Acknowledgements

This document was coordinated by Theresa L. Armstead, Megan Kearns, and Lianne Estefan (Centers for Disease Control and Prevention) on behalf of the California Partnership to End Domestic Violence, the Florida Coalition Against Domestic Violence, and the North Carolina Coalition Against Domestic Violence. We would like to thank Contracting Resources Group Inc., in particular the following individuals whose original work was adapted for this product: Moira Rivera, Rasha El-Beshti, and Emilie Menefee. We also acknowledge the following individuals who provided early feedback: Deena Fulton, Emil Rudicell, and Krista Niemczyk. This work was funded by the Centers for Disease Control and Prevention, Cooperative agreement CE13-1302 and Contract #200-2013- 57317. The findings and conclusions in this product are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Overview

In recent years, there has been a growing call 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 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.

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. 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.

Introduction

Policy-level strategies have the potential to reach much of the population, particularly because they require less individual effort than other types of public health action and interventions. In fact, policy development has been described as an essential public health function, with public health professionals supporting this process by developing partnerships, communicating research findings, and informing policies that promote health improvement. Significant achievements in policy-based prevention have occurred in multiple areas, including smoking cessation and prevention and improving motor vehicle safety. Although there are multiple examples of existing policies that address IPV after it has occurred, there has been less attention to policy development and implementation for preventing IPV from ever happening in the first place. Nevertheless, informed policy development is consistent with increasing the impact of IPV prevention efforts at the community and societal levels. This story features coalitions in California, Florida, and North Carolina who used policy-based approaches to have a community-level impact on IPV, including teen dating violence (TDV). The lessons described below highlight the importance of considering the context in which policy is developed and implemented, engaging partners with the right skills at the right time, and providing supports to intended audiences in order to accomplish policy goals.

5 Policy is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions (https://www.cdc.gov/policy/analysis/process/definition.html).
### Table 1. DELTA FOCUS Policy-based Prevention Approaches

<table>
<thead>
<tr>
<th>Coalition</th>
<th>Approach and Goal</th>
<th>Example Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td><strong>Development and Dissemination of Policy Resources:</strong> This approach involves developing policy education resources on preventing teen dating violence and promoting healthy relationships for local programs to disseminate to school districts and other stakeholders within CA’s education system.</td>
<td>The policy brief, “Addressing Bullying and Adolescent Dating Abuse: Supporting Healthy Relationships in Schools” was created and shared during Teen Dating Violence Awareness and Prevention Month. The coalition tracked the number of downloads to determine how many times the brief was requested.</td>
</tr>
<tr>
<td>Florida</td>
<td><strong>School Teen Dating Violence Policy:</strong> This approach involves encouraging Florida’s certified domestic violence (DV) centers to develop or strengthen partnerships with the school districts in their area in order to help them fulfill the requirements of Florida’s school teen dating violence policies.</td>
<td>To support the DV centers’ partnerships with schools, the coalition first examined how districts were educating their students on the Florida teen dating violence educational mandates, what resources and professional development were provided to educators regarding TDV prevention, and what accountability measures were in place for student learning.</td>
</tr>
<tr>
<td>North Carolina</td>
<td><strong>Model Campus Policy:</strong> This approach focuses on developing and disseminating a comprehensive Model Campus Policy Template and Guidance Document that supports NC college and university campuses in meeting and exceeding existing Federal, state, and local requirements for intimate partner violence, sexual violence, and stalking prevention and response.</td>
<td>The policy template and companion guidance document were shared with North Carolina colleges and universities through the North Carolina Campus Consortium. Some campuses also partnered with the coalition in order to receive greater support and technical assistance in developing their campus policy.</td>
</tr>
</tbody>
</table>
Key Lessons Learned

1. The political context, including existing policies and shifting priorities, can shape both opportunities and challenges for pursuing policy-based prevention approaches.

2. Policy-based prevention approaches benefit from having multi-sectoral partners with relevant expertise.

3. When developing policy guidance and tools for particular audiences, additional support is often needed to help them fully utilize the materials.

Key Lesson # 1: The political context, including existing policies and shifting priorities, can shape both opportunities and challenges for pursuing policy-based prevention approaches.

Political commitment plays an important role in driving change, as it can bring about resources and support needed for effective and sustainable public health programs. Each of the coalitions learned that contextual factors at the national, state, or system levels shaped their ability to pursue policy-based prevention approaches. When partnering with campuses to update their sexual violence and IPV policies, the North Carolina coalition discovered that factors at both the national and systems levels affected the development, timing, and utility of the Model Campus Policy template and guidance. For example, at the university system level, campuses that had recently adopted a new IPV prevention and response policy or had drafts that were close to approval were no longer positioned to make changes using the template and guidance documents. Because adopting and revising policies required multiple layers of approval, some campuses preferred not to invest the time and resources required to pursue additional revisions based on the template developed by the coalition. During this time, at the national level, guidance regarding the specific requirements of Title IX as it relates to IPV

---

Policy-Based Prevention Approaches

survivors was issued from the Department of Education’s Office of Civil Rights. The guidance was subsequently withdrawn and replaced with interim guidance three years later. These changes created challenges because the policy guidance developed by the coalition needed to reflect current federal requirements. However, national attention to this policy, driven in part by student efforts across the country (such as Know Your IX, a student-led campaign to end campus sexual violence), also created windows of opportunity for campuses to reconsider changing their policy. These windows of opportunity occur when solutions to a problem are joined with favourable contextual factors that support effective policy-level approaches.\footnote{Kingdon, J.W. (2003). Agendas, Alternatives, and Public Policies. New York, NY: Addison-Wesley Educational Publishers Inc.}

The California coalition also experienced a window of opportunity for their prevention efforts with the passage of the 2016 California Healthy Youth Act. Specifically, this act updated the mandated comprehensive sex education to include the discussion of healthy relationships, among other changes. As a result, the coalition observed greater demand by local school districts for prevention education, and the coalition was positioned to meet that demand by providing technical assistance and resources for promoting healthy relationships and preventing TDV. The coalition was also able to provide technical assistance on these topics to the state Department of Education as it updated the K-12 Health Education Framework. Recognizing the attention that school systems were giving to the issue of bullying, the California coalition also created an informational brief on addressing bullying and adolescent dating abuse together. As noted by the California coalition:

“The school system does not want to deal topic by topic. The work we did with DELTA FOCUS was to integrate into that what schools already do.”

Making the connection to another topic that was already receiving attention made it possible to connect the dots and leverage those efforts to prevent multiple forms of violence.\footnote{Kingdon, J.W. (2003). Agendas, Alternatives, and Public Policies. New York, NY: Addison-Wesley Educational Publishers Inc.}
Similarly, the Florida coalition also saw an opportunity to strengthen TDV prevention efforts after the passage of two state mandates related to TDV education, one of which required each school district to adopt and implement a dating violence and abuse policy. These mandates and the subsequent rapid adoption of district TDV policies across the state set the stage for the Florida coalition to leverage their strengths and resources towards supporting policy implementation. Specifically, they conducted a scan of content included in existing school district TDV policies across the state. Then, they partnered with local domestic violence centers to provide technical assistance to the school districts related to the statutory requirements. Overall, the coalition learned that even after a policy is already in place, leadership and guidance on effective policy implementation can be critical. Their experience in providing statewide leadership and their organizational capacity for prevention made it possible for them to provide this support to school districts and improve implementation of school-based TDV policies.

Key Lesson #2: Policy-based prevention approaches benefit from having multi-sectoral partners with relevant expertise.

Given the complexity of many public health issues and the importance of understanding the policymaking process, implementing effective public health policy can benefit from building transdisciplinary teams that represent a variety of skills and sectors. For example, in developing their Model Campus Policy, the North Carolina coalition benefited from having internal expertise related to policy and campus-based violence prevention, as well as the support of a legal intern. In addition, the coalition also sought out review from a diverse group of experts, including attorneys, representatives from the Association of Title IX Administrators, representatives from a number of different types of universities, and experts in IPV/SV advocacy, prevention, and compliance and administration.

Although this expert review required additional time and effort, the collective input strengthened the model policy and associated guidance produced by the coalition. For example, a community college representative provided input on the appropriateness of the model policy in community college environments, while attorneys were able to offer expertise in whether the policy met legal requirements.

The California coalition also learned the importance of having the right internal expertise and/or partners actively engaged in the project. Since their policy work was geared towards creating change in school systems, they found it critical to have education organizations as partners, both for their expertise and their support in disseminating informational materials. Because these organizations held established, respected positions within the education community, they became valuable messengers for the work. Similarly, the Florida coalition found it beneficial to promote their TDV model policy by partnering with county-level domestic violence centers. This represented an important shift for their work, as their policy-related efforts had originally focused primarily on collaborating with state-level partners. Engaging county-level partners helped create more sustainable support for effective TDV policies and expanded their efforts state-wide, ensuring that each school district had access to training and support to implement existing policy. Public health experts suggest that although building partnerships and coalitions can be a slow and challenging process, these collaborations are critical to effective public health program and policy implementation. From developing policy guidance and tools to expanding reach and supporting dissemination, each coalition learned that involving the right partners can be key to successful policy-based prevention efforts.

Key Lesson #3: When developing policy guidance and tools for particular audiences, additional support is often needed to help them fully utilize the materials.

Even after successfully reaching the goal of developing policy guidance and tools, the work is often not finished. The coalitions learned that sometimes to move the work forward they had to first step back and provide support by raising awareness.
about existing policies and related resources, providing training to use the materials, or building other needed supports. The North Carolina coalition sought to only develop a template for campuses to use to shape their own policies for IPV prevention and response. However, conversations with their partners led them to recognize that campuses were more likely to use the template if it also included sexual violence and stalking. Campuses were also more likely to use the template when the coalition developed guidance that explained how to use it. As a result, they created both a Model Campus Policy template and guidance document that took longer to complete than expected. After the release of these policy materials, early implementation data revealed that technical support for using the materials was also a pressing need. As stated by the North Carolina coalition:

“While a policy may say that housing accommodations must be provided for students reporting gender based violence, policies generally don’t provide procedural guidance on how to do so. Should the responding party have to move, or the reporting party? How quickly must accommodations be provided? Should fees be waived? Should the reporting party be moved to a single dorm or in with a new roommate? How far apart must the party who is being moved be from the other party?”

Additionally, the release of the Model Campus Policy materials was no longer timely, as some campuses had already revised their policies to be in compliance with federal guidelines. However, the revised policies still had language or practices that could be improved. This led the North Carolina coalition to expand their focus from developing and tracking use of the materials to creating a website that included implementation support guidance. In the end, the guidance document and the website were additional supports that were built to help their intended audience use the policy guidance.
The Florida coalition also found in order for school administrators to use their recommendation guidance for implementing the state TDV policy, they first had to help district employees understand the requirements of the policy. Specifically, in 2017, each certified domestic violence center throughout Florida met with their county school district administration. In these meetings, it was clear that many school district employees wanted and would benefit from the unique expertise of domestic violence practitioners in order to implement the policies effectively. Domestic violence centers took information from these meetings back to their prevention teams to discuss strategies for increasing awareness of local TDV school policies and identifying topics for training or areas of improvement in existing school policy language. The follow-up meetings with school administrators were beneficial in reigniting the conversation around effective TDV policy implementation and developing technical assistance plans to meet the needs of the districts.

The California coalition offers many examples for helping the intended audience engage with policy resources. As a result of interviews with their partners, they learned that only a small portion were aware of the first policy brief they published in collaboration with the California School Board Association. They committed to boosting their dissemination efforts by highlighting their policy publications during TDV Awareness and Prevention Month (referred to as Teen DV Month) and providing the download links in their TDV Month calendar and posts on social media. Additionally, they sent a TDV Month mailing to approximately 200 domestic violence organizations, which included the policy resources and other TDV Month materials. During the coalition’s statewide conferences and annual membership meetings they also provided copies of the publications on their resource table as well as a sign up sheet for individuals interested in receiving electronic copies or learning more about the project. They concluded that in order to engage with their intended audience, it was helpful to seek out other complementary activities to achieve the overarching goals, such as providing teacher and staff trainings or in-school work with youth.
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, which helps states and communities take advantage of the best available evidence on preventing IPV across the lifespan. Additionally, CDC’s Division of Violence Prevention shared a strategic vision for preventing multiple forms of violence by addressing shared factors that put people at risk or protect them from violence. (see footnote 1) In particular, the vision states that policy-oriented approaches addressing community- and societal-level risks have the potential to create population-level impact and produce cross-cutting effects on multiple forms of violence. As noted by the North Carolina coalition:

“...In the past, the State Coalitions struggled with whether or not a policy could be a prevention approach. The model policy has now become a response and prevention approach. Having those conversations four years later about how a policy like this is prevention and what you can put [into it] to strengthen prevention has been innovative, interesting, exciting, and a learning process."

This story offers lessons learned from a selection of coalitions implementing prevention approaches that focused on policy adoption and implementation. While it is too early to report 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:

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

Emil Rudicell
Florida Coalition Against Domestic Violence
[fcadv.org/](http://fcadv.org/)

Deena Fulton
North Carolina Coalition Against Domestic Violence
[nccadv.org/](http://nccadv.org/)

This publication was supported by Grant Number #90EV0428 to the National Resource Center on Domestic Violence from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.