

Creating Safe Spaces in Communities

Lessons Learned from DELTA FOCUS



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preventIPV
tools for social change



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Contributing Organizations



Indiana Coalition Against Domestic Violence

icadvinc.org



North Carolina Coalition Against Domestic Violence

nccadv.org



Rhode Island Coalition Against Domestic Violence

ricadv.org

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Cover photo, This photograph was taken by Glen Devitt who donated his services at Indiana’s Barnes Park Re-Opening Celebration.

Overview

In recent years, there has been a growing call¹ 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)



Student volunteers for Indiana's Barnes Park Rehabilitation Project

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) program² 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.³ 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 Accessed October 22, 2018.

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.



Community volunteers get to work on the Barnes Park Rehabilitation Project

Introduction

Several community conditions – such as access to resources, housing, and connectedness to community – may make it less likely that children, families, and communities will experience violence.^{4,5} Addressing community conditions is particularly important because violence occurs across the lifespan and, along with other potentially traumatic experiences, violence exposure is an adverse childhood experience (ACE), which can have negative impacts on future health and well-being.⁶ ACEs, including witnessing intimate partner violence (IPV) in childhood, can lead to increased risk of perpetrating IPV in adulthood.⁷ The prevention approaches highlighted in this story address community conditions that give rise to, protect against, or counter violence in communities and reflect a multi-generational approach that has the potential to create lasting safe, stable, nurturing relationships and environments. In this story, the coalitions in Indiana, North Carolina, and Rhode Island sought to create safe spaces in the community by building parks, addressing housing stability, and strengthening community ties.

- 4 Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 5 Armstead, T.L., Wilkins, N., & Nation, M. (2021). Structural and Social Determinants of Inequities in Violence Risk: A Review of Indicators. *Journal of Community Psychology*, 49, 878-906. doi: 10.1002/jcop.22232.
- 6 Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 7 Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18(2), 166-185.

Table 1. DELTA FOCUS Safe Spaces Approaches

Coalition	Approach and Goal	Example Activities
<p>Indiana Coalition Against Domestic Violence’s Hands of Hope Community Coalition⁸</p>	<p>Garfield Neighborhood Association: The goal of this approach is to promote safe, stable, nurturing relationships and environments by increasing neighborhood residents’ sense of safety and pride, creating safe spaces, increasing access to resources and opportunities for community engagement, promoting crime reduction in partnership with police, and improving cleanliness by engaging city officials.</p>	<p>The coalition collaborated with other community partners to rehabilitate a park located in the Garfield Neighborhood and address additional issues such as repairing broken streetlights and strengthening city ordinances that promote safety.</p>
<p>North Carolina Coalition Against Domestic Violence (NCCADV)</p>	<p>Systems Change - Rapid Rehousing/Continuums of Care: The goal of this approach is to mitigate the impact of the traumas of homelessness and witnessing domestic violence amongst survivors who participate in rapid rehousing to create protective and stable environments for survivors and their families.</p>	<p>NCCADV partnered with a team of four second-year MPH students from UNC Chapel Hill to conduct formative evaluation on housing systems in North Carolina. The formative work includes a literature review on rapid rehousing, an environmental scan of rapid rehousing practices in North Carolina, evidence-informed best practices, and a rapid rehousing community readiness assessment tool.</p>
<p>Rhode Island Coalition Against Domestic Violence’s Newport Community Coalition⁹</p>	<p>Youth Connectedness Collaborative: This approach addresses barriers to youth community engagement and builds social cohesion among youth in order to positively impact community protective factors associated with IPV (e.g., social support, community support/connectedness).</p>	<p>The Youth Connectedness Collaborative approach has been implemented through coordination of pop-up events (e.g., community movie nights) and development and implementation of an action plan for addressing barriers to youth engagement. For instance, one focal project involved youth developing and leading a multi-part neighborhood history project that celebrated their community (e.g., created content for a history gallery).</p>

8 Hands of Hope, a Division of Family Services Society, Inc.

9 Women’s Resource Center

Key Lessons Learned

1. Gaining engagement and buy-in from community stakeholders requires building trust.
2. When creating stable protective environments, it helps to connect prevention approaches to broader community and systems changes.
3. Developing and supporting a community or system approach to creating safe spaces requires time and patience.

Key Lesson # 1: Gaining engagement and buy-in from community stakeholders requires building trust.

To create safe community spaces, the coalitions learned that they needed to engage multiple groups of stakeholders. The stakeholders included neighborhood residents, the wider community, and administrative and systems partners – in other words, stakeholders at all levels of the social environment.¹⁰ For each group of stakeholders, the coalitions identified trust as a central mechanism for engagement. At the neighborhood and community level, the coalitions emphasized the importance of trusting relationships in building engagement among residents.



Youth Connectedness Collaborative community pop up event in Rhode Island

In Indiana, Hands of Hope partnered with the Garfield Neighborhood Association and city leadership (Hands of Hope Community Coalition) to implement the Garfield Neighborhood approach. One aspect of the approach included Hands of Hope Community Coalition collaborating with members of the Garfield Neighborhood Association to develop a group of “core champions.” Those “core champions” were local community members who built trust with other neighbors by

¹⁰ Centers for Disease Control and Prevention. The social-ecological model: A framework for prevention. Available at <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>. Accessed June 15, 2020.

demonstrating that they, too, were directly affected by the project and invested in its outcomes. This increased neighborhood engagement and helped provide an opening for other neighborhood residents to get involved in the work.

In Rhode Island, the Newport Community Coalition also emphasized the importance of building trust to create engagement when the program implementers were not from the community. They conducted “on-the-ground” work in neighborhoods and listened closely to what youth and other community members told them about the problems facing their neighborhoods. This approach was particularly important because historically, programs were implemented in the neighborhoods without the input of the community, which created a barrier to the community’s acceptance of new programming. One Newport Community Coalition team member said:

“ Organizations often bring in programs but they have not asked anyone if this is what they want or need. And the kids are not participating, and everybody is like, why aren’t the kids participating? And it’s because nobody bothered to chat with them about what they needed. We were up against that as a barrier. ”

As a result of these discussions, the Coalition engaged in restorative, anti-racism practices that led the community to view them as partners rather than service providers. In turn, the trust helped bring different neighborhoods together to address historical separation and segregation.

Creating safe spaces in the community also required developing relationships and garnering buy-in from organizational and systems partners who could provide structural support and guidance. For example, North Carolina Coalition worked with local organizations called Continuums of Care (CoCs), community groups that make decisions about how housing policies are implemented at the community level, on their rapid rehousing approach. Rapid rehousing is a program that provides support for homeless individuals or families to move quickly into secure permanent housing and provides short- to medium-term, nonpermanent subsidies to retain that housing. Because rapid rehousing spans multiple systems, the North Carolina Coalition engaged with a wide array of subject matter experts and directly engaged localities and the state in the process in order to promote IPV survivors’ agency and choice within housing systems. One North Carolina team member noted that:

“ Thinking creatively about what systems to work with, who you have, champions or good relationships with, is really important... We focused primarily on domestic violence. We talked to different people in our state who focused primarily on the system that happens with housing... When you are getting involved in a system that you are not an expert in, definitely seek input from as diverse a populous as you can. ”

While implementing community-based protective approaches requires engagement from stakeholders at all levels, that engagement must often be mutually supportive and reinforcing to be successful. For example, Hands of Hope Community Coalition found it helpful to demonstrate to city officials that they had the commitment of residents and local partners. One team member noted:

“ We’re not just coming to [the city government] and saying, ‘Do this for us. Here’s a problem, you solve it.’ But we’re coming to you and saying, ‘We are willing to stand right beside you and help you.’ When we became close to the city council and advocated for the trash ordinance to be put in place, the city leaders saw [that the neighbors cared] about the neighborhood. They’re not just coming with a problem, they’re coming with, ‘how can we work with you to resolve that problem’. ”



Children at Indiana's Barnes Park Re-Opening Celebration, photo by Glen Devitt

The fact that neighborhood partners proposed solutions to community issues helped secure the city officials' buy-in and create a partnership for the Garfield Neighborhood Association approach. This demonstrated how stakeholders at multiple levels engaged together to make community change.

Key Lesson # 2: When creating stable protective environments, it helps to connect prevention approaches to broader community and systems changes.

The coalitions learned that to create protective environments that promote safe, stable, and nurturing relationships, it was important to connect their work to larger community and system changes. Sometimes it was simply connecting to community-wide initiatives, which helped provide greater meaning to approaches that would otherwise seem standalone, narrowly focused, or too far removed to impact the violence they were seeking to prevent. For example, the Newport Community Coalition was working to build youth connectedness and cohesion through the Youth Connectedness Collaborative approach. At the same time, the Newport Community Coalition served as the backbone agency for the Newport Health Equity Zone (HEZ), established through the Rhode Island Department of Health's HEZ initiative. The Newport HEZ is a citywide collaborative seeking to address health disparities. Building social cohesion was also one of the broader goals of the Newport HEZ because it has been linked to decreases in social violence and improved health outcomes. A team member in the Newport Community Coalition noted,



Youth Connectedness Collaborative community pop up event in Rhode Island

“ [The Youth Connectedness Collaborative] is connected vision-wise to something bigger than just this one, quote, unquote, program. And I think that makes a very big difference... That contributes to that feeling of authenticity... No matter how community-centered you are trying to be, if you're trying to implement this somewhat standalone strategy, it does feel a little forced. But then when it's connected to these other things that have really strong resident voice and principles of empowerment.. That is a really important piece: that it be connected to other movements that have an articulated set of values and vision on how to work with this community. ”

In other circumstances, connecting prevention efforts to broader community changes meant making physical changes to community structures. Hands of Hope Community Coalition began their approach thinking that the responsibility and solution for creating safe spaces was encouraging more engagement from residents. Instead, they came to realize creating structural supports were needed to create the safety they envisioned. According to the City Mayor working in partnership with Hands of Hope Community Coalition, structural improvements were not just nice to view, but they could also improve the well-being of the community overall:

“ We need safe places as we try to battle these issues in our communities, ... I thought it was very important to listen to her about how this park can transform the neighborhood, not just aesthetically, but the state of mind, the state of wellbeing for people in general. I'm not sure a lot of mayors in communities know that these [protective] factors overlap, that that type of safe place can have quite a bit of mental impact on your community as well. I think we get caught up in the day to day stuff, but when you talk to somebody who's working in that field, you start realizing, "Hey, there's a lot more benefits than just having play equipment and a beautiful park to look at. This can be a game changer for a community as it relates to the mental health issues we all deal with.” ”

Connecting prevention approaches to larger community and systems changes can lead to longer-term benefits of creating safe spaces. The North Carolina Coalition saw rapid rehousing as a chance to address a root cause of negative outcomes for IPV survivors and their children. Connecting their approach to changes in the housing system could offer short and long-term



Youth-led neighborhood living history project in Rhode Island

benefits by strengthening parent-child relationships, providing stable housing, and reducing long-term health risks for children exposed to violence. One North Carolina team member offered this view on the potential benefits:

“ That to me is distinctive that this is, even through these small wins, this is a very small policy adaptation that’s going to have a major impact on survivors for years, or however long it is in place. That’s going to fundamentally change their lives, their children’s lives, and hopefully broader sort of functional dynamics. ”

Key Lesson # 3: Developing and supporting a community or system approach to creating safe spaces requires time and patience.

Prioritizing the needs of partners and community members, together with other external factors that affected the coalitions’ work, required a great deal of adaptability and responsiveness in their



Student volunteers for Indiana’s Barnes Park Rehabilitation Project

approaches. All three coalitions experienced delays to their project timelines and found it necessary to build in additional time and adjust their original plans as they became more engaged with implementation and evaluation activities. For example, Hands of Hope Community Coalition credited much of their success to the productive working relationships created with their core champions (e.g., university students, businesses, and city officials) and the resources that came from these partnerships. However, the logistics of working with cross-sector partners and their reliance on volunteer labor and resource availability often meant that they were “*at the mercy of whenever [partners are] going to be able to do*” project tasks. This compelled them to make major changes to their original design plan for the park and project timeline, as well as adjustments to their evaluation approach. As noted by one project stakeholder:

“ People really have to understand that you just have to keep going... if your plan's not working, reevaluate and try and figure out what works. [When the project team] found out the first plan didn't work, they came back together, and they came up with a new plan. You mentioned persistence. Having that sort of 'never say die' attitude is really important. Because you're dealing with governmental agencies, and you're dealing with your neighborhood folks, and it's a myriad of personalities and skill levels and all kinds of things. So that's important. ”

Similarly, the Newport Community Coalition also put a great deal of effort into their early planning but found it necessary to exercise flexibility throughout each step of their approach. One team member noted:

“ [W]e started with an assessment and the original plan... We would have some sort of leadership council that was addressing youth needs. [Our organizer] did a bunch of research for us and it was like, 'that was done before, it didn't work. Let's not try to do something that didn't work in the past.' ”



Children playing at Indiana's Barnes Park Re-Opening Celebration, photo by Glen Devitt

In addition, team members noted that their efforts to build the working relationships they needed were sometimes met with resistance from potential community partners, which slowed implementation. Subsequently, managing internal expectations about the timeframe for completing project goals represented

a challenge throughout implementation and evaluation. One team member, however, emphasized that although the pace was slower than anticipated, the shift in pace was intentional so the team could avoid making assumptions and identify the true needs of the community they were serving.

The North Carolina Coalition also quickly learned once implementation began that the systems and necessary relationships between partners were more complex than they had anticipated. As a result, they found it necessary to step back and build in additional time for learning. This helped them avoid making assumptions and fully understand the needs and opportunities for



Ribbon cutting at Indiana's Barnes Park Re-Opening Celebration

creating lasting system changes. Consequently, this slowed their implementation and, as a result of this learning process, they continued to identify more issues and opportunities to focus on with their approach. For example, one issue they identified and attempted to navigate involved the coordination of the housing system and the need for survivor confidentiality. As noted by one coalition member:

“ When we get into the complex systems change level work, like we’ve been saying this whole time, we keep identifying more and more and broader and broader things that can and need to change. [We need] to be ready to be in it for the long haul because systems can always improve in a lot of ways. Once you dig in and see all the ways they need improvement, there’s a lot of motivation to keep going and keep expanding into it. ”

Although this work required patience and flexibility, each coalition recognized the potential to produce more lasting change by addressing protective factors within the broader contexts and systems in which they were working and by creating safer community spaces for all.

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*,¹¹ which helps states and communities take advantage of the best available evidence on preventing IPV across the lifespan. This technical package identified creating protective environments as one of six strategies for preventing IPV, which includes approaches that can improve safety and decrease tolerance for IPV within broader social and physical environments.⁹ Addressing the contexts and diverse settings where we live represents an important part of developing a comprehensive approach to preventing IPV. As noted by a staff member at the Indiana Coalition:

“ I think, big picture, just thinking about how the conditions in which we live our lives influence how we think about ourselves. If the place that we are in and from feels valued, how we feel valued, and how that changes motivations around the use of violence... It feels distal and strange to work on a park as a strategy for violence prevention, but it makes sense, even to people who aren't doing this as work. ”



Youth-led neighborhood living history project in Rhode Island

11 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.

This story offers lessons learned from a selection of coalitions who worked to create safe spaces by implementing approaches that addressed community risk and protective factors (e.g., community connectedness). 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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