.**
- Non-statistically significant increases in participants’ intent to help friends and readiness to help.

“We as young adults tend to listen more to those closer in age to us rather than adults, whether it be because we are more comfortable, or care more about what people our age have to say about difficult topics like this.”

- Upstander Program Participant

Challenges

1. COVID-19 pandemic
2. Staff turnover and capacity
3. Participant recruitment and retention
4. Organizational partnerships
5. Context and geographic size of Tennessee
6. Data scarcity



The COVID-19 pandemic presented new and exacerbated perennial challenges associated with implementing as well as evaluating primary prevention initiatives. The primary difficulties including that trainings had to be canceled, postponed, and adapted for effective online delivery; partners' ability to prioritize primary prevention decreased as resources and attention had to be shifted toward contending with urgent issues exacerbated or created by the pandemic; stakeholders and staff contended with increased stress as well as Zoom fatigue; and completing evaluation surveys became understandably even less of a priority for participants as well as partners.

Additional challenges included turnover of management and coordination staff, which contributed to delays in program implementation. At APSU, it was hard to retain peer educators and recruit student staffers with the combination of skills, knowledge, and capacity to be effective. While organizational partnership served as facilitators to the work in many ways, some challenges also arose. One original organizational partner folded half-way through the grant period, which resulted in lost time as another partner had to be recruited and onboarded. Another key partnership dissolved early in the grant period as a result of shifting priorities associated with a leadership change.

Finally, the context of Tennessee posed challenges. The state's geographic size made it difficult to hold state-wide meetings that were accessible to all stakeholders. It was neither politically feasible nor possible to promote a number of best practices and progressive policies that are centered in prevention efforts in more liberal states. Moreover, there is dearth of reliable state- and community-level data related to IPV indicators of interest and useful for monitoring changes in context.

Lessons Learned

CPR and the TCEDSV gained valuable insight into what it takes to successfully implement (and evaluate) primary prevention initiatives in a context like Tennessee. We developed a profound appreciation for how much more reach and impact community-based initiatives have when they are staffed by individuals who are community insiders with extensive local knowledge and connections. This may be especially important in rural settings. This kind of cultural fluency is also particularly useful for developing effective messaging, which is critical for generating support in politically as well as socially conservative states.

We learned several lessons about how to effectively increase and sustain state-level coordination. First, it is important to build broad, inclusive stakeholder coalitions. This means inviting people with lived experience as well as professionals working in any type of violence prevention and community or economic development. In a large state like Tennessee, video conferencing tools are especially useful as they can make participation in state-level bodies more accessible. The tradeoff in using them is that it can be harder to achieve high engagement and active participation. Finally, while key stakeholders should be setting the vision for prevention goals, enacting the vision requires staff support. Key stakeholders are knowledgeable but tend to be busy and overstretched, which limits the amount of time they are able to put into voluntary leadership positions (such as state leadership councils).

Lastly, we learned that evaluation data is only as powerful as it is comprehensible to practitioners and that program sustainability can be promoted but not entirely achieved in the absence of continued funding.

1. Staff with local knowledge, connections, and cultural fluency are key.
2. Strategic, culturally-resonate messaging is critical to generating buy-in.
3. Broad and inclusive stakeholder coalitions build power and sustainability.
4. Councils filled by volunteers require ample staff support to be successful.
5. Video conferencing platforms increase access while dampening engagement.
6. Practitioners prefer short and visually compelling data products over reports.
7. Program sustainability cannot be readily achieved without funding.

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