

# Building Partnerships & Coalitions

## Lessons Learned from DELTA FOCUS



March 2023

**preventIPV**  
tools for social change



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## Contributing Organizations

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California Partnership to End  
Domestic Violence  
[cpedv.org](http://cpedv.org)



Delaware Coalition Against  
Domestic Violence  
[dcadv.org](http://dcadv.org)



Michigan Coalition to End Domestic  
and Sexual Violence  
[mcedsv.org](http://mcedsv.org)

## Acknowledgements

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## Overview

In recent years, there has been a growing call<sup>1</sup> to identify programs that can prevent more people from ever experiencing violence. To date, this knowledge gap remains given only a limited number of intimate partner violence (IPV) prevention strategies have been rigorously evaluated for their impact in communities (e.g., neighborhoods, cities, and states) and community settings (e.g., hospitals, schools, businesses). The Centers for Disease Control and Prevention's (CDC) Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) program<sup>2</sup> attempted to fill this knowledge gap by documenting the efforts of domestic violence coalitions to prevent IPV through influencing the environments and conditions in which people live, work, and play. These DELTA FOCUS lessons learned are intended to be shared with other domestic violence coalitions and those whose work intersects with preventing IPV.



Sexual Health Literacy Event for Women and Girls by ACCESS through partnership, coalition building, and collaboration with HEART Women and Girls helped further equitable and inclusive messaging, practices, procedures, and policies in Dearborn, MI.

The DELTA FOCUS program supported domestic violence coalitions to identify, implement, and evaluate programs that are theoretically or empirically linked to reducing IPV, or decreasing risk factors or increasing protective factors for IPV.<sup>3</sup> Consequently, the coalitions learned important lessons along the way. Some lessons are specific to one type of approach while some are more broadly applicable for implementing and evaluating community-based approaches. The goal of sharing these stories is for others in the violence prevention field to benefit from this collective learning. This includes learning more about existing field-based programs and practices, discovering what worked or did not work in implementation, and considering how to approach evaluation or develop a more rigorous evaluation than was possible for the DELTA FOCUS domestic violence coalitions.

- 1 Centers for Disease Control and Prevention. Division of Violence Prevention Strategic Vision. Available at <http://www.cdc.gov/violenceprevention/overview/strategicvision.html>. Accessibility verified June 26, 2018.
- 2 CDC-RFA-CE13-1302. DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States). Department of Health and Human Services. Centers for Disease Control and Prevention. Available at: [www.grants.gov/web/grants/view-opportunity.html?oppld=198393](http://www.grants.gov/web/grants/view-opportunity.html?oppld=198393) Accessed October 5, 2017.
- 3 Armstead TL, Rambo K, Kearns M, Jones KM, Dills J, Brown P. CDC's DELTA FOCUS Program: identifying promising primary prevention strategies for intimate partner violence. *J Women Health (Larchmt)*. 2017;26(1):9-12.



Macomb County Domestic Violence Organization tour of the Islamic Center of America in Dearborn, MI, the largest mosque in North America, as part of the process to educate and institutionalize support for more gender-equitable and inclusive messaging, practices, proced

## Introduction

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Many public health prevention approaches cannot be accomplished alone. Although all of the DELTA FOCUS coalitions emphasized the importance of building and sustaining partnerships for IPV and teen dating violence (TDV) prevention, some intentionally focused on increasing collaboration across sectors as a prevention approach. In the DELTA FOCUS project, coalition-building approaches were designed to increase two or more organizations' abilities to work collaboratively on statewide or community IPV prevention programs, policies, or resources.<sup>3</sup> Partners are vital to embedding prevention approaches into routine practices of public health, education, and violence prevention agencies and systems. Multiple partners working together can build on each agency or organization's strength, whether it is leadership, planning, resources, delivery, or evaluation. This story features coalitions in California, Delaware, and Michigan whose approaches focused on building a network of partners working collaboratively to support IPV and TDV prevention.

Coalition	Approach and Goal	Example Activities
<p><b>California Partnership to End Domestic Violence</b></p>	<p><b>Partner Building and Tracking:</b> The approach aims to increase alignment of effort among partners and champions within the education and public health systems and the domestic violence and youth development fields to support the use of California’s policy education resources and strategic communications.</p>	<p>The coalition developed and used a tracking tool to monitor partners from a variety of state agencies, school districts, advocacy groups and community-based organizations. The tool assessed use and promotion of new narratives and messages or education resources for TDV prevention.</p>
<p><b>Delaware Coalition Against Domestic Violence</b></p>	<p><b>Expanding Practices and Policies within Health and Domestic Violence (DV) Systems:</b> The approach is focused on working with partners from the health and DV systems to support and sustain gender equitable norms and practices to prevent IPV and foster safe, healthy, and equitable relationships.</p>	<p>The coalition facilitated cross-training on IPV as a gender health disparity with the state Division of Public Health. This involved joint planning of events, workshops, and resources for advocates, practitioners, and community-based agencies and state systems. These activities were designed to develop informed and productive partnerships with DPH staff and leadership.</p>
<p><b>Michigan Coalition to End Domestic and Sexual Violence</b></p>	<p><b>Coalition Building:</b> The goal of the approach is developing and expanding networks of state leaders to educate and institutionalize support for more gender equitable and inclusive messaging, practices, procedures, and policies.</p>	<p>The coalition facilitated conversations with partners about their goals of creating inclusive spaces for the collaboration and development of products and materials that support messaging, policy education, and practices that promote gender and health equity.</p>





This color run event emerged from efforts to deepen the partnership between Petoskey High School and the Women's Resource Center of Northern Michigan, which resulted in the growth and expansion of their Engaging Boys & Men programming. The Resource Center was a foundational partner in MCEDSV's Community of Practice that focused on creating inclusive spaces for the collaboration and development of products and materials that support messaging, policy education, and practices that promote gender and health equity.

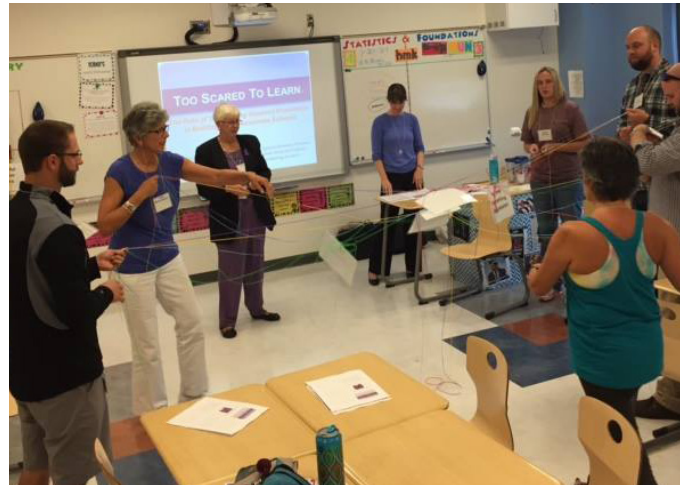
## Key Lessons Learned

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1. To create new, or deepen existing, partnerships, it is important to prioritize responsive relationship building.
2. To meet communities' needs and to build support, it may be necessary to shift messaging and methods.
3. To create and sustain partnership networks, it is essential to be flexible and open to where the work may lead.

## Key Lesson #1: To create new, or deepen existing, partnerships, it is important to prioritize responsive relationship building.

There are many noted benefits of creating, expanding, or sustaining partnerships. Partners can engage in broader prevention without having to change their missions or carry all of the responsibility.<sup>4</sup> They can obtain wider public support for prevention by reaching out through each partner's network, which allows for mobilizing more resources, talents, and efforts than any partner can do alone.<sup>5</sup> In these and many other ways, developing partnerships is a strategic, advantageous approach that increases the ability of organizations to achieve a greater public health impact. Each of the three coalitions learned that to create new, and deepen existing, partner networks they needed to attend closely and responsively to how they built relationships. They did this by approaching relationship building as a long-term process, balancing clear communication with an openness to input, and fostering trust by being authentic and present for partners. Prioritizing responsive relationship building in these ways illustrated the mutual benefit of participating in partnerships.



This Delaware statewide training for educators on “Connecting the Dots” to promote healthy and safe schools gave DCADV the opportunity to deepen connections with schools while providing support in implementing healthy relationships curricula. Developing relationships through trainings like this also helped DCADV solidify partnerships with schools/school-based health centers for future prevention work.

Partnership networks and coalitions may vary in the level of formal organization and purpose, but, in order for their prevention work to have large-scale population impact, they must be able to endure for the long term.<sup>3</sup> The Michigan Coalition, for example, determined that they had to build sustainable partner relationships that went beyond simple interactions of individual coalition members and routine organizational agreements. To do so required planning for a longer-term process that allowed ample time to produce high quality and audience-appropriate deliverables and to build trust between organizations. The implementation team in

4 Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health education research*, 8(3), 315-330.

5 Center for Prevention Research and Development. (2006). *Evidence-Based Practices for Effective Community Coalitions*. Champaign, IL: Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois.

California also discovered the critical importance of taking time to build reciprocal relationships. One team member noted **“I think there’s a reality that you rarely are going to shift partners and shift how they think about issues. . .if you’re not starting from the solid foundation of collaboration, and respect, and trust.”** The California Coalition learned that in order to achieve their desired vision for change, they could not rush, but had to work more slowly to grow relationships over periods of time that could not be predetermined.

The Michigan Coalition highlighted that focusing on coalition building compelled them to balance clarity in their vision and aims with openness to others’ ideas and new learning. One team member noted the importance of making an effort **“to create space to be wrong.”** She elaborated: **“[It] was okay [to be wrong] . . .we were in a space where we were constantly hearing from our partners all the things we don’t know, and don’t understand about determinants of health that aren’t our specialty but impact our issue.”** Exercising humility allowed the team to learn about areas they were unfamiliar with and, more importantly, it enabled them to build trust with partners. After making the effort to bring diverse voices to the same table, the team achieved a more accessible space where participant expectations were made clear to all, and difficult issues could be discussed authentically.

Like the Michigan Coalition, California’s team found that intentionally creating spaces for authentic exchange of ideas was necessary to build and strengthen relationships. One member of the California Coalition described the importance of building **“really genuine relationships based on mutual interest... [and] truly finding alignment. . . [that] isn’t just them agreeing with you.”** For them, it was key that they showed up to support aspects of their partners’ work. Their team made sure that partners knew the California Coalition valued their work by, for example, inviting them to present at their conferences and events.



Participants in DCADV’s panel and roundtable discussion “What makes an ACE?” explored health equity, violence prevention, and trauma and promoted collaboration across sectors.



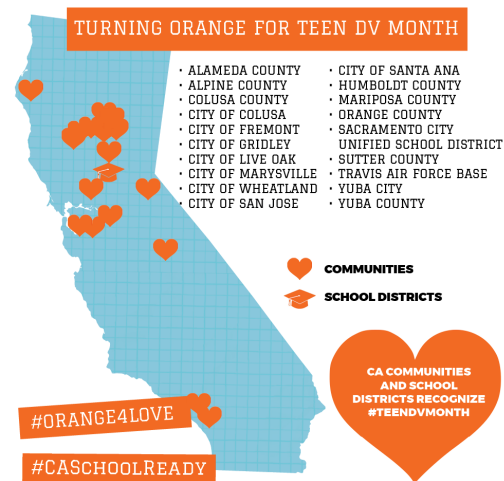
A Delaware team member suggested that it was also beneficial to focus on forming relationships via intentionally collaborative practices that built trust. She noted their ability **“to demonstrate and build that trust [by sharing] that we didn’t have an agenda that we were forcing on them.”** Members of the team emphasized it was crucial that they were able to prove to partners:

**“ [W]e really wanted to come together collaboratively and understand where each of our systems were, what our priorities were and how they match up, and how we can work together. [This] strengthened our reputation and our partnership and that sense of trust. . .we have walked away with enduring, sustainable, collaborative relationships so that we are there and present and working with one another. ”**

The Delaware Coalition shared that even though it is tempting to place a greater priority on the work required for organizational adoption of gender equitable norms and practices, partnership building should be the core focus. By prioritizing relationship building and taking seriously and respecting their partners’ priorities, all the coalitions were able to make clear that the relationships they established were mutually beneficial and not simply driven by one organization’s agenda, including their own.

**Key Lesson #2: To meet communities’ needs and to build support, it may be necessary to shift your messaging and communication methods.**

All three coalitions were committed to promoting conversations around IPV and TDV that were more inclusive and acceptable to their partners’ audience. Their coalition-building approach and attention to relationship building meant that they had to be open to adjusting their messaging and communication methods to be more inclusive of their partners, including their language, culture, and perspectives. The coalitions quickly learned that making messages more inclusive and acceptable to partners further strengthened their relationships with the community and increased their reach. In addition, including partners in the development of communication methods made it easier to meet communities’ needs and build support.



California Teen Dating Violence Awareness & Prevention Month campaign image showing invested communities and school districts.

For example, the Michigan Coalition was purposeful in bringing marginalized viewpoints into all levels of the work to promote equitable access to programming and foster social cohesion among community members. They were dedicated to incorporating as many different voices as possible and encouraged their partners to do the same. A Michigan team member noted that the efforts to engage diverse partners required having a broad lens:

“ We designed this work knowing that we didn’t know a lot of things. . . [but knew] that if we’re going to do community level work, we have to mean the whole community. Not just a community that we’re already familiar with, or just the community that we can easily reach, or the community that’s already in the evidence space. . . I shouldn’t just be opening up my services and my messaging to be inclusive of LGBT individuals or individuals who have limited English proficiency if I can’t actually engage in prevention that’s informed for their community. ”

The Michigan Coalition found that shifting their messaging to be more inclusive granted greater access, as well as strengthened relationships, with partners. For example, to reach some local communities and service providers, team members described how they became aware that some topics were considered socially unacceptable to discuss publicly in one community:

“ [This community] is a closed community where IPV is deeply and extremely taboo, and so how do we prevent it, and in cities where people don’t want to talk about it at all, and for a whole lot more reasons than just in general in the broader culture. And, if we can center those types of narratives and still make impact, then that’s exceptional. ”

They learned that engaging some communities meant backing away from more traditional IPV prevention messaging. Similarly, the Delaware Coalition found by shifting their viewpoint they were better able to engage their partners. In one team member’s words, they had to **“build our own capacity to embrace the health frameworks and understand the language and the norms of the health system.”** The team found that this increased their reach and built trust with their health system partners. One Delaware team member elaborated:

“ Especially when we’re looking at health, health is something that impacts everyone. . . [with] domestic violence prevention or intervention messaging, it’s very easy for people to write it off and say, ‘Well, that’s not me, that doesn’t

apply to me', but when you're bringing health into it, I think it really does start to resonate. . . [And] so when we were coming in to do trainings with them on domestic violence and they saw us using their own language and their own framework, that really built that level of professional trust. . . along the way I think we fully have embraced that framework and those concepts ourselves.

”

During implementation of their coalition-building approach, the California Coalition realized that including partners in the development of communication messages could build partner support for the messages. They did this by taking early drafts of new narratives and messages to participants in their leadership team, which included representation from key partners. This proved to be successful, and was mutually beneficial because, as one team member noted, partners **“really brought forward pieces we might have missed”** and that helped to produce more resonant messages (e.g., for LGBTQ issues and youth). As part of working with partners on framing messages, the team found that making the process easy for partners, including the provision of dissemination support, was also important. One team member highlighted how this process not only eased everyone's work, but allowed partners to make messages their own:

“ [R]eally being thoughtful about making it easy for members to incorporate our messages and themes into their work. So, making sure that it resonated but, also... giving them all the tools they needed. Like, all the images already formatted for social media so that they could just share those out right away. If there were specific messages we wanted out during teen DV [Domestic Violence] month then we would put them into Tweet format... All those ways in which we made it simple and then also had a range of flexibility recognizing that we all speak differently as individuals and as organizations. They didn't have to use our exact same wording, but still conveyed the same information. ”

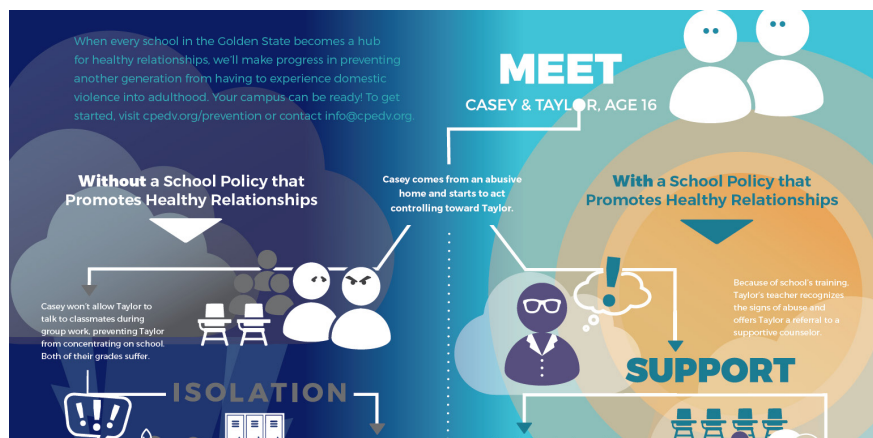


The Partnership's campaign image for Teen Dating Violence Awareness & Prevention Month emphasized language that resonated with California youth.



### Key Lesson #3: To create and sustain partnership networks, it is essential to be flexible and open to where the work may lead.

Creating networks of partnerships can foster creative, comprehensive ways of working on public health problems. Improving community health and preventing violence are complex goals and working with diverse partners can be a powerful tool. However, building strong networks requires approaches that are flexible and supportive.<sup>6</sup> Each of the three coalitions learned that in creating and sustaining their partnership networks, they needed to be open to where their work could lead. Specifically, they found that remaining flexible could support opportunities to expand the reach of their programmatic and evaluative work, help them overcome challenges, and enhance their evaluation approach.



California infographic demonstrates the positive impacts on students when schools work with domestic violence organizations to develop school policies promoting healthy relationships.

The California Coalition learned that sustaining the responsive relationships they built with multiple kinds of partners helped to expand their networks. For example, they capitalized on their investment in an Adolescent Sexual Health Working Group, which was convened by the state Department of Public Health. Participation in this group brought them together in one place with several agencies, private stakeholders, and nonprofits, and allowed them to connect with these other groups. Because this opportunity helped the coalition foster closer relationships with stakeholders outside the education system, they were able to increase the reach of their approach. Their engagement in the working group also helped them realize they could expand their approach in other ways. For example, when providing training on strategic communications and messaging, the coalition intentionally focused on local domestic violence organizations, as well as education systems partnering with the local domestic violence organizations.

6 Lasker, R. D., Weiss, E. S., & Miller, R. (2001). Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly*, 79(2), 179-205.

The Delaware Coalition learned that by remaining flexible, they could reframe normal partnership turnover as an opportunity to engage new partners as they prioritized working with diverse, non-traditional partners in the state. In some cases, turnover among key partners caused momentum and engagement to stall or be disrupted, and the relationships needed to be rebuilt when a new individual was identified. The coalition used this opportunity to reflect on how they could establish and expand opportunities for cross-sector involvement in their systems-level violence prevention work. For example, they adjusted their approach to add a focus on creating diverse representation on boards, task forces, and other collaborative groups that would endure beyond individual representation. They also continued to nurture individual partnerships, especially with partners who were consistently engaged in the work. Finally, they capitalized on a surge of engagement among multiple partners in the state around health equity and trauma-informed frameworks, which provided an opportunity to engage partners on how IPV integrates or aligns with these frameworks.



Michigan ACCESS Breaking Silence Screening: Survivors Q&A event that helped promote community change to strengthen existing partnerships and grow potential partners.

The coalitions also learned that in the course of building relationships with diverse partners, they might need to adapt their evaluation approach to fully capture the evolution of their collaborative work. For example, the Michigan Coalition and partners jointly created messaging around health and gender equity and social determinants of health that could be incorporated into the partners' organizational policies. The coalition responded to where their partnership work was leading by modifying their evaluation plans, with one member of the Michigan Coalition commenting that the "*designing never stopped.*" They adopted a new framework to assess the presence of intersectional messaging and responded to the needs of working in a collaborative atmosphere, such as redefining how they measured collaborative action. As reported by the Michigan Coalition, this approach to working with their partners, **"[allowed the partners] to offer feedback that increased the level of participation and input; creating both policy and practice recommendations that are intersectional of [gender equality,]...social networking and trust, and social norms and culture."** By remaining flexible, all three coalitions were able to take advantage of opportunities to move their partnership work and evaluations forward in ways that built and sustained their networks.

## We Can Prevent IPV

IPV is a preventable public health problem, and we are continuing to learn more from practice and research about what works to prevent it. In 2017, CDC released *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*,<sup>7</sup> which helps states and communities take advantage of the best available evidence on preventing IPV across the lifespan. Action and involvement from multiple sectors (e.g., education, government, health services, business and labor, media) are described in the technical package as critical to taking a comprehensive approach to prevention. As a result, building relationships and forming strategic partnerships can promote engagement from key sectors and support successful implementation regardless of the prevention approach. This story offers lessons learned from a selection of coalitions implementing coalition-building approaches that focused on building a network of partners working collaboratively to support IPV and TDV prevention. While it is too early to provide any recommendations or evidence of effectiveness from these specific approaches, the implementers are willing to share implementation and evaluation elements they found to be practical and useful. For more information, contact:

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7 Niolon, P.H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.





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